STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017206	A. BUILDING: _____ B. WING _____	R-C 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS EAU CLAIRE WEST	5110 STONEWOOD DR EAU CLAIRE, WI 54703

(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 09/30/2025, Surveyors conducted 5 complaint investigations and a verification visit at Care Partners Eau Claire West. Data collection continued through 10/21/2025. Two of 5 complaints were substantiated. Four deficiencies were identified. Four of the 4 were repeat deficiencies. See Statement of Deficiency (SOD) EK9C11, dated 05/08/2025, SOD 861K13, dated 04/26/2023, SOD 861K12, dated 04/26/2022 and SOD PBZQ11, dated 10/24/2022. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 52	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider and its operation did not comply with all laws governing the Community Based Residential Facility (CBRF). The licensee did not ensure compliance with DHS 83 was achieved and maintained. The current survey was prompted by a verification visit and 5 complaints. A total of 4 deficiencies were issued. Four of the 4	N 196		

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

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N 196	Continued From page 1	N 196		

deficiencies were repeat deficiencies related to the provider ensuring to comply to all laws governing the CBRF, including a stipulated settlement agreement with the Department, signed on 02/09/2023.

Findings include:

This is a repeat deficiency. See Statement of Deficiency (SOD) 861K12, dated 04/26/2022.

The provider is licensed to care for 60 adults in the client groups advanced aged, terminally ill, irreversible dementia/Alzheimer's and physically disabled.

The provider was licensed on 08/27/2018. Between January 2020 and May 2025, the Department conducted 12 surveys at the facility. Ten of the 12 surveys were prompted by complaints. Complaint investigations resulted in the substantiation of 14 complaints related to the provider's programming, resident care, staff training, rights of residents, administration, and physical environment. See Statement of Deficiencies (SOD) EK9C11, dated 05/08/2025, SOD 861K12, dated 04/26/2022, SOD 861K11, dated 08/24/2021 and SOD 19KX11, dated 01/10/2020.

On 07/01/2022, the Department issued a Notice and Order letter with SOD 861K12 dated 04/26/2022. The letter stated, in part: "1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee will submit a Resident Relocation Plan to the Department in accordance with Wis. Stat. § 50.03(14) [Closing of a Facility]. In addition, discharge planning for residents will meet the requirements specified by Wis. Admin. Code ch. DHS 83.

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N 196	Continued From page 2 "NOTICE OF LICENSE REVOCATION" Based on the results of the Departments investigation, and pursuant to Wis. Stat. § 50.03(5g)(d), and (e), EFFECTIVE UPON RECEIPT OF THIS NOTICE, the Department of Health Services hereby REVOKES THE LICENSE of Care Partners Eau Claire West. This action is being taken under the following statutory provisions: Wis. Stat. § 50.03(5g)(d)(2)., whereby the licensee or person under the supervision of the licensee has substantially violated a provision of licensure application to a community based residential facility under Wis. Stat. § 50.03(4) or an administration rule promulgated under Wis. Stat. ch. 50, subchapter I; And Wis. Stat. § 50.03(5g)(d)(3)., whereby the licensee or a person under the supervision of the licensee has acted in relation to or has created a condition relating to the operation or maintenance of the community based residential facility that directly threatens the health, safety or welfare of a resident of the community-based residential facility. Within 3 days of receipt of this notice, return the Community Based Residential Facility licensee for Care Partners Eau Claire West, 5110 Stonewood Drive, Eau Claire, Wi 54703 to Northwestern Regional Office, 610 Gibson St. Suite 1, Eau Claire, WI 54701-3687. "ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS" Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Care	N 196		

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N 196	Continued From page 3 Partners Eau Claire West NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS. On 07/05/2022, the Department acknowledged receiving an appeal for SOD 861K12 dated 04/26/2022. On 02/09/2023, a Stipulated Settlement Agreement was signed by Licensee Q, Department Attorney R and Facility Attorney S. The stipulated settlement agreement stated the following: "As confirmed by their signatures below, the Department of Health Services (hereinafter "Department"), by its [Attorney R], together with [Licensee Q], a representative of Care Partners Assisted Living, LLC, licensee for Care Partners Eau Claire West, a community-based residential facility (CBRF) (hereinafter "Facility" and together hereinafter "Petitioner") by its [Attorney S], agree and stipulate to the following: 1. The Department and Petitioner agree that the Department has the authority, pursuant to Wis. Stat. ch. 50, and Wis. Admin. Code ch. DHS 83, to regulate CBRFs operating in the state of Wisconsin, and to enforce regulations and standards to protect and promote the health, safety and welfare of CBRF residents. 2. The Petitioner and Facility are subject to Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83. 3. The Petitioner's business is located at 5110 Stonewood Drive, Eau Claire, WI 54703. 4. The parties enter into this Stipulated Settlement Agreement (hereinafter "Agreement") for a number of reasons, including decreasing the costs of litigation and achieving a suitable closure. This Agreement is not be construed as an admission of liability by the Facility or Petitioner as to the facts or legal conclusions, or	N 196		

