STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525465	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Lake Health and Rehab Center	5595 Cty Rd Z West Bend, WI 53095

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not review and revise the comprehensive plan of care for 5 residents (R) (R73, R61, R56, R21, and R68) of 8 sampled residents.R73 fell on 4/4/26. An intervention for a Posey grip on top of R73's wheelchair cushion was not added to R73's care plan.R61 fell on 4/13/26. A post-fall intervention was not added to R61's care plan.R56 had a specialty air mattress that was not reflected on R56's care plan or Kardex (an abbreviated care plan used by nursing staff) and staff did not check the functioning of the air mattress each shift. In addition, R21 and R68 had specialty air mattresses which were not reflected on their plans of care.Findings include: The facility's Fall Prevention Program - Comprehensive Falls Management policy, dated 2/2026, indicates: .9. When a resident experiences a fall, the facility will: .4. Initiate an immediate appropriate new intervention to prevent similar incidents. Immediate interventions should be documented and communicated to the team. The Nurse Manager will update the care plan and Kardex. The facility's Mattress/Specialty Protocol policy, dated March 2026, indicates: The purpose of ensuring optimum use and maintenance of specialty mattress. Performed by nursing staff. Key steps include: 1. Nurse Manager to identify residents with specific nursing concerns that would benefit from the use of a specialty mattress. Request should be called in to Central Supply .3. Central Supply will adjust air flow control knobs to facility settings. a. Easy Air Pressure Guard: Therapy settings - alternate mode .Air Flow indicator - on .Comfort setting - 4. 4. Any specialty air mattress should be indicated on the resident's care plan and documentation in the electronic health record (EHR/medical record) should occur every shift .6. Certified Nursing Assistants (CNAs) may not adjust settings on specialty mattresses. If a resident requires adjustment, this should occur under the advisement of the Nurse Manager/Supervisor. Any change in setting from the facility settings in #2 above must be indicated on the care plan . 1. Between 4/20/26 and 4/21/26, Surveyor reviewed R73's medical record. R73 was admitted to the facility on [DATE] following hospitalization for a fall prior to admission which resulted in a pubic rami (a pelvic injury that often occurs in elderly individuals due to low energy falls or in high-energy traumas) and a right sacral alar fracture (disruption in the wing-shaped upper lateral part of the sacrum). R73 had diagnoses including spinal stenosis, lumbar region, age-related osteoporosis with current pathological fracture, cognitive communication deficit, and unspecified dementia. R73's Minimum Data Set (MDS) assessment, dated 3/19/26, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R73 had moderate cognitive impairment. R73's plan of care indicated R73 was at high risk for falls related to decreased mobility following a recent fall with pubic rami and right sacral fractures. R73's medical record indicated staff heard R73 yell I just fell on 4/4/26 at 7:00 AM. Staff discovered R73 on the toilet in the bathroom. A wheelchair next to R73 was not locked. R73 stated R73 slid out of the wheelchair which went out from under R73. R73 fell on R73's butt but got up and sat on the toilet. Immediate interventions included a Posey grip on top of R73's wheelchair cushion, remind R73 to lock wheelchair breaks prior to standing up, and remind R73 to call for assistance with the call light.Surveyor noted R73's care plan did not contain an intervention for a Posey grip on top of R73's wheelchair cushion. On 4/21/26 at 3:57 PM, Surveyor (continued on next page)

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

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interviewed Registered Nurse (RN)-F who confirmed the post-fall intervention for a Posey grip on top of R73's wheelchair cushion was not added to the care plan. RN-F stated managers usually add care plan interventions, however, all nurses can add interventions.2. Between 4/20/26 and 4/21/26, Surveyor reviewed R61's medical record. R61 was admitted to the facility on [DATE] and had diagnoses including rheumatoid arthritis, epilepsy, cognitive communication deficit, and muscle weakness. A falls care plan related to epilepsy was initiated on 10/13/23. Prior to 4/13/26, R61's medical record indicated R61 last fell in February of 2025. On 4/13/26 at 11:20 PM, R61 had an unwitnessed fall. The facility's Risk Management Report indicated R61 was found on the floor on R61's back a few feet away and in front of R61's recliner with the left knee bent upward and right foot turned outward. R61's recliner was in a slight upright position. R61 stated R61 was sleeping in the recliner and slid out onto the floor. R61 attempted to get up but R61's right leg was not strong enough. R61 fell backwards onto the floor and hit R61's head and back. The Immediate Action Taken section indicated R61 would not turn or allow staff to help R61 off the floor. R61 screamed in pain and stated R61's lower back hurt. Emergency Medical Services (EMS) assisted R61 off the floor. R61 was sent to the emergency room (ER) for evaluation and returned to the facility on 4/21/26 with no injury. The ER report indicated R61 had normal pain that was magnified after the fall. On 4/21/26 at 4:27 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed an intervention was not added to R61's care plan after the fall.3. On 4/20/26, Surveyor reviewed R56's medical record. R56 was admitted to the facility on [DATE]. R56 received Hospice services and had a diagnosis of chronic right foot wound. R56's Significant Change MDS assessment, dated 2/11/26, had a BIMS score of 13 out of 15 which indicated R56 had intact cognition. R56's medical record indicated a new stage 2 coccyx (tailbone) pressure injury was discovered on 3/28/26. On 4/21/26 at 11:40 AM, Surveyor observed Certified Nursing Assistant (CNA)-C and CNA-D reposition R56 in bed. R56 had an air mattress with alternate and comfort level 4 settings that were indicated with a light. Surveyor interviewed CNA-C who stated air mattresses are delivered by Central Supply who usually set the mattress at 3 or 4. CNA-C stated if a resident has an air mattress, the mattress is reflected on the resident's Kardex. On 4/21/26 at 11:54 AM, Surveyor reviewed R56's Kardex with CNA-C. CNA-C stated CNA-D was new and CNA-C was training CNA-D. CNA-C stated new staff are trained to check a resident's care plan and Kardex for resident-specific care. CNA-C reviewed R56's care plan, Kardex, and CNA task documentation which did not reflect the air mattress. CNA-C reviewed the required documentation for another resident with a specialty mattress. CNA-C stated documentation should be completed by CNAs every shift. Task charting included: Every shift specialty mattress easy air/alternating pressure mattress; Is the mattress functioning properly? The CNAs should select yes or no. On 4/21/26 at 12:12 PM, Surveyor interviewed RN-E regarding the appropriate settings for air mattresses. RN-E stated air mattresses are set on the medium setting and nurses adjust the setting according to a resident's preference. On 4/21/26, Surveyor reviewed additional medical records which indicated: ~ R21 was admitted to the facility on [DATE] and was provided a specialty mattress on 10/22/25. R21's medical record included a specialty mattress in CNA task charting but not in R21's care plan or Kardex. ~ R68 was admitted to the facility on [DATE] and was provided a specialty mattress on 12/28/23. R68's medical record included a specialty mattress in CNA task charting but not in R68's care plan or Kardex. On 4/21/26 at 3:20 PM, Surveyor interviewed DON-B who stated specialty air mattresses are provided to residents for many reasons, including pressure injury prevention and comfort. DON-B stated the facility's policy and procedure was created to include the most commonly selected setting by residents which was setting 4 of 5 (with 1 being the softest and 5 the firmest). DON-B stated residents let staff know their setting preferences. If the setting is other than 4, the resident's care plan should reflect the setting. If the resident selects setting 4, the care plan will not change since setting 4 is the facility's default setting. DON-B verified a specialty air mattress should be reflected in a resident's medical record.