STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018068	A. BUILDING: _____ B. WING _____	R-C 01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE FRANKLIN	7220 SOUTH BALLPARK DRIVE FRANKLIN, WI 53132

(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 01/22/2025, Surveyor completed a verification visit and 5 complaint investigations. As a result, the previous deficiency was corrected, and 5 new deficiencies were identified. Three complaints were substantiated, and 2 complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 36	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents (Resident 6) reviewed received her/his medications in the dosage and at intervals prescribed by the practitioner. Resident 6 missed 2 does of bupropion XL, 2 doses of donepezil, 5 doses of loratadine, 2 doses of memantine, and 2 doses of metoprolol during November and December 2024. Findings include: On 10/14/2024, the department received a complaint alleging residents were not receiving	N 352		

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

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N 352	Continued From page 1 medications as ordered by their physicians. On 1:30 PM, Surveyor reviewed Resident 6's record. Resident 6 was admitted on 08/10/2020 with diagnoses including depression, hypertension, hyperlipidemia, and pacemaker. Resident 6's medication administration record (MAR) indicated Resident 6 was prescribed bupropion XL 150 milligrams (mg) in the morning, donepezil 10 mg at bedtime, loratadine 10 mg in the morning, memantine 10 mg twice a day, and metoprolol 25 mg twice a day. Resident 6's MAR indicated Resident 6 did not receive the following medications: - bupropion XL on 12/07/2024 and 12/08/2024 - donepezil on 11/03/2024 and 11/04/2024 - loratadine from 12/06/2024 - 12/10/2024 - memantine on 11/01/2024 in the evening and 11/07/2024 in the evening - metoprolol on 12/16/2024 in the evening and 12/17/2024 in the morning On 01/22/2025, at 11:00 AM, Surveyor interviewed Wellness Director (WD) B. WD B reported staff were to report to the nurse if a medication needed a refill. WD B reported if a medication was not available, staff were to chart the medication was not available. WD B reported Resident 6 received her/his medications from the VA. WD B reported s/he would need to investigate the missed medications due to the VA would send Resident 6's medications to her/his child instead of sending medication refills to the facility.	N 352		

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N 357	83.32(3)(m) Rights of Residents: Recording and filming In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Recording, filming, photographing. Not be recorded, filmed or photographed without informed, written consent by the resident or resident ' s legal representative. The CBRF may take a photograph for identification purposes. The department may photograph, record or film a resident pursuant to an inspection or investigation under s. 50.03(2), Stats., without his or her written informed consent. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure each resident had the right not to be recorded or filmed when electronic monitoring cameras were placed in resident bedrooms. This had the potential to effect 36 of 36 resident who resided there. Findings include: On 11/04/2024, the department received a complaint alleging concerns of residents being electronically monitored. On 12/17/2024, at 10:50 AM, Surveyors toured the facility and observed the following: At the start of the community based residential facility, there was a sign on the wall which stated "SafelyYou in use beyond this point". On the outside of each resident bedroom door, was a sign which stated, "SafelyYou in use".	N 357		

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N 357	Continued From page 3	N 357		

In each resident room, there was a white and black camera located on the ceiling, towards the corner of the bedroom. When Surveyors entered the double occupancy rooms from the common area, there was an enclosed foyer type room, which led to 2 resident doors, 1 on the left, 1 on the right side of the room, and a shower room in the middle. Inside this enclosed foyer, was a camera in the upper corner of the room. There was also a camera located in each of the resident room in the double occupancy rooms.

On 12/17/2024, at 1:30 PM, Surveyors reviewed resident records and identified the following:

Resident 1 was admitted on 05/23/2023, with diagnoses including Alzheimer's disease, anxiety, delusional disorders, repeated falls, difficulty in walking, restlessness, and agitation. Resident 1 had an activated power of attorney (POA). Surveyors reviewed a "Resident Consent to SafelyYou Program", dated 04/08/2024. The consent form stated, "New Perspective Franklin uses the SafelyYou program in resident apartments to enhance safety and quality of care. SafelyYou utilizes artificial intelligence (AI) software and electronic monitoring hardware to detect falls, identify health and safety risks, and detect care delivery patterns ...". Resident 1's POA D declined the use of the SafelyYou program.

