STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018305	A. BUILDING: _____ B. WING _____	R-C 08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABRIDGE CARE COTTAGE OF CHILTON	323 FIELD LANE CHILTON, WI 53014

(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 07/25/2024, with information gathered through 08/05/2024, Surveyor conducted a verification visit and 2 complaint investigations. Four deficiencies were identified. One of 4 deficiencies were repeat violations (see Statement of Deficiency (SOD) 2SI211). Two of 2 complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.	N 158		

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

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N 158	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, after receiving allegations of neglect, the provider did not take immediate steps to ensure the safety of residents, investigate and document the allegations to make a determination about the alleged caregiver misconduct. Caregiver J observed Caregiver K allegedly act sexually inappropriate towards Resident 2 and did not report it. Findings include: The provider is licensed for a community based residential facility (CBRF), Class CNA (non-ambulatory), to serve up to 25 residents within the client groups advanced aged, irreversible dementia/Alzheimer's, terminally ill, and physically disabled. On 03/27/2024, the Department received a concern alleging staff members did not follow mandatory reporting guidelines when a resident had been allegedly sexually mistreated due to caregiver misconduct. On 07/25/2024, Surveyor reviewed the concern that had been submitted to the Department which documented: "Facility reported on 12/07/23 [Caregiver J] witnessed [Caregiver K] with their hand in [Resident 2's] brief. [Caregiver K] reported this made them uncomfortable and that they had witnessed [Caregiver K] shutting the doors when [s/he] was with residents. [Caregiver J] reported this to [Previous Administrator A] on 12.14.23. [Officer L] stated [Caregiver K] was arrested on 03/19/2024 and was released on cash bond.	N 158		

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N 158	Continued From page 2 [Caregiver K] has been charged with 940.225(2)(g) 2nd Deg. Sexual Assault/Treat. Facility Ee Felony C and Modifier: 939.623(2)(c) Increased Penalty for Elder Person Victim." On 07/25/2024, Surveyor reviewed the provider's "Misconduct Incident Report," dated 12/18/2023, which documented: "Late reporting of possible misconduct of a [fe/male] staff member to a [fe/male] resident. It was initially reported on 12/14/2023 that [Caregiver K] was seen putting [his/her] hand in a resident's brief. ... [Previous Administrator A] delegated [Administrator B] to begin completing investigation of staff and residents. (Incident occurred on 12/07/2023 at 2:30 AM)." "[Caregiver M] reported to [Administrator B] that [s/he] heard there was an incident where [Caregiver K] was reaching into a resident's brief." "Resident seems okay and not in any distress. ...Staff who witnessed the incident said that it made [him/her] feel very uncomfortable and other staff (who did not witness the incident) also said they felt uncomfortable around the alleged caregiver when questioned during the investigation however no further incidents were uncovered." "Resident could not state what happened but did answer 'yes' when asked if [s/he] ever was made to feel uncomfortable around a staff member." On 07/25/2024, at approximately 10:30 AM, Surveyor interviewed Med Passer I. Med Passer I stated s/he had trained Caregiver K and stated, "I didn't understand why [s/he] always wanted to do cares by [him/herself] with the [fe/male] hospice patients." On 07/25/2024, at approximately 11:30 AM,	N 158		

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N 158	Continued From page 3 Surveyor interviewed Executive Director F. Executive Director F stated s/he was not employed with the provider when the allegation occurred but s/he had reviewed the internal investigation. Executive Director F could not give a rationale as to why a staff member would wait a week before reporting a possible sexual assault on a resident. Executive Director F reviewed the staff schedules with Surveyor and determined Caregiver K worked 6 more shifts before it had been reported that s/he had allegedly touched Resident 2 inappropriately. Executive Director F stated Caregiver K was immediately put on suspension when the allegation was brought to management.	N 158		
N 173	83.13(1)(a) Maintain repts abuse neglect misappropriation The CBRF shall maintain documentation of all of the following: Investigations and reports of all allegations of abuse or neglect of a resident, or misappropriation property as required under s. DHS 83.12(2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of investigations conducted for reports of abuse. Caregiver J observed Caregiver K allegedly act sexually inappropriate towards Resident 2 and his/her statement is not included in the internal documentation. Findings include: On 03/27/2024, the Department received a	N 173		

