STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015216	A. BUILDING: _____ B. WING _____	R-C 03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWOOD ASSISTED LIVING MILL HOUSE	6378 N GREEN BAY AVE GLENDALE, WI 53209

(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 03/26/2024, Surveyor concluded a verification visit at Parkwood Assisted Living Mill House for Statement of Deficiency (SOD) FJU012 and SOD 6YWN12. Four deficiencies were identified. Two of 4 deficiencies were repeat deficiencies. One of 4 deficiencies was being repeated for a third time. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
N 306	83.28(7) Advanced directives. Advanced directives. At the time of admission, the CBRF shall determine if the resident has executed an advanced directive. An advanced directive describes, in writing, the choices about treatments the resident may or may not want and about how health care decisions should be made for the resident if the resident becomes incapacitated and cannot express their wishes. A copy of the document shall be maintained in the resident record as required under s. HFS 83.42(1)(s). A CBRF may not require an advanced directive as a condition of admission or as a condition of receiving any health care service. An advanced directive may be a living will, power of attorney for health care, or a do-not-resuscitate order under chs. 154 or 155, Stats., or other authority as recognized by the courts of this state. This Rule is not met as evidenced by: Based on record review and interview, at the time of Resident 2's admission the provider did not	N 306		

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

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N 306	Continued From page 1	N 306		

accurately document or maintain a record of Resident 2's executed, advanced directive naming Health Care Power of Attorney (HCPOA) I as Resident 2's legal decision maker for health care.

Findings include:

On 03/15/2024 at 11:30 a.m., Surveyor reviewed Resident 2's record. Surveyor reviewed Resident 2's Individualized Service Plan (ISP) dated 06/21/2023 signed by Operations Manager C and Resident 2. There was no signature for a HCPOA.

On 03/15/2024 at 12:15 p.m., Surveyor interviewed Director of Operations (DOO) A. DOO A believed Resident 2's HCPOA document was activated when s/he was absent from the facility during the time of 11/08/2023 to 02/28/2024. Surveyor requested the updated HCPOA documentation.

On 03/15/2024 at 3:45 p.m., Surveyor received Resident 2's HCPOA document dated 07/20/2023, via email from DOO A. The document was not activated.

On 03/19/2024 at 1:35 p.m., Surveyor interviewed Rehabilitation Licensed Social Worker J, who confirmed Resident 2's HCPOA document was activated on 05/06/2013.

On 03/20/2024 at 7:36 a.m., Surveyor provided Resident 2's activated HCPOA document dated 05/06/2013 to DOO A via email.

On 03/20/2024 at 7:43 a.m., Surveyor received email from DOO A stating, "I don't believe I or we have seen this POA documentation before."

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N 306	Continued From page 2 On 03/21/2023 at 9:30 a.m., Surveyor received email from DOO A stating, "I checked through our admission records again for [Resident 2] and didn't find a copy of the original poa [sic] and not sure how or why it was misused [sic]. Normally we ask both the responsible party and the CM for these documents, but it appears [Marketing L] may not have obtained this original upon admission. When the new one was done last year in the facility by [HCPOA I] we added it to his file." On 03/26/2024 at approximately 8:50 a.m., Surveyor received an email from Care Manager K, who confirmed Resident 2's HCPOA had been activated in 2013.	N 306		
{N 383}	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for	{N 383}		

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{N 383}	Continued From page 3 self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. This Rule is not met as evidenced by: Based on observation, interview, and record review the provider did not reassess 1 of 1 (Resident 2) resident upon return from hospitalization and rehabilitation absence. Resident 2 was absent from the facility from 11/08/2023 to 02/28/2024. The provider did not ensure an assessment was completed for the use of a bed bar device placed on Resident 2's bed. The provider did not identify the reason for the use, assess for risk and safety of the device. The provider did not ensure an assessment was completed for the use of a catheter and the need for any personal care services including catheter care and treatment. This is a repeat deficiency. See SOD 6YWN11, dated 12/09/2022. Findings include: On 03/15/2024 at 11:30 a.m., Surveyor reviewed Resident 2's record. The following was identified:	{N 383}		

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{N 383}	Continued From page 4 Resident 2 was admitted on 07/28/2022 with diagnoses including hypertension, kidney failure-stage III, hyperlipidemia disease, diabetes mellitus-type 2, depression, and seizure disorder. Resident 2's Individual Support Plan (ISP) identified Resident 2 had a high risk of falls, impaired cognition, and a need for assistive devices including a wheelchair. Resident 2 was unable to care for self; disabled. Resident 2 had difficulty with transferring, ambulation, and toileting (catheter). Resident 2's Initial Assessment, dated 10/11/2022, did not identify the need for adaptive equipment or a bed bar device. Resident 2's Initial Assessment did not identify the need for a catheter. Under toileting, the initial assessment read, "Check on resident every two hours for toileting and any other needs. Resident needs and description of service: to assist with normal toileting on an ongoing basis as needed and assist when required. Resident desired outcome and goals: maintain continence. Responsible persons: Care Team." Resident 2's Assessment, dated 03/10/2023, did not identify the need for adaptive equipment or a bed bar device. Resident 2's Assessment, dated 03/10/2023, did not identify his/her capacity for self-care, including the need for any personal care services by staff. Under toileting, the assessment read, "Check on resident every two hours for toileting and any other needs. Resident needs and description of service: to assist with normal toileting on an ongoing basis-to cue as needed and assist when required. Resident has catheter."	{N 383}		