Surveyors reviewed an incident report from a fall on 11/30/2024. The incident report stated the following:

"Type of incident slip/fall
- Location of Incident: Own apartment: Bedroom
- What did the resident tell you about what

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N 357	Continued From page 4 happened? Resident unable to remember [sic] - Describe what you saw and heard (just the facts): Safely you [sic]: resident rolled out of bed on the right side. Caregivers helped resident back into bed. 20 minutes later the resident rolled out of bed on the left side. - Were there witnesses? Yes: Safely you [sic] ..." On 01/22/2025, at 11:00 AM, Surveyor interviewed Executive Director (ED) A and Wellness Director (WD) B. WD B reported the SafelyYou program can either be turned on by SafelyYou or by management in the facility. WD B reported when the program was first launched, SafelyYou assisted with the implementation of turning on the cameras for residents who had consents. ED A reported s/he had a conversation with Resident 1's POA regarding the program. ED A reported Resident 1's POA thought it was a good program. ED A reported based off the conversation, s/he did not turn over the consent form to ensure if Resident 1's POA gave consent. ED A reported when Resident 1 had a fall which was identified by SafelyYou, it was then s/he became aware consent had not been given. ED A reported s/he turned off the camera for Resident 1's room. ED A reported the cameras were not recording and storing data, as the system was recording over itself. ED A confirmed the cameras do record and detect sudden movements, which would indicate a fall, and records resident activity prior to the fall.	N 357		
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	N 381		

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N 381	Continued From page 5 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 resident were assessed to determine the need for updated interventions. The provider installed a camera fall detection program into all resident rooms without completing an assessment to determine if the intervention was appropriate. Findings include: On 12/17/2024, at 10:50 AM, Surveyors toured the facility and observed the following: At the start of the community based residential facility, there was a sign on the wall which stated "SafelyYou in use beyond this point". On the outside of each resident bedroom door, was a sign which stated, "SafelyYou in use". In each resident room, there was a white and black camera located on the ceiling, towards the corner of the bedroom. When Surveyors entered the double occupancy rooms from the common area, there was an enclosed foyer type room, which led to 2 resident doors, 1 on the left, 1 on the right side of the room, and a shower room.	N 381		

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N 381	Continued From page 6 Inside this enclosed foyer, was a camera in the upper corner of the room. There was also a camera in each of the resident rooms of these double occupancy rooms. On 12/17/2024, at 1:30 PM, Surveyors reviewed resident files and identified the following: Resident 1 was admitted on 05/23/2023, with diagnoses including Alzheimer's disease, anxiety, delusional disorders, repeated falls, difficulty in walking, restlessness, and agitation. Resident 1 had an activated power of attorney (POA). Resident 1's service plan, dated 08/02/2024, indicated Resident 1 was a fall risk and interventions include wearing proper footwear or non-slip socks, keep walkways free of clutter, participated in exercise activities, keep call pendant within reach, place pull cord within reach, and drink fluids in-between meals and at mealtimes. Resident 1's comprehensive assessment, dated 10/10/2024, under section "Transfer/Mobility", Resident 1 had a history of falls. Resident 1's comprehensive assessment indicated Resident 1 was enrolled in the SafelyYou program. Resident 1's comprehensive assessment did not indicate the appropriateness of SafelyYou as part of Resident 1's fall interventions. Resident 5 was admitted on 06/01/2021, with diagnoses including dementia, catatonic disorder, restlessness, agitation, unspecified macular degeneration, and benign prostatic hyperplasia with lower urinary tract symptoms. Resident 5's service plan, dated 10/22/2024, indicated Resident 5 was a fall risk and interventions include wearing proper fitting shoes, walkways are well lit and free of clutter, adequately hydrated	N 381		