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N 196	Continued From page 4 both, as set forth in Statement of Deficiency (hereinafter "SOD") #861K12. The parties agree that the resolutions reached herein apply to and control all issues between the parties that are set forth in Petitioner's appeal of SOD #861K12, which was timely filed with the Department of Administration's Division of Hearings and Appeals (hereinafter "DHA") on or about July 1, 2022 (hereinafter "Appeal"). 5. Both parties agree that the provisions of the Agreement are a lawful, fair, and appropriate resolution to these matters. 6. By the filing of this agreement with DHA, the Petitioner agrees to withdraw the Appeal, and agrees to waive any and all rights to file a petition for administrative rehearing or petition for judicial review, pursuant to Wis. Stat. § § 50.03(11), 227.49, and 227.53; and the Department moves to dismiss the Appeal, with prejudice. 7. On February 23, 2022, the Department conducted seven (7) complaint investigations and a verification visit at the Facility. On March 29, 2022, the Department conducted five (5) additional complaint investigations at the Facility. On April 15, 2022, the Department conducted an additional complaint investigation. In total, the Department conducted thirteen (13) complaint investigations at the facility from February 2022 through April 2022. As a result of this activity, the Department cited twenty-three (23) violations of Wis. Admin. Code ch. DHS 83 in SOD # 861K12, three (3) of which were repeat violations. The twenty-three (23) violations of Wis. Admin. Code. Ch. DHS 83 in SOD #861K12 are as follows: a. Tag 196: Licensee ensures facility complies with laws b. Tag 200: Notify within 7 days of administrator change c. Tag 214: Administrator shall supervise daily operations	N 196		

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N 196	Continued From page 5 d. Tag 218: Resident care staff at least 18 years old e. Tag 230: Orientation f. Tag 239: Department-approved training courses g. Tag 251: Employee supervision h. Tag 353: Rights of Residents: Adequate treatment i. Tag 368: Accounting method for tracking resident cash j. Tag 382: Sources used for assessment information k. Tag 386: Comprehensive Individualized Service Plan l. Tag 388: Implement, follow the individual service plan m. Tag 389: Service plans updated annually or changes n. Tag 399: Maintain current written staffing schedule o. Tag 415: Documentation of medication administration p. Tag 419: Medication storage: locked cabinet q. Tag 426: Supervision r. Tag 431: Health monitoring s. Tag 433: Behavior management t. Tag 439: Infection control program u. Tag 441: Hand washing v. Tag 444: Oxygen storage w. Tag 479: Resident records safeguarded. 8. The Department issued SOD # 861K12 detailing these violations and issued a NOTICE and ORDER letter dated July 1, 2022, to the Petitioner (hereinafter "NOTICE and ORDER letter"), which included a Notice of Violation; Notice of License Revocation; Order not to Admit New or Additional Residents; Notice of Special Orders; Notice of Imposed Forfeiture in the amount of $11,050.00, Notice of Revisit Fee; and Notice of Right to Appeal. The NOTICE and	N 196		

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N 196	Continued From page 6 ORDER letter referred to SOD # 861K12. 9. In resolution of this matter, Petitioner agrees and understands that this Agreement is a "last chance agreement" to retain licensure and as such, Petitioner agrees to the following: a. Consultants 1. Spend $3,000 by June 30, 2023 on Assisted Living Consultants (Consultants) to review the facility operations. i. Assisted Living Consultant must not be associated in any aspect with the Petitioner or its partners, subsidiaries, companies, etc. ii. The Department may request invoices showing payments made to Consultants for this purpose. 2. Provide the invoice receipts on or before August 1, 2023 to [Assisted Living Regional Director (ALRD)] at [ALRD email address] or this agreement is null and void. b. Forfeitures 1. Pay a reduced forfeiture of $8,000.00 postmarked no later than February 28, 2023 by sending a payment payable to "Division of Quality Assurance": Division of Quality Assurance, Attn: Bureau of Assisted Living, Central Office, PO Box 2969, Madison, WI 53703. 2. If Petitioner fails to pay the reduced forfeiture by February 28, 2023, Petitioner may pay by March 28, 2023, but will incur additional 10% late fee of original forfeiture ($1,105.00). In any action brought by the Department to enforce this Agreement or a decision rendered by DHA pursuant to it, this Agreement shall constitute an admission by the Petitioner that: a) the Petitioner has agreed to pay the Department the original forfeiture of $11,050.00, plus any late fees; and b) the Petitioner has waived the right to contest the Department's claim for the balance due. c. To comply with the order to comply with requirements.	N 196		

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d. No New Admit Order

1. Comply with the order not to admit new or additional residents until a verification visit has been completed and the order has been lifted, in writing.

