STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015326	A. BUILDING: _____ B. WING _____	R-C 09/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF JACKSON	N168 W22026 MAIN ST JACKSON, WI 53037

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U 000	INITIAL COMMENTS On 09/08/2023, Surveyor conducted 2 complaint investigations and a verification visit at Cedarhurst of Jackson. Three deficiencies were identified. One of 3 deficiencies were repeat violations. See statement of deficiency (SOD) 0H1N12, dated 02/27/2023. All other violations from SOD 0H1N12, dated 02/27/2023 were substantially corrected. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 35	U 000		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not enter into a signed, jointly negotiated risk agreement with Tenant 7 by the date of occupancy.	U 189		

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

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U 189	Continued From page 1 Findings include: On 05/22/2023, the department received a complaint that alleged concerns with tenant care. On 09/08/2023, Surveyor conducted a complaint investigation and reviewed Tenant 7's record. The following was found: Tenant 7 had an unknown admission date and was discharged on 04/28/2022. Tenant 7 had diagnoses including vascular dementia, depression, and dizziness. Tenant 7 had an activated healthcare power of attorney that made decisions on his/her behalf. Tenant 7's record including a fall risk assessment dated 04/05/2022 which identified Tenant 7 as a high fall risk. Surveyor reviewed Tenant 7's pre-admission documentation from Provider I dated 11/30/2021-12/9/2021. Tenant 7's pre-admission documentation noted Tenant 7 had an unwitnessed fall on 12/09/2021, which documented " ...Resident is very forgetful and rarely used [his/her] call light. [S/he] is a frequent faller for this reason." Tenant 7's incident reports documented: "12/30/2021: Resident stated [s/he] fell in [his/her] room + crawled to the living room to call [his/her] [friend]. 03/05/2022: Writer heard resident's fall (room on the floor). [S/he] never paged. Resident found on the floor drinking bottled water. Small carpet burn on right elbow. No other visible injuries. 03/06/2022: Resident said [s/he] was trying to sit down in a chair and [s/he] fell. 03/09/2022: [Tenant 7] was found on [his/her] floor. 03/23/2022: [Tenant 7] came down to [his/her]	U 189		

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U 189	Continued From page 2	U 189		

knees and slid down to the ground.
04/06/2022: Resident said that [s/he] slipped of [his/her] bed.
04/07/2022: Resident was on the floor in [his/her] bathroom.
04/15/2022: Un-witnessed fall found resident on the bathroom floor. A few skin tears on [his/her] inner elbow.
04/24/2022: Un-witnessed fall. Resident was in no pain and no visible injuries.
04/25/2022: Un-witnessed fall. Resident had a fall in the bathroom. 1 skin tear on [his/her] left elbow."

Tenant 7's hospital discharge summaries documented:
"02/24/2022-Reason for visit: Fall
03/23/2022-Reason for visit: Fall, closed head injury."

Tenant 7's progress notes documented:
"01/26/2022: Reporting Fall. Per RA, resident was reaching for something off the floor and fell out of bed. Hospice made aware of fall.
02/07/2022: Per report, resident had an unwitnessed fall. RA heard resident calling out help. [S/he] was found on the floor in [his/her] bedroom sitting against [his/her] bed. Resident did not have [his/her] call light within reach or nonskid footwear.
02/15/2022: Reporting transition out on February 15, 2022 at 10:00 PM, to hospital. Reason(s): Injury fall. Comments: "Sutures for head laceration."
02/24/2022: Reporting transition out on February 24, 2022 at 7:16 PM, to hospital. Reason(s): Injury fall. Comments: "Resident was sent out to the hospital and returned same evening.
03/02/2022: Reporting fall w/injury. Resident had a fall and hit [his/her] head resulting in injury that

