STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018749	A. BUILDING: _____ B. WING _____	C 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - HAYWARD I	10260 WHITE BIRCH LN HAYWARD, WI 54843

(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 11/30/2023, Surveyor conducted a complaint and self-report investigation at Vitacare Living - Hayward I. One of 2 complaints was substantiated. Two violations were identified. Census: 15	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was implemented as written. Resident 1 did not receive supervision while outside on 04/26/2023, 10/08/2023, and 10/09/2023, and Resident 1 eloped. Findings include: On 10/12/2023, the Department received a complaint related to resident services. On 11/30/2023 at 11:15 AM, Surveyor interviewed Assistant Director (AD) B. AD B stated Resident 1 was admitted on 09/30/2022 and was discharged in October. AD B stated Resident 1 was homeless prior to placement. Resident 1 became ill and was hospitalized. During the hospitalization, s/he was evaluated and ultimately given a guardian and a protective placement order through his/her county on 08/31/2022. Resident 1 was re-evaluated on 07/27/2023; the	N 388		

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

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N 388	Continued From page 1	N 388		

physician recommended Resident 1's protective placement order be dropped but agreed guardianship should remain.

AD B stated Resident 1 exhibited challenging behaviors that included elopements, aggressive/offensive behavior, and refusal of care. Resident 1 was wheelchair bound and had left side mobility restrictions secondary to stroke. AD B stated Resident 1 liked to go outside to smoke but if staff were not outside with him/her, Resident 1 would elope.

Surveyor reviewed Resident 1's record. Resident 1's ISP, updated 04/03/2023, read, "needs some supervision...staff outside with resident when smokes [sic] because elopes [sic]."

Incident reports dated 04/26/2023 and 10/09/2023, indicated Resident 1 eloped from the property while being outside unsupervised. A staff note from 10/08/2023 indicated Resident 1 was outside alone and eloped. The note read, "At approx. 10:30PM [Resident 1] went out for what staff thought was a cigarette. When staff went to check on [him/her] 15 minutes later, [Resident 1] was no where [sic] to be found. Staff called the police and the director. Shortly after the police called to let me know they found [him/her]. A police officer came to pick me up from the facility to assist [Resident 1] with getting back to the facility. When I arrived on scene, [Resident 1] started swearing at staff and told me that [s/he's] not coming back."

At 1:20 PM, Surveyor interviewed AD B. AD B stated Resident 1's elopement intervention (direct supervision while outside) never ended; Resident 1 required this intervention up to the date of discharge. AD B stated there were times when

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N 388	Continued From page 2 Resident 1 would refuse to come inside, so staff would go inside and check on him/her periodically.	N 388		
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 ensure Resident 1's individual service plan (ISP) was updated when his/her services changed. Findings include: On 11/30/2023 at 11:15 AM, Surveyor interviewed Assistant Director (AD) B. AD B stated Resident 1 was admitted on 09/30/2022 and was discharged in October. AD B stated Resident 1 was homeless prior to placement. Resident 1 became ill and was hospitalized. During the hospitalization, s/he was evaluated and ultimately given a guardian and a protective placement	N 389		

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N 389	Continued From page 3	N 389		

order through his/her county on 08/31/2022. Resident 1 was re-evaluated on 07/27/2023; the physician recommended Resident 1's protective placement order be dropped to protective services but agreed guardianship should remain.

AD B stated Resident 1 was wheelchair bound, had left side mobility restrictions secondary to stroke, and was a fall risk. AD B said Resident 1 exhibited challenging behaviors that included elopements, aggressive/offensive behavior, and refusal of care throughout placement. After Resident 1's July re-evaluation, Resident 1's guardian agreed to let Resident 1 have unsupervised time away from the facility. AD B said the provider arranged community transportation for Resident 1 and Resident 1 was doing well with following the parameters for a couple months. AD B stated Resident 1 began purchasing and consuming alcohol, which increased his/her fall risk and disruptive behaviors. AD B stated there was one occasion when staff found Resident 1 on the floor intoxicated. AD B said Resident 1 had soiled him/herself and was laughing about it.

Surveyor reviewed Resident 1's record. Resident 1's diagnoses included a history of alcohol abuse. Resident 1's progress notes read:
09/12/2023 - "[Resident 1] has had 4 beers today, and until [AD B] can get a doctor's order to limit [his/her] alcohol consumption, we cannot refuse [his/her] beer. Use your best judgment when giving them to [him/her] though, as we can't have [him/her] acting belligerent around the other residents."

10/12/2023 - "[Resident 1] came back from Walmart and had a six pack of beer. [Resident 1] is aware that we keep the beer in our kitchen as

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N 389	Continued From page 4 we need to monitor how much [s/he] is drinking. [Resident 1] is a fall risk due to having left side mobility [sic] due to stroke. [Resident 1] had locked [him/herself] in [his/her] room and wouldn't let staff in. [S/he] came out of [his/her] room and went outside to smoke and I went out there and asked [Resident 1] please hand me over the beer that [s/he] got from the store. [S/he] said what you just go and snoop. I explained that [Executive Director A] and myself are in charge of running the community and that the alcohol needs to be in the refrigerator in the kitchen and staff can give [him/her]. [S/he] said not and get the [expletive] away from me." Resident 1's ISP was updated last on 06/14/2023. The ISP did not include reference to Resident 1's alcohol consumption or need to intervene. At 1:20 PM, Surveyor interviewed AD B. AD B stated Resident 1's alcohol usage and interventions were not added to his/her ISP. AD B said Resident 1's guardian was aware of the issue and interventions. S/he stated residents' ability to consume alcohol was typically kept in their medical binders because it was generally associated with a physician's order. AD B stated Resident 1's physician did not provide an order for Resident 1's alcohol use.	N 389		