STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014268	A. BUILDING: _____ B. WING _____	R-C 08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS	418 KLEINE ST DEERFIELD, WI 53531

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 08/10/2023, Surveyor conducted a verification visit at Pleasant Meadows, an AFH in Deerfield. Seven deficiencies were identified. Five deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 5GXQ11, dated 01/16/2019, 0NL711, dated 11/23/2022 and SOD 0NL712, dated 03/09/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, interview and record review, Licensee A did not ensure the home and its operations complied with all laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) 0NL712, dated 03/09/2023. Findings include: On 08/10/2023 at approximately 8:00 a.m., Surveyor conducted a verification visit. The following concerns were identified related to environment, personnel and resident care: Environment:	{M 216}		

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

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{M 216}	Continued From page 1 - The home's smoke detectors had not been inspected since July 2022. *Repeat deficiency. - Fire drills were not conducted in 2021, 2022 or 2023. *Repeat deficiency. Personnel: - Caregiver D did not have a communicable disease screen, including tuberculosis test, completed within 90 days prior to providing services to residents. *Repeat deficiency. - The records of 3 of 3 service providers reviewed were not maintained. Resident Care: - Two of 2 residents reviewed did not have an assessment or individual service plan completed within 30 days of placement. - 1 of 1 residents reviewed did not have an evacuation assessment completed in the past year. On 08/10/2023 at approximately 9:00 a.m., Surveyor reviewed the above concerns with Licensee A and explained that several concerns were repeat concerns. Licensee A acknowledged concern and stated s/he was disorganized and "burning on both ends." Licensee A stated s/he had an individual assisting him/her with getting caught up on things and that the individual was scheduled to provide further help on 08/12/2023. Cross Reference: M0232 DHS 88.04(2)(g)1 Health Screening For Staff M0336 88.05(4)(b)2. Smoke Detectors: Testing And Maintenance M0346 DHS 88.05(4)(d)2.b.Fire Evacuation Annual Evaluation M0348 DHS 88.05(4)(d)2.c. Semi-Annual Fire Drills M0404 DHS 88.06(3)(a) Individual Service Plan &	{M 216}		

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{M 216}	Continued From page 2 Assessment M0514 DHS 88.09(2)(a) Service Provider Record	{M 216}		
{M 232}	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 3 service providers reviewed had been screened for illness detrimental to residents, including for tuberculosis, within 90 days before the start of providing services. This is a repeat deficiency. See Statement of Deficiency (SOD) 5GXQ11, dated 01/16/2019 and SOD 0NL712, dated 03/09/2023. Findings include: On 08/10/2023 at approximately 8:00 a.m., Licensee A provided Surveyor with Caregiver D's hire date of 03/20/2023. Surveyor reviewed Caregiver D's employee file, which did not include a communicable disease screen, including	{M 232}		

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{M 232}	Continued From page 3 tuberculosis test. Surveyor asked Licensee A if s/he had documentation of a tuberculosis test for Caregiver D. Licensee A stated Caregiver D did not have a tuberculosis test completed, but it was on Licensee A's "To Do" list to schedule.	{M 232}		
{M 336}	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to make sure that the smoke detector was operating. The home's smoke detectors had not been tested since July 2022. This is a repeat deficiency. See Statement of Deficiency (SOD) 5GXQ11, dated 01/16/2019 and SOD 0NL712, dated 03/09/2023. Findings include: On 08/10/2023 at approximately 8:45 a.m., Surveyor requested documentation of the home's smoke detector tests from Licensee A. Licensee A provided Surveyor with documentation that indicated the smoke detectors had not been	{M 336}		

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{M 336}	Continued From page 4 tested since July 2022. Surveyor shared concern that the detectors had not been inspected since July 2022. Licensee A replied, "Perfect."	{M 336}		
{M 346}	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed were evaluated annually for evacuation time, using the department's form. Resident 1's evacuation time had not been evaluated in the past year. This is a repeat deficiency. See Statement of Deficiency (SOD) 0NL712, dated 03/09/2023. Findings include: On 08/10/2023 at approximately 8:45 a.m., Surveyor requested the most recent evacuation assessments for Resident 1, who was admitted to the provider's home on 01/03/2013. Resident 1's record did not include an evacuation assessment. Licensee A stated Resident 1 did not have an evacuation assessment and added, "Epic fail. I have a major list of things to get done."	{M 346}		

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{M 348}	Continued From page 5	{M 348}		
{M 348}	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure semi-annual fire drills were completed with all household members and documented. This is a repeat deficiency. See Statement of Deficiency (SOD) 5GXQ11, dated 01/16/2019 and SOD 0NL712, dated 03/09/2023. Findings include: On 08/10/2023 at approximately 8:45 a.m., Surveyor reviewed the home's environmental records. Documentation did not include record of any fire drills conducted in 2023. Surveyor requested a copy of the home's most recent fire drill from Licensee A. Licensee A stated s/he did not have fire drill documentation to share. Licensee A stated, "Fire drills are behind. I'm unorganized."	{M 348}		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement.	M 404		

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M 404	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) was completed within 30 days of placement for 2 of 2 residents reviewed. Resident 3 and Resident 4 did not have assessments or ISPs on file. Findings include: On 08/10/2023 at approximately 8:45 a.m., Surveyor requested records for Resident 3 and Resident 4, including assessments and ISPs, from Licensee A. Resident 3 was admitted to the provider's home on 07/06/2023 and Resident 4 was admitted to the provider's home on 07/01/2023. Resident 3 and Resident 4's record did not contain assessments or ISPs. Surveyor asked Licensee A if s/he had completed assessments or ISPs for Resident 3 and Resident 4. Licensee A replied, "No. I haven't gotten the ISPs done." Licensee A replied s/he had verbally explained and showed staff first hand what Resident 3 and Resident 4's needs are.	M 404		
M 514	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the	M 514		

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M 514	Continued From page 7 following: This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not maintain a separate personnel record for 3 of 3 service provider files reviewed. Findings include: On 08/10/2023 at approximately 8:00 a.m., Surveyor requested employee records for Caregiver D, Caregiver E and Caregiver F. Surveyor received 3 empty binders with the employee names on the front. The binders did not contain a hire date, complete background checks, tuberculosis tests or trainings. As Surveyor requested information for each caregiver, Licensee A sorted through paperwork in a "To Be Filed" folder and referenced emails on his/her phone to provide information. Licensee A provided hire dates based on training dates. Surveyor shared concern that employee records were not maintained. Licensee A acknowledged s/he was behind on paperwork and stated, "I'm burning on both ends."	M 514		