STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

(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
U 000	INITIAL COMMENTS On 08/22/2023, Surveyor conducted an abbreviated survey and two complaint investigations at Milestone Senior Living Renee. Data collection continued through 09/05/2023. Both complaints were substantiated. Seven deficiencies were identified. Three deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) HQM811, dated 12/19/2019. Census: 12 tenants; 11 apartments	U 000		
U 127	89.23(3)(f) SERVICES SERVICE QUALITY. Meals and snacks served to tenants shall be prepared, stored and served in a safe and sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure meals and snacks served to tenants were stored and served in a safe and sanitary manner. This is a repeat deficiency. See Statement of Deficiency (SOD) HQM811, dated 12/19/2019. Findings include: The provider is licensed to provide services to 32 apartments. The provider's kitchen prepares all meals and snacks for the tenants living in the apartments and the residents living in the	U 127		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

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U 127	Continued From page 1 attached 26-bed community based residential facility (CBRF). On 08/22/2023 at approximately 8:12 AM, Surveyor interviewed Cook D. Cook D stated s/he began employment approximately 6 weeks ago and had no training in the kitchen. Administrative Assistant (AA) C donned a hairnet and gloves and volunteered to assist Cook D serve breakfast consisting of a fried egg, pancake and sausage patty. Six tenants were seated in the dining room waiting for breakfast. No temperatures were taken prior to plating food. At approximately 8:30 AM, Surveyor asked Cook D and AA C if the food s/he was plating was warm. Cook D placed his/her gloved hand to the sausage patty and stated, "Not really." Surveyor observed Cook D continue to serve the food to tenants without warming it up. Cook D stated s/he did not take temperatures prior to serving meals. Surveyor donned a glove and felt the sausage patty. The patty was cool to the touch. The facility did not ensure meals and snacks served to tenants were stored and served in a safe and sanitary manner when food was served below safe holding temperatures. Cross reference U137 DHS 89.23(4)(d)2.c Services.	U 127		
U 133	89.23(4)(c) SERVICES PROVIDER QUALIFICATIONS. Freedom from abuse, neglect and exploitation. A residenial	U 133		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

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U 133	Continued From page 2	U 133		

care apartment complex shall ensure that tenants are free from abuse, neglect or financial exploitation by the facility or its staff. A residential care apartment complex shall not employ an individual who has been convicted of a crime that is substantially related to the circumstances of the job or for whom there is a substantiated finding of abuse or neglect or misappropriation of property in the department's registry for nurse aides, home health aides and hospice aides. The facility shall conduct a criminal records check with the Wisconsin department of justice and shall check with the department's registry for nurse aides, home health aides and hospice aides when hiring a service manager, service providers and other persons to work in the facility or have contact with tenants.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure a criminal records check with the Wisconsin department of justice when hiring service providers and other persons to work in the facility or have contact with tenants, for 2 of 4 employees reviewed.

Findings include:

According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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U 133	Continued From page 3 Admin. Code ch. 12, a complete CBC, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Integrated Background Information System (IBIS). On 08/22/2023 at approximately 1:20 PM, Surveyor requested to review employee records from Administrative Assistant (AA) C. Director A had a hire date of 09/12/2022. Director A's record did not contain an IBIS or DOJ report. Caregiver F had a hire date of 06/09/2023. Caregiver F's record did not contain an IBIS or DOJ report. On 08/22/2023 at approximately 4:45 PM, Surveyor requested background checks for Cook D, Director A and Caregiver F from Health Care Coordinator (HCC) B. HCC B stated s/he was the designee in charge as Director A was not in the building at the time of survey. As of 09/05/2023, the background checks requested on 08/22/2023 were not received.	U 133		
U 137	89.23(4)(d)2.c. SERVICES PROVIDER QUALIFICATIONS. Staff training. Staff providing residential care	U 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

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U 137	Continued From page 4	U 137		

apartment complex services to tenants shall have documented training or experience in the following areas:

c. Assigned duties and responsibilities, including the needs and abilities of individual tenants for whom staff will be providing care.

This Rule is not met as evidenced by:
Based on record review and interview, the facility did not ensure Cook D had documented training or experience in his/her assigned duties prior to providing services to tenants.

This is a repeat deficiency. See Statement of Deficiency (SOD) HQM811, dated 12/19/2019.

