STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018335	A. BUILDING: _____ B. WING _____	R-C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARIA WEST ALLIS	5301 W LINCOLN AVE WEST ALLIS, WI 53219

(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 11/07/2024, Surveyor completed a standard survey, verification visit and 2 complaint surveys. As a result, 2 of the previous 3 deficiencies were corrected, and 6 new deficiencies were identified, for a total of 7 deficiencies. One complaint was substantiated, and 1 complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 24	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease	N 220		

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

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N 220	Continued From page 1 including tuberculosis (TB), within 90 days before the start of employment for 3 of 4 caregivers reviewed (Resident Assistant (RA) X, RA BB, and RA CC). RA X's and RA BB's record did not contain evidence of a completed TB test. RA CC's communicable disease screening was not signed by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. Findings include: On 10/25/2024 at 11:45 AM, Surveyor reviewed staff files and identified the following: RA X was hired on 08/08/2022. RA X was screened for communicable diseases on 08/08/2022. RA X's record did not contain evidence RA X's received a TB test. RA BB was hired on 06/12/2024. RA BB was screened for communicable diseases on 06/10/2024. RA BB's record did not contain evidence RA BB's received a TB test. RA CC was hired on 05/24/2023. RA CC's record contained results of a TB test on 05/23/2023. RA CC's record contained a communicable disease screening. The communicable disease screening was not signed by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. On 10/25/2024, at 2:30 PM, Surveyor interviewed Executive Director (ED) A. ED A confirmed s/he was aware of the code requirement. ED A reported all staff received TB testing, but s/he was unsure of where the documentation was. ED A reported s/he would talk with the nurse to ensure the communicable disease screenings were signed.	N 220		

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N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting	N 243		

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N 243	Continued From page 3 employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 4 employees reviewed, obtained all training as required within 90 days after starting employment. Resident Assistant (RA) V, RA X, and RA BB did not have training in required client groups within 90 days after starting employment. Findings include: The facility was licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's, advanced aged and terminally ill. On 10/25/2024, at 11:45 AM, Surveyor reviewed staff records and identified the following: RA V was hired 07/11/2024. RA V's record indicated s/he received training in dementia. RA V's record did not contain evidence of training in client groups of advanced aged and terminally ill, or evidence of meeting an exemption for client group training. RA X was hired on 08/08/2022. RA X's record indicated s/he received training in dementia. RA X's record did not contain evidence of training in client groups of irreversible dementia/Alzheimer's and terminally ill, or evidence of meeting an exemption for client group training.	N 243		

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N 243	Continued From page 4 RA BB was hired on 06/12/2024. RA BB's record indicated s/he received training in dementia. RA BB's record did not contain evidence of training in client groups of advanced aged and terminally ill, or evidence of meeting an exemption for client group training. On 10/25/2024, at 2:30 PM, Surveyor interviewed Executive Director (ED) A. ED A confirmed the provider did not have evidence RA V, RA X and RA BB completed or met an exemption for client group training specific to advanced aged, dementia, and terminally ill. ED A was given the opportunity to submit any additional evidence of training by 10/28/2024. No evidence was received.	N 243		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 13 and Resident 21) reviewed received her/his medications in the dosage and at intervals prescribed by the practitioner. Resident 13 missed 12 doses of lorazepam, and 17 doses of melatonin in September 2024.	N 352		

