

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
NAME OF PROVIDER OR SUPPLIER Rocky Knoll Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not report injuries of unknown origin to the State Agency (SA) for 1 resident (R) (R1) of 3 sampled residents. On 5/22/26, staff observed yellow and purple discoloration on R1's right ankle. An X-ray revealed multiple fractures. The injury of unknown origin was not reported to the SA. Findings include: The Facility's Abuse, Neglect and Exploitation Policy indicates: All residents residing at Rocky [NAME] Health Care Center have the right to be free from mistreatment, neglect, abuse, injury, misappropriation of property, and exploitation. Injuries of Unknown Source - An injury should be classified as an injury of unknown source when all of the following criteria are met: The source of the injury was not observed by any person; The source of the injury could not be explained by the resident; The injury is suspicious because of the extent of the injury, location of the injury, the number of injuries observed at one particular point in time, or the incidence of injuries over time. Reporting: All staff, employees, residents, and resident representatives are knowledgeable about the nursing home's reporting procedures and requirements. Per the Centers for Medicare & Medicaid Services' (CMS) direction, all nursing homes must immediately report all alleged violations involving mistreatment, neglect, abuse, including injuries of unknown source, to the Administrator (or designee) and to the Division of Quality Assurance (DQA) and Adult Protective Services. R1 was admitted to facility on 11/14/25 and had diagnoses including osteoporosis and history of falls. A Minimum Data Set (MDS) assessment, dated 6/2/26, indicated R1 was dependent on staff for transfers. On 7/28/26, Surveyor reviewed R1's medical record. R1 had a fall on 5/16/26 in which a Certified Nursing Assistant (CNA) lowered R1 to the floor. The facility assessed R1 for 72 hours following the fall and notified Legal Guardian (LG)-D and the physician. R1 remained at baseline with transfers and did not show signs of injury or pain. On 5/22/26, staff observed yellow/purple discoloration on R1's right ankle. An X-ray revealed multiple fractures in the right ankle. The facility initiated an investigation, interviewed staff, and educated staff on falls, assessments, notification, and documentation. The facility determined the injury was most likely caused by the fall on 5/16/26. The facility completed the investigation appropriately but did not report the injury of unknown origin to the SA when it was discovered or following the investigation. On 7/28/26 at 1:04 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed the facility did not report the injury of unknown origin to the SA. NHA-A stated the fall was witnessed and an origin for the injury was identified. Surveyor explained that because the fractures were discovered approximately one week after the fall, it could not immediately be determined that they resulted from the fall, therefore, a self-report and investigation were required to determine if another incident or fall occurred.		

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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