Findings include:

On 08/22/2023 at approximately 8:12 AM, Surveyor interviewed Cook D. Cook D stated s/he began employment approximately 6 weeks ago and had no training in the kitchen. Cook D had cut his/her finger while cutting apples in the CBRF at approximately 7:55 AM and was looking for the first aid kit at the time of interview. Cook D could not locate the first aid kit and wrapped his/her bloody finger in gauze, put tape around his/her finger, donned a glove and began serving breakfast. Administrative Assistant (AA) C donned a hairnet and gloves and volunteered to assist Cook D serve breakfast consisting of a fried egg, pancake and sausage patty. The food was cold to the touch.

Surveyor interviewed AA C and asked if s/he had received training to assist with food service. AA C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

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U 137	Continued From page 5	U 137		

stated s/he had completed an online training for safe food handling but did not have any specific training in the kitchen. AA C informed Surveyor that was the first time s/he had stepped in to help serve breakfast. Six tenants were in the dining room waiting for breakfast.

On 08/23/2023 at approximately 9:34 AM, Surveyor interviewed Cook D via phone and asked if s/he had any training related to his/her assigned job duties. Cook D stated s/he did not have any dietary training or experience managing a kitchen prior to his/her employment at the facility. Cook D stated s/he worked at a catering company prior to his/her employment, where s/he was responsible for setting up tables with plates and silverware. Cook D stated s/he did not cook there and had no experience or training related to food preparation or food service.

Surveyor requested the facility's temperature logs. Cook D stated s/he did not know she was supposed to take the temperature (temp) of food prior to serving and stated s/he was not told or shown how to properly temp food. Cook D stated s/he did not know what safe holding temperatures were.

Cook D informed Surveyor s/he requested ServSafe training on 08/10/2023 when s/he discussed his/her desire for training with Director A. Director A told Cook D s/he did not need the ServSafe certification to do the job. Cook D stated s/he also requested any training that s/he could get for food preparation and service. The only training Cook D stated s/he received was how to do a schedule on their system (not related to assigned job duties). Cook D stated s/he had not done any online training or received any training since s/he began employment on

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	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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
U 137	Continued From page 6 07/05/2023. Cook D admitted s/he was not checking temperatures regularly. Cook D stated s/he found the temperature logs last week Friday and Cook X is still not doing them at night. Temperatures logs for the facility's freezers (3) and refrigerators (2) indicated the facility's procedure was to record temperatures twice daily; however, documentation and temperatures were not completed. The provider did not ensure Cook D and AA C had documented training or experience in their assigned duties prior to providing food services to tenants. Cross reference U127 DHS 89.23(3)(f) Services	U 137		
U 139	89.23(6) SERVICES WRITTEN STAFFING PLAN. A residential care apartment complex shall maintain an up-to-date, written staffing plan which describes how the facility is staffed to provide services that are sufficient to meet tenant needs and that are provided by qualified staff. The facility shall inform current and prospective tenants and their representatives about the existence and availability of the staffing plan and shall provide copies of the plan upon request. This Rule is not met as evidenced by:	U 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

(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
U 139	Continued From page 7	U 139		

Based on record review and interview, the facility did not maintain an up-to-date, written and accurate staffing plan that was available upon request. When the schedules were reviewed and compared to timesheets, they did not include accurate start and stop times for staff. The schedule identified staff employed by the facility but did not identify agency staff by name.

This is a repeat deficiency. See Statement of Deficiency (SOD) HQM811, dated 12/19/2019.

Findings included:

The facility is a residential care apartment complex (RCAC) with 32 certified apartments. The facility has an adjoining community based residential facility (CBRF) owned by the same licensee.

On 08/22/2023 at 8:30 AM, Surveyors requested the current and final staff schedules for the past 3 months from Caregiver E.

The schedule provided by Caregiver E included both the RCAC and CBRF. Surveyor asked if the schedules could be separated to show only RCAC staff and requested a complete schedule to include management staff and support services staff (housekeeping, activities, administrative assistant, cook, etc..).

