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N 000	Initial Comments On 04/17/2024, Surveyor conducted a complaint investigation at Country Terrace Rhinelander II. Data collection continued through 04/25/2024. The complaint was substantiated. Four deficiencies were identified. Census: 10	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update Resident 2's Individual Service Plan (ISP) when there was a change in Resident 2's needs, abilities or physical or mental condition. Findings include: The facility is licensed to serve up to 15 residents	N 389		

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

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in the client groups physically disabled, irreversible dementia/Alzheimer's, advanced aged and terminally ill.

On 04/17/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 06/04/2022. Resident 2 had the following diagnoses: Chronic Heart Failure, Hyperlipidemia, Osteoarthritis, Major Depressive Disorder, Iron Deficiency and Vascular Dementia. Resident 2's ISP (dated December 2023) read, in part:

"Dressing - Independent with dressing during day. 1 assist during HS (at bedtime). Make sure [s/he] has a pullup on clean and dry."

"Bathing - Assist of 1. Staff to set up. Staff to wash hair and back."

"Physical Disabilities/Mobility - Walks with wheeled walker."

According to Resident 2's nurse's notes (dated 03/27/2024, 8:25 AM), 2 staff attempted to toilet Resident 2 and noted, "This resident is unable to walk and is a 2-3 person assist." Nurse's notes (dated 03/29/2024), indicated, "Resident has been very difficult as of late. [S/he] refuses to bear weight and refuses to walk and when staff attempt to toilet or change [him/her], [s/he] will forcibly try to fall or sit down while staff are trying to hold [him/her] up to clean [his/her] peri area."

On 04/17/2024 at 2:40 PM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B if there were any residents that required the help from 2 or more caregivers throughout the day. Caregiver B stated, "[Resident 2] is hit and miss with needing 2 people; it all depends."

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N 389	Continued From page 2 On 04/22/2024 at 8:50 AM, Surveyor interviewed Caregiver G via telephone. Surveyor asked Caregiver G if there were any residents that required the assistance of 2 or more staff throughout the day. Caregiver G stated, "We have one resident, [Resident 2], that is nearly a 4-person transfer. [Resident 2] has gone downhill and refuses to stand up." On 04/23/2024 at 9:10 AM, Surveyor interviewed Assistant Director (AD) A via telephone. Surveyor asked AD A about Resident 2's mobility and care needs. AD A reported that Resident 2's needs had increased since last month (March 2024). AD A stated, "[Resident 2] refuses to stand and [s/he] doesn't bear weight." AD A indicated that Resident 2 may need the assistance of 2 staff sometimes for cares and transfers. AD A verified, "[Resident 2's] ISP has not been updated to reflect the changes in [Resident 2's] mobility and care needs." AD A informed Surveyor that AD A would update Resident 2's ISP and inform staff of changes. On 04/24/2024 at 1:20 PM, Surveyor interviewed Caregiver H via telephone. Surveyor asked Caregiver H if there were any residents that required the assistance of 2 or more staff throughout the day. Caregiver H stated, "[Resident 2] doesn't need 2 people but it makes it easier to transfer and toilet [him/her]." On 04/25/2024 at 3:00 PM, Surveyor interviewed Director J. Director J informed Surveyor that Director J would work with staff to ensure ISPs get updated. The provider did not update Resident 2's ISP when there were changes in Resident 2's needs, abilities or physical or mental condition.	N 389		

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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 sufficient staff were provided on a 24-hour basis to meet the needs of Resident 2. Findings include: On 03/20/2024, the Department received a complaint alleging concerns with cleanliness and staffing (staff are not meeting resident needs). The facility is licensed to serve up to 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's, advanced aged and terminally ill. On 04/17/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 06/04/2022. Resident 2 had the following diagnoses: Chronic Heart Failure, Hyperlipidemia, Osteoarthritis, Major Depressive Disorder, Iron Deficiency and Vascular Dementia. Resident 2's Individual Service Plan (ISP) read, in part: "Dressing - Independent with dressing during day. 1 assist during HS (at bedtime). Make sure [s/he] has a pullup on clean and dry. "Bathing - Assist of 1. Staff to set up. Staff to wash hair and back." "Physical Disabilities/Mobility - Walks with	N 396		

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wheeled walker."

