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{N 000}	Initial Comments On 07/06/2023 and 07/12/2023, Surveyor conducted 2 complaint investigations and a verification visit at Paiser's Oakhaven I. Additional information was gathered through 07/21/2023. Four of five previous deficient practices were corrected. Both complaints were substantiated. As a result of the investigation, 4 deficient practices were identified including 1 repeat violation. Under statutory provisions a $200 revisit fee is assessed. Census: 10	{N 000}		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 5 of 5 employees (Administrator C and Caregivers G, H, K, and L) received training in job responsibilities, prevention and reporting of abuse, neglect,	N 230		

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

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misappropriation, needs and individual services, emergency and disaster plan, policy and procedures, and/or recognizing and responding to resident changes of condition prior to performing any job duties. Caregivers were left as the sole caregiver in the facility before receiving all orientation training required before assuming any job responsibilities.

Findings Include:

The provider is licensed to serve up to 14 residents who may be advanced age, physically disabled, and/or have irreversible dementia/Alzheimer's disease.

On 06/26/2023, the department received a complaint alleging caregivers were not trained prior to assuming job responsibilities and working alone.

Surveyor interviewed Assistant Administrator D on 07/06/2023 at approximately 11:00 AM and Administrator C on 07/12/2023 at approximately 12:00 PM. Both administrators stated they hired all the caregivers on 06/01/2023 and gave all caregivers this date of hire. Neither administrator was able to supply Surveyor with original hire dates and stated the closest possibility would be the date on their caregiver background checks.

On 07/06/2023 at 8:35 AM, Surveyor and Adult Protective Services (APS) conducted observations at the facility (Building II) and the sister facility (Building I) on campus. Surveyor observed there was 1 caregiver present at the facility in each building (Caregiver H was present in Building II and Caregiver G was present in Building I). Surveyor interviewed Caregiver H at approximately 8:40 AM. Caregiver H stated there

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was usually only 1 caregiver in each building per shift. Caregiver H stated at times there may be a "float" caregiver present to assist between the 2 buildings but that it usually did not occur. Caregiver H stated Caregiver G was recently hired as a caregiver and was not able to pass medication yet. Caregiver H stated, regarding him/herself, that s/he received some training but was unsure about the content, dates, or details of the training.

On 07/06/2023 at 10:05 AM, Surveyor interviewed Caregiver G. Caregiver G stated s/he had previously been a housekeeper at the facility and was recently hired as a caregiver on 06/01/2023. Caregiver G stated s/he had not received any "official training" from the provider, was not certified to pass medication, and had not had any RN delegation yet. Caregiver G stated Assistant Administrator D showed him/her how to use the computer and where things were in the facility, and then s/he had been on his/her own caring for the residents. Caregiver G stated s/he did not receive any formal training from the provider. When asked who a particular resident (Resident 8) was, Caregiver G was unable to state who the resident was, did not recall his/her name or approximately how long the resident had resided at the facility, while being his/her sole caregiver.

On 07/14/2023, at approximately 11:00 AM, Surveyor interviewed Caregiver K. Caregiver K stated s/he was hired by the provider on 06/05/2023 and left employment by 06/18/2023. Caregiver K stated the day s/he was hired on 06/05/2023 s/he met with Assistant Administrator D for approximately 10 minutes at the end of Assistant Administrator D's shift. Caregiver K stated Assistant Administrator D showed him/her

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the facility and the computer charting system and then left all the residents alone under his/her care for 12 hours. Caregiver K stated s/he received no training and was left alone from the first shift s/he worked.

On 07/14/2023, upon review of the employee time-stamps, Surveyor noted Caregiver K's first shift was on 06/05/2023 at 5:00 PM through 5:00 AM and Assistant Administrator D's shift on 06/05/2023 ended at 5:15 PM. Only 1 other caregiver was time-stamped as working from 5:00 PM to 5:00 AM, indicating 1 caregiver present for each building on campus. The time stamps corroborated Caregiver K's account of working alone on his/her first day of hire for 12 hours with only 10-15 minutes of orientation.

On 07/14/2023 at 12:49 PM, Surveyor interviewed Caregiver L. Caregiver L stated s/he received no formal training from the provider upon hire. Caregiver L stated when s/he was hired back as a caregiver in April s/he was not properly trained regarding resident individual needs and services. Caregiver L stated, "I didn't know all the residents. Who was who and who does what, each person is an individual and all have their own care needs. No one trained us."

On 07/06/2023, Surveyor interviewed Assistant Administrator D at approximately 11:00 AM. Regarding orientation training of employees, Assistant Administrator D stated s/he believed the employees were trained on-site by him/herself or another caregiver but could not state who, when, or on what topics. When asked for records to review for employee training, Assistant Administrator D put his/her hands up in the air in what appeared to be a gesture of a shrug and stated s/he would have to look but that the

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records "could be anywhere ... I never have time to file anything ... I'll have to look but that's going to take some time to do ...I don't know what I will have." Assistant Administrator D stated s/he could not guarantee formal required training other than on-the-job training had been completed.

