STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013617	A. BUILDING: _____ B. WING _____	C 12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARVINS MANOR IV	10 PLUIM DR WAUPUN, WI 53963

(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
N 000	Initial Comments On 12/13/2023, Surveyors investigated six (6) complaints at Marvins Manor IV. Additional information was gathered through 12/27/2023. As a result of the survey four (4) of six (6) complaints were substantiated, resulting is five (5) deficiencies. Census: 17	N 000		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from mistreatment. Be free from physical, sexual and mental abuse and neglect, and from financial exploitation and misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident was free from misappropriation of property. Resident 3 had money taken from a locked box in a locked office. Findings include: On 12/13/2023, Surveyors requested Resident 3's petty cash log. Administrator (ADM) A and Manager B confirmed Resident 3 had $100.00 missing. Review of petty cash log reflected the following: 11/13/2023 Deposit $700 Balance	N 348		

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

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N 348	Continued From page 1 $700 11/13/2023 Cash Requested $100 Balance $600 11/29/2023 Missing Money Balance $500 Note on petty cash log 11/29/2023 reflected "Missing Money [(Managing Partner D) aware.]" On 12/13/2023 at 1:00 PM, Surveyor interviewed ADM A and Manager B who acknowledged when the account was audited there was $100 missing from Resident 3's money. ADM A stated Managing Partner D would reimburse Resident 3 for the missing money. ADM A confirmed the money had not been replaced to date, and s/he was unsure when Managing Partner D would replace the money. Manager C acknowledged the other petty cash accounts were balanced with no concerns. ADM A stated the police were contacted and they were conducting the investigation. On 12/13/2023, Surveyor reviewed department records and noted a self report was not submitted as required. On 12/27/2023 at 4:29 PM, Surveyor received email from Officer E stating "[Officer E] am in the process of concluding my investigation, and have calculated all of the money owed to the residents, as well as the money the residents owe for miscellaneous expenses. There were many, many calculation errors that date back to the prior administrator." The provider did not ensure residents were free from misappropriation of property and free from mistreatment.	N 348		

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N 348	Continued From page 2 Cross Reference DHS 83.34(2)(b) Accounting Method For Tracking Resident Cash	N 348		
N 368	83.34(2)(b) Accounting method for tracking resident cash The CBRF shall have a legible, accurate accounting method for tracking residents ' cash and shall include a record of any deposits, disbursements and earnings made to or on behalf of the resident. The CBRF shall provide a receipt to the resident or the resident ' s legal representative for all expenditures in excess of $20. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a legible and accurate accounting method was maintained for tracking residents' petty cash. Findings include: The facility is a 25-bed Community Based Residential Facility (CBRF) that serves individuals who may be terminally ill, advanced age and/or have irreversible dementia/Alzheimer's. On 12/05/2023, Surveyors investigated a complaint that alleged resident funds were missing. Surveyor requested the petty cash log from Manager B. Surveyor reviewed 2 resident records. Example 1 Resident 5's Petty Cash Log Date Description Deposit Withdrawn Balance	N 368		

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N 368	Continued From page 3	N 368		

02/16/2023 $94.00
06/07/2023 Deposit $101.00 $101.00
($94.00 unaccounted)

Review of Resident 5's petty cash log reflects $94.00 unaccounted for.

Example 2
Resident 6's Petty Cash Log

Date	Description	Deposit	Withdrawn	Balance
10/14/2022			$119.50	
11/04/2022	Hair	$5.00		$114.00
(.50 unaccounted)				
11/11/2022	Hair		$5.00	
				$109.00
11/20/2022	Deposit	$100.00		$209.00
11/22/2022	Nightgowns		$35.83	
				$173.17
11/23/2022	Hair		$5.00	
				blank
12/02/2022	Illegible		$20.00	
				blank
12/08/2022	Deposit	$160.00		$160.00
($147.17 unaccounted)				
12/09/2022	Hair		$5.00	
				$155.00
12/14/2022	Candy		$20.00	
				$134.00 (1.00 unaccounted)
No date	Deposit	$100.00		
				blank
12/19/2023	Hair		$5.00	
				blank
01/05/2023	Deposit	$190.00		$190.00
($229.00 unaccounted)				
01/05/2023	Beer, candy, donuts, soda		$20.75	
				$169.25
01/07/2023	note 12/30 also Hair		$10.00	

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N 368	Continued From page 4	N 368		

$159.25
01/13/2023 Hair $5.00
$154.00 (.50 unaccounted)
01/18/2023 Beer, candy, donuts, soda $52.21
$102.00 (.21 extra)
01/20/2023 Hair $5.00
$97.00
01/31/2023 Candy, donuts, soda, beer $65.94
$31.06
02/03/2023 Hair $65.00
-$33.94 (Fund in negative)
02/11/2023 Deposit $85.00
$85.00
02/11/2023 Hair $5.00
$80.00
02/16/2023 Hair $5.00
$75.00
06/07/2023 Deposit $185.00 $185.00
($75.00 unaccounted)

Review of Resident 6's petty cash log reflected $419.02 was unaccounted for.

