STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015685	A. BUILDING: _____ B. WING _____	C 10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE CREST SOUTH CBRF	622 BENNORA LEE COURT LA CROSSE, WI 54601

(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 10/04/2023, Surveyor conducted a complaint investigation at Eagle Crest South CBRF. Data for this survey was received and reviewed through 10/10/2023. The complaint was substantiated. Two deficiencies were identified. Census: 86	N 000		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 had a comprehensive individual service plan (ISP) within 30 days after admission. Resident 1 was admitted on 08/08/2022. The 30-day ISP was not completed until 10/20/2023.	N 386		

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

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N 386	Continued From page 1 Findings include: On 10/04/2023, Surveyor conducted a complaint investigation alleging a resident's legal representative was not involved with, and did not sign, the 30-day comprehensive ISP. RECORD REVIEW: On 10/04/2023, at approximately 12:30 PM, Surveyor reviewed Resident 1's file. There was no evidence to show the ISP was developed within 30 days of admission. There was no signature on the 30-day ISP from Resident 1's legal representative. The 30-day ISP for Resident 1 had a completion date of 10/20/2023, approximately 57 days after the 30-day ISP was due. At approximately 3:00 PM, Surveyor interviewed Director of Marketing (DOM) A. Surveyor asked DOM A if Resident 1's ISP was completed within 30 days of admission to the facility. DOM A could not locate evidence that Resident 1's ISP was completed within 30 days of admission. Surveyor stated to DOM A that if any further information was located regarding the ISP, it should be sent to the Department by 2:00 PM on 10/06/2023. No further information was received but DOM A sent an e-mail on 10/06/23, stating the search for more information did not locate a signed ISP. On the same date, Campus Manager B stated Resident 1's ISP was completed on 10/20/2022.	N 386		

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N 387	Continued From page 2	N 387		
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 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 the resident and the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP). Resident 1's ISP did not contain the resident or the resident's legal representative's signatures acknowledging their involvement in, understanding of, and agreement with the plan. Findings include: RECORD REVIEW On 09/01/2023, the Department received a complaint alleging the legal representative was not involved in the development of, and did not	N 387		

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N 387	Continued From page 3 sign, the individual service plan (ISP) for Resident 1. On 10/04/2023 at approximately 12:30 PM, Surveyor reviewed Resident 1's file. Resident 1's ISP did not contain evidence the legal representative was involved in the development of the ISP or signed the ISP. At approximately 3:00 PM, Surveyor interviewed Director of Marketing (DOM) A. DOM A thought the ISP was signed and Resident 1's legal representative was involved in the development of the ISP. DOM A could not locate a record of an e-mail sent to Resident 1's legal representative by the former registered nurse of the facility. Resident 1 had an admission date of 08/08/2022. The 30-day ISP was not signed and was dated 10/20/2022. DOM A continued to search for e-mails sent to Resident 1's legal representative but did not locate the signed ISP. Surveyor stated to DOM A that if any further information was located, s/he should send it to the Department by 2:00 PM on 10/06/2023. On 10/06/2023, DOM A stated the search for more information did not locate the signed ISP or evidence that Resident 1's legal representative was involved in the development of the ISP for Resident 1.	N 387		