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
	0021403	A. BUILDING: _____ B. WING _____	09/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA OF GREENDALE I	6751 S 68TH ST FRANKLIN, WI 53132

(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 09/18/2026, Surveyor concluded a standard survey at Eden Vista of Greendale I. One deficiency was identified. Census: 14	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not obtain the resident's legal representative's signature, acknowledging their involvement in, understanding of, and agreement with the Individual Service Plans (ISPs) for 1 of 1 resident (Resident 1).	N 387		

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

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N 387	Continued From page 1 Findings include: On 09/17/2026 at 1:05 p.m., Surveyor reviewed Resident 1's record. The following was identified: Resident 1 was admitted to the facility on 07/27/2026. Resident 1's diagnosis included major depressive disorder, restless leg syndrome, dysphasia, cognitive communication deficit, and traumatic subdural hemorrhage without loss of consciousness. Resident 1 had an activated healthcare power of attorney (AHCPOA). Resident 1's ISP was dated 07/27/2026. Resident 1's ISP did not contain any signatures. On 09/17/2026 at 1:21 p.m., Surveyor interviewed Director of Wellness (DOW) B and Executive Director (ED) A. DOW B stated since s/he had to print the signature page out for signature after reviewing the ISP with the resident and his/her AHCPOA, s/he may have had the page in his/her office location. On 09/17/2026 at 1:23 p.m., Surveyor interviewed Director of Wellness (DOW) B and Executive Director (ED) A. ED A stated s/he wanted to check his/her files in his/her office to see if s/he had the signature page. On 09/17/2026 at 1:52 p.m., DOW B confirmed, "I looked for the document, and I do not have it." ED A confirmed s/he did not located Resident 1's ISP signature page. ED A stated the team would work out a better system for acquiring signatures in the future. On 09/18/2026 at 9:15 a.m., Surveyor interviewed AHCPOA D, who stated that when Resident 1	N 387		

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N 387	Continued From page 2 moved in, s/he signed paperwork for Resident 1. S/He did not recall ever signing a document that outlined his/her plan of care.	N 387		