According to Resident 2's nurse's notes (dated 03/27/2024, 8:25 AM), 2 staff attempted to toilet Resident 2 and noted, "This resident is unable to walk and is a 2-3 person assist." Nurse's notes (dated 03/29/2024), indicated, "Resident has been very difficult as of late. [S/he] refuses to bear weight and refuses to walk and when staff attempt to toilet or change [him/her], [s/he] will forcibly try to fall or sit down while staff are trying to hold [him/her] up to clean [his/her] peri area."

On 04/17/2024 at 10:50 AM, Surveyor interviewed Family Member (FM) D. FM D stated, "I have concerns when there is only one person working. When one person is working, things are not getting done in my opinion. I help out here and there with my [mother/father] (Resident 2) when there is one person working."

On 04/17/2024 at 1:30 PM, Surveyor interviewed Assistant Director (AD) A. Surveyor asked AD A about staffing. AD A stated that staffing was "terrible." AD A stated that 2 caregivers work the AM Shift (one caregiver works 7:00 AM to 3:00 PM and one caregiver works 7:00 AM to 7:00 PM); 2 to 3 caregivers work the PM Shift (3:00 PM to 11:00 PM) and 1 caregiver works the NOC (overnight) shift (11:00 PM to 7:00 AM). AD A indicated that it was difficult to find and retain staff, especially NOC staff.

On 04/17/2024, Surveyor reviewed the provider's schedules for March and April 2024. According to the schedules, 1 caregiver worked several NOC shifts alone throughout March and April 2024.

On 04/17/2024 at 2:40 PM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B if there

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were any residents that required the help from 2 or more caregivers throughout the day. Caregiver B stated, "[Resident 2] is hit and miss with needing 2 people; it all depends."

On 04/22/2024 at 8:50 AM, Surveyor interviewed Caregiver G via telephone. Surveyor asked Caregiver G about staffing. Caregiver G indicated there was not enough staff, there was 1 NOC shift worker, and "very few people are willing to pick up shifts and we need the help. We are drowning." Surveyor asked Caregiver G if any resident required the assistance of 2 staff throughout the day. Caregiver G stated, "We have one resident, [Resident 2], that is nearly a 4-person transfer. [Resident 2] has gone down hill and refuses to stand up."

On 04/23/2024 at 9:10 AM, Surveyor interviewed AD A via telephone. Surveyor asked AD A about [Resident 2's] mobility and care needs. AD A reported that Resident 2's needs have increased since last month (March 2024). AD A stated, "[Resident 2] refuses to stand and [s/he] doesn't bear weight." AD A indicated that Resident 2 may need the assistance of 2 staff sometimes for cares and transfers. Surveyor asked AD A about staffing. AD A reported that there were at least 2 staff working the AM and PM shifts and 1 staff worked the NOC shift and sometimes 2 staff worked the NOC shift on Fridays and weekends.

On 04/24/2024 at 1:20 PM, Surveyor interviewed Caregiver H via telephone. Surveyor asked Caregiver H about staffing. Caregiver H reported that s/he worked the NOC shift (11:00 PM to 7:00 AM). Caregiver H stated, "I usually work alone and sometimes another person works with me." Caregiver H indicated that s/he worked the NOC shift alone but another staff person may work with

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N 396	Continued From page 6 him/her every other weekend and 1 to 2 times per week. Surveyor asked Caregiver H if there were any residents that required the assistance of 2 staff throughout the day. Caregiver H stated, "[Resident 2] doesn't need 2 people but it makes it easier to transfer and toilet [him/her]." Caregiver H informed Surveyor that there have been times where Caregiver H had to call on-call management to come in during the NOC shift to help Caregiver H after a resident fell. Caregiver H was unable to recall dates and times of calling on-call management during a NOC shift but indicated there have been a few occasions over the past few months where s/he had to call on-call management for help during a NOC shift. The provider did not ensure sufficient staff were provided on a 24-hour basis to meet the increased needs of Resident 2.	N 396		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.	N 427		

