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 _____	R-C 06/18/2024

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 06/03/2024, Surveyor conducted a verification visit and complaint investigation at Vitacare Living - Hayward I. Data was collected through 06/18/2024. The complaint was substantiated. Four violations were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a staffing schedule in March or April 2024. Findings include: The provider is licensed to care for 16 residents in the client groups advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. The facility is located approximately 1/2 mile from another facility owned by the licensee. On 04/30/2024, the Department received a complaint related to adequate staffing.	N 399		

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

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N 399	Continued From page 1 On 06/03/2024 at approximately 9:45 AM, Surveyor requested staff schedules from Executive Director (ED) A and Clinical Nurse Director (CND) C. CND C explained there was a turnover in leadership at the facility, and the past assistant executive director (AED) did not utilize the provider's scheduling system to its full capability. ED A stated s/he took over scheduling responsibilities around 04/24/2024. ED A stated s/he would try to locate schedules prior to this date on the provider's scheduling system but s/he did not know how accurate they would be. ED A stated that when s/he took over scheduling, s/he utilized a hard-copy schedule and the provider's electronic scheduling system. Surveyor reviewed the schedules provided for April through June. The schedules provided for dates prior to 04/24/2024 did not include employee names. On 06/06/2024, Surveyor requested employee timecards for dates 03/10/2024, 04/13/2024, and 04/17/2024. On 06/07/2024, Surveyor received an email that included a list of staff who worked at both locations on the dates requested. According to this list, there were times when no staff were scheduled at the facility. Surveyor requested timecards to verify. On 06/18/2024, Surveyor reviewed the timecards provided for the 3 sampled dates and was unable to determine which staff worked at each facility. On 06/18/2024 at 2:00 PM, Surveyor interviewed ED A and CND C. Surveyor asked if there was a way to determine who worked at each facility on	N 399		

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N 399	Continued From page 2 03/10/2024, 04/13/2024, and 04/17/2024. ED A stated the prior AED did not edit the electronic scheduling system to include building assignments. ED A stated they could guess which staff were at each facility and try to verify the staff's location with charting documentation. ED A stated there was no way to confirm who worked at each facility.	N 399		
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. This Rule is not met as evidenced by: Based on interview, observation, and record review, the provider did not ensure a daily activity program was provided to residents. Findings include: The provider is licensed to care for 16 residents in the client groups advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease.	N 427		

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N 427	Continued From page 3 On 04/30/2024, the Department received a complaint about activities. On 06/03/2024 at approximately 10:00 AM, Surveyor interviewed Assistant Executive Director (AED) B, Executive Director (ED) A, and Clinical Nurse Director (CND) C. AED B reported the scheduled activities for the day included Bingo and root beer floats. AED B stated s/he planned to post the June activity calendar today. At 10:30 AM, Surveyor interviewed Resident 1 about the provider's activity program. Resident 1 stated, "Well, I think we are all working on that... I think we need to branch out." Surveyor asked if activities were provided daily. Resident 1 stated, "Not really." At 11:05 AM, Surveyor interviewed Resident 2. Resident 2 stated s/he was not satisfied with the facilities activity program. Resident 2 stated staff will invite residents to the common room to color or do crafts occasionally, but s/he did not enjoy these things. Resident 2 stated, "No Bingo or games or anything here... nothing like that here." At 11:35 AM, Surveyor interviewed Caregiver D about activities. Caregiver D stated there was no scheduled program, and staff tried to fit in activities when they had time. Caregiver D said activities did not happen daily, and the posted activity schedule was not followed. At 11:54 AM, Surveyor interviewed Resident 3 about activities. Resident 3 stated, "They don't seem to do much." Resident 3 discussed feeling bored. Surveyor asked what kind of things Resident 3 would enjoy. Resident 3 responded, "Could they have some interesting speakers? ... if	N 427		