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N 381	Continued From page 7 and well nourished, report any changes in cognition or symptoms of a urinary tract infection, and check every hour on night shift to ensure resident is safe and in bed. Resident 5's record contained a consent for the SafelyYou program. The consent was signed by Resident 5's power of attorney on 03/11/2024, consenting to the use of the SafelyYou program. Resident 5's comprehensive assessment, dated 06/18/2024, did not indicate Resident 5's utilization of the SafelyYou program. Resident 1's comprehensive assessment did not indicate the appropriateness of SafelyYou as part of Resident 1's fall interventions. On 01/22/2025, at 11:00 AM, Surveyor interviewed Executive Director (ED) A and Wellness Director (WD) B. ED A and ED B were unaware residents were to be assessed for the appropriateness of utilizing SafelyYou as part of a fall intervention. ED A reported all residents were some sort of a fall risk, so the program would be beneficial to all residents.	N 381		
N 425	83.38(1)(a) Personal care. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Personal care.	N 425		

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N 425	Continued From page 8 Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 8) received assistance with personal cares as directed in Resident 8's service plan. Findings include: On 12/04/2024, the department received a complaint alleging residents were not receiving appropriate cares. Interviews On 12/17/2024, at 12:15 PM, Surveyors interviewed Resident 8. Surveyors inquired if Resident 8 received cares from the staff, Resident 8 stated, "Someone comes in to see me sometimes. I would like someone to come in and make sure my legs are elevated." On 12/17/2024, at 12:20 PM, Surveyors interviewed Personal Care Worker (PCW) E. PCW E reported s/he was hired by Resident 8's family due to the lack of cares Resident 8 received from the staff. PCW E reported Resident 8 does not always receive baths weekly, and sometimes when PCW E comes by Resident 8 in the morning, s/he is still wearing the same clothes from the night before. PCW E reported cups of medications have been found in Resident 8's room.	N 425		

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N 425	Continued From page 9 On 01/22/2025, at 11:00 AM, Surveyor interviewed Wellness Director (WD) B. WD B reported residents refuse cares at times. WD B reported there was another report which indicated resident refusals to cares. WD B reported s/he would send the report to Surveyor. On 12/17/2024, at 1:30 PM, Surveyors reviewed resident records and identified the following: Resident 8 was admitted on 03/03/2023, with diagnoses including dementia, psychotic disturbance, anxiety, major depressive disorder, and lumbago with sciatica. Resident 8's service plan, dated 06/28/2024, indicated Resident 8 received a shower on Tuesdays at 10:00 AM by a caregiver. Resident 8's service plan indicated Resident 8 required assistance with dressing in the morning and at night. Resident 8's service plan does not indicate any resistance or refusals of cares Resident 8 may experience. Resident 8's comprehensive assessment, dated 06/25/2024, indicated under section "Cognitive Pattern/Behavior Expressions ... Expressions: All behavioral expressions selected [sic] and interventions needed to manage expressions must be added to the resident's service plan/care plan". The assessment indicated Resident 8 was forgetful and refusals. The assessment did not indicate what Resident 8 had experienced refusals in. Surveyors reviewed Resident 8's service delivery record and identified the following: November 2024 Bathing: Assist 1 time per week. Resident 8 received a shower on 11/06/2024, 11/12/2024	N 425		

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N 425	Continued From page 10	N 425		

and 11/26/2024. On 11/19/2024, the service record reported a "C", which the legend indicated a "C" represented "Canceled Service".

Dressing: Assistance of 1. Resident 8 received dressing assistance 2 times a day on 11/12/2024, 11/15/2024, 11/20/2024, and 11/25/2024.

Resident 8 received dressing assistance 1 time a day on 11/01/2024, 11/04/2024, 11/05/2024, 11/06/2024, 11/08/2024, 11/09/2024, 11/10/2024, 11/13/2024, 11/14/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/26/2024, 11/27/2024, 11/28/2024, 11/29/2024, and 11/30/2024.

On 11/03/2024, 11/07/2024, 11/11/2024, and 11/24/2024, the record was blank which did not indicate if Resident 8 received dressing assistance.

On 01/22/2025, at 12:45 PM, Surveyor reviewed the "Service Received" report form WD B. The report indicated Resident 8 received dressing assistance on AM shift and PM shift on 11/12/2024, 11/15/2024, 11/20/2024, and 11/25/2024.

Resident 8 received dressing assistance 1 time a day during the AM shift on 11/01/2024, 11/04/2024, 11/05/2024, 11/06/2024, 11/08/2024, 11/09/2024, 11/10/2024, 11/13/2024, 11/14/2024, 11/16/2024, 11/17/2024, 11/18/2024, 11/19/2024, 11/21/2024, 11/22/2024, 11/23/2024, 11/26/2024, 11/27/2024, 11/28/2024, and 11/30/2024.