On 07/12/2023, Surveyor interviewed Administrator C at approximately 11:40 AM. Administrator C stated s/he began working on campus this week (07/10/2023). Administrator C stated s/he was "needed to pass medication this morning" (07/12/2023) due to lack of staff. Administrator C stated s/he had not received training related to resident individual needs prior to assisting as a caregiver.

Administrator C stated his/her staffing plan to include having caregivers from his/her other job at facilities under a different licensee, in another city, come to campus to fill in for the time being. Surveyor reviewed Administrator C's staffing plan included immediately having the new caregivers working on their own in the building (other than support staff, such as the activities director and cook in building II.) Upon interview regarding training the new caregivers prior to assuming job responsibilities, Administrator C did not have a plan in place to ensure the competency of the new caregivers and training completed prior to assuming job responsibilities. Administrator C stated s/he believed the caregivers being hired from a different company that s/he also manages (in another city and no familiarity with the campus or residents) did not need training and stated his/her belief that a general overview of the facilities and the electronic charting records (ECP) were all that was needed. When Caregiver G not knowing a resident's name was brought to

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N 230	Continued From page 5 his/her attention Administrator C stated s/he wouldn't not necessarily expect the caregiver to know the resident's name and that that's is "what ECP is for." Administrator C called Regional Supervisor B into the interview at approximately 12:00 PM. Administrator C and Regional Supervisor B reviewed their plan to have staff from another facility s/he works at come to fill in as immediate caregivers at the facilities. Neither had a plan in place for training prior to having the caregiver work alone as was indicated on the schedule. The administrators expressed their belief that the caregivers were already trained and could rely upon ECP and a general overview of the facility to begin working alone. Upon review of the codes and review of a non-portability of training from a different employer, both Administrator C and Regional Supervisor B verbally acknowledged the requirements for training newly hired and new to the facility employees. Surveyor requested to review Caregivers G, H, K, and L's training file on 07/06/2023, 07/12/2023, and 07/14/2023. On 07/14/2023 Surveyor reviewed what was sent: Caregiver G's employee file indicated his/her background check was completed on 05/31/2023. According to interviews with Assistant Administrator D and Administrator C, Caregiver G was hired on 06/01/2023 as a caregiver. The file did not contain documentation Caregiver G received orientation training in in job responsibilities, prevention and reporting of abuse, neglect, and misappropriation, needs and individual services, emergency and disaster plan, policy and procedures, and/or recognizing and responding to resident changes of condition prior to performing any job duties.	N 230		

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N 230	Continued From page 6 Caregiver H 's employee file indicated his/her background check was completed on 10/24/2022. According to interviews with Assistant Administrator D and Administrator C, this was the closest date to hire. The file did not contain documentation Caregiver H received orientation training in job responsibilities, prevention and reporting of abuse, neglect, and misappropriation, needs and individual services, emergency and disaster plan, and/or recognizing and responding to resident changes of condition prior to performing any job duties. Caregiver H's file contained evidence of training on policy and procedures dated 03/29/2023. The orientation skills checklist did not indicate length of time for training and was not dated or signed by a trainer as completed. Caregiver K's employee file indicated his/her background check was completed on 05/30/2023. According to interviews with Assistant Administrator D and Administrator C, this was the closest date to hire. The file did not contain documentation Caregiver K received orientation training in in job responsibilities, prevention and reporting of abuse, neglect, and misappropriation, needs and individual services, emergency and disaster plan, policy and procedures, and/or recognizing and responding to resident changes of condition prior to performing any job duties. Caregiver L's employee file indicated his/her background check was completed on 03/30/2023. According to interviews with Assistant Administrator D and Administrator C, this was the closest date to hire. The file did not contain documentation Caregiver L received orientation training in in job responsibilities, prevention and reporting of abuse, neglect, and misappropriation,	N 230		

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N 230	Continued From page 7 needs and individual services, emergency and disaster plan, policy and procedures, and/or recognizing and responding to resident changes of condition prior to performing any job duties. After reviewing the limited employee records received, Surveyor reached out to Licensee A, Regional Supervisor B and Administrator C on 07/14/2023 to give an opportunity to send any additional information regarding the employees and provider training. On 07/17/2023 at 12:42 PM Administrator C emailed Surveyor: "[Surveyor] - I have sent everything I could find in the employees files for training and backgrounds." Surveyor reviewed timestamps from 04/01/2023 through 07/15/2023 and noted each caregiver worked alone in the facility with an occasional float caregiver on day shifts. Four caregivers and Administrator C did not have orientation training completed prior to assuming job responsibilities and the provider had a plan in place to have additional untrained caregivers work alone. Cross Reference: N0396 DHS 83.36(1)(a)Adequate Staff To Meet Resident Needs Y3244 DHS 50.09(1)(L)Care	N 230		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual	N 387		

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service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure all Individual Service Plans (ISP) had been signed by the responsible parties. Four of four ISPs reviewed (Residents 4, 5, 6 and 7) did not contain the required signatures.

