STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014122	A. BUILDING: _____ B. WING _____	C 10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELAWARE	1725 DELAWARE ST OSHKOSH, WI 54902

(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
M 000	INITIAL COMMENTS On 09/25/2024, with information gathered through 10/01/2024, Surveyor conducted an abbreviated licensure survey and a complaint investigation at Delaware. Five deficiencies were identified. Complaint was substantiated. Census: 4	M 000		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard 4 of 4 residents from environmental hazards. Toxic chemicals were not securely stored. Findings include: The licensee can provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, advanced aged, physically disabled, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled. On 09/25/2024, from approximately 1:00 PM to 2:30 PM, Surveyor toured the environment and	M 278		

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

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M 278	Continued From page 1 observed the following cleaning compounds unsecured: Laundry Room: -32 fluid ounce bottle of bathroom cleaner with bleach -22 fluid ounce bottle of stain remover for clothing -32 fluid ounce bottle of all-purpose cleaner with bleach Bathroom: -(3) spray cans of disinfectant and sanitizer -(4) fluid ounce bottles of window cleaner -(3) canisters of disposable germicidal surface wipes -32 fluid ounce bottle of toilet bowl cleaner -32 fluid ounce bottle of multi-purpose cleaner with hydrogen peroxide -21 ounce canister of powder cleanser - multipurpose cleaner and stain remover -(2) gallons of bleach -17 ounce spray can of disinfectant spray -24 ounce spray can of oven cleaner Kitchen: -32 fluid ounce bottle of window cleaner -(2) 32 fluid ounce bottles of cleaner plus bleach -32 fluid ounce bottle of multi-surface disinfectant cleaner -17 ounce spray can of disinfectant spray -32 fluid ounce bottle of insecticide Surveyor observed Resident 2 ambulating freely throughout the home. On 09/25/2024, Surveyor requested and reviewed Resident 2's record. Resident 2 moved into the home, 02/17/2024, with diagnoses including schizoaffective disorder,	M 278		

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M 278	Continued From page 2 bipolar type, generalized anxiety disorder, and moderate intellectual disabilities. Resident 2's "Individual Service Plan," dated 03/21/2024, documented: "Supervision: 24-Hour Supervision" "Capacity for Self Care: Needs Some Assistance" "Capacity for Self Direction: Needs Assistance" "Mobility and Transferring: Independent with Ambulation" "Attitude: Likes to help around the house" On 09/25/2024, at approximately 2:30 PM, Surveyor discussed the concern with Care Management Director A, Caregiver B and Caregiver C. Care Management Director A stated the cleaning compounds should have been secured and the concern would be addressed.	M 278		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's	M 424		

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M 424	Continued From page 3 guardian. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not update 1 of 1 resident's (Resident 1) individual service plan (ISP) regarding [his/her]/her behaviors. Resident 1 refused toileting which was not documented in his/her ISP. Resident 1 was a pivot transfer which was not documented in his/her ISP. Findings include: On 07/11/2024, the Department received a concern alleging staff were unaware that a resident had sustained a fracture of his/her arm. On 09/25/2024, at approximately 1:00 PM, Surveyor toured the home and observed a Hoyer track attached to the ceiling, throughout the home. Surveyor observed Resident 1 sitting in his/her wheelchair outside on the deck. On 09/25/2024, at approximately 1:10 PM, Surveyor interviewed Caregiver C. Caregiver C stated Resident 1 was now a Hoyer lift, but prior to his/her arm fracture, s/he was a pivot transfer (Person bears weight on one or both legs and spins to move their body). On 09/25/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 06/01/2014, with diagnoses including cerebral palsy, mental retardation, and depression.	M 424		