2. The Petitioner may request a verification visit any time after signing this settlement agreement. The request must be made in writing to the region. If the Facility fails to notify the Department in writing that they are ready for a verification visit, the Department may conduct a verification visit any time after thirty (30) calendar days from when this settlement agreement is fully executed. Licensee/Facility understand that a $200 revisit fee will be assessed. The region will conduct a verification visit within a reasonable amount of time from either receiving the request or, if no such request is received, after the thirty (30) calendar days from when this settlement agreement is fully executed.

i. If the verification visit finds the Facility is in substantial compliance with the provisions of Wis. Admin. Code ch. DHS 83 and Wis. Stat. ch. 50, the NNAO will be lifted, in writing. The NNAO remains in effect until it has been lifted in writing and such writing will be provided as soon as practicable to Facility after the finding of substantial compliance. Petitioner understands that the Facility must pay $200 for the verification visit within ten (10) calendar days of fee notification. If Petitioner fails to pay the $200 verification visit fee within fourteen (14) calendar days, postmarked, of the receipt of the fee notification or violates the NNAO, the agreement is considered null and void, and the license will be considered revoked pursuant to paragraph 9.d.5. below, without right to appeal.

ii.That if the verification visit finds that the Facility is not in substantial compliance with the provisions of Wis. Admin. Code ch. DHS 83 or

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N 196	Continued From page 8 Wis. Stat. ch. 50, through the issuance of a Statement of Deficiency to the Facility with violations as described in Sec. 9.d.3 below, the settlement agreement will be considered null and void and the Petitioner agrees to immediately surrender their license with ten (10) days, without right to appeal. If the Petitioner does not immediately surrender their license within thirty (30) calendar days, the license will be considered revoked. The thirty (30) days is allowed only for relocation as specified in paragraph 9.d.5. below. 3. If, within three (3) years from the date the petitioner signs this agreement, 1) any major event occurs at the facility such as the death or major injury of a resident due to neglect or abuse, 2) the Facility is cited for any repeat violations in consecutive SODs, for SODs issued in the last 2 years from the date of signing this agreement that are substantially related to citations affecting the health, safety, and welfare of residents, OR 3) the Department determines through issuance of a Statement of Deficiency, that the Facility is not in substantial compliance with a provision of Wis. Admin. Code DHS ch. 83 or Wis. Stat. ch. 50 that, as a result of the noncompliance causes actual harm to any resident, Petitioner will immediately, voluntarily and without any right to appeal relinquish the Facility's CBRF license. Petitioner may contact the Regional Office at any time after the survey exit to discuss any impending citations or provide additional information to the Regional Office that Petitioner believes mitigates or refutes any impending citation(s). If the Petitioner does not immediately surrender their license within thirty (30) calendar days, the license will be considered revoked. The thirty (30) days is to allow for relocation as specified in paragraph 9.d.6. below. 4. If there are more than five (5) substantiated complaints related to negative resident care in a	N 196		

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N 196	Continued From page 9 calendar year for three (3) years after the final signature of this agreement, the Petitioner will immediately, voluntarily and without any right to appeal relinquish the Facility's CBRF license. If the Petitioner does not immediately surrender their license within thirty (30) calendar days, the license will be considered revoked. The thirty (30) days is to allow for relocation as specified in paragraph 9.d.6. below. 5. That in the event the Petitioner fails to voluntarily relinquish the Facility's CBRF certification to BAL at Northwestern Regional Office, Attention: Assisted Living Regional Director, [ALRD name] within fourteen (14) calendar days, postmarked, of the notification pursuant to a provision of this Agreement, Petitioner agrees that the Facility's CBRF license will be deemed by this Agreement revoked and not subject to appeal of that revocation. The Petitioner must comply with paragraph 9.d.5. below to relocate all residents immediately. 6. In the event this agreement is considered null and void, or that the Petitioner's license is revoked for any reason pursuant to this agreement, the Department will provide written notice to the Petitioner. The Petitioner understands that they must immediately comply with the following relocation requirements: i. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee will submit a Resident Relocation Plan to the Department in accordance with Wis. Stat. § 50.03(14)[Closing of a Facility]. In addition, discharge planning for residents will meet the requirements specified by Wis. Admin. Code ch. DHS 83. Refer to the following guidance and requirements: Resident Relocation Manual: http://www.dhs.wisconsin.gov/relocation/relocationmanual.pdf. Relocation Stress/Syndrome: http://longtermcare.wi.gov/docview.asp?docid=21549&locid=123. Furthermore, within 10 days of	N 196		

