STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012503	A. BUILDING: _____ B. WING _____	C 07/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREATIVE LIVING ENVIRONMENTS CLARION MANOI	21325 CLARION LN WAUKESHA, WI 53186

(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 07/15/2024, Surveyors conducted a complaint investigation at Creative Living Environments Clarion Manor. Two deficiencies were identified. The complaint was substantiated. Census: 7	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the Department within 3 working days after law enforcement personnel was called to the facility as a result of an incident that jeopardized the health, safety, or welfare of resident or employees. On 04/21/2024, police responded to the provider due to Resident 1 eloping. Findings include: On 05/06/2024, the Department received a complaint alleging concerns with a resident	N 164		

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N 164	Continued From page 1	N 164		

elopement.

On 07/15/2024, Surveyor reviewed Resident 1's record and identified the following:

Resident 1 admitted on 05/30/2023 with a diagnosis of meningioma, hiatal hernia, obstructive sleep apnea, and benign prostatic hyperplasia. Resident 1 had a guardian to assist with decision making.

A review of the police record #K24002581 dated 04/21/24 documented:
"On Sunday, April 21st, 2024, ...at approximately 1910 hours, dispatched for a suspicious subject located at the intersection of South Springdale Road and Davidson Road, in the Town of Brookfield ....At approximately 1919 hours, arrived to scene. On my arrival, observed an elderly white [male/female] who verbally identified [him/herself] as [Resident 1], sitting on a walker behind a black Chevy pickup ....[Resident 1] stated that [s/he] lives at a local group home, and left to go for a walk, but was unsure how to get home. I informed [Resident 1] that I would take [him/her] back to [his/her] residence if [s/he] could tell me that name or location. [Resident 1] stated [s/he] was unsure of the name or location. While speaking to [Resident 1] I observed that it was cold outside, so I suggested [Resident 1] sit in the rear of squad car #65. It should be noted that according to Weather.com, it was approximately 37 degrees at the time of this incident ...advised that there was a group home in the area. Upon inquiry, [Resident 1] stated that [s/he] did live at the provider named. On arrival to the provider, I was greeted by [Caregiver B] ....Upon inquiry [Caregiver B] confirmed [Resident 1] did live at the facility. [Caregiver B] stated that [s/he] was not aware that [Resident 1] left the facility, but did

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N 164	Continued From page 2 observe that [Resident 1's] door to [his/her] room was shut." On 07/15/2024, Surveyor reviewed Department records. There were no self-reports in the Department files regarding the above incident. On 07/15/2024 at 10:40 AM, Surveyor interviewed Administrator A. Administrator A stated s/he did not know about Resident 1's elopement on 4/21/24. Administrator A stated after looking over staff schedules, Caregiver B was working during the alleged timeframe. Administrator A acknowledged Resident 1's incident should have been reported to the department. Administrator A stated s/he would follow up with Caregiver B and provide retraining. Cross Reference: N0426 DHS 83.38(1)(b) Supervision	N 164		
N 426	83.38(1)(b) Supervision. 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: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the	N 426		

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N 426	Continued From page 3	N 426		

provider failed to provide supervision appropriate to Resident 1's needs. The result was Resident 1 wandering from the home on 04/21/2024 and was unable to find his/her way back. The police found Resident 1 during the evening hours when temperatures were dropping (37 degrees F) and assisted in his/her return to the CBRF. Staff were unaware of Resident 1's elopement until Resident 1 was returned by the police.

Findings include:

The Department received a complaint on 05/06/2024 regarding elopement and supervision.

The provider, an 8-bed community based residential facility (CBRF), is licensed to serve the following client groups: physically disabled, emotionally disturbed/mental illness, advanced aged, public funding, and irreversible dementia/Alzheimer's.

Surveyors reviewed Resident 1's record and observed the following:

Resident 1 admitted on 05/30/2023 with a diagnosis of meningioma, hiatal hernia, obstructive sleep apnea, and benign prostatic hyperplasia. Resident 1 had a guardian to assist with decision making.

Review of Resident 1's individual service plan (ISP) with an unknown date revealed the following:
" ... Supervision: 24-hour supervision ...
Exit Seeking Behavior: Resident has been making attempts to exit the building late at night. [S/he's] been stating wanting to go outside or go for a walk. Staff to check on resident every 2 hours and make sure front door's alarm is on ..."

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N 426	Continued From page 4 Review of Resident 1's observations revealed the following: " ...04/16/2024 6:30 AM: [Resident 1] keeps trying to go to the end of the driveway. [S/he] said [s/he] is waiting on [his/her] ride to go to [his/her] house. I cannot take my eyes off [him/her] because [s/he] trying to leave ..." Review of provider's schedule dated April 2024 revealed Caregiver B was on shift during the incident. Surveyor reviewed police report # K240025810 dated 04/21/2024 at 7:10 PM. Report revealed Resident 1 was found off provider property at a nearby intersection. Police note the temperature was (37 degrees F). Resident 1 voiced being unable to find his/her way back home. Report states the provider staff were unaware of Resident 1's absence from the home because his/her door was shut. Resident 1's elopement incident on 04/21/2024 was not documented in the record and management was not made aware. On 07/15/2024 at 10:40 AM, Surveyors conducted interview during exit conference with Administrator A who stated s/he was unaware of this incident occurring. After reviewing staff schedules, Administrator A confirmed Caregiver B was on shift when the incident occurred. Administrator A stated there had been a pattern of Caregiver B not reporting incidents to management. Cross Reference: N0164 DHS 83.12(4)(b) Reporting When Law	N 426		

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N 426	Continued From page 5 Enforcement Is Called	N 426		