STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012246	A. BUILDING: _____ B. WING _____	R-C 04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING MEADOWS	8212 RACINE AVE WIND LAKE, WI 53185

(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 03/25/2024, with information gathered through 04/03/2024, Surveyor conducted a verification visit, standard survey, and complaint investigation. Five deficiencies identified. Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.	N 158		

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

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N 158	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not document the investigation of an allegation of mistreatment. There was an allegation the provider was neglecting and emotionally abusive to Resident 1 and other residents in the home. Caregiver B and Caregiver C were specifically named in the allegation. The provider knew of the allegation on 03/08/2024 and did not document their investigation into the allegation. Findings include: On 03/25/2024 at approximately 11:45 AM, Surveyor interviewed House Manager A. House Manager A stated there were allegations made stating Caregiver B and Caregiver C were being verbally abusive to the residents. House Manager A stated s/he was made aware of this when Adult Protective Services (APS) came in on 03/08/2024 to investigate the allegations. House Manager A stated APS conducted their investigation. House Manager A stated s/he did not suspend Caregiver B or Caregiver C once s/he learned of the allegations from APS on 03/08/2024. House Manager A stated s/he interviewed Caregiver B and Caregiver C but did not document any of it. House Manager A stated s/he also interviewed all the residents and none of them had concerns about the staff but s/he did not document any of this information either. On 04/03/2024, Surveyor reviewed APS investigation. APS investigation stated the following: "On 03/07/2024 APS received a referral for neglect and emotional abuse on Resident 1 and the other residents at [facility]. Concerns of	N 158		

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N 158	Continued From page 2 potential neglect pertaining to all of the residents of the CBRF were voiced, specifically that staff members Caregiver B and Caregiver C have put all of the residents of the CBRF to bed at 6:00 PM before instead of being allowed to stay up. Further concerns of potential emotional abuse were voiced that Caregiver B and Caregiver C lack empathy for the residents...The referral has been substantiated for emotional abuse. Per [Resident 1] and [House Manager A], there was evidence to support that [Caregiver C] had treated [Resident 1] in a way that was intended to isolate/humiliate [Resident 1] and [Resident 1] was caused emotional distress by this act. Investigation complete: 03/18/2024." On 03/25/2024 at approximately 1:45 PM, Surveyor conducted an exit conference with House Manager A and Owner D. House Manager A stated s/he was unaware s/he had to complete his/her own investigation and have it documented. House Manager A stated moving forward when there were any allegations of abuse, neglect, or misappropriation, s/he would be sure to document his/her findings.	N 158		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.	N 381		

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N 381	Continued From page 3	N 381		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not assess 2 of 2 residents (Resident 1 and Resident 6) reviewed for resident's needs, abilities, and physical and mental condition before admitting the person to the facility. There was no evidence of a completed assessment prior to admission for Resident 1 and Resident 6.

Findings include:

The facility is licensed as a Class CNA (non-ambulatory) facility for 8 residents with programs in emotionally disturbed/mental illness, irreversible dementia/Alzheimers, developmentally disabled, alcohol/drug dependent, physically disabled, advanced age and traumatic brain injury.

On 03/25/2024, Surveyor reviewed Resident 1's and Resident 6's records and identified the following.

Resident 1
Resident 1 was admitted to the facility on 03/24/2023. There was no written documentation in Resident 1's record to indicate Resident 1 was assessed prior to admission to determine Resident 1's needs, abilities, and physical and mental condition.