Findings include:

On 07/06/2023 at approximately 10:00 AM, Surveyor interviewed Assistant Administrator D. Assistant Administrator D verified the records for the staff, residents, and facility were kept on-site either in physical binders or via an electronic record keeping system (ECP.) As part of the survey and investigation process Surveyor requested to review a sample of resident records (Resident 4, 5, 6, and 7) including reviewing the signed Individual Service Plan (ISP). Assistant Administrator D stated Administrator E sent out resident ISP's for signatures via e-mail. Assistant

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N 387	Continued From page 9 Administrator D was unable to locate any signed ISP document or electronically recorded signature for surveyor record review. As an ISP sent out for a signature to a 3rd party may not returned timely, Surveyor requested to review any e-mail sent to the responsible parties requesting the signature as a means of showing the provider's attempt to comply. Assistant Administrator D stated s/he would reach out to Administrator E to show a time-stamped e-mail for the 4 residents. On 07/14/2023 at 3:41 PM Surveyor received an e-mail from Regional Supervisor B: " ...I cannot access [Administrator E's] email to supply you with emails in regard to ISP signatures ..." No additional information was received to verify the ISP's had been signed for the residents or an attempt had been made to acquire the signatures.	N 387		
{N 396}	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure that facility was staffed at all times to meet resident needs. The facility did not have caregivers present at all times to meet the needs of the residents. There was a potential for harm when residents were left unattended and the building unstaffed by a caregiver while staff	{N 396}		

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{N 396}	Continued From page 10 assisted at a sister facility on campus. This is a repeat violation. See SOD #1F511, dated 02/27/2023. Findings include: The provider is licensed to serve up to 14 residents who may be advanced age, physically disabled, and/or have irreversible dementia/Alzheimer's disease. On 06/26/2023 and 07/05/2023 the department received complaints that alleged the provider was not providing adequate staff to meet resident needs. Surveyor note: During the previous survey the provider identified residents who require an assist of 2 and residents who require 24 hour supervision. The facility previously had a staffing ratio of 1 caregiver and 1 "float" caregiver between the 2 sister facilities on campus. The staffing ratio was identified as not meeting resident needs, as each individual license must have enough staff available at all times to meet resident needs. On 07/06/2023, Surveyor conducted a complaint investigation concurrently with Adult Protective Services (APS) and a verification visit to ensure the facility was staffed to meet resident needs. On 07/06/2023, Surveyor interviewed Assistant Administrator D at approximately 9:20 AM. Assistant Administrator D stated the building was typically staffed with 1 caregiver staff per shift and at times there may be an administrator or cross-trained staff present during day shifts Monday through Thursday when Administrator E was present. Assistant Administrator D stated	{N 396}		

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s/he would try to schedule a float staff between the campus facilities but that it typically was only 1 caregiver per shift. Assistant Administrator D stated the staff were expected to assist at the sister facility if the caregiver there was not a medication passer and when they would need assistance with a resident who required the assistance of 2 caregivers for cares. Assistant Administrator D identified 2 residents in each facility (Resident 4 and 5 in Building I) that required 2 assists for cares and transfers. Assistant Administrator D stated s/he was aware there was a risk to the resident's safety when the building was left unattended by a caregiver. Assistant Administrator D stated at times Activity Director J may be in the building but that s/he was not cross trained as a caregiver and was not present during the PM and overnight hours. Assistant Administrator D stated s/he was aware of the enforcement order from the previous survey that identified 1 caregiver and a float caregiver between buildings was not meeting resident needs.

On 07/06/2023 at 8:35 AM, Surveyor and Adult Protective Services (APS) conducted observations at the facility (Building I) and the sister facility (Building II) on campus. Surveyor observed there was 1 caregiver present at the facility in each building (Caregiver H was present in Building II and Caregiver G was present in Building I). Surveyor interviewed Caregiver H at approximately 8:30 AM. Caregiver H confirmed there was 1 caregiver staffed at each facility location. Caregiver H stated at times there may be a "float" caregiver present to assist between the 2 buildings, but that it usually did not occur. Caregiver H stated Caregiver G was recently hired as a caregiver and was not able to pass mediations yet. Caregiver H stated s/he would

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leave Building II to pass medication in Building I. Caregiver H stated both buildings had residents that regularly required 2 assists during cares (Residents 4 and 5 in Building I) and that s/he would also leave the building unattended to assist with resident cares when a 2 assist was needed. Caregiver H stated there was usually only 1 caregiver in each building per shift and the expectation was to leave the building unattended to assist at the sister facility when needed. Caregiver H stated there were times when residents at the facility would have to wait for cares, medications, meals, and call bells to be answered until a caregiver was back in the building.

