STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525402	A. Building B. Wing	06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Ridge Healthcare	400 Deronda St Amery, WI 54001

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 record review and interview, the facility did not implement policies and procedures for ensuring the reporting of physical abuse in accordance with section 1150B of the Act when an allegation of physical abuse was not reported immediately, but no later than 2 hours to the administrator and local law enforcement in accordance with state law through established procedures for 1 of 3 residents (R) reviewed (R1). This is evidenced by: Facility's policy titled, Resident Safety Abuse Policy, revised date 02/2022, read in part: 8. Reporting Suspected Violations: a. the supervisor on duty shall IMMEDIATELY safeguard the resident(s) and immediately report all alleged violations involving abuse, neglect, mistreatment, exploitation, including injuries of unknown source and misappropriation of resident property to the facility administrator. The Administrator will notify the DON (Director of Nursing) and/or others as appropriate. b. The administrator will report a reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from the facility, to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located. c. The administrator shall report immediately, but not later than 2 hours after forming the suspicion . R1 was admitted to the facility on [DATE]. R1's current diagnoses include athetoid cerebral palsy, dementia with moderate agitation, pain in right arm, mild cognitive impairment, restlessness and agitation, anxiety disorder, major depressive disorder, and cerebral infarction. On 03/02/25, Certified Nursing Assistant (CNA) C was assisting R1 in the bathroom and R1 became very agitated and was yelling at CNA C. CNA C reported to a nurse that R1 was upset when CNA C was providing cares. At 4:00 PM, Licensed Practical Nurse (LPN) D went to R1's room and R1 stated, The aide slammed me against the wall. On 03/03/25, Nursing Home Administrator (NHA) A completed an investigation. The Facility's Reported Incident (FRI) initial report was sent late to the State Agency (SA) on 03/13/25 at 4:05 PM and the final report was sent on 03/14/25 at 4:29 PM. The FRI report documented law enforcement was not contacted. The FRI did not document when NHA A was contacted to report the allegation of abuse. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525402	A. Building B. Wing	06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Ridge Healthcare	400 Deronda St Amery, WI 54001

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	On 06/24/25 at 11:42 AM, Surveyor interviewed NHA A about when the allegation of abuse was reported to NHA A, SA, and law enforcement. NHA A stated NHA A was called right away and can't remember the time. Surveyor asked if CNA C was suspended during the investigation. NHA A stated when NHA A received the call from the facility, NHA A informed the staff CNA C should not be working with resident (R1) and needed to go home. Surveyor asked when CNA C clocked out at 8:00 PM, if this was the time NHA A was called about the incident. NHA A responded, yes. Surveyor asked if the incident occurred at 3:45 PM, if this was immediate reporting to NHA A. NHA A stated this was not timely reporting. Surveyor asked why the initial FRI was sent to the SA on 03/13/25 at 4:05 PM. NHA A stated NHA A thought it was sent in immediately. NHA A did not know why the report was not sent in timely. Surveyor asked when the allegation should be reported to NHA A and SA. NHA A stated within 2 hours. Surveyor asked if the police were called immediately. NHA A stated the police were not called because didn't feel it was necessary and could not prove abuse occurred.