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 04/26/2024

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 04/17/2024, with information gathered through 04/26/2024, Surveyors conducted a verification visit at Willow Winds Living II. Three deficiencies were identified. Two of 3 deficiencies were repeat violations (see Statement of Deficiency (SOD) 61CE11 and SOD 61CE12). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure the facility and its operation complied with all laws governing an Adult Family Home (AFH). During a verification visit, it was determined Licensee A did not adhere to the special orders identified in his/her Notice and order letter, dated 02/26/2024. Findings include: On 04/17/2024, with information gathered through 04/26/2024, Surveyor conducted a verification visit. As a result of the survey, 3 deficiencies, including this one, were identified. On 02/26/2024, Statement of Deficiency (SOD) 61CE12, which identified 7 deficiencies, and a	M 216		

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

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M 216	Continued From page 1 Notice and Order letter were issued to the licensee. The Notice and Order letter included the following: "Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents. AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request." "WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2023. Training will be provided by qualified instructors. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements. Cross Reference: M0246 DHS 88.04(5)(b) Training - 8 Hours Annually M0410 DHS 88.06(3)(d) Individual Service Plan	M 216		
{M 246}	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and	{M 246}		

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{M 246}	Continued From page 2 (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 caregivers (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, since the last survey, dated 01/08/2024. This is a repeat deficiency. See Statement of Deficiency (SOD) 61CE11, dated 07/31/2023, and SOD 61CE12. Findings include: On 04/22/2024 at 6:26 PM, Surveyor emailed Administrator B and requested Caregiver C's, hire date 01/27/2020, continuing education received since the last survey on 01/08/2024. Administrator B provided Surveyor with Caregiver C's 2021 continuing education.	{M 246}		
{M 410}	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following:	{M 410}		

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{M 410}	Continued From page 3	{M 410}		

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 1 of 1 resident accurately identified current needs and abilities.

This is a repeat deficiency. See Statement of Deficiency (SOD) 61CE12, dated 01/08/2024.

Resident 3's ISP did not address his/her eating, bathing, toileting, 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 04/17/2024, at approximately 11:30 AM, Surveyor observed Resident 3 in the kitchen. Resident 3 was intrigued by Surveyors pen and computer bag. Caregiver C redirected Resident 3, who is non-verbal. Surveyor requested Resident 3's record. Caregiver C stated Administrator B was in the process of reviewing his/her documentation and had his/her binder with him/her, offsite. Caregiver C confirmed that Resident 3 still utilized some sign language for communication along with his/her vocalizations and was always wanting to eat.

On 04/24/2024, Surveyor reviewed Resident 3's record.

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{M 410}	Continued From page 4 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: "Bathing: Total Assist" "Toileting: Assistance/Cues/Reminders" "I am very vocal and will make my likes and dislikes known. I do speak using one word sentences but will only pronounce the vowels in the words!" "Symptoms of mental illness: Anxiety" "Diet: Healthy Diet" "Personal Goals - To make sure I'm eating a healthy and normal diet." On 04/26/2024 at 4:36 PM, Surveyor informed Administrator B that Resident 3's ISP did not identify specific care guidelines in the areas of bathing, toileting, eating, and communication.	{M 410}		