STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016828	A. BUILDING: _____ B. WING _____	C 08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS AT MAPLE RIDGE (THE)	819 ASH STREET SPOONER, WI 54801

(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 08/07/2023, Surveyor conducted a standard survey and complaint investigation at Villas at Maple Ridge. Data was collected through 08/08/2023. Two of complaints were unsubstantiated. Two violations were identified. Census: 14.	N 000		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents were screened for clinically apparent communicable disease, including tuberculosis (TB). Findings include:	N 302		

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

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N 302	Continued From page 1 The provider is licensed to care for 14 residents in the client groups irreversible dementia/Alzheimer's disease, advanced aged, and terminally ill. On 08/07/2023, Surveyor reviewed the records of Resident 1, admitted on 04/22/2022 and Resident 2, admitted on 03/30/2023. Resident 1 and Resident 2's record did not contain a screen for communicable disease, including TB. At approximately 3:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he looked for the missing records and was unable to locate them. Administrator A stated completion of the screen was his/her responsibility and s/he was not aware the screens were missed. Administrator A stated s/he had reached out to Resident 1 and Resident 2's medical provider to schedule the communicable disease screen, including TB. The provider did not ensure Resident 1 and Resident 2 were screened for communicable disease including TB.	N 302		
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	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 389	Continued From page 2 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 record review and interview, the provider did not ensure 1 of 2 residents had a completed annual individualized service plan (ISP). Findings include: The provider is licensed to care for 14 residents in the client groups irreversible dementia/Alzheimer's disease, advanced aged, and terminally ill. On 08/07/2023, Surveyor reviewed the record of Resident 1. Resident 1 was admitted on 04/14/2022 and had an activated power of attorney (POA). Resident 1's record included an ISP dated 04/27/2022 and did not include a current ISP. At approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1's ISP should have been updated in April 2023 and was very late. Administrator A stated s/he had been trying to catch up and revise ISPs but missed this one. Administrator A stated a meeting was planned for 08/10/2023 to discuss ISP updates with Resident 1's POA and his/her managed care organization (MCO). The provider did not ensure Resident 1's ISP was updated 1 year after admission.	N 389		