STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016972	A. BUILDING: _____ B. WING _____	R-C 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLIFDEN COURT NORTH	6801 W LOOMIS RD GREENDALE, WI 53129

(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 08/18/2026, Surveyor completed a verification visit at Clifden Court North. As a result, all previous deficiencies were corrected. One new deficiency was identified. One of 1 deficiency is being cited for the fourth time. (See Statement of Deficiencies (SOD) VZE811, dated 08/25/2022, VZE812, dated 03/23/2023, and J2WN11, dated 01/13/2026.) Under statutory provisions of Wis. Stat. C. 50, a $200 revisit fee is being assessed. Census: 46	{N 000}		
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 (Resident 5) 3 residents reviewed had an updated individual service plan (ISP) when there was a change in	N 389		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 389	Continued From page 1	N 389		

her/his needs.

Resident 5's ISP did not address Resident 5's enrollment onto hospice services, Resident 5's need for a mechanical lift for all transfers, and Resident 5's wounds on his/her legs.

This requirement is being cited for the fourth time. See Statement of Deficiencies (SOD) VZE811, dated 08/25/2022, VZE812, dated 03/23/2023, and J2WN11, dated 01/13/2026.

Findings include:

On 08/18/2026 at approximately 8:30 AM, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the facility on 10/30/2024. Surveyor reviewed Resident 5's progress notes and identified the following:

On 07/16/2026 at 11:27 AM, Resident 5 was seen for a follow-up appointment. The progress note stated, " ...Pt (Patient) seen this day in [his/her] room where [he/she] was found to be talking with [his/her] Hospice RN (registered nurse) ...Both RN and SW (Social Worker) discussed pt's wound care for [his/her] legs. Presently pt. remains concerned about how large [his/her] legs have become due to lymphedema ..."

On 07/07/2026 at 11:52 AM, Resident 5 was seen by their hospice CNA (Certified Nursing Assistant) for a bath. The progress note stated, "Hospice CNA came to visit patient for shower ..."

On 06/17/2026 at 12:17 PM, Resident 5 was seen for a follow-up appointment. The progress note stated, " ...[He/She] continues to be frustrated with PT (physical therapy) as [he/she] still requires the Hoyer to be lifted in and out of

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N 389	Continued From page 2 [his/her] chair. Resident 5's record contained an ISP with a revision date of 05/11/2026 did not address Resident 5's wounds or increase in swelling in both legs. Resident 5's ISP did not address Resident 5's enrollment onto hospice services and the services hospice staff would provide. Lastly, Resident 5's ISP did not address the need for a mechanical lift for all transfers. On 08/18/2026 at approximately 10:41 AM, Surveyor interviewed Regional Nurse F and Administrator G. Regional Nurse F and Administrator G acknowledged Resident 5's ISP did not address Resident 5's leg wounds, enrollment onto hospice services, and the need for a mechanical lift for all transfers. Regional Nurse F could not confirm if Resident 5 did have wounds to his/her legs, but would work with facility staff to identify the possible wounds. Regional Nurse F confirmed Resident 5 was receiving hospice services at the time of Surveyor's onsite visit. Regional Nurse F reported Resident 5's hospice care plan would state what services hospice provided; however, confirmed caregivers follow the facility ISP for services residents receive/need. Administrator G confirmed Resident 5 required a mechanical lift for all transfers. Administrator G disclosed a new Assistant Director of Wellness was hired and is scheduled to start on 09/01/2026. One of their responsibilities will be to audit and update/change resident's ISPs.	N 389		