STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015950	A. BUILDING: _____ B. WING _____	R-C 05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHOR COMMUNITIES LLC	209 FOREST ST FOX LAKE, WI 53933

(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 05/21/2024, with information gathered through 05/23/2024, Surveyor conducted 2 complaint investigations and a verification visit at Anchor Communities, a CBRF located in Fox Lake, WI. As a result of the investigation, 5 violations of Chapter DHS 83 were issued. Three violations are repeat violations from previous Statement of Deficiency (SOD) 65LL12 dated 02/01/2024. One complaint was substantiated, 1 complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 9	{N 000}		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse. This Rule is not met as evidenced by:	N 163		

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

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N 163	Continued From page 1	N 163		

Based on record review and interview, the provider did not report to the Department when Resident 4's whereabouts were unknown. Resident 4 eloped from the facility on 03/15/2024 and 03/23/2024, facility did not report to the Department.

Findings include:

On 03/26/2024, the Department received a complaint that a resident had eloped from the facility, whereabouts unknown and Police had to intervene.

On 05/21/2024 at 9:45 AM, Surveyor interviewed Caregiver L. Caregiver L stated that Resident 4 had eloped from the facility on 03/15/2024 around 7:00 AM. Caregiver L stated that the Police had to intervene because staff could not convince Resident 4 to return to the facility.

On 05/21/2024 at 10:00 AM, Surveyor interviewed Cook O. Cook Ostated that Resident 4 had eloped on 03/15/2024 and again about a week later. Cook O stated that the Police had to intervene on 03/15/2024 because Resident 4 did not want to return to the facility.

On 05/21/2024, at 10:45 AM, Surveyor reviewed Resident 4's medical record. Resident 4 was admitted 10/23/2023 with diagnoses that include but are not limited to: Arthritis (hands), Type II diabetes, Dementia with mood disturbance, Depression, Anxiety, Insomnia, Sleep Apnea, bilateral osteoarthritis of hip.

On 05/21/2024 at 11:25 AM, Surveyor interviewed Administrator D. Administrator D acknowledged that Resident _ had eloped on 03/15/2024 and again on 03/23/2024. Surveyor asked

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N 163	Continued From page 2 Administrator D if the 2 elopements (03/15/2024 and 03/23/2024) were reported to the Department? Administrator D stated that they were and agreed to send documentation by 05/22/2024 at 1:00 PM. On 05/21/2024, Surveyor checked the Department's files for any self-report regarding Resident 4's elopements. Surveyor found a self-report dated 04/20/2024 reporting a third elopement for Resident 4, but no self-reports were found regarding Resident 4's elopements on 03/15/2024 or 03/23/2024. As of 05/22/2024 at 1:00 PM, no further documentation was provided.	N 163		
{N 239}	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter	{N 239}		

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{N 239}	Continued From page 3 medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 employees reviewed completed department approved training. Caregiver H did not have documented completed training in the required CBRF training. This is a repeat violation from previous Statement of Deficiency (SOD) #4ZY313 dated 05/17/2023, SOD# 4ZY312 dated 08/03/2022, SOD# 4ZY311 dated 01/19/2022 and SOD# 65LL12 dated 02/01/2024. Findings include: On 05/21/2024 at 9:30 AM, Surveyor interviewed Caregiver L. Caregiver L stated s/he was the medication passer on duty. Caregiver L stated s/he had worked at the facility for approximately 2 months. On 05/21/2024 at approximately 10:00 AM, Surveyor requested Caregiver L and Caregiver M's employee record to verify compliance with Department Approved Training Courses. Medications The record for Caregiver L, hired 03/26/2024, did not contain evidence of training in medication administration or evidence of meeting an exemption for medication administration training.	{N 239}		

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{N 239}	Continued From page 4 Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver H was not listed having completed this training. On 05/21/2024 at 10:30 AM, Surveyor interviewed Administrator D. Administrator D confirmed that Caregiver L passes medications. First Aid and Choking The record for Caregiver M, hired 01/31/2024, did not contain evidence of training in first aid and choking or evidence of meeting an exemption for first aid and choking training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver M was not listed having completed this training. Surveyor checked the Wisconsin Nurse Aide Directory and Caregiver M is not a Certified Nursing Assistant (CNA). On 01/30/2024 at 10:30 AM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver M does assist residents with cares and activities of daily living (ADLs). Administrator D confirmed that Caregiver M is not a CNA. Fire Safety The record for Caregiver M, hired 01/31/2024, did not contain evidence of training in fire safety or evidence of meeting an exemption for first aid and choking training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver M was not listed having completed this training. On 05/21/2024 at 10:30 AM, Surveyor	{N 239}		

