STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015631	A. BUILDING: _____ B. WING _____	R-C 06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRANBERRY COURT ASSISTED LIVING II	2230 JAMES CT WISCONSIN RAPIDS, WI 54494

(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 06/09/2026, Surveyors conducted a verification visit for BXO511 and four (4) complaint investigations. Additional information was gathered through 06/10/2026. As a result of the survey, previous deficiencies were corrected, 1 complaint was substantiated resulting in 1 deficiency, 3 complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed had their needs, abilities and physical and mental conditions assessed. Resident 1 was not assessed at admission for the use of ¼ bed rail.	N 381		

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

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N 381	Continued From page 1 The findings include: On 08/07/2025, the department received complaints alleging resident entrapments with injuries. The provider is licensed as a class CNA (non-ambulatory) Community Based Residential Facility (CBRF) able to serve up to 22 residents within the client groups of advanced age, developmentally disabled, physically disabled, terminally ill, emotionally disturbed/mental illness and/or irreversible dementia/Alzheimer's. On 06/09/2026, Surveyor reviewed the facility folder and observed a self-report dated 08/07/2025 that stated, "On 8/5/2025 around 8:20 pm staff heard [Resident 1's] bed alarm go off. When they arrived [Resident 1] was on the floor next to [his/her] bed on [his/her] floor mat, but [his/her] arm was stuck in the ¼ bed rail." On 06/09/2026, Surveyors requested Resident 1's record from Executive Director (ED) A. Resident 1 was admitted to the facility 04/28/2025 with diagnoses to include hypertension, fracture of neck of left femur and osteoporosis. Survey observed an incident report dated 08/05/2025: * Incident Descriptions "8/5/25 8:20 pm staff heard resident's bed alarm going off. Resident was observed on the floor arm stuck between bars and bed rail." * Immediate Action Taken "Staff contacted hospice right away who then advised staff to call EMS. When EMS arrived, resident was taken to . . . notified by Hospice prior to sending resident	N 381		

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N 381	Continued From page 2 out." Progress Notes for Resident 1: 08/05/2025 8:20 PM * "resident had unwitnessed fall from bed" * "Staff heard resident's bed alarm going off. Upon arrival resident was witnessed on the floor next to [his/her] bed on the fall mat. Residents arm was stuck between the bed rail on bed" * "EMS stated resident did not have a pulse on left arm upon arrival but once removed from the bar pulse returned" 08/08/2025 13:30 * "Update post fall: [Hospice RN D], came to see [him/her] today. [S/he] has a fiberglass hard case splint. There are dressings inside the splint to prevent skin breakdown. [Hospice RN D] plans to keep this in place for at least four weeks, however, [s/he] feels it will likely be 6 - 8 before it's removed. [S/he] has a transverse fracture with bone shards. [S/he] was unable to tell if there is any open area because [s/he] doesn't want to remove the cast and dressing. [S/he] is going to pick at it and play with it, so Important for staff to keep a close eye and get hospice in if it needs to be redressed. [S/he] won't have any use of [his/her] arm while it's healing. [Hospice RN D] recommends elevating it to reduce swelling. [S/he] has a tendency to lean to that side, so important for staff to keep a pillow under the arm to prevent the leaning. [S/he] should be repositioned every two hours, as well. [S/he] no longer has bed rails at all." On 06/09/2026 at 10:52 AM, Interim Hospice (IH) E. IH E acknowledged Resident 1 was treated by ER staff for an arm fracture. Resident 1 stayed in the hospital over night for observation and returned to the facility and resumed hospice.	N 381		

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N 381	Continued From page 3 On 06/09/2026 at 11:34 AM. ED A confirmed s/he did not have an assessment for Resident 1's use of the ¼ bed rail. ED A stated s/he had provided everything s/he had. ED A stated they will review all residents currently utilizing durable medical equipment and ensure the assessments are completed. The provider did not ensure residents had their needs, abilities and physical and mental conditions assessed.	N 381		