On 07/06/2023 at 10:05 AM, Surveyor interviewed Caregiver G. Caregiver G stated s/he had previously been a housekeeper at the facility and was recently hired as a caregiver on 06/01/2023. Caregiver G stated s/he had not received any "official training", was not certified to pass medication, and had not had any RN delegation yet. Caregiver G stated other staff showed him/her how to use the computer and where things were at the facility, and s/he had been on his/her own unsupervised caring for the residents since s/he started. Caregiver G stated many residents require a 2 assist giving Resident 4 and 5 as an example. Caregiver G stated there was no one else available to asst with transfers unless the caregiver from Building II came over. Caregiver G stated at times s/he was expected to leave Building I to assist with a resident who required a 2 assist in Building II and that s/he felt very uncomfortable doing so. Caregiver G stated "It isn't safe. The residents should not be left alone."

On 07/12/2023, Surveyor received

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{N 396}	Continued From page 13 communication both Administrator E and Assistant Administrator D quit over the weekend. On 07/14/2023 Surveyor interviewed Assistant Administrator D. Assistant Administrator D stated s/he worked on Sunday 07/09/2023 morning at 7:00 AM through Monday 07/10/2023 afternoon at approximately 1:45 PM and stated on 07/10/2023 s/he was the only caregiver on campus for both Buildings I and II from approximately 6:00 AM to 11:00 AM. Assistant Administrator D stated Administrator C dropped Caregiver G off on 07/10/2023 at approximately 11:45 AM to work in Building II and left. Assistant Administrator D stated Administrator C returned at approximately 1:45 PM and Assistant Administrator D subsequently ended his/her employment. Assistant Administrator D stated there were at least 3 other times in the past when s/he was the sole caregiver on campus. On 07/12/2023 at approximately 12:00 PM, Surveyor interviewed Regional Supervisor B and Administrator C. Regional Supervisor B had been employed during the previous survey and had access to the survey findings regarding staffing to meet resident needs. Regional Supervisor B stated s/he was unaware each individual license required the building to be staffed at all times to meet residents needs including 2 caregivers present to assist with resident who required a 2 assist and/or continual supervision. Despite the previous survey findings, Regional Supervisor B stated s/he believed 1 caregiver and a float caregiver was an appropriate staffing level. Regional Supervisor B reviewed the schedule and awknowledged they did not consistently have a "float" caregiver and did not have one for PM or Noc shifts. Regional Supervisor B could not state how the current staffing plan could meet resident needs.	{N 396}		

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{N 396}	Continued From page 14 On 07/19/2023, Surveyor interviewed Assistant Administrator D at 2:00 PM. Assistant Administrator D stated s/he left his/her position on 07/10/2023 after working from 6:00 AM 07/09/2023 through 07/10/2023 at approximately 1:45 PM. Assistant Administrator D stated s/he was the only caregiver present on campus for both buildings from approximately 6:00 AM - 11:45 AM on 07/10/2023. Surveyor reviewed time stamps that corroborated Assistant Administrator D was the only caregiver present from 6:13 AM to 11:45 AM on 07/10/2023. Assistant Administrator D stated after the previous survey, the provider was aware of the need and order for increased staffing to meet the residents needs for supervision and 2 assists at all times. Assistant Administrator D stated Regional Supervisor B did not believe the facility required 2 staff members present at all times and denied his/her request to staff with 2 caregivers. Assistant Administrator D stated there may have been a few times when there was 1 caregiver and a float staff between the 2 buildings but that it was rare and that usually there was only 1 caregiver per shift. Assistant Administrator D stated s/he could not recall a day when 2 caregivers were present at each facility during all shifts to meet resident needs. On 07/12/2023, Surveyor interviewed Administrator C and Regional Supervisor B at approximately 12:00 PM. Regional Supervisor B stated (former) Administrator E would at times function as a caregiver or medication passer and his/her time was not accounted for on the schedule as s/he was a "salaried" position. Administrator C and Regional Supervisor B stated they were unaware of the requirement for all staff's job assignments, date and times to be	{N 396}		

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{N 396}	Continued From page 15	{N 396}		

documented. Regional Supervisor B stated Administrator E was expected to be present at the facility Monday through Thursday during the day shift but could not specify or verify when.

