STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018906	A. BUILDING: _____ B. WING _____	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE ASSISTED LIVING SERVICES ROLLING MI	N464 POEPPEL RD FORT ATKINSON, WI 53538

(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 04/01/2025, Surveyor conducted a standard survey at Pinnacle Assisted Living Services Rolling Meadows. One (1) deficiency was identified. Census: 5	N 000		
N 287	83.27(2)(a) Admissions compatible with the license class A CBRF may not admit or retain any of the following persons: A person who has an ambulatory or cognitive status that is not compatible with the license classification under s. DHS 83.04(2). This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider admitted and retained a non-ambulatory resident (Resident 1) that was not compatible with the provider's ambulatory license. Findings include: The provider is licensed as Class A ambulatory license to provider services for up to 7 residents within the client groups of developmentally disabled, traumatic brain injury, physically disabled, alcohol/drug dependent, and emotionally disturbed/mental illness. A class A ambulatory CBRF serves only residents who are ambulatory and who are mentally and physically capable of responding to a fire alarm by exiting the CBRF without any help or verbal or physical prompting.	N 287		

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 287	Continued From page 1	N 287		

"Ambulatory" means the ability to walk without difficulty or help, according to department of health services (DHS) 83.02(6).

"Semi-ambulatory" means a person is able to walk with difficulty or only with the assistance of an aid such as crutches, cane or walker, according to DHS 83.02(51).

"Non-ambulatory" means a person who is unable to walk but who may be mobile with the help of a wheelchair or other mobility devices, according to DHS 83.02(34).

On 04/01/2025 at approximately 10:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 02/15/2024 with diagnoses including Alzheimer's.
Resident 1's pre-admission assessment, dated 01/23/2024, documented for mobility/transferring/wheelchair, "Help sitting down, help walking and sitting in cars, shuffles".
Resident 1's evacuation assessment, dated 02/04/2025 documented, under impaired mobility that Resident 1 needs full assistance and under need for extra staff, that Resident 1 needs full assistance from two staff.
Resident 1's individual service plan (ISP), dated 03/18/2025, documents, "Resident requires full assistance from staff to ambulate. [Resident 1] is very slow moving. Staff only get [Resident 1] up to get [him/her] into bed and to change [him/her]. Staff use a hoyer lift to transfer [him/her]."

At approximately 11:30 a.m., Surveyor observed Resident 1 outside of his/her room in a broda chair. S/he had a lift sling underneath him/her and a hoyer lift in his/her room.

At approximately 11:45 a.m., House Manager B

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N 287	Continued From page 2 stated that s/he thought that when Resident 1 admitted s/he used the assistance of a walker to get into the home. Surveyor reviewed the concerns with Administrator A who stated s/he understands the concerns and agreed that Resident 1 does not meet the definition of ambulatory and will request a waiver to allow him/her to age in place.	N 287		