STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020445	A. BUILDING: _____ B. WING _____	R-C 06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERLEAF MEMORY CARE OF SCHOFIELD	1404 LILI LANE SCHOFIELD, WI 54476

(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 05/30/2025, Surveyor conducted a complaint investigation and verification visit at Copperleaf Memory Care of Schofield. Data collection continued through 06/19/2025. The complaint was substantiated. Four deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 20	{N 000}		
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 record review and interview, the provider did not ensure there were sufficient numbers of employees on a 24-hour basis to meet the needs of all residents. Findings include: The provider is licensed to care for 22 residents in the client groups of irreversible dementia/Alzheimer's disease, advanced aged, physically disabled, emotionally disturbed/mental illness, developmentally disabled, and terminally ill. On 06/03/2025 at approximately 9:05 AM, Surveyor interviewed Caregiver C. Caregiver C stated there were 2 staff scheduled per day and	N 396		

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

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N 396	Continued From page 1	N 396		

evening shift. Caregiver C stated that on the overnight shift, there was 1 staff scheduled with 1 float staff between the Community-Based Residential Facility (CBRF) and the CBRF next door. Caregiver C stated that today, they had a caregiver call in and were working short staffed. Caregiver C was on the floor and passing medications. Caregiver/Cook D was on the floor and cooking in the kitchen. Caregiver C stated there were 2 residents that required 2-staff assistance with transfers (Resident 1 and Resident 2). Caregiver C stated there were a few residents that required 2-staff assistance with transfers residing in the CBRF next door. Caregiver C stated s/he had a couple medication passes to do and a few residents to get up yet for the day. Caregiver C stated that today's staffing was not the norm and they had just lost an overnight staff. Caregiver C stated staff were responsible for housekeeping and did not have much time to help activity staff with activities.

On 06/03/2025 at 9:20 AM, Surveyor observed Director A and activities staff arrive.

On 06/03/2025 at 9:45 AM, Surveyor interviewed Caregiver/Cook D. Caregiver/Cook D stated 2 residents still needed to get up for the day and this had not been done yet due to staffing. Caregiver/Cook D stated Resident 2 required a Hoyer lift (mechanical lift) transfer and was one of the residents still in bed.

On 06/03/2025 at 10:50 AM, Surveyor interviewed Family Member (FM) E. FM E stated that sometimes Resident 3's garbage was not emptied out for a long time and his/her room would smell of urine. FM E stated that sometimes s/he visits on the weekends and there are only 2 vehicles in the parking lot between the 2 CBRFs,

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N 396	Continued From page 2	N 396		

but FM E didn't know if staff received rides.

On 06/03/2025 at 11:45 AM, Surveyor observed the noon meal. Surveyor observed Resident 2 at the table in his/her wheelchair. Resident 2 appeared to be cleaned up for the day.

On 06/03/2025 at approximately 12:00 PM, Surveyor walked past Resident 3's room and smelled a strong odor of urine with the door closed.

On 06/03/2025 at approximately 12:30 PM, Surveyor reviewed the staff schedule, lift policy and procedure, and Resident 1's and Resident 2's records.

Resident 1 was admitted to the provider on 10/23/2024. Resident 1 had diagnoses that included type II diabetes mellitus, and dementia. The individual service plan (ISP), date unknown, indicated Resident 1 required full assistance from staff to ambulate and to complete transfers. The ISP indicated Resident 1 was a fall risk and required staff assistance to evacuate from the facility or would remain at a designated area with staff.

Resident 2 was admitted to the provider on 04/12/2024. Resident 2 had diagnoses that included vascular dementia with anxiety, depression, Alzheimer's disease, muscle fatigue, fibromyalgia, chronic gout, and history of repeated falls. The ISP, date unknown, indicated Resident 2 was non-ambulatory and wheelchair bound. The ISP indicated Resident 2 required staff assistance for transfers. The ISP indicated Resident 2 was a fall risk and required staff assistance to evacuate from the facility or would remain at a designated area with staff.