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M 424	Continued From page 4 Resident 1's "Observations" documented: "04/30/2024 - Refused to toilet and shower." "05/07/2024 - Refused to participate in [his/her] cares this morning. Refusing to toilet etc." "05/20/2024 - Did not want to do [his/her] cares this morning." "05/28/2024 - Refused to toilet and [his/her] shower this morning." "06/27/2024 - Refused to toilet and participate in any of [his/her] cares this morning." "06/28/2024 - Refused to toilet at 11AM and at 1PM." "06/30/2024 - Was not cooperative with [his/her] cares this morning. No shower." "06/30/2024 - Refused to toilet at 11AM, 1PM, 3PM and 5PM." "07/01/2024 - Refusing to toilet again today. Even after having an accident on the floor [s/he] still refused to toilet and get changed." Resident 1's ISP, dated 06/12/2024, documented: "Toileting - Resident requires staff to monitor and document bowel movements. Resident requires full assistance from staff to complete toileting tasks. 6x (6 times) every day and as needed). Staff will assist [Resident 1] every two hours to prevent skin breakdown. Staff will assist with transfer on to the [sic: toilet]." "Capacity for Self Care - Needs total assistance, wheelchair, gait belt, shower chair." "Care Routine - Independent." "Mobility and Transferring - Resident requires staff monitoring and/or reminders and cues when ambulating. Resident requires staff assistance with all positioning needs. Resident requires staff assistance to complete transfers." The ISP did not document that Resident 1 refused the toileting schedule and that s/he was a pivot transfer.	M 424		

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M 424	Continued From page 5 Resident 1's ISP, dated 08/08/2024, documented: "Toileting - Resident requires staff to monitor and document bowel movements. Resident requires full assistance from staff to complete toileting tasks. 6x (6 times) every day and as needed). Staff will assist [Resident 1] every two hours to prevent skin breakdown. Staff will assist with transfer on to the [sic: toilet]." "Capacity for Self Care - Needs total assistance, wheelchair, gait belt, shower chair." "Care Routine - Independent." ISP documented that Resident 1 became a Hoyer lift after the fracture of his/her arm. On 09/25/2024, at approximately 2:30 PM, Surveyor discussed the concern with Care Management Director A, Caregiver B and Caregiver C. Care Management Director A stated ISPs would be reviewed to ensure individuality. On 09/30/2024, at approximately 2:50 PM, Surveyor interviewed Caregiver D. Caregiver D explained that Resident 1 was to be toileted every 2 hours and s/he was known to refuse toileting. Caregiver D stated, "[Resident 1] would unlock [his/her] wheelchair brakes and start backing up when you would try to assist [him/her] with toileting." Cross Reference: M0448 DHS 88.07(2)(b)5. Monitoring Health	M 424		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when	M 448		

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M 448	Continued From page 6 necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 out of 2 residents change-of-conditions were monitored and documented in their record. Resident 1 displayed difficulty conducting a pivot transfer and physical therapy guidance was not considered until after s/he experienced a fractured ulna (long bone in the forearm stretching from the elbow to the wrist). Resident 1 was not monitored for incontinence. Findings include: On 07/11/2024, the Department received a concern that a resident had experienced a fractured arm and staff were unaware. On 09/25/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 06/01/2014, with diagnoses including cerebral palsy, mental retardation, and depression. Resident 1 is non-verbal. Resident 1's "Observations" documented: 04/12/2024 - Has been very difficult in transferring from [his/her] wheelchair to the toilet. [S/he] is refusing to toilet and was hard to do morning cares with out [his/her] cooperation. This has been reported to supervisor. 04/21/2024 - [Resident 1] is making a proficient effort with [his/her] transferring but I am still carrying most of [his/her] weight to complete each transfer.	M 448		