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{N 239}	Continued From page 5 interviewed Administrator D. Administrator D confirmed Caregiver M does assist residents with cares and activities of daily living (ADLs). On 01/30/2024 at approximately 3:00 PM, Surveyor discussed the above concern Administrator D. Administrator D acknowledged that all CBRF caregivers must complete training in first aid and choking, medication administration, fire safety and standard precautions. Administrator D acknowledged that Caregiver L did not have documented completed training in medication administration. Administrator D acknowledged that Caregiver M did not have documented completed training in fire safety or first aid and choking.	{N 239}		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 4's Individual Service Plan (ISP) was being followed. Resident 4 eloped from the facility on 03/15/2024 and 03/29/2024. This is a repeat violation from previous Statement of Deficiency (SOD) 65LL12 dated 02/01/2024. Findings include: On 03/26/2024, the Department received a complaint that a resident eloped from the facility on 03/15/2024.	N 388		

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N 388	Continued From page 6 On 05/21/2024 at 9:45 AM, Surveyor reviewed Resident 4's medical record. Resident 4 was admitted 10/23/2023 with diagnoses that include but are not limited to: Arthritis (hands), Type II diabetes, Dementia with mood disturbance, Depression, Anxiety, Insomnia, Sleep Apnea, bilateral osteoarthritis of hip. Documentation from hospital dated 10/22/2023 indicated that Resident 4 had a history of elopements from previous living situation. On 05/21/2024, Surveyor reviewed Resident 4's ISP dated 03/23/2024. Resident 4 ISP indicates that Resident 4 needs 24 hour supervision due to behaviors, is an identified elopement risk and fall risk. Resident 4's ISP directs caregivers to give Resident 4 full supervision and redirection to avoid wandering episodes. Staff must make sure they know where Resident 4 is and make sure to check doors when alarm sounds. On 05/21/2024 at 10:00 AM, Surveyor interviewed Caregiver L. Caregiver L stated that s/he was on duty 03/15/2024 when Resident 4 eloped. Caregiver L stated, "Resident 4 knew the code to unlock the door, waited until we were busy helping other residents, used the code and left the building. S/he got out the door and across the street very quickly. Resident 4 actively hid from us and when we found him/her after about 20 minutes, s/he refused to come back. That is when we called the Police, who convinced Resident 4 to come back inside. On 05/21/2024 at 10:20 AM, Surveyor interviewed Cook O. Cook O stated, "Resident 4 knew the code to get out of the building. I saw him/her walking down the driveway. Staff went after him/her but it took the Police to convince him/her to come back to the building."	N 388		

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N 388	Continued From page 7 On 05/21/2024 at 10:45 AM, Surveyor interviewed Manager Trainee N. Manager Trainee N stated, "Resident 4 knew the code so s/he could get out of the building. The front door code was the same as the back door code so residents can go outside and smoke. Door alarm was operating on days of elopement. S/he was gone about 20 minutes and Police convinced him/her to come back inside. We have since changed the code on the front door so Resident 4 can't get out without someone noticing." On 05/21/2024 at 12:00 PM, Surveyor discussed the above concern with Administrator D. Administrator D acknowledged that Resident 4 was admitted as an elopement risk and fall risk. Administrator D acknowledged that Resident 4 had known the code to get out of the front door. Administrator D acknowledged that Resident 4 requires full supervision and staff should have redirected him/her before s/he eloped.	N 388		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that medications were securely stored. The medication room door was propped open and the medication cart was unlocked. Findings include: On 05/21/2024 at 9:15 AM, Surveyor toured the physical environment.	N 419		

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N 419	Continued From page 8 The medication room door was propped open. There was a sign on the medication room door that stated, "Employees only beyond this point. Door must remain locked at all times." The medication cart was unlocked and surveyor was able to access resident medications. On 05/21/2024 at 10:00 AM, the medication room door was still propped open. The medication cart was still unlocked and Surveyor was able to access resident medications. On 05/21/2024 at 10:30 AM, Surveyor interviewed Caregiver L. Caregiver L stated s/he was the medication passer on duty. Caregiver L acknowledged that the medication room door was propped open and the medication cart was unlocked. ON 05/21/2024 at 12:00 PM, Surveyor interviewed Administrator D. Administrator D acknowledged that medications are to be stored securely and that the medication room door should have been closed and locked.	N 419		
{N 446}	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. This Rule is not met as evidenced by:	{N 446}		

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{N 446}	Continued From page 9 Based on observation and interview, the provider did not ensure that equipment was maintained in good repair. The dishwasher was not in working order. This is a repeat violation from previous Statement of Deficiency (SOD) 65LL12 dated 02/01/2024. Findings include: On 05/21/2024 at 10:00 AM, Surveyor toured the facility kitchen and observed the following: The dishwasher was not running and there was a sign on it stating it was not working. On 05/21/2024 at 10:30 AM, Surveyor asked Cook O how long the dishwasher had been out of service. Cook O stated that the dishwasher had been working up until 3 weeks ago, "It doesn't work anymore, we need a new one." On 05/21/2024 at 10:45 AM, Surveyor interviewed Manager Trainee N. Manager Trainee N stated that the dishwasher used to work depending on what kind of detergent pods were used, but it does not work right now and needs to be looked at.	{N 446}		