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 _____	R 01/08/2024

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

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{M 000}	INITIAL COMMENTS On 01/03/2024, with information gathered through 01/08/2024, Surveyors conducted a verification visit at Willow Winds Living II. Seven deficiencies were identified. Three of 7 deficiencies are repeat violation (see Statement of Deficiency (SOD) 61CE11 and SOD HWR311). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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 1 of 1 employee files reviewed (Caregiver H), 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.	{M 232}		

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

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{M 232}	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) 61CE11, dated 07/31/2023. Findings include: On 01/03/2024, Surveyor reviewed Caregiver H's record. Caregiver H began employment on 12/01/2023. His/her file contained a communicable disease screen, dated 11/30/2023, but did not contain results from a TB test. On 01/04/2024 at 9:50 AM, Surveyor interviewed Administrator B. Administrator B stated s/he was not aware that staff had to have an actual TB test, just a communicable disease screen. Administrator B stated all staff would be required to have a TB test completed.	{M 232}		
{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 2 of 2 caregivers	{M 246}		

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{M 246}	Continued From page 2 (Administrator B and Caregiver I) 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 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) 61CE11, dated 07/31/2023. Findings include: On 01/03/2024, at approximately 9:30 AM, Surveyor asked Administrator B which staff members had worked with the provider for at least two years. Administrator B stated her/himself and Caregiver I had. On 01/03/2024, Surveyor requested to review Administrator B's and Caregiver I's 2023 continuing education. On 01/04/2024 at 9:42 AM, Surveyor emailed Administrator B and requested his/her 2023 continuing education along with Caregiver I's. On 01/05/2024 at 7:02 AM, Surveyor emailed Administrator B and requested his/her 2023 continuing education along with Caregiver I's. As of 01/08/2024 at 8:00 AM, Surveyor had not received requested documentation.	{M 246}		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	M 276		

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M 276	Continued From page 3	M 276		

This Rule is not met as evidenced by:
Based on observation and interview the provider did not ensure a clean and well-maintained homelike environment.

This is a repeat deficiency. See Statement of Deficiency (SOD) HWR311, dated 09/29/2019.

Findings include:

On 01/03/2024, Surveyors conducted a verification visit at Willow Winds II.

On 01/03/2024, at approximately 10:07 AM, Surveyor toured the facility and observed the following:

1.) The living room couch arm was broken and unstable.

2.) In Resident 2's room the carpeting was coming apart and fraying by the entrance door.

3.) In Resident 1's room, the door did not latch properly. When the door was closed and locked, the door could be opened from the outside by pushing on the door. The door frame was warped and with the door shut you could still look into the room from the hallway.

4.) The vents in the kitchen were full of dust, and the ceiling lights contained burned out light bulbs.

On 01/03/2024, at approximately 10:35 AM, Surveyor shared findings with Administrator B. Administrator B acknowledged the living room

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M 276	Continued From page 4 couch was unstable and the arm was broken. Administrator B acknowledged Resident 1's door not latching properly. Administrator B stated s/he would attempt to get this fixed.	M 276		
M 284	88.05(3)(e)1 HEATING SYSTEM REQUIREMENTS The home shall have a heating system capable of maintaining a temperature of 74 degrees F. The temperature in habitable rooms shall not be permitted to fall below 70 degrees F. during periods of occupancy, except that the home may reduce temperatures during sleeping hours to 67 degrees F. Higher or lower temperatures, for certain residents, including but not limited to residents of advanced age and residents with physical disabilities, shall be provided to the extent possible when requested by a resident. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the temperature in habitable rooms did not fall below 70 degrees Fahrenheit. Findings include: On 01/03/2024, at approximately 10:07 AM, Surveyors toured the facility. During the tour of the facility it was observed that Resident 3's room was colder than the rest of the house. Surveyor took a temperature of the room which read 64.3 degrees Fahrenheit.	M 284		

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M 284	Continued From page 5 On 01/03/2024, at approximately 10:35 AM, Surveyor shared findings with Administrator B. Administrator B stated the room temperature is controlled by another thermostat in the facility next door and the facility does not have the ability to control the temperature in that room. Administrator B stated s/he is not sure why it was set up that way but has always been like that. Administrator B agreed the room was cold.	M 284		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the home had 2 means of exiting which provided unobstructed access to the outside. Findings include: According to www.weather.gov, the last time Whitewater received precipitation was on 01/01/2024, and received .05 inches. The last snowfall was on 12/02/2023, in which Whitewater received .2 inches of snow. On 01/03/2024, at approximately 10:07 AM, Surveyor toured the facility and observed the rear fire exit of the facility was covered in ice and	M 338		