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N 173	Continued From page 4 concern alleging staff members did not follow mandatory reporting guidelines when a resident had been allegedly sexually mistreated due to caregiver misconduct. On 07/25/2024, at approximately 11:30 AM, Surveyor interviewed Executive Director F. Executive Director F stated s/he was not employed with the provider when the allegation occurred but s/he had reviewed the available internal investigation. Executive Director F stated the documentation of the internal investigation was limited and the statement from Caregiver J, who witnessed Caregiver K allegedly act sexually inappropriate towards Resident 2, was no longer a part of the investigation. Executive Director F stated s/he was unable to locate the statements from Caregiver M and Med Passer I who informed Administrator B that Caregiver J had informed them of his/her observation of Caregiver K.	N 173		
{N 220}	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.	{N 220}		

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{N 220}	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 2 of 2 employees (Med Passer G and Med Passer H) reviewed were screened for clinically apparent communicable disease within 90 days before the start of employment. This is a repeat deficiency. See Statement of Deficiency (SOD) 2SI211, dated 03/07/2024. Findings include: On 07/25/2024, at approximately 11:00 AM, Surveyor requested Med Passer G's, hire date 05/09/2024, and Med Passer H's, hire date 12/18/2023, communicable disease screen and TB test results. Executive Director F stated s/he would need to review Resident Manager B's files to determine where those documents were filed. On 07/29/2024 at 1:04 PM, Executive Director F emailed Surveyor Med Passer G's and Med Passer H's communicable disease screen and TB test which documented: Med Passer G's tuberculosis (TB) test result which stated the results were 5 mm (millimeter) with redness and his/her record did not contain a communicable disease screen signed by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. Med Passer H record did not contain a communicable disease screen signed by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse.	{N 220}		

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Y3098	Continued From page 6	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 7 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 record review and interview, the provider intentionally interfered with and/or impeded an investigation by the Department of an alleged violation or enforcement by the Department. The provider did not provide financial statements to determine if checks that are being paid to vendors and/or staff are being returned due to insufficient funds. Findings include: On 06/20/2024 and 07/01/2024, the Department received a concern alleging that the provider did not have funds to pay for supplies, staff and vendors; checks were being returned due to insufficient funds. On 07/25/2024, at approximately 11:30 AM, Surveyor interviewed Executive Director C. Executive Director C stated s/he had been with	Y3098		

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Y3098	Continued From page 8	Y3098		

the provider for approximately 30 days and staff had reported to him/her that they had been buying items for the provider, such as paper toweling, toilet paper, gloves, because the previous Executive Director B had told them there were no funds for those purchases; the company credit card was being denied. Executive Director C stated there had been concerns with some staff members paychecks having to be reissued due to non-sufficient funds.

On 07/29/2024, at approximately 2:10 PM, Surveyor interviewed Resident Manager D. Resident Manager D stated, "[Previous Executive Director B] and I would try to order supplies for the facility through [vendor] and the orders would be declined. Staff checks were bouncing. Bills weren't getting paid, such as water, sanitation, music vendors. We always had to reissue new checks."

On 07/30/2024, at approximately 9:55 AM, Surveyor interviewed Executive Director C. Surveyor requested documentation to show proof of payment for utility bills and payroll.

On 08/02/2024 at 12:49 PM, Executive Director C emailed Surveyor and stated, "[Licensee A] and I discussed all of this this morning after searching for all invoices. [Previous Executive Director B] and [Resident Manager D] were scheduling events that included having vendors come to events that were unapproved, knowing that the company was struggling and would have difficulty paying these bills. [Previous Executive Director B] was purchasing things, planning things without discussing with [Licensee A] or our accountant, knowing full well where the company is at financially."

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Y3098	Continued From page 9 On 08/04/2024 at 1:06 PM, Surveyor emailed Executive Director C requesting 2024 monthly check statements to determine if payments were being returned due to insufficient funds. On 08/05/2024, at approximately 10:30 AM, Surveyor interviewed Executive Director C. Surveyor requested documentation to show proof of payment for utility bills and payroll. As of 08/05/2024 at 5:00 PM, Surveyor did not receive requested documentation.	Y3098		