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{N 383}	Continued From page 5 Resident 2's Trapeze Assessment, dated 06/16/2023, read, "Physical therapy assessment completed. Patient needs bed trapeze for safe and efficient bed mobility including repositioning and for his/her comfort and his/her safety and skin protection. Caregivers are successfully assisting patient with use of the bed trapeze. No further physical therapy needed at this time." Resident 2's observation note, dated 11/08/2023, read, "Event Notes: [Resident 2] went outside to smoke a cigarette and a piece of his/her bunt [sic] once I brought [Resident 2] back in, s/he began twitching and groaning [sic] I called [Operation Manager (OM) C] to inform him/her [sic] s/he instructed me to call the ambulance and his/her [Health Care Power of Attorney I] which I did." On 03/15/2024 at 9:10 a.m., Surveyor toured the facility. Surveyor observed Resident 2 in his/her room. Surveyor requested to enter. Surveyor observed Resident 2 in wheelchair with a bed bar and bed trapeze at the head of his/her bed. On 03/15/2024 at 9:18 a.m., Surveyor interviewed Resident 2, who stated, "The Trapeze and bed bar help me get in and out of bed. It is somewhat unstable. That's probably because it is not level. It helps me from rolling out of bed." On 03/15/2024 at 9:20 a.m., Surveyor observed one leg of the trapeze not meeting the floor, causing the arm of the bed bar to be loose when Surveyor tried to move it back and forth. On 03/15/2024 at 9:25 a.m., Surveyor interviewed Director of Operations (DOO) A, who stated Resident 2 just returned from rehabilitation stay. S/He went out to the hospital on 11/08/2023 and returned to the facility on 02/28/2024.	{N 383}		

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{N 383}	Continued From page 6 On 03/15/2024 at 11:20 a.m., Surveyor interviewed DOO A. Surveyor asked DOO A if s/he had assessed Resident 2's bed bar at the head of his/her bed upon return. DOO A stated a safety assessment for the trapeze was completed for Resident 2 on 06/16/2023. DOO A stated, "S/He did not have another assessment upon returning home from the rehab [rehabilitation facility]. S/He probably should have had one." On 03/15/2024 at 11:45 a.m., Surveyor interviewed OM C who confirmed s/he was visited by OM C while in the rehabilitation facility. DOO A stated s/he reviewed the rehabilitation facility paperwork and they both believed Resident 2 was returning at baseline. OM C confirmed Resident 2 was switched from a catheter bag that hung on the side of his/her wheelchair to a leg bag catheter. OM C confirmed Resident 2 utilized home healthcare for catheter care, physical, and occupational therapy. DOO A confirmed Resident 2 returned to the facility in a new room, with a leg bag catheter, and outside services of physical and occupational therapy. On 03/19/2024 at 1:35 p.m., Surveyor interviewed Rehabilitation Licensed Social Worker J, who confirmed Resident 2 was released from rehabilitation facility with home health care orders for catheter care and treatment and physical and occupational therapy. On 03/25/2024 at 12:37 p.m., Surveyor received an email from Care Manager K, confirming Resident 2's physical and occupational therapy started on 03/06/2024. Resident 2 received therapy once a week with the end date of	{N 383}		

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{N 383}	Continued From page 7 03/26/2024. Resident 2's catheter care was scheduled one time a week. Both services were provided by a Home Health Agency. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	{N 383}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, interview, and record review the provider did not revise the individual service plan (ISP) for 1 of 1 resident (Resident 2) upon return from hospitalization and rehabilitation stay. Resident 2 was absent from the facility from 11/08/2023 to 02/28/2024. Resident 1 returned to the facility with home health care for catheter care, physical therapy, and occupational therapy. Findings include: On 03/15/2024 at 11:30 a.m., Surveyor reviewed	N 389		

