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 |
|---|---|---|---|
| | 0019133 | A. BUILDING: _____ B. WING _____ | C 07/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SIENNA CREST DEFOREST | 506 BASSETT ST DE FOREST, WI 53532 |

| (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<br><br>From 07/02/2025 to 07/07/2025, Surveyor conducted a complaint investigation and standard survey at Sienna Crest Deforest, a CBRF in Deforest.<br><br>Two deficiencies were identified.<br><br>The complaint was unsubstantiated.<br><br>Census: 12 | N 000 | | |
| N 431 | 83.38(1)(g) Health monitoring.<br><br>As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. | N 431 | | |

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 |
|---|---|---|---|
| | 0019133 | A. BUILDING: _____ B. WING _____ | C 07/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SIENNA CREST DEFOREST | 506 BASSETT ST DE FOREST, WI 53532 |

| (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 431 | Continued From page 1 | N 431 | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 3 residents had his/her health monitored and documented in his/her record. Resident 1's blood pressure, pulse, weight and blood sugars were not monitored and documented as ordered.

Findings include:

On 07/02/2025 at 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 09/03/2024 with diagnoses including diabetes and heart failure. Resident 1's record identified the following health monitoring concerns:

Blood Sugars:

Resident 1 had a physician order, dated 08/13/2024, to check blood sugars 3 times daily and notify the physician of blood sugars <80 or >400. Resident 1's record, dated 05/13/2025 to 07/02/2025, did not include blood sugars for the following dates and times: 05/15/2025 11:00 a.m. and 4:00 p.m., 05/16/2025 11:00 a.m. and 4:00 p.m., 05/19/2025 11:00 a.m., 05/24/2025 4:00 p.m.,05/26/2025 11:00 a.m., 06/05/2025 12:00 p.m., 06/06/2025 12:00 p.m. through 06/11/2025 12:00 p.m., 06/17/2025 12:00 p.m., 06/20/2025 12:00 p.m., 06/21/2025 8:00 a.m., 06/25/2025 12:00 p.m. and 06/26/2025 12:00 p.m.

Weights:

Resident 1 had a physician order, dated 01/30/2024, to check Resident 1's weight every

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019133 | A. BUILDING: _____ B. WING _____ | C 07/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SIENNA CREST DEFOREST | 506 BASSETT ST DE FOREST, WI 53532 |

| (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 431 | Continued From page 2 | N 431 | | |

morning and call physician if s/he gained >5 lbs. in one week or 2 lbs. in one day. Resident 1's record, dated 05/01/2025 to 07/02/2025, identified the following concerns regarding his/her weight:

- Weights were not recorded on 05/05/2025, 05/06/2025, 05/12/2025 through 05/17/2025, 05/22/2025, 05/26/2025, 05/31/2025, 06/02/2025, 06/05/2025 through 06/11/2025, 06/14/2025, 06/17/2025. 06/20/2025, 06/24/2025, 06/25/2025 and 06/27/2025 through 06/29/2025.
- Weight increase of 2.8 lbs. from 05/02/2025 to 05/03/2025.
- Weight increase of 4.2 lbs. from 05/18/2025 to 05/19/2025.
- Weight increase of 5 lbs. from 05/25/2025 to 05/27/2025 (No 05/26/2025 weight).
- Weight increase of 3.4 lbs. from 05/30/2025 to 06/01/2025 (No 05/31/2025 weight).

Blood Pressure (BP) and Pulse:

Resident 1 had a physician order, dated 01/08/2025, to check blood pressure and pulse 2 times daily before AM medications and before dinner with goal of BP <130 and pulse 50-90. The order stated to contact the physician if BP was consistently <120 or >160. Resident 1's record, dated 05/01/2025 to 07/02/2025, did not have BP or pulse readings for the following dates: 05/06/2025 AM 05/08/2025 AM, 05/15/2025 AM, 05/16/2025 AM, 05/29/2025 AM, 06/05/2025 AM, 06/06/2025 AM through 06/11/2025 AM, 06/17/2025 AM, 06/20/2025 AM, 06/21/2025 PM, 06/25/2025 AM, 06/26/2025 AM, 06/29/2025 AM and 06/30/2025 AM.

On 07/02/2025 at approximately 11:00 a.m., Surveyor interviewed Manager A. Surveyor

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019133 | A. BUILDING: _____ B. WING _____ | C 07/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SIENNA CREST DEFOREST | 506 BASSETT ST DE FOREST, WI 53532 |

| (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 431 | Continued From page 3<br>shared concern that Resident 1's blood pressure, pulse, weight and blood sugars were not monitored as ordered and that Resident 1's record did not include documentation of his/her physician being informed of weight gains. Manager A acknowledged Surveyor's concern and stated caregivers should be updating management of weight gains so management updated the physician, but if notifications were not documented in the record, s/he did not have any additional documentation to provide. | N 431 | | |
| N 499 | 83.45(3) Toxic substances.<br><br>Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure toxic chemicals were kept secured.<br><br>Findings include:<br><br>On 07/02/2025 at approximately 8:15 a.m., Surveyor observed the provider's laundry room door propped completely ajar. Surveyor observed cleaning chemicals such as Tide detergent (Label: Harmful if swallowed) and Clorox Spray (Label: harmful if inhaled, causes substantial but temporary eye injury, avoid contact with skin) stored in the room.<br><br>On 07/02/2025 at approximately 9:00 a.m., Surveyor asked Caregiver B if the laundry room had the ability to be locked. Caregiver B replied, | N 499 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019133 | A. BUILDING: _____ B. WING _____ | C 07/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SIENNA CREST DEFOREST | 506 BASSETT ST DE FOREST, WI 53532 |

| (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 499 | Continued From page 4<br>"Yes," and explained it wasn't locked at the moment since s/he and the other caregiver had been completing laundry tasks.<br><br>On 07/03/2025 at approximately 10:30 a.m., Surveyor observed the door remained unlocked and unsupervised. Surveyor also observed the self-closing feature on the door did not allow for the door to completely shut and the lock to engage.<br><br>On 07/03/2025 at approximately 10:45 a.m., Surveyor discussed concern with Manager A, Administrator C and Operations Manager D that the provider's laundry room, which stored toxic substances, was not kept secured. Administrator C instructed Manager A to contact maintenance to repair the self-closing feature of the door. | N 499 | | |