STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017670	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VILLAGE NORTH SHORE	100 W RIVER WOODS PKWY GLENDALE, WI 53212

(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 01/27/2025 with information gathered through 01/30/2025, Surveyor conducted a complaint investigation at Heartis Village North Shore, a Community-Based Residential Facility (CBRF) in Glendale, WI. Two deficiencies. One of 2 deficiencies are a repeat deficiency. Complaint unsubstantiated. Census: 91	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the	N 387		

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

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N 387	Continued From page 1 resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 1 resident record reviewed (Resident 1). Findings include: On 01/27/2025 at 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/15/2024. Resident 1 had an activated Health Care Power of Attorney (POA). Surveyor requested to review Resident 1's signed Individual Service Plan (ISP) from his/her admission, which should have been completed by 09/14/2024. Surveyor reviewed Resident 1's ISP which was dated 11/05/2024. On 01/27/2025, at 10:30 AM, Surveyor interviewed Executive Director A. Executive Director A stated s/he did not have a signed copy of an ISP in Resident 1's record. Executive Director A stated s/he had a care coordinator and s/he is no longer with the company who was responsible for ISP development and coordination. Executive Director A stated s/he knew the care coordinator was in contact with the family back in forth in email about the care plan but did not have access to the information. Executive Director A stated s/he would request access to the previous care coordinator's email and try to get the information for Surveyor. Surveyor asked if Resident 1 was his/her own person or had an activated POA. Executive Director A stated Resident 1 was his/her own person when moving in on 08/15/2024 and POA was recently activated when s/he went onto hospice services. Resident 1's POA was activated on 01/02/2025. As of 01/30/2025 at	N 387		

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N 387	Continued From page 2 4:00 PM, Surveyor did not receive any signed ISPs for Resident 1. CROSS REFERENCE 0389 83.35(3)(d) Service Plans Updated Annually or on Changes	N 387		
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 1 of 1 resident (Resident 1) had his/her individual service plan (ISP) updated when there was a change in condition. On 01/02/2025, Resident 1 was admitted to hospice services and had a healthcare power of attorney activated and an ISP update was not completed. This is a repeat deficiency. See Statement of Deficiency C9W211, dated 10/05/2022.	N 389		

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N 389	Continued From page 3 Findings include: On 01/27/2025 at approximately 10:00 AM, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the provider's facility on 08/15/2024 with diagnoses including lung cancer, brain cancer and glaucoma. Resident 1's most recent ISP was dated 11/05/2024. Resident 1 had an activated power of attorney dated 01/02/2025. Resident 1's record did not include a hospice plan of care for staff or services staff were to provide for Resident 1 with the change in condition. Resident 1's assessment was dated 09/14/2024 and stated the following: -"Resident does not require hospice services." Resident 1's progress notes stated the following: -"01/14/2025 at 8:50 PM, Resident was seen in house by Bluestone Nurse Practitioner. Hospice orders sent to Brighton." -"Writer notified to be having a seizure. [Spouse] and Brighton hospice has been notified. [Spouse] stated [s/he] on [his/her] way to be with hospice." Resident 1's hospice communication notes stated the following: -"01/21/2025, Hospice aide: maintained falls precautions, [Resident 1] was in [his/her] room in [his/her] recliner upon arrival. We socialized for a bit and I tidied [his/her] room. Assisted with standing to use urinal but no output. Transferred to wheelchair and wheeled down to piano bar for Bingo. No concerns at this time." -"01/23/2025, Hospice aide: assisted with dressing, maintained falls precautions, oral care performed, incontinence/pericare. [Resident 1]	N 389		

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N 389	Continued From page 4 was sitting at the edge of [his/her] bed upon arrival. Assisted [him/her] with dressing and cleaning [his/her] room. Washed face and freshened up before heading down to breakfast. Wanted to wait until after breakfast for shower. Will give during tomorrow's visit. 775 CCS (cubic centimeters) emptied from urinal. No concerns at this time." -"01/24/2025, Hospice aide: maintained fall precautions, during [Resident 1's] visit emptied 250 CCS total from [his/her] urinal. Assisted [him/her] with shaving [his/her] face and we socialized for a while. Extra urinal provided. No concerns at this time." On 01/27/2025 at 10:45 AM, Surveyor interviewed Executive Director A and Director of Health and Wellness (DHW) B. Executive Director (ED) A stated s/he did not update Resident 1's ISP when s/he was admitted to hospice services. ED A stated s/he stays out of the clinical stuff and his/her Director of Health and Wellness has only been at the facility for about two weeks. DHW B stated s/he was aware Resident 1 went onto hospice services, but s/he did not update Resident 1's ISP either. DHW B stated Resident 1 had cancer treatments, but the treatments had stopped working and were not effective, so Resident 1 decided to go onto hospice for comfort care and not seek treatment anymore. ED A stated Resident 1 was admitted to hospice services on 01/15/2025.	N 389		