

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2026
NAME OF PROVIDER OR SUPPLIER Williams Bay Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 146 Clover St Williams Bay, WI 53191	
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	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to provide left arm support at the toilet to assist in transfers for one resident (Resident) 1) in a total sample of 3. This failure placed the resident at higher risk for falls and injury. Findings include: Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed R1 was admitted to the facility on [DATE] with a diagnosis of multiple sclerosis-MS (a neurological disease) and vision loss. Review of the admission Minimum Data Set (MDS) located in the MDS tab of the EMR with an assessment reference date (ARD) of 08/10/25 revealed R1 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15 which indicated R1 was cognitively intact and had no falls since admission. Review of a General Note dated 08/29/25 at 12:20 PM located in the Progress Notes tab of the EMR revealed, Resident found in private bathroom sitting on buttock in between toilet and sink. Resident was facing the doorway. Resident stated she was getting off the toilet, lost balance and fell. Resident stated she did not hit her head, but she did hit her left shoulder on the sink. Gripper strip applied to bathroom floor in front of toilet for intervention. Orders to monitor the resident for bruising. Review of a General Note dated 08/29/25 at 1:00 PM located in the Progress Notes tab of the EMR revealed, Resident had unwitnessed fall and hit her head. Resident on Eliquis (blood thinning medication). Sent to hospital via ambulance per protocol. Review of a General Note dated 08/29/25 at 3:43 PM located in the Progress Notes tab of the EMR revealed, Resident returned from hospital. Xrays of shoulder, elbow, chest, pelvis, as well as CT [computed tomography] scans of head, neck, and upper back did not reveal any fractures. During an interview on 01/26/26 at 10:00 AM, Certified Nurse Aide (CNA)1 stated that she was on R1's hall during the time she fell. CNA1 stated, The only thing I remember is she was between the sink and toilet. R1 was able to self-transfer but needed to call us for assistance. The lunch trays had come out to the floor and when I took her tray into her room, I saw that she was on the floor. I had my walkie talkie with me and I notified the nurse. During an interview on 01/26/26 at 10:25 AM, R1 stated, When I fell that day, I was in the room next door. The bathroom was smaller than my current room. In my current bathroom, there is one grab bar that is on the wall on the right side of the toilet. I use that bar, but it hurts my shoulder. There is no bar on the left side of the toilet so I could support my left hand/arm. R1 further stated, I can't see as I am blind, and due to my MS, I am weaker in my legs. During an observation and interview on 01/26/26 at 10:45 AM, R1 went to R1's room and bathroom she was in at the time of the fall and her current room. In her previous bathroom, there was a non-skid strip on the floor in front of the toilet, however, the strip was placed too far away from where her feet would have been while on the toilet. In her current room, there was a toilet riser and the grab bar on the right side of the toilet, however, there was no support on the left side. The distance between the toilet and sink was approximately one to two feet. R1 was asked if there had been support for her left arm previous to the</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525346
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>fall. R1 stated, Yes, they had put support for my left arm, but the legs were wobbly and it was removed, which left me without support on my left side. During an interview on 01/26/26 at 11:17 AM, the Director of Nursing (DON) was asked why the non-skid strips, which were an intervention placed after the fall, were not applied to her current bathroom. The DON stated, I don't know why. The DON further stated, R1 had a commode over the toilet seat with handles, but this was removed due to being wobbly and a raised toilet seat was put into place but there had been no conversation regarding adding support to her left side.</p>		