On 07/12/2023, Surveyor interviewed Administrator C at approximately 11:40 AM. Administrator C stated s/he was an administrator at 2 other facilities in another city and stated s/he had only just began working on campus this week (07/10/2023). Administrator C stated she had been needed to pass medication this morning (07/12/2023) due to lack of staff. Administrator C stated his/her staffing plan to include having caregivers from his/her other facilities in another city come to campus to fill in for the time being. Surveyor reviewed Administrator C's staffing plan included immediately having the new caregivers working on their own in the building other than support staff, such as the activity director and cook in building II. Administrator C did not have a plan in place to ensure the competency or supervision of the new caregivers and training completed prior to assuming job responsibilities. Regarding the allegation of Assistant Administrator D being the sole caregiver on 07/10/2023 from 6am to 11 am Administrator C stated s/he could not recall the staffing on the date other than acknowledging s/he drove Caregiver G to work. The provider was asked for the corroborating staffing schedule and timestamps on 07/06/2023, 07/12/2023, 07/14/2023, 07/17/2023, 07/18/2023, 07/19/2023, 07/20/2023, and 07/21/2023. Surveyor received them after the provider exceeded 7 deadlines for submission. Administrator C sent Surveyor a schedule that omitted the critical dates of review on 07/20/2023, and then sent the omitted dates on 07/21/2023. The omitted dates had caregivers that were not accounted for by time-stamp and

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{N 396}	Continued From page 16 included a caregiver (Caregiver R) that was not included on the employee roster. During an interview on 07/21/2023 at approximately 12:00 PM, Administrator C recalled on 07/10/2023 s/he left the facility after dropping Caregiver G off for work then returned in the "early afternoon" which corroborated the other interview timelines. Administrator C stated the new Caregiver R, who had not been on the employee roster, was present as well. The schedule sent by Administrator C indicated Administrator C, Caregiver G and a new Caregiver R were present on campus from 10:00 AM to 10:30 PM. The time stamps and interviews indicated that schedule sent was inaccurate. The time stamps corroborated Assistant Administrator D was the sole caregiver on campus from 6:13 AM to 11:45 AM, Caregiver R was not present that day, Caregiver G was not present until 11:45 AM, and Administrator C, per interviews, was not present until approximately 1:45 PM. Surveyor reviewed the submitted staff schedule and noted discrepancies, such as more staff being listed as present than were per the time stamps. Along with confirming Assistant Administrator D being the sole caregiver for 2 buildings on 07/10/2023 from 6:00 AM to 11:45 AM, Surveyor noted from April 1, 2023, through July 15, 2023, there were no days when there were consistently 2 caregivers present at the facility to meet resident needs. Cross Reference: N0230 DHS 83.19Orientation Y3244 DHS 50.09(1)(L)Care	{N 396}		

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Y3098	Continued From page 17	Y3098		
Y3098	50.07 PROHIBITED ACTS 50.07 Prohibited acts. (1) No person may: (a) Intentionally fail to correct or interfere with the correction of a class A or class B violation within the time specified on the notice of violation or approved plan of correction under s. 50.04 as the maximum period given for correction, unless an extension is granted and the corrections are made before expiration of extension. (b) Intentionally prevent, interfere with, or attempt to impede in any way the work of any duly authorized representative of the department in the investigation and enforcement of any provision of this subchapter. (c) Intentionally prevent or attempt to prevent any such representative from examining any relevant books or records in the conduct of official duties under this subchapter. (d) Intentionally prevent or interfere with any such representative in the preserving of evidence of any violation of any of the provisions of this subchapter or the rules promulgated under this subchapter. (e) Intentionally retaliate or discriminate against any resident or employe for contacting or providing	Y3098		

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Y3098	Continued From page 18 information to any state official, or for initiating, participating in, or testifying in an action for any remedy authorized under this subchapter. (f) Intentionally destroy, change or otherwise modify an inspector?s original report. (2) Violators of this section may be imprisoned up to 6 months or fined not more than $1,000 or both for each violation. This Rule is not met as evidenced by: Based on observation, record review, and interview the provider did not ensure full cooperation with the department's process for conducting survey and investigation work. The provider did not ensure the records received encompassed the information requested, did not ensure the records were received timely, or contained accurate information. The requested documentation was critical to the investigation and Surveyor had to request the documentation multiple times with 7 deadlines, as it was either not submitted as requested or the record omitted critical information. The provider impeded and interfered with the survey and investigation, including the timeline and integrity of the unannounced review. Findings Include: On 06/26/2023 and 07/05/2023, the department received complaints that alleged the facility was not staffed appropriately to meet the resident needs and cares were not being performed.	Y3098		

