STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017202	A. BUILDING: _____ B. WING _____	C 09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEY RIVER MEMORY CARE	**1606 N ST JOSEPH AVE MARSHFIELD, WI 54449**

(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 09/03/2025, Surveyor conducted a complaint investigation at Stoney River Memory Care. One (1) deficiency was identified. Complaint was unsubstantiated. Census: 28	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 Resident 1's Individual Service Plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and agreement with the resident's ISP. Resident 1's current ISP dated 06/09/2025 was not signed by the resident or resident's legal representative. This is a repeat deficiency. See Statement of	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 Deficiency (SOD) 0I0D12, dated 05/17/2022. Findings include: On 09/03/2025 at 11:50 A.M., following Surveyors request, Executive Director (ED) A provided Resident 1's current ISP dated 06/09/2025. On 09/03/2025 at 11:55 A.M., Surveyor reviewed Resident 1's ISP and identified the following: -- Resident 1 was admitted to the facility on 12/03/2021. -- Resident 1's record indicated Resident 1 had a Power of Attorney (POA). -- Resident 1's ISP, dated 06/09/2025, was not signed. On 09/03/2025 at approximately 12:15 P.M., Surveyor interviewed ED A and Memory Care Director (MCD) B. MCD B acknowledged s/he did not get Resident 1's POA to sign off on his/her ISP and stated, "it is what it is. I missed it."	N 389		