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N 396	Continued From page 3 The Safe Resident Handling policy and procedure indicated residents who needed a total body lift required 2 staff for assistance. The policy and procedure indicated that if a resident were to fall and were not able to get up on their own, staff should use a total body lift to get the resident off the floor. The staff schedule for February 2025 to current, noted that 3 staff were scheduled for each shift. The schedule included the activities staff worked Monday through Friday of each week. The schedule included an on-call staff on the weekends, which was left blank most of the time. The schedule did not include specific times the staff worked and did not include Director A's hours worked. On 05/04/2025, the staff schedule indicated there was not staff scheduled to work the NOC (overnight) 3 position. The staff schedule indicated there was no staff scheduled to work on the PM 3 position approximately 19 times from 02/07/2025 to 05/03/2025. On 06/03/2025 at 1:30 PM, Surveyor interviewed Director A and Administrator B. Director A stated s/he was on call 24/7, and staff could reach him/her. Director A confirmed the staffing schedule and stated that on the day shift during the week, there were 2 additional staff to help (Director A and activities staff). Director A confirmed that on the overnight shift, there was 1 staff with 1 float staff between the 2 CBRFs. Director A stated Resident 2 did not need 2-staff assistance for transfers on the overnight shift due to being in bed all night. Director A stated Resident 2 was a point of rescue during an emergency. Director A stated Resident 1 had 2-staff assistance with transfers using a gait belt and walker. Director A stated 2 staff were used for	N 396		

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N 396	Continued From page 4 safety preference but not required. On 06/13/2025 at 3:09 PM, Surveyor interviewed Director A. Director A confirmed they usually did not have staff call in. Director A stated s/he would fill in any open staff shifts. On 06/17/2025 at 2:00 PM, Surveyor interviewed Regional Director of Operations (RDOO) F and Director of Operations (DOO) G. DOO G confirmed they usually had 2 staff scheduled on NOC shift and 1 staff would float to the provider next door if needed. On 06/19/2025 at 11:46 AM, Surveyor received an email from RDOO F and DOO G. The email indicated the PM 3 position was a dietary staff and not a caregiver. The email indicated Administrator B was on site routinely and Director A was on site Monday through Friday, in addition to weekends, as needed. There were not sufficient numbers of employees on the overnight shift to meet the needs of all residents, with 2 residents requiring 2-staff assistance with transfers and only 1 staff at each CBRF, and1 floating staff for both. Cross Reference N0399 DHS 83.36(2) Maintain Current Written Staffing Schedule	N 396		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked.	N 399		

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N 399	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a separate and accurate staffing schedule. Findings include: The provider is licensed to care for 22 residents in the client groups of irreversible dementia/Alzheimer's disease, advanced aged, physically disabled, emotionally disturbed/mental illness, developmentally disabled, and terminally ill. On 06/03/2025 at approximately 9:05 AM, Surveyor interviewed Caregiver C. Caregiver C stated there were 2 staff scheduled per day and evening shift. Caregiver C stated that on the overnight shift, there was 1 staff scheduled with 1 float staff between the provider and the provider next door. On 06/03/2025 at 9:25 AM, Director A arrived at the provider and Surveyor requested the staff schedule from February 2025 to current. Surveyor reviewed the schedules for February 2025 to current and noted that 3 staff were scheduled for each shift. The schedule included the activities staff that worked Monday through Friday of each week. The schedule included an on-call staff listed on the weekends, which was mostly left blank. The schedule did not include specific times the staff worked and did not include Director A's hours worked. On 06/10/2025 at 11:40 AM, Surveyor received an email from Director A. The email indicated the staff schedules provided were for the provider,	N 399		