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receipt of this notice, the licensee will submit the following to Assisted Living Regional Director, Northwestern Regional Office, 610 Gibson Street, Suite 1, Eau Claire, WI 54701-3687:
1. The names of residents currently living the CBRF;
2. The names, addresses and telephone numbers of resident's legal guardians or an involved family member;
3. The names, addresses, and telephone numbers for resident's case managers and funding agencies;
4. A preliminary discharge plan that includes:
a. A timetable for planning and implementation of resident relocation.
b. Measures the facility will take to comply with this order and facilitate supportive, safe and orderly relocation for residents.
10. In consideration for the items listed above in paragraph 9. Above, the Department agrees to rescind the revocation of licensure effective the date this agreement is signed by all parties.
11. It is understood that The Notice of Violation, Order to Comply with Requirements, Order not to Admit New or Additional Residents, and Notice of Special Orders, remain in effect pursuant to the above paragraphs.
12. Other than as expressly stated below, if the Petitioner fails to timely comply with any provision of this Agreement, the Agreement will become null and void and the Department may recover any part of the unpaid balance without further notice and without any right to appeal. In any action brought by the Department to enforce this Agreement or a decision rendered by DHA pursuant to it, this Agreement shall constitute an admission by the Petitioner that: a) the Petitioner has agreed to pay the revisit fee and the amount cannot be contested b) the Petitioner has agreed to the violations listed in SOD # 861K12, to pay all

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forfeitures imposed, all of which the amount cannot be contested; and c) that the Petitioner agrees to voluntarily surrender their license if Licensee fails to comply with any term of the agreement, failure to do so will result in license revocation without the right to appeal.
13. The Petitioner understands that SOD # 861K12 will be part of any future record regarding the Facility.
14. If the Petitioner fails to comply with any part of this agreement, upon written notification to the Petitioner, then the settlement agreement will be considered null and void, and the license will be revoked without the right to appeal.
15. To the extent applicable, this Agreement shall not interfere with or forestall the Department from conducting compliance, complaint, or verification surveys or from carrying out other regulatory or enforcement efforts or processes as authorized by Wis.Stat. ch. 50, and Wis. Admin. Code ch. DHS 83, or other applicable laws and rules governing the regulation of a CBRF operating in the state of Wisconsin.
16. The Petitioner agrees not to request Title 18 - Medicare or Title 19 - Medicaid reimbursement for any costs incurred pursuant to this Agreement.
17. Both parties agree to bear their own costs of litigation, including any attorney fees incurred or to be incurred regarding the matters at issue in this appeal.
18. This Agreement is legally binding and judicially enforceable by the parties and shall be applicable to and binding upon all of the parties, their officers, agents, employees, assigns, and successors.
19. The parties recognize and agree that the facts, conditions, and circumstances of this case are unique, and as such, shall not singly or in any combination constitute a precedent for other cases.

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N 196	Continued From page 12 20. All signatories to this Agreement affirm that they have the authority to and have entered into this Agreement knowingly, voluntarily, and of their own free will and without duress of any kind. 21. The parties agree to abide by this Agreement and the applicable statutes and administrative code provisions. The obligations agreed to by both parties are binding and contractual. 22. Any modifications to this Agreement must be in writing and signed by all parties." The current survey, conducted between 09/30/2025 and 10/21/2025, was prompted by 5 complaints and a verification visit [SOD EK9C11, dated 05/08/2025]. One of 3 deficiencies was uncorrected in SOD EK9C11, and 2 of 5 complaints were substantiated. The following concerns were identified throughout the course of the survey: - The provider did not monitor the health of residents. - ISPs were not followed as written. - ISPs were not updated or accurate to resident needs. Four of the 4 deficiencies identified during this survey were repeat deficiencies. See SOD 861K12, dated 04/26/2022, SOD PBZQ11, dated 10/24/2022, SOD 861K13, dated 04/26/2023 and EK9C11, dated 05/08/2025. On 10/21/2025, Surveyors interviewed Director A and Regional Nurse (RN) H via phone. When asked how long they had held their current positions, Director A stated approximately 6 months and RN H stated approximately 8 years. When asked if they were aware of the provider's compliance history, RN H stated the transition into his/her role was more abrupt than intended	N 196		

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N 196	Continued From page 13 and s/he did not get the full background information from the previous regional nurse. RN H stated s/he did his/her best to catch up. Surveyors discussed the stipulation agreement that was signed by Licensee Q in February 2023. RN H stated s/he was in communication with Licensee Q but was not aware of what was contained in the stipulation agreement. Cross References: N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes N0431 DHS 83.38(1)(g) Health Monitoring	N 196		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 5 resident individual service plans (ISP) were implemented and followed as written related to dietary needs. On 08/30/2025, Resident 3 was sent to the hospital after s/he was observed to be coughing up brown mucus. Resident 3 was intubated at the hospital and it was identified s/he experienced an esophageal impaction complicated by acute respiratory failure due to aspiration. Resident 3 subsequently passed away approximately 1 week later. This is a repeat deficiency. See Statement of	N 388		

