STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011313	A. BUILDING: _____ B. WING _____	C 07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING WESTON	5855 DELIKOWSKI STREET WESTON, WI 54476

(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 07/23/2025, Surveyor conducted a standard licensure survey and complaint investigation at Care Partners Assisted Living Weston. The complaint was unsubstantiated. One deficiency was identified. Census: 13	N 000		
N 427	83.38(1)(c) Leisure time activities. 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not arrange services adequate to meet the needs of the residents in the following area: leisure time activities. The provider did not develop and post an activity schedule in an area available to residents. Findings include:	N 427		

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 427	Continued From page 1 The provider is licensed to care for 16 residents from the following client groups: terminally ill, irreversible dementia/Alzheimer's disease, physically disabled and advanced aged. The Department received a complaint in April 2025, alleging care concerns and resident neglect (including disabling the call pendant system). On 07/23/2025, Surveyor toured the facility. Surveyor observed residents sitting quietly in the dining room, residents walking around and residents sleeping and/or watching television in their rooms. Surveyor did not observe a posted activity schedule. On 07/23/2025 at approximately 12:00 PM, Surveyor interviewed Director A. Surveyor asked Director A about resident leisure activities. Director A stated the provider had been without a formal activity program and activity staff for several months. Director A reported that Director A and staff try to provide activities each week (bingo, coloring, live music and church) when time permits. Director A reported that the provider had been trying to hire someone to oversee activities. Surveyor asked Director A about resident satisfaction surveys and feedback provided from the surveys. Director A admitted that past resident satisfaction surveys (one submitted last year and one submitted in February 2025) noted that residents/family members wanted to see an activities program and more activities provided at the facility. Director A verified an activity calendar was not posted. Director A commented that it would be nice to have an activity program at the facility.	N 427		