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N 427	Continued From page 4 more of that, it would be better." At approximately 12:00 PM, Surveyor reviewed a printed activity schedule provided by AED B. The schedule indicated the morning activity was ball toss, the afternoon activity was BINGO, and the evening activity was music. Surveyor was on site from 9:45 AM to 12:30 PM, and again from 2:25 PM to 4:45 PM. Surveyor did not observe the scheduled activities as reported by AED B (Bingo or root beer floats) or the morning activity identified on the printed activity calendar (ball toss). On 06/06/2024 at 11:30 AM, Surveyor interviewed Resident 3's legal representative, Power of Attorney (POA) E. POA E stated s/he would like to see a more robust activity program at the provider. POA E said staff were responsible for fitting in activities between their other duties. POA E stated, "When we first went there, they had an activities director... It was wonderful... would be great if they could do this again."	N 427		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure the facility's salon sink, used to wash resident hair, was in good repair. The sink was detached from the wall for approximately 2 months. Findings include:	N 490		

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N 490	Continued From page 5 On 04/30/2024, the Department received a complaint about building maintenance. On 06/03/2024 at 11:05 AM, Surveyor observed the provider's salon sink. The bowl was thin, plastic and flexed when Surveyor applied pressure. The sink appeared to have been repaired as the caulking between the sink and wall was bright white and appeared new. At 11:06 AM, Surveyor interviewed Resident 2. Resident 2 stated s/he moved to the facility approximately 2 years ago. Resident 2 stated s/he received regular hair washes in the salon sink. Resident 2 stated, "There is very little maintenance done around here... The sink in the salon -- they finally fixed it. It was hanging by a hair for months." At 11:35 AM, Surveyor interviewed Caregiver D. Caregiver D confirmed the salon sink was detached from the wall for months. At 2:25 PM, Surveyor interviewed Resident 4 about facility maintenance. Resident 4 stated the salon sink had been in disrepair since s/he moved in. (According to the resident roster provided at entrance, Resident 4 moved to the facility on 04/19/2024). At 4:20 PM, Surveyor interviewed Executive Director (ED) A. ED A stated the provider's maintenance staff came as needed. Facility staff were responsible for putting maintenance requests in an electronic system, and maintenance staff responded to the tasks as they came in. ED A stated maintenance was quick to respond to concerns. ED A stated maintenance was most recently at the facility about 1 week prior to repair the salon sink. ED A stated s/he	N 490		

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N 490	Continued From page 6 was unaware how long the salon sink had been in disrepair but s/he addressed it as soon as it was brought to his/her attention.	N 490		
N 670	83.60(3) Habitable room window coverings Window coverings. Every habitable room shall have shades, drapes or other covering material or device that affords privacy and light control. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 4 of 6 resident bedroom windows had window coverings that afforded privacy and light control. Findings include: On 04/30/2024, the Department received a complaint about building maintenance. On 06/03/2024, between 10:30 AM and 2:25 PM, Surveyor observed 6 resident bedrooms. All bedrooms had vertical hanging blinds. The following residents had slats missing from their blinds, hindering light control and privacy: Resident 2, Resident 5, Resident 6, and Resident 7. At 11:06 AM, Surveyor interviewed Resident 2. Surveyor asked if s/he was offered privacy. Resident 2 scoffed and stated, "No." Resident 2 pointed to his/her window and stated s/he had been missing slats in his/her window blinds since last Christmas. At 11:35 AM, Surveyor interviewed Caregiver D. Caregiver D confirmed Resident 2's window blinds had been broken since before Christmas.	N 670		

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N 670	Continued From page 7 Caregiver D stated the blinds in many resident rooms were broken or missing. Caregiver D stated staff reported the concern to management in the past. At 4:20 PM, Surveyor interviewed Executive Director (ED) A. ED A stated the provider's maintenance staff came as needed. Facility staff were responsible for putting maintenance requests in an electronic system, and maintenance staff responded to the tasks as they came in. ED A stated maintenance was quick to respond to concerns. ED A reviewed the active maintenance list with Surveyor; the list did not include reference to resident window coverings. Surveyor discussed the identified concern with ED A and Clinical Nurse Director (CND) C. Both directors denied knowing about the broken/missing blinds.	N 670		