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N 427	Continued From page 7 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure a daily activity program to meet the interests and capabilities of the residents. Findings include: The facility is licensed to serve up to 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's, advanced aged and terminally ill. On 04/17/2024 at 9:30 AM, Surveyor toured the facility. Surveyor observed a dry erase calendar for the month of April 2024, located in the dining room. The calendar was dated April 1 through April 30. Apart from the calendar noting two resident birthdays and "May 12th is Mother's Day," the calendar was blank. On 04/17/2024 at 9:40 AM, Surveyor interviewed Caregiver B. Caregiver B verified the April 2024 dry erase calendar located in the dining room was the Activities Calendar for the current month of April 2024. On 04/17/2024 at 10:00 AM, Surveyor interviewed Resident 3. Resident 3 was admitted on 01/23/2024. Resident 3 reported s/he walked each day around the inside of the building and s/he watched television in his/her room. Surveyor asked Resident 3 if there were activities provided. Resident 3 stated, "Not typically." Resident 3 commented that s/he would like to see a few more activities provided. On 04/17/2024 at 10:10 AM, Surveyor interviewed Family Member (FM) C. FM C reported that s/he visited Resident 3 at least three	N 427		

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times per week. FM C stated, "I never see activities when I visit; it would be nice to see activities provided." FM C indicated s/he sees a lot of residents watching television in their rooms.

On 04/17/2024 at 10:50 AM, Surveyor interviewed FM D. FM D indicated that his/her mother/father, Resident 2, was admitted over two years ago. FM D stated that s/he visited Resident 2 three to four times a week. FM D reported, "There has been no activities for over a year." FM D noted that residents spent time watching television. FM C commented, "The residents used to get out of the facility last year and go on boat rides; they liked that."

On 04/17/2024 at 11:00 AM, Surveyor interviewed FM E. FM E stated, "It would be nice to see activities; Everyone sits in their room." FM E noted that the provider has been without an Activity Director for over a year.

On 04/17/2024 at 1:00 PM, Surveyor interviewed Facility Beautician (FB) F. FB F reported, "There hasn't been anyone to do activities for a long time; they do as much as they can with the amount of staff they have." FB F stated residents like to be engaged and interact with each other. FB F noted that residents spent time watching television and some residents walk inside the facility.

On 04/17/2024 at 1:15 PM, Surveyor interviewed Resident 4. Resident 4 reported that s/he had been at the facility since September 2023. Resident 4 stated, "The television is on all the time. Other than that, nothing else is going on." Surveyor asked Resident 4 if there was a staff member that oversaw activities at the facility. Resident 4 commented, "They don't have enough

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help to oversee activities on a daily basis."

On 04/17/2024 at 1:30 PM, Surveyor interviewed Assistant Director (AD) A. Surveyor asked AD A about activities. AD A reported, "We have not had an activities person since last year sometime. The staff person was fired." AD A indicated that the Activity Director (Activity Staff (AS) K) was terminated in September 2023. AD A provided Surveyor with a monthly activities calendar for March 2024 and April 2024. Each calendar noted the following daily activity:

Monday - Game Show
Tuesday - Reading
Wednesday - Music
Thursday - X-words
Friday - Movie and Popcorn
Saturday - Lawrence Welk
Sunday - Bingo

Surveyor asked AD A if the facility provided daily activities. AD A responded, "No. To be honest, there are not a lot of activities. I have residents that like to read and residents watch a lot of TV. We have not had an activities director since last year sometime; the activities director was fired." AD A confirmed the provider did not have a formal activity schedule and there has not been anyone to oversee activities since last summer (2023). AD A stated, "Residents are getting used to not having activities going on."

