STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014319	A. BUILDING: _____ B. WING _____	C 09/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVY MANOR OF WEST BEND BLDG 2	350 S FOREST WEST BEND, WI 53095

(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 09/14/2023, with information gathered through 09/18/2023, Surveyor conducted an abbreviated licensure survey and a complaint investigation at Ivy Manor of West Bend Bldg 2. Four deficiencies were identified. Complaint was unsubstantiated. Census: 20	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an out-of-state background check at the time of hire for 1 of 1 staff member (Caregiver C). The complete background check is to include the background information disclosure form (BID), the criminal history search form from the	N 219		

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

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N 219	Continued From page 1 Department of Justice (DOJ), and the information maintained by the Department of Safety and Professional Service regarding a person's credentials (IBIS). Findings include: The facility is licensed to provide services for up to 26 residents within the client groups of physically disabled, terminally ill, advanced aged and irreversible dementia/Alzheimer's. On 09/14/2023, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 08/14/2019. Caregiver C left employment in 05/2022 and was rehired 06/15/2023. Caregiver C's BID, dated 06/15/2023, documented that s/he had lived in Kansas from 05/2022 to 06/2023. Caregiver C's record contained a Wisconsin IBIS and a DOJ report, dated 06/15/2023; however, there was no documentation that the provider requested or received Caregiver C's DOJ report and Caregiver Registry report from the state of Kansas. On 09/14/2023, at approximately 1:00 PM, Surveyor interviewed Administrator A who verified there was no documentation of the Department of Justice report and the Caregiver Registry report for the state of Kansas.	N 219		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF	N 404		

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N 404	Continued From page 2 employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an onsite review of the CBRF's (Community-Based Residential Facility) medication administration and medication storage systems were completed in 2021 and 2022 by a physician, pharmacist, or registered nurse. Findings include: On 09/14/2023, at approximately 12:30 PM, Surveyor requested the provider's medication audits from Administrator A for 2021 and 2022. Administrator A stated there were no official forms that identified an audit had been completed; staff review the med carts weekly and our registered nurse reviews resident medications quarterly. There was no documentation to verify a	N 404		

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N 404	Continued From page 3 medication regimen review had been conducted as required in 2021 and 2022.	N 404		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the clothes dryer in the residential laundry room had vent tubing of rigid material, with a fire rating that exceeds the temperature rating of the dryer. The clothes dryer was observed to have the flexible foil type vent tubing. Findings include: On 09/14/2023, at approximately 3:00 PM, during a tour of the facility, Surveyor observed a foil accordion style vent tubing from a residential clothes dryer to the vent duct. Administrator A verified the venting was not rigid metal as required and stated s/he would follow up with the maintenance staff.	N 488		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of	N 504		

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N 504	Continued From page 4 the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have documentation indicating the gas furnace had been serviced at least every 3 calendar years. Findings include: On 09/14/2023, Surveyor reviewed facility life safety code documentation. Surveyor noted the provided furnace documentation was dated 07/25/2018 and 08/24/2023. Surveyor asked Administrator A if the furnace had been serviced in 2021. Administrator A stated Administrator B handled the furnace inspections. Surveyor spoke with Administrator B who stated s/he was unsure of where that documentation had been filed. Administrator B stated s/he understood the gas furnaces were to be inspected every 3 years. As of 09/18/2023 at 4:00 PM, no further documentation was provided.	N 504		