Resident 8 received dressing assistance 1 time a day during the PM shift on 11/29/2024.

Resident 8 received dressing assistance 1 time a

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N 425	Continued From page 11 day by an outside provider on 11/02/2024 during the AM shift.	N 425		
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 homelike environment. The provider installed cameras in all resident bedrooms. This had the potential to affect 36 of 36 residents. Findings include: On 12/17/2024, at 10:50 AM, Surveyors toured the facility and observed the following: At the start of the community based residential facility, there was a sign on the wall which stated "SafelyYou in use beyond this point". On the outside of each resident bedroom door, was a sign which stated, "SafelyYou in use". In each resident room, there was a white and black camera located on the ceiling, towards the corner of the bedroom. When Surveyors entered the double occupancy rooms from the common area, there was an enclosed foyer type room, which led to 2 resident doors, 1 on the left, 1 on	N 481		

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N 481	Continued From page 12	N 481		

the right side of the room, and a shower room in the middle. Inside this enclosed foyer, was a camera in the upper corner of the room. There was also a camera located in each of the resident room in the double occupancy rooms.

Surveyors reviewed the resident roster. The roster identified Resident 1 was in a single room in the memory care side, Resident 4 and Resident 5 were in a double occupancy room in the memory care side, and Resident 6 and Resident 7 were in a triple occupancy room in the memory care side. Resident 8 was in a single room on the assisted living side.

Resident 4 was admitted on 10/11/2023, with diagnoses including vascular dementia, depression, intellectual disability, neuromuscular dysfunction, and cerebrovascular disease. Resident 4 had an activated power of attorney. Resident 4's service plan, dated 08/27/2024, indicated Resident 4 was a fall risk and interventions include wearing proper footwear or non-slip socks, keep walkways free of clutter, participated in exercise activities, keep call pendant within reach, place pull cord within reach, and drink fluids in-between meals and at mealtimes. Resident 4's comprehensive assessment, dated 08/27/2024, under section "Transfer/Mobility", Resident 4 had a history of falls. Resident 4's comprehensive assessment indicated Resident 4 was not enrolled in the SafelyYou program. Surveyor did not review a consent form indicating consent to install a camera in Resident 4's bedroom.

Resident 6 was admitted on 08/10/2020 with diagnoses including depression, hypertension, urinary incontinence, atrial fibrillation, and pacemaker. Resident 6's service plan, dated

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE FRANKLIN	7220 SOUTH BALLPARK DRIVE FRANKLIN, WI 53132

(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 481	Continued From page 13 10/16/2023, indicated Resident 6 was a fall risk. Resident 6's comprehensive assessment, dated 10/02/2024, indicated Resident 6 was not enrolled in the SafelyYou program. Surveyor did not review a consent form indicating consent to install a camera in Resident 8's bedroom. Resident 7 was admitted on 08/10/2024 with diagnoses including dementia, hyperlipidemia, and reflux disease. Resident 7's service plan, dated 08/09/2024, did not identify if Resident 7 was or was not at risk for falls. Resident 7's comprehensive assessment, dated 08/01/2024, indicated Resident 7 was not enrolled in the SafelyYou program. Surveyor did not review a consent form indicating consent to install a camera in Resident 8's bedroom. Resident 8 was admitted on 03/03/2023, with diagnoses including dementia, psychotic disturbance, anxiety, major depressive disorder, and lumbago with sciatica. Resident 8's service plan, dated 06/28/2024, indicated Resident 8 was a fall risk. Resident 8's comprehensive assessment, dated 06/25/2024, did not indicate if Resident 8 was enrolled in the SafelyYou program. Surveyor did not review a consent form indicating consent to install a camera in Resident 8's bedroom. On 01/22/2025, at 11:00 AM, Surveyor interviewed Executive Director (ED) A and Wellness Director (WD) B. Surveyor relayed concerns regarding homelike environment and the cameras in resident rooms, ED A and WD B acknowledged Surveyor's concerns.	N 481		