STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011313	A. BUILDING: _____ B. WING _____	C 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING WESTON	5855 DELIKOWSKI STREET WESTON, WI 54476

(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 11/25/2025, Surveyor conducted a complaint (x5) investigation at Care Partners Assisted Living Weston. An additional complaint was received on 11/28/2025. Data collection continued through 12/03/2025. The complaints were unsubstantiated. One deficiency was identified. Census: 13	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on interview, observation and record review, the provider did not report to the Department within 3 working days after Resident 1 fell and received emergency room treatment. Findings include: The provider is licensed to care for 16 residents from the following client groups: terminally ill, irreversible dementia/Alzheimer's disease, physically disabled and advanced aged. Between 09/29/2025 and 11/28/2025, the Department received 5 complaints alleging care concerns, resident neglect and abuse, and	N 165		

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

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N 165	Continued From page 1	N 165		

medication administration errors.

On 11/25/2025 at approximately 9:40 AM, Surveyor interviewed Resident 1. Resident 1 was lying in bed. Surveyor observed the left side of Resident 1's head was cut and black and blue. Surveyor asked Resident 1 what happened. Resident 1 reported that s/he fell a few days ago.

On 11/25/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/19/2025. According to Nurse's Notes, dated 11/24/2025 (9:00 AM), "Resident stated [s/he] was leaning forward in [his/her] chair to pick something up and lost [his/her] balance and hit [his/her] head. Hospice was called and [his/her] POA (Power of Attorney). Resident was sent out to [Named Hospital]. Received stitches only and returned. Dissolvable stitches. Hospice came into visit."

On 12/02/2025 at approximately 11:25 AM, Surveyor interviewed Director A. Surveyor asked Director A about Resident 1's fall on 11/24/2025. Director A stated that Resident 1 fell on 11/24/2025 and went to the emergency room and received stitches to the left side of his/her head.

On 12/02/2025, Surveyor reviewed a "Resident/Visitor Incident Report," dated 11/27/2025, involving Resident 1. According to the "Resident/Visitor Incident Report,' Resident 1 fell on 11/24/2025 at 7:30 AM. Resident 1 sustained a "3 x 3 gash" to the left side of forehead. Resident 1 was sent to the emergency room and received stitches. According to medical records (After Visit Summary), Resident 1 was seen in the emergency room on 11/24/2025 for a forehead laceration. Resident 1 received stitches.

On 12/03/2025 at approximately 8:58 AM,

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N 165	Continued From page 2 Surveyor interviewed Director A via telephone. Surveyor asked Director A if Director A reported Resident 1's fall to the Department. Director A verified that Resident 1 fell on 11/24/2025 and received stitches. Director A stated, "I thought I sent it to [Nurse B] for processing." Director A confirmed that Resident 1's fall was not reported to the Department. On 12/03/2025, Surveyor reviewed Department records. Department records did not contain a self-report for Resident 1's fall on 11/24/2025.	N 165		