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N 388	Continued From page 14 Deficiency (SOD) 861K12, dated 04/26/2022 and SOD 861K13, dated 04/26/2023. Findings include: On 09/16/2025, the Department received a complaint regarding resident care related to a choking incident. On 09/30/2025 at approximately 9:45 AM, Surveyor interviewed Administrator A regarding incidents related to choking. Administrator A stated Resident 3 was sent out on 08/30/2025 in response to [him/her] coughing up brown mucus. Administrator A stated Resident 3 was intubated at the hospital and passed away approximately a week and a half later. When asked what Resident 3's diet orders were, Administrator A stated Resident 3 dined in the dining room, needed soft foods, or foods to be cut up, closer to mechanical soft versus pureed. Administrator A further stated Resident 3 required supervision and reminders from staff but ate independently. On 09/30/2025 at approximately 11:50 AM, Surveyor interviewed Caregiver E about Resident 3. Caregiver E stated, "I heard [s/he] choked on saliva, liquids, food...I was not working that day. We were told by family [his/her] food needed to be cut up really small, but we didn't feed [him/her]." Staff were to watch [him/her]. The family knew [s/he] was a choking risk and had a history of choking. Staff didn't sit with [him/her], but [s/he] sat in the same area with other residents requiring assistance." On 09/30/2025 at approximately 2:15 PM, Surveyor interviewed Caregiver F, Caregiver G, Caregiver H, and Caregiver M in the medication storage room. When asked what Resident 3's	N 388		

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N 388	Continued From page 15 ISP documented for eating/diet assistance, all staff indicated they reference the monthly Kardex sheet. Surveyor asked if staff referenced the written ISP. All staff stated, "No." Caregiver M stated, "Resident 3 was sent out because [s/he] was coughing up phlegm and was always out at the dining room for meals." Caregiver F stated s/he was working the night Resident 3 was sent out and s/he was the one who sent him/her out. Caregiver F stated s/he called family who reported coughing was normal but instructed him/her to send [him/her] out if s/he was concerned. On 09/30/2025, Surveyor requested to review Resident 3's record. Resident 3 had an admission date of 07/29/2025 and was admitted from his/her home. Surveyor reviewed hospital notes, dated 08/31/2025. On page 10, hospital notes read, in part: "Patient... was admitted to the hospital on 08/30/2025 for esophageal impaction complicated by acute respiratory failure due to aspiration. Patient underwent [sic] was intubated for airway protection and emergent EGD which revealed food from the GE junction to the oropharynx; cleared without underlying anatomical abnormality. Patient arrived to the ICU sedated, intubated, and mechanically ventilated. [S/he] underwent emergent bronchoscopy which revealed diffuse airway erythema and edema with thick mucous [sic] plugs in LLL, mild amounts of thin white secretions, and minor mucosal bleeding in RML and lingula." Page 12 of the hospital notes read, in part: "[Resident 3] ...who resides in a long-term care facility. [His/her] medical history is significant for	N 388		

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cognitive dysfunction attributable to both age-related decline as well as previous strokes...Patient presented to the emergency department [sic] choking. Patient was intubated and subsequently underwent EGD which revealed food in the entirety of the esophagus. This was all cleared, and no other abnormality was noted in the stomach or duodenum. Patient was admitted to the critical care unity where [s/he] underwent bronchoscopy."

Page 14 of the hospital notes read, in part: "...Patient's family states that [s/he] has been recommended to have soft, cut-up foods, [sic] however this is unable to be provided at ALF (assisted living facility) that [s/he] resides at so [s/he] has been consuming mechanical soft diet. Patient was extubated earlier this morning. [S/he] is seen this date for dysphagia evaluation."

The face sheet had handwritten notes under "Diet Order" that read, "mechanical soft- cut up very very small Order [check mark] 8/14/25."

The document titled, "Step Assessment Tool" was completed and signed by Administrator A, dated 06/11/2025 read, in part: "Dietary: No special diet, no standard issues. No coffee."

Surveyor reviewed Nurse's notes (staff charting notes). The nurse's notes related to meals/eating read, in part:
- 08/15/25: "had [sic] to [sic] much to eat [sic] had thrown up food at lunch. Hospice was called and they're considering a puree diet."
-08/30/25: "Resident got sent out after dinner, coughing/puking up mucus."

Surveyor reviewed Resident 3's ISP. The ISP was dated 08/12/2025 and was signed by

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Administrator A and Assistant Director (AD) J. The ISP had a handwritten note that read, "copies mailed to POA." The resident and/or resident's legal representative had not signed the ISP.

The ISP read, in part: "[Resident 3] is independent with meals for feeding but does require supervision to slow down. Does have a history of aspiration. **sits in observation area of dining room** Resident will maintain a healthy diet through the next assessment." Under the "Special Diet" section, the ISP read, "[Resident 3] is on a carb controlled [sic] diet- Although [Resident 3] usually chooses to eat general diet **does require foods to be soft or cut up very small** Resident will follow an MD ordered diet through the next assessment."

