

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0019196</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/29/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VITACARE LIVING CROSS PLAINS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2620 MILITARY RD</b><br><b>CROSS PLAINS, WI 53528</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                               | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| N 000                                                                   | Initial Comments<br><br>On 04/29/2025, Surveyor conducted a complaint<br>investigaiton at VitaCare Living Cross Plains.<br>Two deficiencies were identified.<br><br>Complaint was substantiated.<br><br>Census: 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N 000                                                                                             |                                                                                                                          |                                                                    |
| N 310                                                                   | 83.29(2) Admission agreement include services,<br>charges<br><br>The admission agreement shall be given in<br>writing and explained orally in the language of the<br>prospective resident or legal representative.<br>Admission is contingent on a person or that<br>person ' s legal representative signing and dating<br>an admission agreement. The admission<br>agreement shall include all of the following:<br>(a) An accurate description of the basic services<br>provided, the rate charged for those services and<br>the method of payment; (b) Information about all<br>additional services offered, but not included in the<br>basic services. The CBRF shall provide a written<br>statement of the fees charged for each of these<br>services; (c) The method for notifying residents of<br>a change in charges for services; (d) Terms for<br>resident notification to the CBRF of voluntary<br>discharge. This paragraph does not apply to a<br>resident in the custody of a government<br>correctional agency; (e) Terms for refunding<br>charges for services paid in advance, entrance<br>fees, or security deposits in the case of transfer,<br>death or voluntary or involuntary discharge; (f) A<br>statement that the amount of the security deposit<br>may not exceed one month ' s fees for services, if<br>security deposit is collected; (g) Terms for<br>holding and charging for a resident ' s room<br>during a resident ' s temporary absence. This<br>paragraph does not apply to a resident in the | N 310                                                                                             |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| N 310                                                                   | <p>Continued From page 1</p> <p>custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the provider did not ensure an admission agreement was signed and dated before or at the time of admission for 1 of 1 resident reviewed (Resident 1).</p> <p>Findings include:</p> <p>On 04/29/2025, Surveyor reviewed Resident 1's record.</p> <p>Resident 1 was admitted to the facility on 02/27/2025 and is his/her own person. Resident 1's record did not contain an admission agreement.</p> <p>On 04/29/2025, at approximately 12:45 PM, Surveyor interviewed Administrator A and House Manager B. Administrator A stated s/he and House Manager B had just started employment with the provider and had determined that resident records were incomplete. Resident 1's record did not contain an admission agreement.</p> | N 310                                                                                             |                                                                                                                          |                                                                    |
| N 355                                                                   | <p>83.32(3)(k) Rights of Residents:<br/>Self-determination</p> <p>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N 355                                                                                             |                                                                                                                          |                                                                    |

Wisconsin Department of Health Services

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| N 355                                                                   | <p>Continued From page 2</p> <p>Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, interview and record review, the provider did not support or promote the right of self-determination for 1 of 1 resident.</p> <p>Resident 1's cable box for basic tv service was not installed.</p> <p>Findings include:</p> <p>On 04/29/2025, the Department received a concern alleging residents were not receiving basic services outlined in their admission agreement.</p> <p>On 04/29/2025, at approximately 12:00 PM, Surveyor interviewed Ombudsman C. Ombudsman C stated s/he had been working with Regional Director D, who had informed him/her they were aware of the concern and were addressing it. Ombudsman C stated s/he had interviewed Resident 1 04/28/2025 and was informed that his/her cable tv had not been installed and s/he would probably have his/her tv removed from his/her room.</p> <p>Surveyor had been at the facility on 04/05/2025 and had interviewed Resident 1 who had informed him/her that s/he was adjusting to his/her new home but was still working on getting his/her tv to work. Surveyor observed Resident 1's tv and noted a cable box was not set up.</p> | N 355                                                                                             |                                                                                                                          |                                                                    |

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| N 355                                                                   | <p>Continued From page 3</p> <p>On 04/29/2025, Surveyor reviewed Resident 1's record.</p> <p>Resident 1 moved into the facility 02/27/2025. Resident 1's record did not have an admission agreement.</p> <p>On 04/29/2025, at approximately 12:45 PM, Surveyor interviewed Administrator A and House Manager B. Administrator A stated s/he and House Manager B had just recently started employment with the provider, but the basic cable package was provided to residents. If residents wanted an enhanced cable package, that would be the resident's responsibility. Administrator A stated s/he did not have an admission agreement in Resident 1's record but could provide a blank admission agreement for review. Administrator A stated Resident 1 should have the option to watch his/her television programming in his/her room, as that was part of his/her admission package.</p> <p>On 04/29/2025, Surveyor reviewed the blank admission agreement which documented:<br/>Exhibit A - Monthly Service Charge Listing - j.<br/>Basic Expanded cable TV in facility<br/>Exhibit B - Optional Services/Supplies Listing - d.<br/>Expanded cable TV</p> <p>Cross Reference: N0310 DHS 83.29(2)<br/>Admission Agreement Include Services, Charges</p> | N 355                                                                                             |                                                                                                                          |                                                                    |