Surveyor reviewed the schedules. The left side margin was cut off so the employee's full name was not available. The schedules identified staff names but also included entries labeled, "hift Key", "hift Key 2", "hift Key 3", "chedulePop Support", "gency 1", "edication aid/asser Agency". No names were entered to identify who actually worked that shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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U 139	Continued From page 8 Surveyor reviewed the schedule for the date of survey, 08/22/2023. Caregiver E was working in the facility but was not listed on the schedule. Caregiver E stated s/he was working in the office which may be why s/he was not reflected on the schedule. The printed schedule provided was for direct care staff only and did not include management or support staff to show when they worked in the building. Director A, Health Care Coordinator (HCC) B, Assistant Administrator (AA) C, Maintenance Director (MD) G, housekeeping staff, activity staff and kitchen staff were not included on the schedule. Surveyor requested a complete schedule for the requested timeframe from Caregiver E. On 08/22/2023, at 11:20 AM, Surveyors did not receive a complete schedule as requested. At 12:10 PM, Caregiver E provided a document titled "Coordinator Schedule 2023" and stated, "This is what I was told to print for you guys." Caregiver E explained the document showed the general work week schedule for all salaried employees. The document did not identify employee's full names or dates/times they worked. SUMMARY At approximately 11:00 AM, Caregiver E stated s/he could print the schedules with the positions to show a complete schedule but did not get approval from Director A to provide them. A complete staffing schedule was not received. Cross Reference U0293 DHS 89.55(1) Monitoring	U 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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U 152	Continued From page 9	U 152		
U 152	89.25(1)(c) SCHEDULE OF FEES FOR SERVICES. Residential care apartment complexes shall have a written schedule of fees for services which includes all of the following: The facility's refund policy regarding application and entrance fees, security deposits and monthly rent, meal and service charges in the event of death or termination of the contract between the tenant and the facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the refund policy regarding security deposits and monthly rent, meal and service charges in the event of death was followed. Findings include: On 06/30/2023, the Department received a complaint about refunds. On 08/22/2023, Surveyor requested access to Tenant 1's complete record. Tenant 1 had an admission date of 08/04/2021 and a discharge date of 03/19/2023. On 09/05/2023 at approximately 11:00 AM, Surveyor interviewed Regional Nurse (RN) J, Regional Director (RD) K and Clinical Risk and Compliance Manager (CRCM) L and asked what their procedure was for refunds and if Tenant 1 was owed a refund, or received a refund, after	U 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

(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
U 152	Continued From page 10 s/he passed away on 03/19/2023. On 09/05/2023 at 2:36 PM, RD K emailed Surveyor and provided the following response: "Here is the refund policy in our agreement for [company name]. A. Refund of Base Monthly Fee. The Base Monthly Fee for the month in which discharge occurs shall be prorated to the date the Unit is vacated. If any refund of the Base Monthly Fee is due, the Community will make the refund within thirty (30) days after the date of discharge. However, if Resident fails to give advance notice of termination as required in this Agreement, the Community reserves the right to retain the Base Monthly Fee for the month in which the discharge occurs. A. Death of Resident. This Agreement may be terminated 15 days after the death of a Resident, provided that advanced written notice is given to the Community and the Unit is vacated. The Base Monthly Fee will be assessed until all personal property of the deceased Resident is removed. The deceased Resident's estate will be liable for all provisions outlined in this Agreement until all charges and fees due pursuant to this Agreement have been paid, at which time refunds will be issued pursuant to the terms of this Agreement. The check was initiated on 4/7 and mailed on 7/6." Surveyor asked RD K via email why the check was mailed approximately 3 months after it was initiated. RD K replied via email, "I did ask why the delay from the accountant, and she said they have been experiencing issues with some of the	U 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

(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
U 152	Continued From page 11 payable batches." Tenant 1's refund was not issued pursuant to the terms of the current service agreement signed on 02/24/2023.	U 152		
U 293	89.55(1) MONITORING Monitoring and on-site visits (1) The department shall conduct periodic inspections of residential care apartment complexes during the period of certification and may, without notice to the owner or operator, visit a residential care apartment complex at any time to determine if the facility continues to comply with this chapter. The owner or operator shall be able to verify compliance with this chapter and shall provide the department access to the residential care apartment complex and its staff, tenants and records. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the owner or operator was able to verify compliance with this chapter and provide the department access to the residential care apartment complex and its staff, tenants, and records. Findings include: The Division of Quality Assurance (DQA) Memo (13-011), dated 04/18/2013 titled, "Electronic Records" states that per statutory requirements:	U 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

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U 293	Continued From page 12	U 293		

"The Bureau of Assisted Living (BAL) surveyor must be able to conduct the inspection process in a consistent manner in all facilities and must be allowed access to records regardless of whether the facility uses paper or electronic records. The surveyor will cooperate with the facility to establish a process in which the surveyor will have unrestricted and timely access (within two hours) to the records..."