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required stitches. Resident was sent out to ED via ambulance. Family and hospice notified.
03/05/2022: Resident had a un-witnessed fall at 1:30 AM. [S/he] has a small carpet burn (size of a penny) on [his/her] right elbow. No other visible injuries. Resident was able to stand with a lift from writer and staff.
03/09/2022: Another resident reported that this resident fall at 4:45 PM. [S/he] has no injuries. Myself and another nurse assisted [him/her] on getting up from the floor.
04/16/2022: [Tenant 7] was found on [his/her] bedroom floor laying on [his/her] back. Myself and another resident aid picked [him/her] up got [him/her] dressed and into [his/her] recliner.
04/25/2022: ....This writer was doing 15 minute safety checks 2 AM 1:1 staff came at 12 AM and found resident on the bathroom floor. Resident stated [s/he] was going to use the bathroom and that [s/he] bumped [his/her] head. Resident has a skin tear (size of nickel) on [his/her] left elbow which was cleaned with normal saline and bandaged."

Tenant 7's record included 16 documented falls between December 2021-April 2022. Tenant 7's record did not include a risk agreement due to his/her risk of falls.

On 09/08/2023 at 2:35 PM, Surveyor conducted an exit conference and shared findings with Executive Director A and Wellness Director F. Surveyor noted Tenant 7's record included documentation of 16 falls and a 1:1 caregiver paid for by his/her family. Executive Director A acknowledged Tenant 7's record should have included a risk agreement. Executive Director A stated s/he started in November 2022 and Wellness Director F is newer, so they could not comment why Tenant 7's record was missing a

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U 189	Continued From page 4 risk agreement.	U 189		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or	Z 005		

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Z 005	Continued From page 5 registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver G's background check was conducted every four years. The complete background check is to include the Background Information Disclosure Form (BID), the criminal history search form from the Department of Justice (DOJ), and the information maintained by the Department of Safety and Professional Service (DSPS) regarding a person's credentials (IBIS). This is a repeat deficiency. See statement of deficiency (SOD) 0H1N12, dated 02/27/2023. Findings include: On 09/08/2023, Surveyor reviewed Caregiver G's record. The following was found: Caregiver G was hired 03/06/2019. Caregiver G's	Z 005		

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Z 005	Continued From page 6 DOJ and IBIS were dated 03/06/2019. Caregiver G's record was missing a complete background check due 03/2023. On 09/08/2023 at 2:35 PM, Surveyor conducted an exit conference and shared findings with Executive Director A and Wellness Director F. Executive Director A acknowledged Caregiver G's record was missing a complete background check due 03/2023. Executive Director A noted the provider forgot to run Caregiver G's 4-year background check. Executive Director A provided the Surveyor with a background check dated 09/08/2023.	Z 005		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a	Z 010		

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Z 010	Continued From page 7 conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make reasonable efforts to contact the clerk of courts to obtain copies of the judgments of conviction and criminal complaints after 1 of 1 employee (Caregiver H) was charged with the following crimes: Disorderly Conduct. Findings include: On 09/08/2023, Surveyor reviewed employee records and identified the following: Caregiver H was hired on 08/16/2023. A criminal background check was completed by the Department of Justice (DOJ) dated 08/16/2023, indicated Caregiver H was charged of the following crimes which requires the provider to obtain copies of the judgment of conviction and criminal complaint: On 09/20/2022, Caregiver H was charged in violation of Wisconsin State Statute 947.01(1) Disorderly Conduct, the Disposition, dated 09/21/2022, noted "Sent back." On 09/08/2023 at 2:35 PM, Surveyor conducted an exit conference and shared findings with	Z 010		

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Z 010	Continued From page 8 Executive Director A and Wellness Director F. Executive Director A stated Business Office Manager E completed all background checks upon hire. Surveyor asked Business Office Manager E if s/he obtained the criminal complaint for Caregiver H's disorderly conduct charge. Business Manager E stated "no" and noted s/he would reach out to the county Caregiver H was charged in to obtain the criminal complaint.	Z 010		