Resident 6
Resident 6 was admitted to the facility on 12/21/2023. There was no written documentation in Resident 6's record to indicate Resident 6 was assessed prior to admission to determine

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N 381	Continued From page 4 Resident 6's needs, abilities, and physical and mental condition. On 03/25/2024 at 12:45 PM, Surveyor interviewed House Manager A and Owner D. House Manager A stated s/he was responsible for completing the pre-admission assessment. S/he stated s/he would go and see the potential resident and take notes on their needs and abilities, but s/he did not necessarily have an assessment s/he completed and did not keep the notes in the resident's chart once they were admitted. House Manager A and Owner D stated moving forward they would have an assessment form and it would be completed prior to admission and kept in the resident's chart once they were admitted.	N 381		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure a written temporary service plan was prepared, upon admission, to meet the immediate needs of 2 of 2 residents (Resident 1 and Resident 6.) Findings include: The facility is licensed as a Class CNA (non-ambulatory) facility for 8 residents with programs in emotionally disturbed/mental illness,	N 385		

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N 385	Continued From page 5 irreversible dementia/Alzheimers, developmentally disabled, alcohol/drug dependent, physically disabled, advanced age and traumatic brain injury. On 03/25/2024, Surveyor reviewed Resident 1 and Resident 6's record and identified the following. Resident 1 Resident 1 was admitted to the facility on 03/24/2023. There was no evidence of a completed temporary service plan in Resident 1's record. Resident 6 Resident 6 was admitted to the facility on 12/21/2023. There was no evidence of a completed temporary service plan in Resident 6's record. On 03/25/2024 at 12:45 PM, Surveyor interviewed House Manager A and Owner D. House Manager A stated s/he was responsible for completing the temporary service plan. Manager A stated s/he did not complete a temporary service plan upon admission. Manager A stated s/he would take notes and verbally tell staff about the new residents with the information from the case manager, and after the resident had been there for about a month or so, s/he would complete the annual care plan. House Manager A and Owner D stated moving forward, once a pre-admission assessment was completed, they would complete a temporary service plan.	N 385		
N 480	83.42(3) Access to resident records. The employee in charge on each work shift shall	N 480		

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N 480	Continued From page 6 have a means to access resident records. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the employee in charge on each work shift had a means to access resident records for 8 of 8 residents residing in the facility. Findings include: On 03/25/2024 at approximately 12:15 PM, Surveyor requested to review Resident 1's and 6's Individual Service Plans (ISP). House Manager A stated the information was on his/her computer and s/he did not bring his/her computer to the facility, but s/he could email the information to Surveyor later in the day. On 03/25/2024 at approximately 12:45 PM, Surveyor interviewed House Manager A and Owner D. House Manager A stated s/he kept the care plans on his/her computer for the residents. Surveyor asked House Manager A if his/her computer was kept at the facility for staff to access the resident records. House Manager A stated, "no." House Manager A and Owner D acknowledged all resident records needed to be accessible to staff on duty. House Manager A and Owner D stated moving forward, they would make sure all copies would be printed off and placed in resident binders and those would stay at the facility.	N 480		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits	N 631		

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N 631	Continued From page 7 providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the Community Based Residential Facility (CBRF) had at least 2 exits providing unobstructed travel to the outside for 1 of 2 exits. The front door was wedged shut and could not open at all. Findings include: The provider is licensed as a Class CNA (non-ambulatory) CBRF able to serve up to 8 residents in the client groups physically disabled, advanced aged, irreversible dementia/Alzheimer's, developmentally disabled and traumatic brain injury. On 03/25/2024 at approximately 12:00 PM, Surveyor toured facility with House Manager A. House Manager A confirmed the front door was 1 of the two emergency exits for the home. Surveyor asked House Manager A to open the front door. House Manager A tried opening the door and pushing his/her weight into it, and the door would not open. House Manager A stated the door had been stuck like that for about a week or so when the weather was warm. House Manager A stated s/he believed the door swelled and it could not be opened. House Manager A called Owner D over and told him/her about it.	N 631		

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N 631	Continued From page 8 Owner D tried opening the door as well and could not. Owner D went outside to the front door and had to really push his/her weight into the door and tried two or three times before opening it. On 03/25/2024 at approximately 1:00 PM, Surveyor interviewed House Manager A and Owner D. House Manager A and Owner D confirmed the front door could not be opened and if there was an emergency that the residents would not be able to exit out of the front door. House Manager A and Owner D stated they would be getting the door fixed as soon as possible.	N 631		