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N 352	Continued From page 5 Resident 21 missed 1 dose of acidophilus, 3 doses of atorvastatin, 9 doses of escitalopram oxalate, 1 dose of losartan potassium, 8 doses of potassium chloride, 7 doses of tamsulosin hydrochloride (HCl), 3 doses of Depakote, 1 dose of gabapentin, and 1 dose of Seroquel in September 2024. Findings include: On 08/15/20214, the department received a complaint alleging residents were not receiving medications as ordered by their physicians. On 10/25/2024, at 12:20 PM, Surveyor reviewed resident records and identified the following: Resident 13 was admitted on 08/11/2021 with diagnoses including dementia, hyperlipidemia, diverticulosis, and hematuria. Resident 13's medication administration record (MAR) indicated Resident 13 was prescribed lorazepam 0.5 milligrams (mg) once a day for restlessness and agitation. Resident 12 was prescribed melatonin 10 mg once a day for insomnia at bedtime. Resident 13's MAR indicated Resident 13 did not receive the following medications: - lorazepam on 09/01/2024, 09/02/2024, 09/06/2024, 09/09/2024, 09/11/2024, 09/12/2024, 09/14/2024, 09/16/2024, 09/17/2024, 09/20/2024, 09/23/2024, and 09/30/2024. - melatonin on 09/06/2024, 09/09/2024, 09/11/2024 - 09/15/2024, 09/17/2024 - 09/19/2024, 09/21/2024, 09/22/2024, and 09/25/2024 - 09/29/2024.	N 352		

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N 352	Continued From page 6	N 352		

Resident 21 was admitted on 09/05/2024 with diagnoses including hemiplegia and hemiparesis following cerebral infarction, hypokalemia, unspecified psychosis, anxiety, depression, and epilepsy. Resident 21's MAR indicated Resident 21 was prescribed acidophilus once a day for gastrointestinal, atorvastatin 40 mg in the morning for hyperlipidemia, escitalopram oxalate 15 mg once a day for depression, losartan potassium 25 mg in the morning for hypertension, potassium chloride 7.5 milliliters (mL) in the morning for hypokalemia, tamsulosin HCl 0.4 mg in the morning for high blood pressure, Depakote 250 mg 3 times a day for aggression, gabapentin 100 mg 3 times a day for neuropathy, and Seroquel 100 mg 3 times a day for aggression.

Resident 21's MAR indicated Resident 21 did not receive the following medications:

- acidophilus on 09/16/2024

- atorvastatin on 09/15/2024 - 09/17/2024

- escitalopram oxalate on 09/08/2024 - 09/10/2024, 09/13/2024, 09/15/2024, 09/17/2024, 09/21/2024, 09/26/2024, and 09/30/2024

- losartan potassium on 09/16/2024

- potassium chloride on 09/06/2024, 09/069/2024, 09/15/2024 -09/17/2024, 09/20/2024, 09/21/2024, and 09/26/2024

- tamsulosin HCl on 09/15/2024 - 09/17/2024, 09/21/2024, 09/22/2024, 09/26/2024, and 09/27/2024

- Depakote on 09/16/2024, 09/17/2024, 09/21/2024

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N 352	Continued From page 7 - gabapentin on 09/17/2024 and 09/21/2024 - Seroquel on 09/06/2024 On 10/25/2024, at 2:30 PM, Surveyor interviewed Director of Nursing (DON) DD. DON DD confirmed if a check mark is on the MAR, it means the medication was administered. When Surveyor inquired about MARs which did not contain checkmarks, DON DD reported s/he was unsure. DON DD reported staff may have not administered Resident 13's medications due to Resident 13 may have already been asleep. When Surveyor informed DON DD the medication was prescribed to be administered daily and was not prescribed as a as needed (PRN) medication, DON DD confirmed Resident 13's medications were not prescribed as PRN medications. DON DD reported if Resident 13 was asleep during the medication pass, staff should document the refusal accordingly. During the interview, DON DD checked on the medications for Resident 13 and Resident 21. DON DD confirmed the medications were not administered due to some of the medications were out and staff had reordered the medications. Surveyor inquired about the process of reordering medications to ensure residents do not run out of their medications. DON DD reported s/he would expect to have staff reorder medications when there are 7 days left. DON DD reported s/he is newer to her/his position and would need to reeducate staff on the medication system in the facility.	N 352		
N 387	83.35(3)(b) Service plan development: parties involved	N 387		