On 04/17/2024 at 2:40 PM, Surveyor interviewed Caregiver B. Caregiver B reported that staff play cards with residents when they have time. Caregiver B stated, "There has not been an activities person since last Summer (2023); Residents seem content with watching TV, reading and being by themselves. I don't think it is

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N 427	Continued From page 10 too terrible over here; we are like family here." On 04/22/2024 at 8:50 AM, Surveyor interviewed Caregiver G via telephone. Surveyor asked Caregiver G about activities. Caregiver G reported that the activities person was fired in the middle of last year. Caregiver G stated, "There has been no organized activities since August 2023. The residents try to keep busy by walking and reading. When we have time, we will play bingo or cards with the residents." The provider did not ensure residents were offered a daily activity program to meet the interests and capabilities of residents and to help residents achieve and maintain their highest level of functioning.	N 427		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on record review and interview, the provider did not keep all rooms clean and free from odors. Findings include: On 03/20/2024, the Department received a complaint alleging concerns with facility cleanliness and lack of staffing (resident needs were not being met). The facility is licensed to serve up to 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's, advanced aged	N 489		

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and terminally ill.

On 04/17/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/12/2020. Resident 1 was discharged on 03/20/2024. Resident 1's Individual Service Plan (ISP), dated August 2023, read, in part:

"Dressing - Resident dresses independently. [S/he] picks out [his/her] own clothes that are appropriate for the season. [S/he] may ask for assistance occasionally. Staff to check basket in [his/her] room 2x daily for dirty clothes."

On 04/17/2024 at 10:00 AM, Surveyor interviewed Family Member (FM) C. FM C indicated s/he visited with his/her sister (Resident 3) three times a week. FM C stated, "It would be nice to see activities and room cleaning could be better."

On 04/17/2024 at 1:30 PM, Surveyor interviewed Assistant Director (AD) A. Surveyor asked AD A about housekeeping and room cleaning. AD A reported, "The facility has gotten a lot better with cleaning and the staff that we do have are pretty good staff and the facility is cleaner than it used to be." AD A reported that staff do the best they can to control the odors in the building.

On 04/22/2024 at 4:45 PM, Surveyor interviewed Caregiver I via telephone. Surveyor asked Caregiver I about housekeeping and room cleaning at the facility. Caregiver I reported, "The random room cleaning is good. We could clean rooms more if there was time." Surveyor asked Caregiver I about the cleanliness of Resident 1's room (prior to Resident 1's discharge). Caregiver I stated, "[Resident 1's] room was gross and unsanitary." Caregiver I reported, "[Resident 1]

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was mostly independent until s/he fell in March (2024). [S/he] toileted herself. [S/he] wouldn't really clean [himself/herself]. We checked in on [him/her]. [S/he] didn't keep up [his/her] hygiene very well. We helped [him/her]. [His/Her] room was unsanitary most of the time. We tried to do our best. We would take soiled briefs out and then the next day there would be more briefs and 'poop' in [his/her] room. [Resident 1's] room was basically unsanitary since I started in January (2024)."

Caregiver I commented, "We could have done more; we should have done more to clean [Resident 1's] room. When we did clean [his/her] room, we cleaned her room well." Caregiver I indicated that Resident 1 was mostly independent until Resident 1 fell in March 2024. Surveyor asked Caregiver I if Resident 1's room was a "cleaning priority." Caregiver I stated that a plan was never put in place to prioritize cleaning Resident 1's room. Surveyor asked Caregiver I if Resident 1's room clearing should have been a priority. Caregiver I stated, "I would say yes and no." Caregiver I commented that staff did the best they could to maintain the odor in Resident 1's room.

On 04/23/2024 at 9:00 AM, Surveyor interviewed AD A. Surveyor asked AD A about the expectation for cleaning resident rooms. AD A reported that resident rooms were picked up daily and thoroughly cleaned one time per week on the residents' shower days. Surveyor asked AD A about Resident 1's room. AD A stated, "I am not going to lie, [Resident 1's] room could have been cleaner. [S/he] would take all of her clothes out daily and staff did not know what was clean or dirty. [Resident 1's] room should have been checked daily and cleaned as needed. [His/Her]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014128	A. BUILDING: _____ B. WING _____	C 04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE RHINELANDER II	1450 W PHILLIPS STREET RHINELANDER, WI 54501

(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 489	Continued From page 13 room cleaning could have been more consistent by all staff." On 04/25/2024 at 3:00 PM, Surveyor interviewed Director J. Director J informed Surveyor that s/he would ensure rooms are cleaned and sanitary moving forward. The provider did not keep Resident 1's room clean and free from odors .	N 489		