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Y3098	Continued From page 19 On 07/06/2023 at approximately 9:00 AM, Surveyor contacted Licensee A via phone to inform him/her that an investigation was proceeding, and that the Surveyor would need to work with a staff member or administrator of his/her choosing to assist with obtaining required documentation and investigation review. License A requested Surveyor reach out to Regional Administrator F. Regional Administrator F returned Surveyor's call at 9:44 AM and discussed involving Administrator C and Regional Supervisor D. Regional Supervisor D was called with no answer and Administrator C returned Surveyor's call at 9:54 AM. All administrators were made aware of the presence of Adult protective Services (APS) and the Department of Health Services (DHS), the ensuing investigations, and the need for a staff member to assist with the investigation to provide requested documentation and follow through. Assistant Administrator D was left to work with the Surveyor and APS at the facility. On 07/06/2023 at approximately 10:00 AM, Surveyor interviewed Assistant Administrator D. Assistant Administrator D verified the records for the staff, residents, and facility were kept on-site either in physical binders or via an electronic record keeping system. As part of the survey process and investigation, Surveyor requested to review a sample of resident, staff, and facility records. Assistant Administrator D took notes on which records were requested including dates and information needed. Surveyor requested to review the following records that were pertinent to the investigation process: 1. A list of all caregivers including dates of hire and a list of residents including dates of	Y3098		

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Y3098	Continued From page 20 admission and payer source. 2. Resident 1, 2, and 3's record including the signed Individual Service Plan (ISP), current ISP, Face sheet, 3 months of Medication Administration Records (MARs), 3 most recent months of observation notes, admission assessment and agreement, any additional health monitoring or investigation information regarding recent incidents and Resident 1's hospice notes. 3. Caregiver G, H, K, and L's Background information check including the BID, DOJ, IBIS, dates of hire, and all training records including the dates, duration of time, topics, trainers, and signatures. 4. Requested policies and procedures, the schedule from April 1 through the next 2 weeks plan, time stamps for caregivers from April to present, documentation of any submitted self-reports since the last survey on 02/27/2023 and any other information that could provide evidence of compliance for the verification visit. On 07/06/2023 at approximately 10:00 AM, Assistant Administrator D stated although the records, with the exception of the timestamps, were kept on-site or within the electronic documentation system, s/he would not be able to provide the records while Surveyor was on-site. Assistant Administrator D stated the records were not filed in an organized way to allow for easy access to specific records and that s/he would require more time to locate them. Assistant Administrator D stated and acknowledged Surveyors role of an unannounced survey to ensure the records were in compliance and stated s/he could try to provide Surveyor with the "most important" records while Surveyor was	Y3098		

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Y3098	Continued From page 21	Y3098		

on-site and asked to e-mail the rest. Assistant Administrator D stated s/he was aware of the timeline of the investigation process and a reasonable timeframe of 24 hours to submit the documentation but did not believe s/he could locate all the information within 24 hours. Assistant Administrator D requested the deadline for submission be extended beyond 24 hours. Surveyor requested the records be sent no later than Monday 07/10/2023 at 12:00 PM (1st deadline). Surveyor asked to review a sample of signed ISPs, a copy of the schedules, and view the staff training record while on site. Assistant Administrator D could not provide a sample of signed ISP's stating they were sent out to POA's via e-mail but not returned. Assistant Administrator D could not provide Surveyor with an e-mail exchange to verify the explanation. Assistant Administrator D stated s/he was unable to print a copy of the schedules and did not know where the staff files were located to provide review of training records. At the exit of the on-site visit on 07/06/2023, at approximately 2:45 PM, Surveyor was provided with the list of staff and residents only.

On 07/10/2023 no records were received.

On 07/12/2023, Surveyor arrived at the facility on 07/12/2023 at approximately 11:30 AM due to new concerns regarding facility staffing and for a continued investigation and monitoring visit. Surveyor interviewed Administrator C at approximately 11:32 AM. Administrator C stated both Administrator E and Assistant Administrator D were no longer employees and that s/he was the acting Administrator. Administrator C was unaware of the documentation requests made during the survey on 07/06/2023. Administrator C called Regional Supervisor B who stated s/he

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Y3098	Continued From page 22	Y3098		

was also unaware of the record requests. Regional Supervisor B acknowledged Licensee A, Regional Director F, Administrator C and him/herself were all made aware of the investigations on 07/06/2023 and had designated Assistant Administrator D to assist with the investigation process. Regional Supervisor B stated s/he was the direct supervisor for Assistant Administrator D, Administrator E and the new Administrator C. Regional Supervisor B stated acknowledgement that the provider was aware of the open survey and its process, and their responsibility to ensure oversight and follow up with their own staff to ensure compliance with the survey process.

On 07/12/2023 at approximately 11:50 AM, Surveyor reviewed the list of requested documentation and included the request for the time stamps and schedules to include the up to date (07/06/2023-07/12/2023) information. Administrator C took notes of the requested documentation. As Surveyor had not yet received the requested information past the deadline of request, Surveyor asked to review the records on-site. Administrator C stated s/he was in the process of trying to reorganize the administration office and requested additional time to locate the documentation. Surveyor requested the records be sent no later than Friday 07/14/2023 at 5:00 PM (2nd deadline). Surveyor reviewed the concerns regarding the complaint and staffing from 07/06/2023 to present and Administrator C stated s/he was aware there had been a time on 07/10/2023 when only 1 caregiver was present for both facilities on campus.

