STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016004	A. BUILDING: _____ B. WING _____	C 02/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RBI CARING HEARTS B LLC	1614 HENRY JOHNS BLVD BANGOR, WI 54614

(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 02/08/2024, Surveyor conducted an anonymous complaint investigation and a standard licensure survey at RBI Caring Hearts B LLC. Data for this survey was received and reviewed through 02/09/2024. The complaint was unsubstantiated. Two deficiencies identified. Census: 12	N 000		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and resident's legal representative were provided the opportunity to complete an evaluation of the resident's level of satisfaction with the community based residential facility's (CBRF) services on either a Department form or a form developed by the CBRF and approved by the Department. Findings include: On 02/08/2024 at 11:50 AM, Surveyor Reviewed Resident 1 and Resident 2's files. Surveyor did	N 392		

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

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N 392	Continued From page 1 not locate an annual satisfaction evaluation in either file. Resident 1 was admitted on 09/16/2022. Resident 1 has a legal representative. Resident 2 was admitted on 10/17/2017. Resident 2 makes his/her decisions. Surveyor asked Registered Nurse (RN) A if s/he could locate the evaluation in Resident 1 or Resident 2's file. RN A was not able to locate the evaluation in either file. RN A called Human Resource Manager (HRM) B and asked if s/he had a copy of an annual evaluation of satisfaction for Resident 1 or Resident 2. HRM B responded, "Is that something we are supposed to be doing?" The provider did not ensure the resident and resident's legal representative were provided the opportunity to complete an evaluation of the CBRF.	N 392		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, Resident 1 was not evaluated for his/her mental or physical capability to respond to a fire alarm at least annually. This is a repeat deficiency. See Statement Of Deficiency (SOD) OFKT12, dated 05/09/2019.	N 394		

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	0016004	A. BUILDING: _____ B. WING _____	C 02/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RBI CARING HEARTS B LLC	**1614 HENRY JOHNS BLVD BANGOR, WI 54614**

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N 394	Continued From page 2 Findings include: On 02/08/2024 at approximately 12:00 PM, Surveyor reviewed Resident 1's file. Surveyor did not locate a 2023 annual evacuation assessment for Resident 1 in Resident 1's file. Surveyor asked Registered Nurse A (RN) A if s/he could locate the assessment in the file for Resident 1. RN A stated s/he must have forgotten to assess Resident 1 for evacuation in 2023.	N 394		