STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020421	A. BUILDING: _____ B. WING _____	C 06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE LLC	1611 PREMIER PLACE 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
M 000	INITIAL COMMENTS On 06/04/2025, with information gathered through 06/09/2025, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at Preferred Care LLC located at 1611 Premier Place in Fort Atkinson, WI. One citation of noncompliance was issued. The complaint was substantiated. Census: 3	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on interview and record review, the provider did not submit a report to the department of Resident 1's significant change in status requiring hospitalization. On 05/07/2025, Resident 1 experienced a choking incident while eating fruit requiring hospitalization. The findings include:	M 134		

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

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M 134	Continued From page 1 The department received a compliant allegation including a resident choked and was hospitalized on "life support." On 06/04/2025, Surveyor conducted a complainant investigation at the home. At 8:00 A.M., Surveyor conducted an interview with Caregiver B. Caregiver B told Surveyor Resident 1 choked while eating fruit provided by Resident 1's Legal Representative C. Caregiver B said Resident 1 would quickly put food in his/her mouth, not chew the food properly, and would just swallow it very quickly. Caregiver B said Resident 1 required supervision when consuming meals and snacks related to Resident 1's behavior while eating. Caregiver B said s/he was supervising Resident 1 in the home's kitchen area when Resident 1 was eating the fruit. Caregiver B said the incident occurred so fast and Caregiver B quickly provided assistance to Resident 1 to attempt to remove the food from Resident 1's mouth and provide the Heimlich maneuver followed by cardiopulmonary resuscitation (CPR). Caregiver B told Surveyor emergency services were called and arrived at the home before taking Resident 1 to the hospital. Caregiver B said Resident 1 was admitted to the hospital following this incident and had not returned to the home. On 06/04/2025 at 9:12 A.M., Surveyor conducted an interview with Licensee A. Licensee A told Surveyor Resident 1 experienced a choking incident at the home on 05/07/2025 and required hospitalization. Licensee A told Surveyor Resident 1 remained at the hospital on 06/04/2025. Licensee A told Surveyor s/he reported Resident 1's choking incident to Resident 1's funding agency case management team, but had not reported it to the department.	M 134		

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M 134	Continued From page 2 On 06/05/2025 at 12:25 P.M., Surveyor received an email from Licensee A including an incident report. The incident report documentation included the date of the incident was 05/07/2025 "around" 5:00 P.M. at the home involving Resident 1 and Caregiver B witnessed the incident. The documentation included, "Involving a bowl of mixed fruits (watermelon, cantaloupe, and strawberries) that was brought by [Resident 1's Legal Representative C]. The fruit bowl, commonly referred to as a fruit basket, contained slices/pieces of the three fruits. [Resident 1] choked shortly after consuming multiple pieces without chewing, which led to an emergency response and hospitalization." The documentation included, "[Resident 1] was known to eat at a fast pace; however, there has never been any mention of [Resident 1] being a choking risk in [his/her] previous group home or assessments." The documentation included, "... [Caregiver B] observed that [Resident 1] quickly placed several pieces into [his/her] mouth without chewing. [Caregiver B] immediately removed the bowl [of fruit] when [Caregiver B] noticed [Resident 1] was clutching [his/her] throat, gasping, and becoming unresponsive. [Caregiver B] called for assistance from another caregiver. We laid [Resident 1] on [his/her] back and [Caregiver B] began CPR with chest compressions. The other caregiver called 911 at approximately 5:10 P.M. After about 50 seconds, [Caregiver B] preformed mouth-to-mouth resuscitation. [Resident 1] began breathing again, though weakly. EMS [emergency medical service] arrived within 5 minutes and transported [Resident 1] to [local hospital]." The documentation included, "Food removed immediately."	M 134		

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M 134	Continued From page 3 On 06/09/2025 at 3:46 P.M., Surveyor conducted an interview with Licensee A. Licensee A said s/he was not aware of this requirement of submitting a report to the department when a resident experiences a significant change in status related to an incident requiring hospitalization. Licensee A told Surveyor the hospital called him/her last week and Resident 1 remained alive.	M 134		