Surveyor reviewed the monthly "Kardex" for July and August 2025. The July 2025 Kardex for eating documented Resident 3 was independent, required set up "cut up meat", and general diet. There was a handwritten note for "No coffee". Staff initialed they provided the cares as written on the Kardex for 07/29/2025-07/31/2025.

Surveyor reviewed the August 2025 Kardex. The August 2025 Kardex had the same instructions for staff to follow as written on the July 2025 Kardex. Staff initialed all three shifts that care was provided as written on the Kardex.

The Kardex did not instruct staff to provide supervision (the supervision box was not checked) and did not instruct staff to provide verbal cues to slow down, as indicated in the ISP.

At approximately 4:00 PM, Surveyor interviewed Caregiver F and asked if staff ever supervised Resident 3 during meals or provided any verbal

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cueing. Caregiver F stated, "We did not provide direct supervision of any kind, no cueing or prompting... staff were around the dining room, but we didn't provide one-to-one supervision with [him/her] ... we didn't know [s/he] needed any one-to-one supervision. The kitchen prepares all special diets, so they would hand us [Resident 3]'s plate already cut up and we would place it in front of [him/her]." Caregiver F again confirmed s/he had not seen written ISPs as staff are provided the one-page monthly Kardex document. Caregiver F informed Surveyor the Kardex document was the only document staff use to care for residents.

On 10/15/2025 at approximately 9:45 AM, Surveyor interviewed Resident 3's managed care organization (MCO)Care Coach (CC) N via phone. CC N stated, "We were notified by the [Family Member] via email on 09/03/2025 (4 days after Resident 3 was sent out) that [s/he] would not be returning to the facility because [s/he] choked and was on a ventilator. The first response we got from the facility was [s/he] was sent out for catheter pain, but after further inspection they finally sent us the report for the food incident. [Resident 3] was admitted to the facility a month prior from home and had been discharged from hospice on 08/19/2025 because [s/he] was doing so well. The family was very involved, and it was known that [s/he] needed to be closely watched during meals to ensure he would swallow before taking in more food. [Facility name] knew [s/he] had swallow issues in the past."

On 10/15/2025, Surveyor requested physician orders for Resident 3's diet upon admission, and any updates/changes to diet. At 12:39 PM, Surveyor received one order from Administrator

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N 388	Continued From page 19 A. The order read, "Regular diet, small bite size pieces; encourage patient to eat small bites as tolerated and must be supervised when eating." The order was electronically signed and dated by a nurse on 08/15/2025 and the physician on 08/21/2025. The provider did not ensure Resident 3's ISP was implemented and followed during meals when staff did not provide supervision appropriate to Resident 3's needs.	N 388		
{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 record review and interview, the provider did not ensure 1 of 5 resident individual service plans (ISP) reviewed was updated with changes in condition. This is a repeat deficiency. See Statement of Deficiency (SOD) EK9C11, dated 05/08/2025,	{N 389}		

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{N 389}	Continued From page 20 SOD 861K13, dated 04/26/2023, SOD 861K12, dated 04/26/2022 and SOD PBZQ11, dated 10/24/2022. Findings include: On 09/24/2025, the department received a complaint regarding resident care and treatment. Between 09/30/2025 and 10/15/2025, Surveyor reviewed Resident 2's provider record. Resident 2 was admitted on 07/30/2024 and was his/her own decision maker. An after-visit hospital summary included a "Problems List" as of 07/12/2025. The following was listed as an active problem: "Skin Disorder: 01/24/2025 - Present." Body Audits completed by the provider for Resident 2 identified the following: On 07/10/2025: red, irritated cuts, and skin breakdown. On 07/13/2025: small, red, open sores starting on buttocks. On 08/13/2025: breakdown and open sores on buttocks areas. On 08/19/2025: breakdown on back of thighs and buttocks. On 08/24/2025: redness and skin breakdown. Staff "Nurses Notes" from August 2025 identified the following: On 08/13/2025, AM (Morning), a note read, in part, "Staff noticed a significant amount of break down and open sores on buttocks and groin area, needs [sic] to be checked and changed every 2 hours ..." On 08/14/2025, PM (Afternoon), a note read, "Resident had some blood in bed from sore."	{N 389}		