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M 338	Continued From page 6 snow. Surveyor walked out the marked fire exit and noted it was very slippery. On 01/03/2024, at approximately 10:35 AM, Surveyor shared findings with Administrator B. Administrator B stated s/he would get it taken care of.	M 338		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the Individual Service Plan (ISP) for Resident 3 accurately identified current needs and abilities. Resident 3's ISP did not address his/her behaviors and communication needs. Findings include: The provider is licensed to provide care for up to 4 residents that may be emotionally disturbed/mental illness, traumatic brain injury, and/or developmentally disabled. On 01/03/2024, at approximately 10:20 AM, Surveyor observed Resident 3 in his/her bedroom. Resident 3 attempted to communicate with Surveyor through loud noises and hand gestures which appeared to be a form of sign	M 410		

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M 410	Continued From page 7	M 410		

language. Resident 3 had continuously tapped the bottom of his/her chin with his/her hand while yelling. Surveyor did not understand. Caregiver C stated that Resident 3 had stated that s/he wanted to eat. Caregiver C proceeded to assist Resident 3 in his/her room.

On 01/03/2024, Surveyor interviewed Administrator B. Surveyor and Administrator B observed Caregiver C assist Resident 3 to the kitchen table where Resident 3 continued to get louder and louder, signaling that s/he wanted to eat. Administrator B stated that Resident 3 would continue to get louder if s/he was not acknowledged.

On 01/03/2024, Surveyor reviewed Resident 3's record.

Resident 3 was admitted to the facility, 02/25/2022, with diagnosis including autism, congenital heart disease, seizure disorder, Smith-Lemli-Opitz Syndrome (cognitive impairment syndrome) and obsessive-compulsive disorder (OCD).

Resident 3's Individualized Care Plan and Behavior Service Plan, dated 10/07/2023, documented:
"Are there any significant or unique behaviors we should be aware of (rituals, customs, cultural preferences, repetitive patterns of behavior, aggressive, self injury, property destruction): No"
"Behavior Support Plan - [left blank]"
Surveyor noted there was no documented guidance related to his/her communication needs and behaviors if s/he is not acknowledged.

On 01/03/2024, Surveyor interviewed Administrator B. Administrator B stated s/he

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M 410	Continued From page 8 would amend Resident 3's ISP to include his/her communication needs.	M 410		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 3 of 3 residents (Resident 1, Resident 2, and Resident 3). Findings include: On 01/03/2024, at approximately 10:00 AM, Administrator B informed Surveyor that Caregiver H had completed med administration that morning. On 01/03/2024, at approximately 10:20 AM, Surveyor observed Caregiver H preparing to leave the facility with a resident who had a medical appointment. Surveyor asked if Caregiver J had administered all morning medications. Caregiver H stated s/he had and then left the facility.	M 466		

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M 466	Continued From page 9 On 01/03/2024, Surveyor reviewed Resident 1's, Resident 2's and Resident 3's January 2024 Medication Administration Record (MAR) and noted the following: Resident 1's MAR did not document the following medication administrations: 01/03/2024 7:00 AM - aspirin, Cetirizine, Clopidogrel, Lisinopril, Venlafaxine, Metoprolol Tartrate Resident 2's MAR did not document the following medication administrations: 01/02/2024 5:00 PM - Glucosamine 01/03/2024 6:30 AM - Levothyroxine 01/03/2024 7:00 AM - Glucosamine, ibuprofen, Benztropine, Mupirocin, Oxcarbazepine, Buspirone, Carbidopa-Levodopa Resident 3's MAR did not document the following medication administrations: 01/02/2024 4:00 PM and 8:00 PM - calcium antacid 01/02/2024 8:00 PM - Desmopressin Acetate 01/03/2024 7:00 AM - Alprazolam, Omeprazole, Olanzapine, Loratadine, Fluoxetine, Certavite Multivitamin, Desmopressin Acetate, Lacosamide, Senna/Docusate 01/03/2024 8:00 AM - Polyethylene Glycol On 01/03/2024, at approximately 10:45 AM, Surveyor observed the medication closet with Administrator B and noted that the above medications were not available. Administrator B confirmed the medications had been administered but Caregiver H had not properly documented the administration in the residents MARs. Administrator B stated staff would be retrained on proper medication administration	M 466		

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M 466	Continued From page 10 documentation as the Surveyor had discussed this concern during a previous survey.	M 466		