Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019671	A. BUILDING: _____ B. WING _____	C 06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE PORT WASHINGTON	1800 GRANITE LANE PORT WASHINGTON, WI 53074

(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 06/11/2026, Surveyor conducted one (1) complaint investigation at High Point Residence Port Washington. As a result of the survey, one (1) deficiency was identified, complaint was substantiated. Census: 39	N 000		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not investigate injuries to residents that cannot be explained by the residents. Findings Include: On 03/11/2026, the department received a complaint identifying a bruise that could not be explained by the resident involved. On 06/11/2026 at 11:30 AM, Surveyor requested Resident 1's record, including investigation of unknown bruise from 02/26/2026. No record was available for Surveyor review. On 06/11/2026 at 12:53 PM, Surveyor interviewed Director A. Director A acknowledged s/he did not conduct an investigation for the bruise observed	N 161		

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

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N 161	Continued From page 1 on Resident 1 on 02/26/2026. Director A stated s/he believed the bruise to align with the sit to stand Resident 1 was using. Director A confirmed there was no staff charting or any information documented for the bruise, but recalled when the bruise was observed. The provider did not investigate injuries to residents that cannot be explained by the residents.	N 161		