On 06/07/2023, the Department received a complaint regarding food service and oversight of the community.

On 08/22/2023 at approximately 7:50 AM, Surveyors entered the facility and requested documentation to verify compliance. Administrator H (the listed administrator on file) and Director A were not present at the time of survey. Administrative Assistant (AA) C, Caregiver E and Health Care Coordinator (HCC) B reported Director A was in charge of managing the community and stated they would assist with gathering information in Director A's absence.

At 8:30 AM, Surveyors requested a complete staffing schedule with actual hours worked, menus with deviations and any substitutions made, and access to tenant records, within 2 hours.

MENUS/MEAL PLANS

At approximately 8:40 AM, Surveyor interviewed Cook D. Cook D stated s/he was hired 6 weeks ago as the culinary coordinator. Cook D stated the last time menus were updated was in 2019.

At approximately 8:50 AM, Cook D looked at his/her smart watch and stated Director A keeps

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

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MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

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U 293	Continued From page 13	U 293		

calling him/her. Cook D stated, "[S/he's] probably calling to tell me not to talk to you."

A few minutes later, a caregiver entered the kitchen with a cell phone. The caregiver stated Director A was on the line and needed to talk to Cook D. Cook D took the phone call. The volume was up high enough for Surveyor to hear Director A. Director A stated "State" needed Cook D's menus. Cook D stated s/he was aware and informed Director A that s/he was showing a surveyor the menus at that time. Director A stated, "Don't do that. That's why I tried calling you." Director A explained to Cook D that everything needed to go through Director A before Surveyor could have it.

Cook D ended the phone call. Surveyor asked if s/he could get a copy of the menus they were discussing. Cook D took the menu that Surveyor was looking at and stated, "[Director A] said I can't give you guys anything you ask for ...I'm so over this."

Surveyor received menus from Director A that were dated by Director A prior to Cook D's employment. The date of survey did not match up with what had actually been served for meals on 08/22/2023.

Director A dated the menus and provided Surveyor with inaccurate information.

STAFFING PLAN/SCHEDULES

On 08/22/2023 at approximately 10:20 AM, Surveyor spoke to Director A via phone and informed him/her that Surveyors requested a complete staffing plan and schedule for all employees, including management and support

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

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U 293	Continued From page 14	U 293		

service staff (Housekeeping, Nurse, Administrative Assistant, Dietary, Activities, Maintenance, etc.).

At 11:00 AM, Surveyor interviewed lead caregiver, Caregiver E. Caregiver E stated s/he was told by Director A to print only the care staff schedule. Surveyor explained that the request at entrance was for the full employee schedule, including management, cooks, housekeeping, maintenance, etc. Caregiver E stated s/he could print the schedules for each department.

On 08/22/2023, at 11:20 AM, Surveyors had not received a complete schedule as requested. At 12:10 PM, Caregiver E provided a document titled "Coordinator Schedule 2023" and stated, "This is what I was told to print for you guys." Caregiver E explained the document showed the general work week schedule for all salaried employees. The document did not identify employee's full names or dates/times they worked.

At approximately 11:00 AM, Caregiver E stated s/he could print the schedules with the positions to show a complete schedule but did not get approval from Director A to provide them.

The staffing plan and schedules were not received as requested and did not accurately show who was in the building on the dates requested for review.

ACCESS TO RECORDS

On 08/22/2023 at approximately 10:15 AM, Surveyors requested of Director A, unrestricted access to resident records to choose a sample to verify compliance. The provider uses an

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	0017050	A. BUILDING: _____ B. WING _____	C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

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U 293	Continued From page 15	U 293		

electronic charting system. At approximately 11:15 AM, HCC B informed Surveyors s/he was waiting for log-in information. At 1:45 PM, Surveyors did not have access to resident records. At that time, HCC B informed Surveyors that access would be granted once a resident sample was identified. Surveyors chose a sample and requested access to records for Tenant 1 and Tenant 2.