On 12/13/2023 at 10:40 AM, Surveyors interviewed Licensee E. Licensee E stated s/he was unaware of any discrepancies with resident funds. Licensee E stated s/he had purchased items in the past for residents and that s/he would pay for items and not take out of the resident accounts. Licensee E was unable to provide additional information. Licensee E confirmed Managing Partner D had recently hired a new manager for the facility.

On 12/13/2023 at 12:05 PM, Surveyors interviewed Administrator A and Manger B. Manager B stated when s/he started s/he balanced the resident's petty cash and found

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N 368	Continued From page 5 discrepancies. Manager B stated s/he has balanced all resident accounts and informed Managing Partner D of the current discrepancies. Manager B stated s/he had added petty cash in the computer and balanced the accounts on his/her first day. Manager B was unable to speak to what happened prior to her start date, or for discrepancies that were earlier in the year. Administrator A stated Managing Partner D stated s/he would replace missing funds. Administrator A stated previous manager had been let go and that all resident funds information was provided to local police officer. Administrator A and Manager B were unable to provide additional information. The provider did not ensure a legible and accurate accounting method was maintained for tracking residents' petty cash. Cross Reference DHS 83.34(3)(d) Rights of Resident: Free From Mistreatment	N 368		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike for residents.	N 481		

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N 481	Continued From page 6 Findings include: On 12/13/2023 at approximately 8:30 AM, Surveyors toured the facility and observed the following: * carpet in the entrance way stained * living room carpet stained, 2 different areas with stains approximately 12" in diameter * Hallways to resident rooms stained and fraying carpet * Laundry room area had ceiling peeling, drywall showing and black substance on the drywall * Dryer vent out of building was not sealed, light and air coming into room, Surveyor observed dryer cap to be laying on ground outside of building * Room 16 missing floor board in room * Resident 2's room had broken blinds * Kitchen upper oven dirty with food spilled; lower oven had an item burnt on the oven shelf, kitchen staff stated it appeared to be a sweet potato *Resident 4's former bathroom contained a shower module with a built in shower seat. The seat contained a large crack with sharp edges. On 12/13/2023 at approximately 11:55 AM, Surveyor and Resident Assistant A observed Resident 4's former bathroom. The bathroom contained a shower module with a built in shower seat. The seat surface contained a crack measuring approximately 5 inches in diameter. The crack had multiple sharp edges that were in need of maintenance and/or repair. Resident Assistant C indicated the shower seat has been cracked and in need of repair for at least 4 months. On 12/13/2023 at 12 PM, Surveyor interviewed	N 481		

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N 481	Continued From page 7 Resident Assistant C. Resident Assistant C stated, "[Resident 4] was living in this room but had to move into a different room because the shower seat had a large crack in it. [Resident 4] would complain to staff about the shower seat crack all the time, but management would never fix it. [Resident 4] enjoyed taking showers in [his/her] room, but was afraid the crack would tear [his/her] skin. [Resident 4] finally moved to another room about 3 months ago because management said they would fix it, but never did." On 12/13/2023 at approximately 4:00 PM, Surveyors interviewed Administrator A and Manager B. Administrator A acknowledged s/he knew the shower seat was cracked and that the resident had been moved to another room. Administrator A stated Resident 4 did not want to move back to the room, so it hadn't been fixed. Surveyors asked about the flooring and Administrator A stated s/he would see if the carpet could be cleaned. The provider did not ensure a living environment that was safe, clean, comfortable and homelike for residents.	N 481		
N 502	83.46(1)(a) Comfortable and safe temperatures A CBRF shall maintain comfortable and safe temperatures. The CBRF shall provide tempered air at all times to eliminate cold air drafts. The heating system shall be capable of maintaining temperatures of 74º F. in areas occupied by residents.	N 502		

