STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012898	A. BUILDING: _____ B. WING _____	R-C 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE STANLEY	804 PINE ST STANLEY, WI 54768

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 10/13/2025, Surveyor completed a complaint investigation and verification visit at Country Terrace Stanley. The complaint was unsubstantiated. Two deficiencies were identified. One of 2 deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) YG0U11, dated 05/01/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census:16	{N 000}		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the department within 7 days after there was a change in the administrator. Findings include: On 10/13/2025, Surveyor entered the facility and was greeted by Director A. Director A introduced him/herself and stated s/he was in charge of the facility. Surveyor asked if Director B was still employed as s/he was listed as the administrator per department records. Director A stated	N 200		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 200	Continued From page 1 Director B did not work at the facility, and s/he had been the director since June. When asked if the Department was notified of the change, Director A stated s/he was not sure. On 10/13/2025, Surveyor reviewed the facility's electronic file for any correspondences related to the administrator change, effective June 2025. No communication had been received regarding the change from Director B to Director A.	N 200		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 3 residents, individual service plans (ISP) were reviewed and revised with changes in residents' physical condition.	{N 389}		

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{N 389}	Continued From page 2 Findings include: On 10/13/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 02/22/2024. S/he had multiple diagnoses including diabetes. Resident 1 did not have a legal representative and was responsible for his/her own decision making. Resident 1 had an order for wound care to his/her right middle toe dated 8/15/2025. The order read: "Wound to middle right toe. Cleanse area with wound cleanser or saline. Allow area to dry. Cover with hydrafera blue. Cut to fit open area. Wound care to be performed by hospice nurse 3x (three times) a week and assessed weekly by RNCM (Registered Nurse Case Manager). Staff may replace bandage if soiled." Resident 1's ISP, dated 07/25/2025, read, in part: Skin Assessment - "[Resident 1] is at a High Risk for skin breakdown. [Resident 1] wears foot protectors while in bed." Goal/Outcome - "Resident will have intact skin through the next assessment." Resident 1's ISP did not include his/her wound to the toe, wound care, or added interventions to prevent further wounds to his/her toes. Resident 1 had an order dated 08/04/2025 that read: "Oxygen 2-4 L (liters) via NC (nasal cannula) PRN (as needed) for SOB (shortness of breath) or chest pain." Another order dated 08/08/2025 that read: "Oxygen 2-4L via NC for respiratory comfort." Another order dated 09/05/2025 that read: "Supplemental oxygen 2-4L	{N 389}		

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{N 389}	Continued From page 3 via NC at bedtime." On 10/13/2025, Surveyor interviewed Resident 1. Surveyor observed an oxygen machine with oxygen tubing next to his/her bedside. Resident 1's ISP did not contain any information regarding his/her use of oxygen or instructions for oxygen use. On 10/13/2025, Surveyor interviewed Director A. Director A stated wound care was not updated in the ISP because hospice was managing the wound care. Director A stated the oxygen use was not in the ISP. S/he stated s/he will get these things added to his/her ISP right away. The provider did not ensure Resident 1's ISP was reviewed and revised when they had changes in their physical condition.	{N 389}		