On 07/13/2023 and 07/14/2023, Surveyor received some of the requested documentation via email. The information submitted was sent 6-7

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Y3098	Continued From page 23	Y3098		

days after the initial documentation requests were made. All requested records were not included. Surveyor reviewed the submitted records and replied via e-mail on 07/14/2023 at 1:53 PM to Regional Supervisor B and Administrator C:

" ...Thank you for sending requested documentation. I still need to receive and review the following documentation by 5 PM today 7/14/2023:
[Resident 1]- Face sheet, signed ISP, MAR/ TAR, observation notes, hospice notes, and admission agreement
[Resident 2]- Face sheet, signed ISP, admission assessment, and admission agreement
[Resident 3, ...]- signed ISPs
[Caregivers K, L, G and H]- Background checks (including the BID and the state and DOJ response letters), and all training records including the dates, duration of time, topics, trainers, and signatures.
Copies of the schedule including dates and times when the administrator was present.
A copy or forwarded e-mail showing dates and times of submission for any self-reports that were submitted to the Department since our last survey.
Any documentation related to the correction of N0362 Grievance Procedure for SOD # R26011.
If any of the above documentation is unavailable, please identify which documents."

Surveyor contacted Licensee A on 07/14/2023 at 2:52 PM via phone for an exit review and to discuss the records that had not been received yet. Licensee A provided no explanation for the administrators not sending the Surveyor the requested documentation. Regional Supervisor B sent some additional documentation at 3:41 PM and resent the incomplete records.

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Y3098	Continued From page 24 On 07/14/2023 at 6:05 PM and 7:17 PM, Surveyor returned Regional Supervisor B's call with no answer. Surveyor left a voice message for both the administrators to call with any questions regarding the records that were still not received and a summary e-mail at 7:43 PM to Regional Supervisor B, Administrator C, and Licensee A: " ... I received and reviewed all the e-mails sent to me since Wednesday that included many documents that were asked for. After review, I listed in my e-mail the documentation that was not included that I still need to receive. Please review the content of the attachments you've sent and note the following documents are not present: For [Resident 1]: Face sheet, ISP, MAR/ TAR, observation notes, hospice notes, and admission agreement For [Resident 2]- Face sheet, ISP, admission assessment, and admission agreement For [Resident 3, ...]- ISPs (Even if they are not signed, I still need to review copies of the most recent ISPs for all ... of the selected residents) For [Caregivers K, L, G and H]- Background checks (including the BID and the state and DOJ response letters), and all training records including the dates, duration of time, topics, trainers, and signatures. Copies of the schedule. Please send all of the above listed documentation as I have not received it yet.	Y3098		

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Y3098	Continued From page 25 If you have any questions please feel free to call me." At 8:56 PM Administrator C sent some additional requested documentation that was missing the back sides of the pages. This was after the 2nd set deadline, 7 days after the initial request and was incomplete. On 07/17/2023 Surveyor e-mailed Administrator C, Regional Supervisor B and Licensee A again at 11:54 AM as no new documentation had been received: " ...Please review the content of the attachments that were sent to me on Friday by [Administrator C] and note the backside of the pages were not copied and included. Please resend with the full DOJ reports and policies. Additionally, please send any information to show the Clerk of Courts was contacted prior to hiring any employees with convictions that require it. I am still waiting to receive: For [Resident 1]: Face sheet, ISP, MAR/ TAR, observation notes, hospice notes, and admission agreement For [Resident 2]- Face sheet, ISP, admission assessment, and admission agreement For [Resident 3, ...]- ISPs (Even if they are not signed, I still need to review copies of the most recent ISPs for all ... of the selected residents) For [Caregivers K, L, G and H]- all training records including the dates, duration of time, topics, trainers, and signatures. Copies of the schedule.	Y3098		

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Y3098	Continued From page 26 Please send all of the above listed documentation today, 07/17/2023, as I have not received it yet and I am closing the survey. Thank you..." On 07/17/2023 (3rd deadline) at approximately 1:30 PM Surveyor called both Administrator C and Regional Supervisor B to discuss the documentation that was still needed and not received including records that had been sent but were incomplete. Administrator C asked for an extension for the information as s/he was not at the location. Surveyor requested the documentation be sent by no later than 07/18/2023 at 12:00 PM (4th deadline). Surveyor received some additional documentation on 07/17/2023 and 07/18/2023 (11 & 12 days after initial request). Surveyor reviewed the records on 07/19/2023 and noted it did not contain the scope of information that had been requested. On 07/19/2023 at 1:25 PM Surveyor called Administrator C to again clarify the documentation that was needed and was sent incomplete. Administrator C stated s/he understood the records that needed to be resent due to being incomplete and the need to have the current caregiver times accounted for as previously requested. At 2:18 PM Surveyor e-mailed Regional Supervisor B and Administrator C to request the records that were not received (5th deadline): "Please send me a copy of the current schedule as I only have the schedule until July 8th. Please send me time stamps for all employees at the 2 facilities from June to present date. The previous	Y3098		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015454	A. BUILDING: _____ B. WING _____	R-C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAISERS OAKHAVEN S&C LLC	132 OAK CT SHAWANO, WI 54166