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N 502	Continued From page 8 This Rule is not met as evidenced by: Based on observations, resident and staff interviews, the provider did not maintain a temperature of 74 degrees Fahrenheit in areas occupied by residents. Findings include: On 12/13/2023 at 9:30 AM, Surveyor observed Resident 1 in her/his room, sitting in a recliner chair in front of the television wearing fleece pajamas, a house coat and covered with blankets. During an interview, Resident 1 indicated her/his room is always cold and stated, "I leave my room door open so I can get warm air from the dining room because it gets so cold in my room. The ceiling vents in my room only blow cold air. The vents and heating system have been checked so many times, but there's nothing they can do to fix it...I pay enough rent to be comfortable in my room. I have to wear fleece night gowns and use extra blankets to stay warm." On 12/13/2023 at approximately 10:00 AM, Surveyor observed Resident 2 sitting in his/her recliner covered with a blanket. Resident 2 stated s/he was cold and uses a space heater to warm the room up. Resident 2 stated that the ceiling vents in his/her room blow cold air and that it feels like the air conditioning is kicking in. On 12/13/2023 at approximately 10:30 AM Surveyor place a thermometer in Resident 1's room. Surveyor returned 30 minutes later with Administrator A and observed the temperature of Resident 1's room to be 70 degrees Fahrenheit. Administrator A acknowledged the thermometer read 70 degrees Fahrenheit. Surveyor and	N 502		

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N 502	Continued From page 9 Administrator A went to the furnace room where the temperature is adjusted for the building. The thermostat was set to hold at 70 degrees Fahrenheit, the thermostat in the small furnace room read a temperature of 73 degrees Fahrenheit. Administrator A acknowledged the code that states the facility has to maintain 74 degrees Fahrenheit. Administrator A stated s/he would have the maintenance person look at the temperature and adjust. On 12/13/2023 at 12 PM, Surveyor interviewed Resident Assistant C. Resident Assistant C indicated the heat in the building has been an ongoing issue. Resident Assistant C stated, "When I get here in the morning it's freezing. I have to wear a sweater because it gets really cold in the building. The north side of the building is the worst, especially the bedrooms off the dining room. [Resident 1] is always telling us [s/he] is cold and has multiple comforters to cover up with. [Resident 2] complains of [his/her] room being cold all the time. [Resident 2] often refuses to take a shower because [his/her] room is too cold. [Resident 8] is always asking me what's going on with the heat because [s/he's] always cold. [Resident 8] wears a winter jacket, hat, and gloves when [s/he's] in [his/her] room to stay warm. Staff have been telling management residents are complaining about the heat and that residents are cold. Management will have someone come in to check the heat and then tell us the heating system is fine, but nothing really changes. The residents are still complaining about being cold." Cross Reference N0503 DHS 83.46(1)(b) Portable Space Heaters Prohibited	N 502		

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N 503	Continued From page 10	N 503		
N 503	83.46(1)(b) Portable space heaters prohibited. The use of portable space heaters is prohibited except for Underwriters Laboratories listed electric heating equipment that is listed for permanent attachment to the wall. Portable space heaters shall have an automatic thermostatic control and shall be physically attached to a wall. This Rule is not met as evidenced by: Based on observation and staff and resident interviews the provider did not ensure free standing portable space heaters were not in use in the facility. During survey on 12/13/2023 Surveyors observed portable space heaters in use in Resident 2's room. Findings include: On 12/13/2023 at approximately 10:00 AM, Surveyor observed Resident 2 sitting in his/her recliner covered with a blanket. Resident 2 stated s/he was cold and used a space heater to warm the room up. Resident 2 stated that the ceiling vents in his/her room blew cold air and that it felt like the air conditioning was kicking in. Resident 2 stated s/he has staff plug in and turn on the space heater when s/he gets out of bed in the morning and has the space heater on till s/he goes to bed at night. At bedtime, Resident 2 stated s/he has staff unplug the space heater. On 12/13/2023, Surveyor reviewed the provider's records with the Department. The provider did not request a waiver for this regulation. On 12/13/2023 at 12 PM, Surveyor interviewed Resident Assistant C. Resident Assistant C stated, "The heat in the building has been a	N 503		

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N 503	Continued From page 11 problem for months. [Resident 2] has a small portable heater on the floor in [his/her] room to keep [him/her] warm. I know [Resident 2] is not supposed to have it, but it's the only thing that keeps [his/her] room warm." Cross Reference N0502 DHS 83.46 (1)(a) Comfortable and Safe Temperatures	N 503		