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N 389	Continued From page 8 Resident 2's record. The following was identified: Resident 2 was admitted on 07/28/2022 with diagnoses including hypertension, kidney failure-stage III, hyperlipidemia disease, diabetes mellitus- type 2, depression, and seizure disorder. Resident 2's assessment, dated 03/10/2023, identified Resident 2 required full assist with dressing, bathing, toileting, and grooming. Resident 2's assessment identified Resident 2 required toilet check every two hours. Resident 2 had a catheter. Resident 2's ISP, dated 03/15/2024, did not include Resident 2's updated needs post hospitalization, including home health care for catheter care, physical therapy, and occupational therapy. On 03/15/2024 at 9:10 a.m., Surveyor toured the facility. Surveyor observed Resident 2 in his/her room. Surveyor requested to enter. Surveyor observed Resident 2 in wheelchair with a bed bar and bed trapeze at the head of his/her bed. On 03/15/2024 at 9:18 a.m., Surveyor interviewed Resident 2, who stated, "The trapeze and bed bar help me get in and out of bed. It is somewhat unstable. That's probably because it is not level. It helps me from rolling out of bed." Resident 2's observation note, dated 11/08/2023, read, "Event Notes: [Resident 2] went outside to smoke a cigarette and a piece of his/her bunt [sic] once I brought [Resident 2] back in, s/he began twitching and groaning [sic] I called [Operation Manager C] to inform him/her [sic] s/he instructed me to call the ambulance and his/her [Health Care Power of Attorney I] which I did."	N 389		

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N 389	Continued From page 9 On 03/15/2024 at 9:25 a.m., Surveyor interviewed Director of Operations (DOO) A, who stated Resident 2 just returned from rehabilitation stay. S/He went out to hospital on 11/08/2023 and returned to the facility on 02/28/2024. On 03/15/2024 at approximately 10:30 a.m., Surveyor interviewed Caregiver E, who explained s/he assisted Resident 2 with Activities of Daily Living (ADLs), toileting, transferring in and out of bed with sit-to-stand and trapeze bar and emptying leg catheter bag a couple times a day. When Surveyor asked Caregiver E how s/he knew what cares to provide Resident 2, s/he told Surveyor, "[Operations Manager C] just told the caregivers what to do." On 03/15/2024 at 11:45 a.m., DOO A told Surveyor, "We went out and observed [Resident 2]. I reviewed the paperwork. We both thought s/he was at baseline, but we did not do a written assessment upon return. If there is not an assessment, there is probably not an updated Individualized Service Plan (ISP) either." DOO A confirmed Resident 2 returned to the facility in a new room, a leg bag catheter, and outside services of physical and occupational therapy. On 03/19/2024 at 1:35 p.m., Surveyor interviewed Rehabilitation Licensed Social Worker J, who confirmed Resident 2 was released from rehabilitation center with home health care orders for catheter care and treatment and physical and occupational therapy. Cross Reference N0383 DHS 83.35(1)(c) Listed Area For Assessments	N 389		

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{N 427}	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, record review, and staff interview, the provider did not provide a daily activity program to meet the interests and capabilities of the residents. Employees did not encourage and promote resident participation in the activity program. No activities occurred during the 6 hours Surveyor was in the facility. This had the potential to affect 13 of 13 residents. This deficiency is being cited for a third time. See SOD FJU011, dated 05/22/2019 and SOD 6YWN11 dated 12/09/2022. Findings include: On 03/15/2024 at 9:10 a.m., Surveyor toured the facility. Surveyor did not observe any activity calendars displayed anywhere in the facility. On 03/15/2024 at 9:10 a.m., Surveyor interviewed	{N 427}		

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{N 427}	Continued From page 11 Resident 2 who told Surveyor, "They do Bingo once and a while. That's about it." On 03/15/2024 at 9:40 a.m., Surveyor interviewed Resident 1 who told Surveyor, "I never get an activity calendar. We rarely play Bingo here. All I ever do is color." On 03/15/2024 at 9:55 a.m., Surveyor interviewed Resident 5 who told Surveyor, "We are supposed to entertain ourselves around here. We do not do anything at all. I've never received an activity calendar, the whole year I've been here. Bingo would be fun once and a while." On 03/15/2024 at 10:15 a.m., Surveyor interviewed Director of Operations A (DOO A) who explained s/he had created an activities policy for caregivers. DOO A explained s/he purchased a subscription to on-line activities for assisted living facilities. DOO A stated, "I don't have an activity log or metrics to measure whether the policy and subscription is helping." On 03/15/2024 at 10:35 a.m., Surveyor asked Caregiver E how activities occur for the residents. Caregiver E stated, "they don't do activities." S/He explained residents typically either sit in their room, sit in main room, or watch television. Surveyor asked if there were any activities to choose from. Caregiver E stated the management has not provided any ideas for resident activities. Caregiver E stated, "Last week, [Operation Manager C] and I Googled some coloring pages for the residents." On 03/15/2024 at 12:45 p.m., Surveyor reviewed the activities policy and procedure. The policy	{N 427}		

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{N 427}	Continued From page 12 read: 1."Caregivers will provide residents with meaningful, constructive, and enjoyable activities on a daily basis. 2.Caregivers will conduct and monitor activities on 1st and 2nd shift according to monthly activity calendar. 3.Caregivers will positively encourage all residents to participate in scheduled activities, as this will increase their social participation skills. Watching television is not an activity unless it is scheduled on the activity calendar. 4.Caregivers should keep in mind that their enthusiasm and approach with the resident will build a relationship and may greatly improve the degree of participation."	{N 427}		