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Y3098	Continued From page 27	Y3098		

time stamps did not include times for [Caregiver G] in June/July and I need to see who has been working this past week.
Thank you..."

The schedule that was requested, on multiple occasions, from 07/06/2023- 07/20/2023 contained information the investigation required as there were allegations and interviews related to staffing specific to the dates 07/09/2023, 07/10/2023, and 07/11/2023. On 07/19/2023 at 4:28 PM (13 days after the initial request) Surveyor was sent the "current schedule" by Administrator C. Surveyor reviewed the schedule received on 07/20/2023 and noted the schedule received omitted the dates 07/09/2023, 07/10/2023, and 07/11/2023. Surveyor called both Administrator C and Regional Supervisor B with no answer and a voicemail left for Regional Supervisor B to return Surveyor's call. Surveyor e-mailed Regional Supervisor B and Administrator C on 07/20/2023 at 10:55 AM:

" ...Upon review I see July 9, 10, and 11th were left blank. Please include the information for those dates.
Thank you ..." (6th deadline).

Regional Supervisor B e-mailed other missing documentation on 07/20/2023 at 12:01 PM (14 days after initial request) and did not address the missing dates. Surveyor again requested the missing documentation via e-mail at 2:17 PM to Regional Supervisor B and Administrator C:

"Thank you. I am still looking for the schedule for 07/09/2023, 07/10/2023, and 07/11/2023 as they were omitted from the "current schedule" I received yesterday." (7th deadline.)

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Y3098	Continued From page 28 The provider was asked for the corroborating staffing schedule and timestamps on 07/06/2023, 07/12/2023, 07/14/2023, 07/17/2023, 07/18/2023, 07/19/2023, 07/20/2023, and 07/21/2023. Surveyor received them after the provider exceeded 7 deadlines for submission. Administrator C sent Surveyor a schedule that omitted the critical dates of review on 07/20/2023, and then sent the omitted dates on 07/21/2023. The omitted dates had caregivers that were not accounted for by time-stamp and included a caregiver (Caregiver R) that was not included on the employee roster. During an interview on 07/21/2023 at approximately 12:00 PM, Administrator C stated on 07/10/2023 the new Caregiver R, who had not been on the employee roster, was present as well as him/herself. The schedule sent by Administrator C indicated Administrator C, Caregiver G and a new Caregiver R were present on campus from 10:00 AM to 10:30 PM on 07/10/2023. The time stamps and interviews indicated that schedule sent was inaccurate. The time stamps corroborated Assistant Administrator D was the sole caregiver on campus from 6:13 AM to 11:45 AM, Caregiver R was not present that day, Caregiver G was not present until 11:45 AM, and Administrator C, per interviews, was not present until approximately 1:45 PM. The schedule required for investigation had been withheld after request 7 times and when it was submitted it contained false information as corroborated by interview and record review. The false information made it appear there were 3 caregivers present from 10:00 to 11:45 AM when there was only one for the entire campus and included a caregiver that was not present at all on 07/10/2023. All requested information was not received.	Y3098		

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Y3098	Continued From page 29 Surveyor received only 1 month of MARS for residents, no e-mails corroborating ISPs had been sent out for signatures, no self-report or investigation information to corroborate incidents documented in resident records, and no training records for 3 of 4 caregivers requested. Per Assistant Administrator D's interview on 07/06/2023, the requested records were present at the facility on 07/06/2023 for review. The provider did not ensure all records were submitted, contained the requested information or were within the given deadline. The provider did not offer an explanation for the omission of records. It took a total of 14 days and 7 deadlines to receive the requested documentation, originally requested on 07/06/2023. The investigation and survey process were dependent upon reviewing these specific records. Additional time was required to review the written findings when the required records were submitted after the close of the survey, a day past the 7th final submission date. The delays, omissions, and records containing false information greatly interfered with the survey and investigation process and impeded the timeline and integrity of the investigation as Surveyor was unable to verify if the submitted documentation had been original to the record at the time of request during the unannounced visit. Cross Reference: N0396 DHS 83.36(1)(a)Adequate Staff To Meet Resident Needs Y3244 DHS 50.09(1)(L)Care	Y3098		