STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014031	A. BUILDING: _____ B. WING _____	07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS LIVING II	N374 TWINKLING STAR RD WHITEWATER, WI 53190

(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
M 000	INITIAL COMMENTS On 07/25/2023, with information gathered through 07/31/2023, Surveyor conducted a standard licensure survey at Willow Winds Living II. Six deficiencies were identified. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50,	M 114		

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

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M 114	Continued From page 1 Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 personnel files reviewed included a complete background check as required. The Background Information Disclosure (BID) form, a report from the Department of Justice (DOJ) criminal record and the Integrated Background Information System Letter (IBIS) was not completed when Caregiver C documented that s/he had lived out of the state in the last 3 years. Findings include: On 07/27/2023, at approximately 12:00 PM, Surveyor requested to review Caregiver D's employment record from Licensee A and Administrator B. On 07/28/2023, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 09/07/2022 and his/her employee file included the following background information: BID form, dated 08/31/2022, documented that Caregiver D had lived in Illinois in 2019. DOJ report, dated 08/31/2022 IBIS letter was dated 08/31/2022 Surveyor noted an additional background check	M 114		

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M 114	Continued From page 2 should have been completed for the state of Illinois. On 07/31/2023, at approximately 9:30 AM, Surveyor interviewed Administrator B. Administrator B stated that the house manager had recently resigned, and documentation had not been completed as required.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, for 2 of 2 employee files reviewed (Caregiver C and Caregiver D), indicating that the service provider had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services. Findings include:	M 232		

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M 232	Continued From page 3 On 07/27/2023, at approximately 12:00 PM, Surveyor requested to review Caregiver C's and Caregiver D's employee files, including the health screen and screening for TB, from Licensee A and Administrator B. On 07/28/2023, Surveyor reviewed Caregiver C's and Caregiver D's record. Example 1: Caregiver C was hired on 01/27/2020. His/her file contained a communicable disease screen, dated 01/15/2020, but did not contain results from a TB test. Example 2: Caregiver D was hired on 09/07/2022. His/her file contained a communicable disease screen, dated 09/07/2022, but did not contain results from a TB test. On 07/31/2023, at approximately 9:30 AM, Surveyor interviewed Administrator B. Administrator B stated that the house manager had recently resigned, and documentation had not been completed as required.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in	M 244		

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M 244	Continued From page 4 fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 staff (Caregiver D) completed training related to residents rights and training related to health,safety,welfare and treatment appropriate to residents served within the required 15 hours of initial training within 6 months after starting to provide care. Findings include: The provider is licensed to provide cares for 4 residents in the client groups developmentally disabled, emotionally disturbed/mental illness, and traumatic brain injury. On 07/27/2023, at approximately 12:00 PM, Surveyor requested to review Caregiver D's training records from Licensee A and Administrator B. On 07/28/2023, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 08/31/2022. Caregiver D's record did not include resident rights or client group specific training in developmentally disabled, emotionally disturbed/mental illness, and/or traumatic brain injury. On 07/31/2023, at approximately 9:30 AM, Surveyor interviewed Administrator B. Administrator B stated that the house manager had recently resigned, and documentation had not been completed as required.	M 244		

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M 246	Continued From page 5	M 246		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 staff members (Caregiver C) received at least 8 hours per calendar year of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2022. Findings include: On 07/27/2023, at approximately 12:00 PM, Surveyor requested to review Caregiver C's training records from Licensee A and Administrator B. On 07/28/2023, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 01/27/2020. Caregiver C's record did not contain any continuing education courses in 2022. On 07/31/2023, at approximately 9:30 AM,	M 246		

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M 246	Continued From page 6 Surveyor interviewed Administrator B. Administrator B stated that the house manager had recently resigned, and documentation had not been completed as required.	M 246		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 2 out of 3 records (Resident 1 and Resident 3) reviewed were developed together with the placing agency, the guardian and the provider. Findings include: On 07/25/2023, Surveyor reviewed Resident 1's and Resident 3's record. Resident 1 moved into the home on 12/21/2012. Resident 1's record contained an ISP, dated 05/2021, which was not signed and dated by the provider, Resident 1's guardian, Guardian E, or the placing agency.	M 406		

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M 406	Continued From page 7 Resident 1's record contained a managed care organization Behavior Support Plan (BSP), dated 06/2022, which was not signed by the provider, Guardian E, or the placing agency. Resident 3 moved into the home on 02/25/2022. Resident 3s record contained an ISP, dated 02/28/2023, which was not signed and dated by the provider or Resident 3's guardians, Guardian F and Guardian G, or the placing agency. On 07/25/2023, at approximately 11:45 AM, Surveyor interviewed Administrator B. Administrator B stated s/he was aware that the residents ISP were not updated. Administrator B stated that due to staffing levels, s/he had not been able to focus on the resident's paperwork. Cross Reference: M0424 DHS 88.06(3)(f) Review of ISP	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested	M 424		

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M 424	Continued From page 8 by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 resident's (Resident 1, Resident 2, Resident 3) Individual Service Plans (ISP) were reviewed at least once every six months by the licensee, the resident and/or resident's guardian, or the placing agency. Findings include: On 07/25/2023, Surveyor reviewed Resident 1, Resident 2's and Resident 3's record. Resident 1 moved into the home on 12/21/2012. Resident 1's record contained an ISP dated 05/2021. Resident 1's ISP was due to be reviewed in 11/2021, 05/2022, 11/2022, and 05/2023. Resident 1's record contained a managed care organization Behavior Support Plan (BSP) dated 06/2022. Resident 1's BSP should have been updated with the ISPs. Resident 2 moved into the home on 10/14/2014. Resident 2's record contained an ISP dated 06/2021. Resident 2's ISP was due to be reviewed in 12/2021, 06/2022, 12/2022, and 06/2023. Resident 3 moved into the home on 02/25/2022. Resident 3s record contained an ISP, dated 02/28/2023. Surveyor noted the ISP was updated on an annual basis versus a bi-annual basis.	M 424		

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M 424	Continued From page 9 On 07/25/2023, at approximately 11:45 AM, Surveyor interviewed Administrator B. Administrator B stated s/he was aware that the residents ISP were not updated. Administrator B stated that due to staffing levels, s/he had not been able to focus on the resident's paperwork. Cross Reference: M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment	M 424		