STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014203	A. BUILDING: _____ B. WING _____	C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPITAL SQUARE	111 OWEN RD MONONA, WI 53716

(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 to 04/03/2025, Surveyor conducted a complaint investigation and standard survey at Capital Square. Two deficiencies were identified. The complaint was substantiated. Census: 22	N 000		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's legal representative was immediately notified when there was an incident affecting Resident 1's physical or mental condition. Resident 1 sustained 3 falls on 06/24/2024, 11/11/2024, 12/08/2024, and the record did not include evidence his/her legal representative was notified. Findings include: On 01/05/2025, the Department received a complaint alleging the healthcare power of	N 169		

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

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N 169	Continued From page 1	N 169		

attorney (HCPOA) was not notified following several falls.

On 04/01/2025, Surveyor reviewed Resident 1's record and identified the following:

Resident 1 was admitted to the facility on 05/29/2024 with diagnosis including seizures, depression, and hypertension. Resident 1's HCPOA was activated on 12/13/2021. Resident 1's most recent individual service plan (ISP) dated 02/06/2025 indicated s/he was a fall risk and was on a falls management program. Resident 1's record included the following incident reports:

"06/24/2024: 1235 PM, Incident type: Unwitnessed fall, Description: Care staff stated that resident was sitting in [his/her] recliner and got tangled up in [his/her] blanket out from under [him/herself] [s/he] leaned forward and slid to the floor in front of [his/her] recliner. Name of responsible party notified: Self. Was responsible party notified of the ISP update? Resident is [his/her] own person.

11/11/2024: 0702 AM, Incident type: Unwitnessed fall, Description: Resident aide (RA) staff reported that resident was found on the floor in [his/her] bathroom after calling for assistance. Resident was next to [his/her] bed lying on [his/her] back. Resident stated that [s/he] was trying to get [him/herself] out of bed. Name of responsible party notified: [Financial POA C].

12/08/2024: 11:58 AM, Incident type: Witnessed fall, Description: Facility staff notified on call nurse that resident had a witnessed fall. Staff was using a sit to stand to transfer resident in the bathroom. Resident grabbed the railing and fell.

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N 169	Continued From page 2 Resident landed in a sitting position and had no injury. Resident didn't hit [his/her] head. Name of responsible party notified: [Financial POA C] notified via phone but had to leave a message." On 04/01/2025 at 3:40 PM, Surveyor interviewed Regional Operations A and Executive Director B regarding the above concerns. Both staff acknowledged an understanding of the Surveyor's concerns. Regional Operations A reported that Financial POA C was also Resident 1's HCPOA per the resident's POA paperwork. Regional Operations A provided a copy of Resident 1's POA paperwork. Regional Operations A shared ongoing meetings held with family to discuss care concerns and expectations moving forward. Regional Operations A reported if HCPOA D was not available, to call Financial POA C as a backup. Surveyor noted evidence of this could not be found in Resident 1's record. Resident 1's healthcare power of attorney paperwork dated 06/01/2021 documented the following: " ...Section 1.02 Designation of Health Care Agent: I designate [HCPOA D] to serve as my Health Care Agent giving to my Health Care Agent the power to make decisions with regard to my healthcare. If [HCPOA D] is unwilling or unable to serve, I designate the individuals listed below as alternate Health Care Agents to serve in the order in which their names appear to exercise the powers and discretions set forth in this instrument. [Financial POA C] ....." On 04/03/2025 at 2:00 PM, Surveyor interviewed Financial POA C and HCPOA D regarding the above concerns. HCPOA C confirmed s/he was activated healthcare power of attorney for Resident 1. Both reported no agreement had been made that allowed Financial POA C to be	N 169		

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N 169	Continued From page 3 notified of Resident 1's healthcare information if HCPOA D was not available. Surveyor asked Financial POA C if s/he was notified of Resident 1's falls on 11/11/2024 and 12/08/2024. Financial POA C reported after looking over his/her phone records, no notifications from the provider were given to him/her on the above dates. HCPOA D also confirmed s/he was not notified regarding Resident 1's falls on the above dates.	N 169		
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 record review and interview, the provider did not ensure 1 of 2 individual service plans (ISPs) were reviewed were developed with involvement from the resident and resident's legal representative.	N 387		

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N 387	Continued From page 4 Findings include: On 04/01/2025, Surveyor reviewed resident records and identified the following: Resident 2 was admitted on 02/08/2024. Resident 2's healthcare power of attorney was activated on 02/16/2024. Resident 2's most recent ISP dated 02/09/2024 did not contain a signature from the resident or POA signature. On 04/01/2025 at 3:15 PM, Surveyor interviewed Executive Director B. Executive Director B reported nursing was responsible for sending out ISP's and getting signatures. Executive Director B stated the provider had just hired a new nurse in February 2025 and s/he was working on bringing the provider back into compliance with getting ISPs reviewed/signed. On 04/01/2025 at 3:40 PM, Surveyor interviewed Regional Operations A and Executive Director B regarding the above concerns. Both staff acknowledged an understanding of the concern. On 04/02/2025 at 3:00 PM, Regional Operations A sent the following email: "[Resident 2], Care Plan was held today. Signed ISP included."	N 387		