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N 399	Continued From page 6 except for overnight shift. The schedules indicated NOC (overnight) 1 was scheduled to work at the provider, NOC 2 was a float between the two providers, and NOC 3 was scheduled to work at the provider next door. Director A indicated managers were not on the staff schedule. Director A also indicated float staff mainly worked in this building. On 06/13/2025 at 3:09 PM, Surveyor interviewed Director A. Director A stated s/he would fill in any open staff shifts on the schedule and confirmed the current staff schedule did not reflect him/her working the open shifts. On 06/17/2025 at 2:00 PM, Surveyor interviewed Regional Director of Operations (RDOO) F and Director of Operations (DOO) G. DOO G stated they understood the need to have a separate and accurate schedule. On 06/19/2025 at 11:46 AM, Surveyor received an email from RDOO F and DOO G. The email indicated the February through April 2025 schedules were provider specific. The email indicated that starting in May 2025, the NOC schedules for the provider and the provider next door were combined. Surveyor observed that on the May 2025 schedule, it increased from 2 staff on NOC shift to 3 to 4 staff. The provider did not have a fully separate schedule from the provider next door. The schedule did not include the time staff and Director A worked.	N 399		
N 480	83.42(3) Access to resident records. The employee in charge on each work shift shall	N 480		

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N 480	Continued From page 7 have a means to access resident records. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the employee records were secured for 20 of 20 residents residing in the facility. Findings include: The provider is licensed to care for 22 residents in the client groups of irreversible dementia/Alzheimer's disease, advanced aged, physically disabled, emotionally disturbed/mental illness, developmentally disabled, and terminally ill. On 06/03/2025 at approximately 8:45 AM to 9:00 AM, Surveyor twice observed Caregiver C leave his/her computer screen up on the medication cart with resident information accessible to anyone between medication passes. On 06/03/2025 at approximately 9:10 AM, Surveyor entered the unsecured staff room. The staff room was located down the hallway from the facility front entrance. The staff room had a half door (open at the top) with a key code pad. The door was open prior to entrance. Surveyor observed the resident binders, with room numbers on the spine, up on a shelf above the staff desk. During the time of observation, Surveyor was interviewing Caregiver C and asked what was kept in the resident binders. Caregiver C stated residents' information was kept in the binders, including face sheets and individual service plans (ISPs). While interviewing Caregiver C, Surveyor also observed two residents wander into the staff room to speak with	N 480		

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N 480	Continued From page 8 Caregiver C. On 06/03/2025 at 1:30 PM, Surveyor interviewed Director A and Administrator B. Both stated they understood resident records would not be secured in the staff room with the half door, even when it was secured. Director A stated they would address this concern promptly. On 06/17/2025 at 2:00 PM, Surveyor interviewed Regional Director of Operations (RDOO) F and Director of Operations (DOO) G. DOO G stated the resident records had been recently moved into the staff room from Director A's office and they would get the records secured in a cabinet.	N 480		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure cleaning compounds, polishes and toxic substances were securely stored. Toxic substances were stored in an unlocked laundry room and beauty room. This practice had the potential to affect 22 residents. Findings include: The provider is licensed to care for 22 residents in the client groups of irreversible dementia/Alzheimer's disease, advanced aged,	N 499		

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N 499	Continued From page 9	N 499		

physically disabled, emotionally disturbed/mental illness, developmentally disabled, and terminally ill.

On 06/03/2025 at 8:47 AM, Surveyor observed the laundry room unsecured, with the door propped open. Surveyor observed the following cleaning compounds with warning labels located on the housekeeping cart and on wall shelves:
-glass cleaner
-neutral cleaner
-multi-surface cleaner
-carpet cleaner.

On 06/03/2025 at 8:55 AM, Surveyor observed a resident wandering around the halls and attempting to enter other resident rooms.

Surveyor checked on the laundry room door throughout the day on 06/03/2025, and observed it unsecured from first observation at 8:47 AM to last observation at approximately 12:00 PM.

On 06/03/2025 at 12:07 PM, Surveyor found the beauty room unsecured and observed the following cleaning compounds with warning labels:
-acetone
-bleach.

On 06/03/2025 at 1:30 AM, Surveyor interviewed Director A and Administrator B. Both stated they understood cleaning compounds should always be secured. Director A stated they would address this concern promptly.

On 06/17/2025 at 2:00 PM, Surveyor interviewed Regional Director of Operations (RDOO) F and Director of Operations (DOO) G. DOO G confirmed the doors needed to be secured and

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N 499	Continued From page 10 stated the doors should have automatically locked when closed.	N 499		