STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525337	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rocky Knoll Health Care	N7135 Rocky Knoll Parkway Plymouth, WI 53073

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure the resident environment was as free of accident hazards as possible for 1 resident (R) (R37) of 4 sampled residents.R37 was admitted to the facility on [DATE] and had a history of falls. R37 fell at the facility on 5/27/26 and 5/30/26. admission and post-fall risk assessments did not accurately reflect R37's status.Findings include:The facility's Fall Prevention, Assessment, and Management Policy, revised 2/2026, indicates: The purpose is to ensure each resident is assessed for fall risk and receives individualized, person-centered interventions to reduce the likelihood of falls, injuries, and related harm .Fall risk assessments will include, but are not limited to: cognitive status (orientation, confusion, impaired judgment), history of falls and contributing circumstances, mobility, gait, balance and assistive device use, orthostatic hypotension or vital sign changes, diagnoses impacting mobility or cognition, medications that may increase fall risk, vision and hearing status, elimination patterns and toileting needs, environmental and behavioral risk factors .R37 was admitted to the facility on [DATE] following a syncopal episode that resulted in a fall with injury. R37 had diagnoses including mulitple rib fractures, history of falling, atrial fibrillation, hypertension, and orthostatic hypotension. A care plan, dated 5/20/26, indicated R37 was continent of bowel but incontinent of bladder and required the assistance of one staff for toileting. The care plan was revised on 5/27/26 to indicate R37 required the assistance of two staff with a gait belt and walker for transfers. An admission fall risk assessment, dated 5/20/26, contained a score of 22 which indicated R37 was at high risk for falls. The assessment indicated R37 did not have a fall resulting in fracture within six months prior to admission and had no noted drop between lying and standing for blood pressure. (Of note: R37 was admitted to the facility due to a fall at home resulting in rib fractures and had a diagnosis of orthostatic hypotension.) R37's medical record indicated R37 fell on 5/27/26 during a syncopal episode (fainting) while toileting which did not result in injury. A post-fall risk assessment, dated 5/28/26, contained a score of 8 which indicated R37 was at low risk for falls. The assessment indicated Not assessed/no information related to R37 having a fall(s) since admission/entry or reentry to the facility. (Of note: R37 fell prior to admission, a prior fall assessment indicated R37 was at high risk for falls, and the assessment completed on 5/28/26 was post-fall.) R37 fell again on 5/29/26 during a syncopal episode in physical therapy and was assisted back to the wheelchair by staff which did not result in injury. R37 fell again on 5/30/26 and was found on the floor of their bathroom with the wheelchair tipped back. R37 stated they were attempting to use the bathroom. An assessment indicated R37 had a compound fracture of the right femur, was tachycardic (fast heart rate exceeding 100 beats per minute at rest), and reported pain. R37 was transferred to the hospital and did not return to the facility. A post-fall risk assessment, dated 5/30/26, contained a score of 16 which indicated R37 was at moderate risk for falls. The assessment indicated R37 did not have any falls since admission/entry or reentry to the facility or the prior assessment despite the fact R37 was admitted following a fall at home and had falls on 5/27/26 and 5/29/26.On 6/10/26 at 10:44 AM, Surveyor interviewed Unit Manager Registered Nurse (RN)-E who indicated R37 had orthostatic blood (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pressures which caused syncopal episodes. RN-E stated medication/medication parameters to treat the condition were continuously being adjusted. RN-E verified R37's admission fall assessment and post-fall assessments were not accurately completed. RN-E indicated assessments should be accurately completed to reflect a resident's needs so appropriate interventions and assistance can be provided.