STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018761	A. BUILDING: _____ B. WING _____	R-C 05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - RICE LAKE I	1631 KERN AVE RICE LAKE, WI 54868

(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 05/01/2024, Surveyor conducted a verification visit at Vitacare Living - Rice Lake I. One violation was identified. The violation was a repeat deficiency. See Statement of Deficiency (SOD) 9C5111, dated 08/17/2022. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 11	{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 observation, interview, and record review, the provider did not ensure Resident 1's individual service plan (ISP) was updated upon changes in condition. This is a repeat violation. See Statement of Deficiencies (SOD) 9C5111, dated 08/17/2022.	N 389		

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

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N 389	Continued From page 1 Findings include: On 05/01/2024 at 8:30 AM, Surveyor observed Resident 1 from the dining room. Resident 1 was lying in his/her bed wearing only an incontinence brief. At 8:35 AM, Surveyor observed Caregiver C walk into Resident 1's room and shut the door. At 8:50 AM, Surveyor interviewed Caregiver C. Caregiver C said Resident 1 tended to start his/her morning cares independently but tire and lie down on his/her bed part way through. Caregiver C stated Resident 1 tended not to shut his/her door when s/he was dressing, so staff needed to monitor and shut his/her door to ensure his/her privacy. Caregiver C said, "If we don't, [s/he] will get ready with the door wide open... it's a daily thing." Caregiver C said Resident 1 was a fall risk and nonverbal, so they needed to leave his/her door open so staff could see him/her. At 9:00 AM, Surveyor observed Resident 1 at the breakfast table eating a bowl of cereal with milk and juice. Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 03/09/2022. His/her diagnoses included cerebral infarction, hemiplegia and hemiparesis, dysarthria due to acute stroke, major depressive disorder, and seizure disorder. Surveyor reviewed Resident 1's scheduled care tasks in the provider's electronic charting system. Resident 1 required a pureed diet and nectar thick liquids. At 9:35 AM, Surveyor interviewed Caregiver B	N 389		

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N 389	Continued From page 2	N 389		

and Caregiver C. Both caregivers stated Resident 1's power of attorney (POA) did not want Resident 1 on a special diet; the POA wanted Resident 1 to eat whatever s/he wanted. Neither caregiver knew when the change occurred.

At 9:45 AM, Director A provided Surveyor a copy of Resident 1's current individual service plan (ISP) and most recent assessment. Director A stated s/he was aware ISPs and charting were not updated, and s/he had been working on updating resident ISPs since s/he was hired in September 2023. Director A stated s/he updated Resident 1's ISP on 04/17/2024, based off hospice's and the managed care organization's assessments.

Resident 1 was last assessed by the provider on 10/30/2023. The assessment indicated the following needs and conditions:
- "Resident is on hospice."
- "Resident is on a pureed diet. Has swallowing issues."
- "Assist of 1 with all transfers ... Doctor prefers resident to stay in [his/her] bed, due to blood clot in back of head."
- "Resident is a choking risk, therefore all meals are eaten in the dining room."
- "Hydration preference: ... Nectar thick liquids"
- "Resident has swallowing issues. Staff puts [his/her] medications in applesauce."
- "Uses wheeled walker to assist when walking."
- "Resident is a fall risk due to having strokes. [S/he] does not walk much. Can transfer [him/herself], but likes assistance if family is around."

Surveyor reviewed a hospice intake assessment completed on 02/09/2024, that was completed due to a change in hospice agencies. The

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N 389	Continued From page 3 assessment read, "[S/he] is aphasic and can only answer in short word answers which is becoming more difficult for [him/her]. [S/he] struggles to make [his/her] needs known. Per Patient's APOA [activated power of attorney], Patient often answers saying 'No,' but [s/he] means 'yes.' ... was sable to answer in 3 or 4 word replys [sic] 3 months ago but now is usually 1 word answers ... has history of dysphagia that is worsening over the past several months. [S/he] and [his/her] POA have declined the recommended pureed diet and wishes to eat regular texture foods and thin liquids. Facility staff report frequent coughing with meals. HX [history] of aspiration pneumonia ... PT [patient] is incontinent of bowl and bladder." The ISP provided by Director A did not include reference to hospice, Resident 1's communication status or needs, identified fall risk or interventions to prevent falls, or the need to assist with maintaining Resident 1's privacy. The section of the ISP dedicated to dietary needs was unclear as it read, "Provide any needed assistance at meal time [sic] such as specific plate, and pureed foods if needed per MD orders." Some sections of the ISP also appeared incomplete: - "Dressing ... Assist resident with dressing needs per resident plan of care." The ISP did not identify what level of assistance Resident 1 required. - "Grooming ... Assist with grooming/hygiene (specific instructions):" The ISP did not include any specific instructions.	N 389		