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{N 389}	Continued From page 21 Resident 2's July and August 2025 Medication Administration Records (MARs) included multiple scheduled medications to address skin concerns. The provider's last Individual Service Plan for Resident 2, dated 08/12/2025, included a section titled, "Skin Assessment." Under the "Skin Assessment" it read, "No skin issues at this time. Staff complete and document body audit at least weekly with shower." Under a section titled, "Nursing Procedures" it read, "Nursing needs will be met." It did not indicate Resident 2 was being seen by a home health agency and for what services. On 10/02/2025, at 12:40 PM, Surveyor interviewed Home Health Nurse (HHN) E. HHN E confirmed Resident 2 was enrolled with a home health agency as of 08/01/2025 to support Resident 2 with his/her nephrostomy management and skin issues as needed. HHN E stated Resident 2 was receiving twice weekly visits. HHN E stated Resident 2 did have pressure sores that they were helping take care of. On 10/21/2025, at approximately 3:00 PM, Surveyors interviewed Director A and Regional Nurse (RN) H via phone. When asked if Surveyors had the most updated ISP for Resident 2, Director A indicated Surveyors did have the most updated copy. When asked about Resident 2's skin issues not being included on his/her ISP, Director A stated s/he did not have Resident 2's ISP in front of him/her during the call. Director A stated if skin issues were not identified on the ISP it was because changes with Resident 2 were continuous and revolving. Director A stated they were in communication with Resident 2's medical	{N 389}		

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{N 389}	Continued From page 22 providers on what issues Resident 2 had and the issues were addressed. The provider did not ensure Resident 2's ISP was updated to include changes related to Resident 2's skin integrity.	{N 389}		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by:	N 431		

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Based on record review and interview, the provider did not ensure health monitoring services were provided for 1 of 5 residents sampled when it did not communicate and record Resident 2's changes in condition. Resident 2 became unresponsive on 09/07/2025, was transported to the hospital by emergency medical personnel, and later died in the hospital. Resident 2 showed signs of skin breakdown and infection which had not been communicated to his/her healthcare provider.

This is a repeat deficiency. See Statement of Deficiency (SOD) 861K12, dated 04/26/2022.

Findings include:

On 09/24/2025, the department received a complaint regarding resident care and treatment.

On 09/30/2025, at 1:26 PM, Surveyors were on site and requested all of Resident 2's records from Director B.

On 10/02/2025, at 10:00 AM, Surveyors interviewed Director A via phone. When asked if Surveyors received Resident 2's full and complete record, Director A stated, "To my recollection we gave you everything we have for those individuals."

RECORD REVIEW

Between 09/30/2025 and 10/15/2025, Surveyor reviewed Resident 2's provider record including an emergency room (ER) discharge record.

Resident 2 was admitted on 07/30/2024 and was his/her own decision maker. Resident 2 was sent to the ER on 08/27/2025 for urinary problems.

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N 431	Continued From page 24 Resident 2 was admitted with nephrostomy tubes that were placed at a previous medical appointment. The after-visit summary read, in part, "Your nephrostomy tubes are in place and functioning appropriately. Recommend continued management and follow up ...Return for any fevers, persistent vomiting, pain or any other worsening symptoms or concerns." The provider's last Individual Service Plan for Resident 2, dated 08/12/2025, indicated Resident 2 did not have any active skin issues and was not physically resistive to cares. There was no indication Resident 2 had bandages that required staff attention. Under a section titled, "Short Term Illnesses" it stated Resident 2 did not have any active short-term illnesses and that "Changes in health will be promptly noted and treated." Under a section titled, "Chronic Illnesses" it stated, "Changes in health will be noted and communicated to MD." On 09/02/2025, the provider faxed Resident 2's physician and included the following comments: "Hello - [Resident 2] is stating [s/he] is not feeling well and has a cough. [S/he] would like something to help [his/her] cough. Can an order please be completed?" Staff "Nurses Notes" identified the following: Between 08/27/2025 and 09/04/2025, there was no documentation to reflect any concerns related to skin integrity or signs of infection near the tube sites. There was no directives or evidence that staff were changing bandages. On 09/05/2025, PM (Afternoon) a note read, "Resident had an accident in [his/her] depends, it was filled (urine). [His/her] bags are filling	N 431		

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CARE PARTNERS EAU CLAIRE WEST	5110 STONEWOOD DR EAU CLAIRE, WI 54703

(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
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normally and [his/her] tubes are okay. The right tube site is mucus and pus filled, and oozing. The left is bloody. Resident refused to go to hospital but if [s/he] continues to wet [his/her] brief, [s/he] will go in. And if [his/her] sites are still infected looking."
On 09/05/2025, NOC (Overnight) a note read, "No concerns."
On 09/06/2025, AM (Morning) a note read, "Resident was not willing to go to hospital after several attempts to inform [him/her] that [s/he] has an infection to the point that the smell was bad. [S/he] refused several times saying no one here knows what they are doing and we are not qualified to say anything about anything involving [his/her] care and [s/he] aint [sic] going nowhere [sic.] Director and AD (Assistant Director) was [sic] contacted several times informing them of the situation. Resident had a fever, cold and hot sweats, fatigued, discharge was stuck in [his/her] tubes [sic] it was extremely thick that it was not moving or was not able to be flushed out. The smell was so bad that you can smell it as soon as you walk in the room. Urine was in tubes and depend [sic] briefs. EMTs (Emergency Medical Technicians) were called and resident still refused to go to hospital at the advisement of the workers on site [sic] LPN (Licensed Practical Nurse) nurse director and AD. EMTs had resident sign transfer refusal form. Resident refused to have bandages around [his/her] tubes changed."