On 08/22/2023 at 4:02 PM, Surveyors verified with HCC B that tenant records were still not available for review. HCC B stated s/he sent an email to Director A and Regional Nurse (RN) J at 2:07 PM with the sample request.

On 08/23/2023 at approximately 2:55 PM, Director A contacted Surveyor via phone and stated s/he would be sending over outstanding documentation for review. RN J and HCC B were present at the time of the call.

At approximately 3:00 PM, Surveyor attempted to log in to the facility's charting system and did not have access to records. Surveyor asked Director A if there was an update on why access to records wasn't granted. Director A stated s/he had received an email stating corporate provided access so s/he thought Surveyors had access. At 3:10 PM, HCC B attempted to log in to the electronic record system with the username and password provided. HCC B confirmed records were not available for review. Surveyor was granted access at 3:14 PM. Surveyor asked Director A, HCC B and RN J if complete records were available on the electronic system. HCC B confirmed that all records should be accessible. HCC B stated, "The only thing that wouldn't be in there is misconduct incident reports, internal investigation reports which are internal forms."

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U 293	Continued From page 16 Unrestricted access to tenant records was not provided as requested. Surveyors were delayed in reviewing resident records when it took the facility more than 24 hours to provide access. INTERVIEW On 09/05/2023 at approximately 11:10 AM, Surveyor discussed the above concerns of delayed access to the items listed above with Regional Nurse (RN) J, Regional Director (RD) K and Compliance Manager (CM) L. Surveyor asked if Director A could join the call but was informed Director A was on vacation. Administrator H and RN W also joined the call. Surveyor asked if it was a company policy for the regional team to review everything prior to handing information over for review. RN J stated, "No, they assist director and facility." RN J further stated that the facility may need to go to corporate if there was a report needed that could not be generated. Surveyor then asked if there was a reason why a full, complete schedule was not provided. RN J and RD K stated they were not aware it was not provided and further stated the director facilitates schedule pop (the scheduling program) and they were not able to assist him/her and was directed to corporate, which could get the schedule. Surveyor discussed the concern with RN J, RD K and CM L that menus reviewed in the kitchen did not match up with the menus provided by Director A. RN J stated s/he was not sure why the menus were different and informed Surveyor there was no reason menus should have been restricted from access.	U 293		

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U 293	Continued From page 17 At approximately 11:40 AM, CM L asked if they could still send information to Surveyor. Surveyor stated s/he would accept information sent within 2 hours after the call. As of 09/06/2023, Surveyor did not receive any additional information regarding the items above. Cross Reference U0139 DHS 89.23(6) Services	U 293		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person	Z 012		

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Z 012	Continued From page 18 fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make a good faith effort to obtain an out-of-state criminal record check for 1 of 1 employee sampled (Caregiver F). Findings include: On 08/22/2023, Surveyor requested 5 employee records for review. Caregiver F's record (hired 06/09/2023) included a background information disclosure (BID) form signed by Caregiver F on 05/24/2023. The BID indicated Caregiver F lived in Minnesota within 3 years preceding 05/24/2023. Caregiver F's record did not include a criminal record report for Wisconsin or any other state. At 4:29 PM, Surveyor interviewed Health Care Coordinator (HCC) B. HCC B stated Director A was responsible for hiring new employees. Director A was on paid time off during so HCC B made a list of the items Surveyor needed to complete the survey. Surveyor discussed needing Caregiver F's complete caregiver background check, including an out-of-state criminal record report. On 08/23/2023 at 2:55 PM, Surveyor interviewed Director A. Director A stated s/he had information to send Surveyor for review. As of 09/05/2023, Surveyor did not receive additional caregiver background check documentation for Caregiver F.	Z 012		

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Z 012	Continued From page 19 On 09/05/2023 from 11:00 AM to 1:00 PM, Surveyor interviewed Administrator H, Regional Nurse (RN) J, Regional Director (RD) K, Compliance Manager (CM) L, and RN W. Surveyor discussed concern that Caregiver F did not have a completed CBC on file. At approximately 11:40 AM, CM L asked if they could still send information to Surveyor. Surveyor stated s/he would accept information sent within 2 hours after the call. As of 09/06/2023, Surveyor did not receive additional caregiver background check documentation for Caregiver F.	Z 012		