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N 387	Continued From page 8 Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident or the resident's legal representative, or the placing agency signed the individual service plan (ISP), acknowledging their involvement in, understanding of, and agreement with the ISP for 1 of 2 (Resident 21) residents reviewed. Findings include: On 10/25/2024, 12:20 PM, Surveyor reviewed Resident 21's record. Resident 21 was admitted on 09/05/2024 with diagnoses including hemiplegia and hemiparesis following cerebral infarction, hypokalemia, unspecified psychosis, anxiety, depression, and epilepsy. Surveyor reviewed activated power of attorney (POA) paperwork which indicated Resident 1 had an activated POA. Resident 1's face sheet indicated	N 387		

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N 387	Continued From page 9 Resident 1 had a Managed Care Organization (MCO). Resident 1's ISP, dated 09/06/2024, did not contain signatures from Resident 1's legal representative or placing agency. On 10/25/2024, at 2:30 PM, Surveyor interviewed Director of Nursing (DON) DD. DON DD reported s/he was unaware of the code requirement. DON DD reported s/he was new to assisted living. DON DD reported s/he would ensure all parties sign the resident's ISPs.	N 387		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 21) was evaluated, using the form provided by the department, within 3 days of the resident's admission to determine whether the resident was able to evacuate the community based residential facility (CBRF) within 2 minutes.	N 393		

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N 393	Continued From page 10 Findings include: On 10/25/2024, at 12:20 PM, Surveyor reviewed Resident 21's record. Resident 21 was admitted on 09/05/2024. Resident 4's record did not contain evidence of a completed resident evacuation assessment. On 10/25/2024, at 2:30 PM, Surveyor interviewed Executive Director (ED) A and Director of Nursing (DON) DD. ED A confirmed the code requirement. ED A and DON DD reported Resident 21's resident evacuation assessment should have been completed at the time of admission. ED A and DON DD reported they will ensure all resident evacuation assessments were completed as required.	N 393		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 3 of 3 areas. Findings include: On 10/25/2024, at 10:00 AM, Surveyor toured the facility and observed the following: - On the nurse's station desk, was a bottle of SureScents luxury room mist, and a container of Sani-Cloth germicidal disposable wipes.	N 499		

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N 499	Continued From page 11 - The laundry room door was wide open. When Surveyor checked the door handle the locking mechanism was engaged. Inside the laundry room was a bucket of G-Force powder laundry detergent. - The dining room counter had 3 containers of Sani-Cloth germicidal wipes. On 10/25/2024, at 2:30 PM, Surveyor interviewed Executive Director (ED) A. ED A confirmed all cleaning compounds and toxic substances should be securely stored. ED A reported s/he would ensure staff were aware and locking up all chemicals.	N 499		
{N 596}	83.54(1)(b) Bedroom walls and doors. Floor to ceiling walls with rigid construction swing-type doors that are of the side-hinged or pivoted swinging shall enclose resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 resident bedroom doors were swing-type doors that were side-hinged or pivoted swinging. This deficiency is being cited for a 3rd time. See Statement of Deficiency (SOD) 6PHK14, dated 04/15/2024, and SOD 6PHK13, dated 07/21/2023. Findings include: On 10/25/2024, at approximately 1:30 PM	{N 596}		

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{N 596}	Continued From page 12 surveyor toured the facility. The facility was comprised of 3 separate units, the south wing, the west wing, and the mansion. In the mansion, Surveyor observed two bedrooms contained pocket doors. Pocket doors are sliding doors that disappear into a compartment in the adjacent wall when it opened. On 10/25/2024, at 2:30 PM, Surveyor interviewed Executive Director (ED) A. ED A reported the mansion was used from May 2023 until August 2024 due to the owner was unable to find a contractor who could keep the integrity of the original woodwork to create doors which would be compliant with the code requirement. ED A reported there was talk about delicensing the mansion beds. Surveyor inquired if they had submitted the license amendment yet to the department, ED A reported they have not.	{N 596}		