A handwritten incident summary, dated 09/07/2025, read, in part, "At approximately 2:45/3:00 PM my assistant director walked in to [Resident 2's] room to check on [him/her] as [s/he] has not been feeling well and refusing to go to the hospital. My AD then called for me down the hall to come check on [Resident 2's] breathing. [Resident 2] was pail [sic] and

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unresponsive with very short breaths. My assistant director went to call 911 and I immediately started CPR as [Resident 2] stopped breathing and could not feel a pulse. I then realized [Resident 2] did not have [his/her] oxygen on so I stopped CPR and put it on [him/her] and sat [him/her] up for more airflow ...EMTs then arrived and took over."

Surveyor did not locate any communications from the provider with Resident 2's physician after 09/02/2025 to inform them of Resident 2's visible signs of infection and worsening symptoms.

INTERVIEW

On 09/30/2025, at approximately 1:00 PM, Surveyor interviewed Caregiver D. When asked about Resident 2's cares, Caregiver D stated the tubes in Resident 2's back were irritated and there was always something wrong with them. Caregiver D stated EMTs had been at the facility and Resident 2 refused assistance. When asked about staff responsibilities as it related to the tubes, Caregiver D stated s/he was not sure, and that staff did not handle stuff like that. Caregiver D stated staff could clean around the tubes, but s/he was not sure if anyone got trained regarding Resident 2's situation. Caregiver D stated s/he had never completed Resident 2's cares and had never observed Resident 2's tubes.

At approximately 3:35 PM, Surveyors interviewed Director A. Director A stated Resident 2 would make it known if someone was not doing something. Director A stated they did not have orders to do anything with the tubes. Director A stated they would change the bandages periodically or have Resident 2 sent out. Director A stated during the days prior to Resident 2's

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passing, it was bad, and they were all trying to convince Resident 2 to be sent out for medical evaluation. Director A stated the week prior that Resident 2 was fine, and symptoms appeared Friday night. Director A stated once we knew the condition was worsening, they implemented 30-minute checks and contacted EMS. Director A stated EMS was at the facility on Saturday and Sunday. Resident 2 was unresponsive on Sunday.

On 10/02/2025, at 12:40 PM, Surveyor interviewed Home Health Nurse (HHN) E. HHN E confirmed Resident 2 was enrolled with their agency and they supported Resident 2 with his/her nephrostomy management and skin issues as needed. HHN E stated Resident 2 was re-enrolled with their agency on 08/01/2025 and was receiving twice weekly visits. Resident 2 had missed some visits due to being in the hospital. HHN E stated it was their intention to be there to help Resident 2 if it was needed. HHN E stated they had not received any on call requests from the provider and they had not completed any as needed visits with Resident 2.

On 10/15/2025, at 9:32 AM, Surveyors interviewed Director A via phone. Surveyors asked Director A to make Resident 2's record available to reference. Director A stated Resident 2's last visit with home health took place on 08/12/2025. Director A stated if they had issues with the tubes, they would notify home health. Director A stated the provider did not do a whole lot with needing to notify home health. When asked if the provider was aware of any concerns with the tubes, Director A stated yes, and that they sent Resident 2 out again at the end of the month. When asked about the ER after visit summary dated 08/27/2025, Director A stated

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N 431	Continued From page 28 Resident 2 was seen due to skin appearing red and looking like there was an infection at the tube site. When asked what the directives were for staff, Director A stated Resident 2 had bandages at the time and staff were to keep bandages clean and dry. Director A stated s/he believed Resident 2 was on antibiotics at the time. Upon reviewing Resident 2's records, Director A clarified Resident 2 was not prescribed antibiotics at the 08/27/2025 visit. Director A stated staff were completing the bandage changes at least every other day due to Resident 2 having bed baths. When asked about communications with Resident 2's physician, Director A stated they sent a fax to Resident 2's physician on 09/02/2025 because Resident 2 had a cough and that's what Resident 2 believed was wrong. Director A stated that was the only notification because they were working directly with Resident 2 and trying to convince him/her to go in. When asked if Resident 2 was ever assessed by the provider's nursing staff, Director A stated s/he consulted with Executive Director (ED) K and Regional Nurse (RN) L via phone regarding Resident 2's health status. Director A stated they advised Resident 2 be sent out for evaluation. Director A stated multiple staff checked on Resident 2 a lot over that weekend and put that into Resident 2's nurses notes. The provider did not ensure health monitoring services were provided for Resident 2 when the provider did not communicate changes in condition to Resident 2's physician.	N 431		