STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018757	A. BUILDING: _____ B. WING _____	C 08/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - SPOONER I	N4810 HILL DRIVE SPOONER, WI 54801

(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 08/06/2026, Surveyor began a complaint investigation at VitaCare Living - Spooner I. Data was collected through 08/13/2026. One of 2 complaints was substantiated. One violation was identified. Census: 15	N 000		
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 interview and record review, the provider did not ensure to follow the individual service plan (ISP) as written for Resident 1. Resident 1's ISP indicated s/he was to use a pressure alarm as s/he was a fall risk. It was discovered in June 2026 that the pressure alarm, as well as a toilet riser indicated in Resident 1's member-centered plan (MCP), were missing and not being used by Resident 1. Findings include: On 06/25/2026, the Department received a complaint about resident equipment and following a resident ISP. From 08/06/2026 to 08/13/2026, Surveyor reviewed records for Resident 1, admitted on 08/22/2023. Resident 1's records included the following: - Resident 1's face sheet, which indicated s/he	N 388		

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

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N 388	Continued From page 1	N 388		

was diagnosed with unspecified dementia, acute ischemic stroke, type 2 diabetes, unspecified open angle glaucoma, and weakness.
- A fall risk assessment, dated 05/29/2026. The fall risk assessment read, in part, "MOBILITY - AMBULATION Needs assistance with ambulation, specify: Staff to provide supervision when ambulating, due to weakness after stroke...Actions taken to address fall risk, specify:...Resident has a pressure alarm to alert staff when resident is attempting to transfer..."
- A MCP from Resident 1's managed care organization (MCO), dated 06/15/2026, which read, in part, "Toileting:...[Resident 1] uses a raised toilet seat..." and "[Resident 1] is at increased risk for falls due to [his/her] weakness/unsteady gait, dizziness and memory loss...[Resident 1] also has a pressure pad alarm on [his/her] recliner..."
- Resident 1's ISP, dated 05/12/2026. The ISP read, in part, "Safety Check...[Resident 1] to use pressure alarm and staff to wear monitor on their person at all times to alert them when [Resident 1] is trying to transfer independently..."
- A clinical assessment, dated 06/22/2026. The assessment read, in part, "Mobility - Bed...Pressure alarm in place to alert staff when resident is attempting to transfer...cushion at all times while in recliner and is to be placed on top of pressure alarm..."
- An MCO case note by Caseworker A dated 06/15/2026. The note read, in part, "I traveled to [facility]...noted that [Resident 1] did not have the pressure pad alarm and [MCO team] staff was not able to locate this anywhere in [his/her] room and [Regional Director (RD) B] indicated [s/he] would look into this [sic] as well as the toilet riser [sic] which was not in [Resident 1's] bathroom...continue follow-up with [facility] regarding the toilet riser, pressure pad alarm..."

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N 388	Continued From page 2	N 388		

- An MCO case note by Caseworker C, dated 06/15/2026. The note read, in part, "Traveled to [facility]...to meet with [Resident 1]...Staff shared [Resident 1] has been attempting to ambulate and transfer on [his/her] own lately, which is a concern. [MCO team] noticed [s/he] did not have a pressure pad on [his/her] recliner as [s/he] is supposed to..."
- An MCO case note by Caseworker C, dated 06/24/2026. The note read, in part, "Emailed [RD B] to inquire if staff at [facility] has located [Resident 1's] pressure pad alarm and/or toilet seat riser..."
- An MCO case note by Caseworker C, dated 06/26/2026. The note read, in part, "Email response from [RD B] that they have not located [Resident 1's] alarmed pressure pad for [his/her] chair nor [his/her] toilet seat riser. They have however, been replaced by other items [facility] had in the facility...[MCO team] feel [facility] should replace [Resident 1's] toilet seat riser with a new one for [him/her] only to use...I looked in [Resident 1's] room and noted [his/her] alarmed pressure pad on [his/her] chair and a toilet seat riser on [his/her] toilet..."

On 08/06/2026, at approximately 2:40 PM, Surveyor interviewed Regional Director (RD) B. RD B stated there had been a previous director at the facility in the spring of 2026. RD B stated the former director had instructed staff to dispose of Resident 1's toilet riser and pressure alarm. RD B stated s/he did not know when the equipment had been disposed of. RD B stated s/he became involved with the facility sometime in April or May of 2026 and replaced Resident 1's missing equipment as soon as RD B was aware they were missing.

At approximately 3:20 PM, Surveyor interviewed

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N 388	Continued From page 3 Resident 1's power of attorney (POA) for health care, POA D. POA D stated Resident 1's equipment went missing from the facility often. POA D stated s/he was not sure of the specific time frame, but s/he knew that Resident 1's toilet riser and pressure pad alarm had gone missing at some point since July 2025. The provider did not ensure Resident 1's ISP was followed.	N 388		