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M 448	Continued From page 7 04/29/2024 - Unable to transfer onto the toilet and shower today. [S/he] did not assist in any of [his/her] cares. This is a change of condition. 04/30/2024 - Didn't participate in cares this morning, refused to toilet and shower. 06/27/2024 - Refused to toilet and participate in any of [his/her] cares this morning. 06/28/2024 - Refused to toilet at 11AM and at 1PM. 06/30/2024 - Was not cooperative with [his/her] cares this morning. No shower. Refused to toilet at 11AM, 1PM, 3PM and 5PM. 07/01/2024 - Refusing to toilet again today. Even after having an accident on the floor [s/he] still refused to toilet and get changed. 07/04/2024 - Incident Report 07/05/2024 - transported to the [walk in clinic] for [his/her] left arm. The Nurse Practitioner checked [Resident 1's] arm. [S/he] stated that [s/he] needs to get an x-ray. [S/he] also stated that the coloring of the bruising under [his/her] left forearm it looks it must have been injured several days or up to a week prior to the visit. X-rays were completed and shown to staff. [Resident 1's] ulna of [his/her] left forearm is fractured. 07/08/2024 - This morning when I went to get [Resident 1] up, [s/he] was laying on [his/her] left side and was soaked through [his/her] depends and t shirt, all the way through [his/her] chuck pads and sheets. 07/11/2024 - I put in a request to [Resident 1's] doctor's office for PT/OT (physical therapy / occupational therapy) to come to the house to do a evaluation on [Resident 1] as far as their recommendations about the best way to transfer [Resident 1] with [his/her] fracture. Also, if [s/he] is a 2 person transfer. 07/12/2024 - This morning when I arrived at 7:47 am, the 3rd shift worker stated that [s/he] had "checked" on [Resident 1] throughout the night.	M 448		

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M 448	Continued From page 8 When I went into [Resident 1's] room around 8:45am to give [him/her] [his/her] meds I notice [Resident 1] was soiled with urine all the way through [his/her] shirt, chuck pads, sheets, down to the mattress. [S/He] also was laying ON [his/her] cast! It was very obvious and apparent that [Resident 1] had not been changed if at even all throughout the night. [His/her] urine was only on one side of [his/her] shirt, as if [s/he] had not been rotated every 2 hours. 07/13/2024 - Upon arrival, I was informed that [Resident 1] had fractured [his/her] left arm. I read whatever notes I could find to ascertain how [his/her] cares were being done. Some staff kept [him/her] in bed with repositioning ever two hours, while some were able to get [him/her] into [his/her] chair with assistance. 07/16/2024 - [Physical Therapy] came today to evaluate [Resident 1]. After some discussion and demonstration of how [s/he] previously transferred and how staff are handling transfers currently, [his/her] recommendation is that a Hoyer be used to transfer. The observations did not document that Resident 1 had developed bruising and/or discoloration to his/her left arm. The observations documented a six-day delay in requesting PT/OT guidance. Based on the nurse practitioners statement documented, Surveyor noted that Resident 1 was refusing most toileting cares starting on 06/30/2024. Resident 1's "Incident Report," dated 07/04/2024 6:08 PM, documented: "Over the past couple days staff have had difficulty helping [Resident 1] transfer to the toilet and to [his/her] wheelchair. (Since Tuesday 07/02/2024) [Resident 1] would not push	M 448		

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M 448	Continued From page 9	M 448		

[him/herself] up so staff could pull on [his/her] underpants and pants. Today when staff tried to assist [Resident 1] onto the toilet, staff noticed that [Resident 1's] arm was swollen. [Resident 1] appears to be having difficulty when grabbing staffs hand or when grabbing the metal bar by the toilet. Upon closer inspection staff found that [Resident 1] has swelling on [his/her] left wrist and the bottom of [his/her] forearm. [S/he] also appears to have some discoloration on [his/her] skin in the same area, possibly bruising. Staff manipulated [his/her] left hand and wrist to check [his/her] range of motion. [Resident 1] did not appear to be in any pain when staff moved [his/her] fingers and wrist, but [s/he] is hesitant to grab things or put any weight on it. [Resident 1] is unable to communicate with staff."

Resident 1's "Discharge Summary," dated 07/05/2024, documented:
"Closed fracture (when a bone breaks but the skin remains intact) of distal end of left ulna."

Resident 1's "Individual Service Plan (ISP)," dated 06/11/2024, documented:
"Toileting - Resident requires staff to monitor and document bowel movements. Resident requires full assistance from staff to complete toileting tasks. 6x (6 times) every day and as needed). Staff will assist [Resident 1] every two hours to prevent skin breakdown. Staff will assist with transfer on to the [sic: toilet]."
"Capacity for Self Care - Needs total assistance, wheelchair, gait belt, shower chair."
"Care Routine - Independent."
"Mobility and Transferring - Resident requires staff monitoring and/or reminders and cues when ambulating. Resident requires staff assistance with all positioning needs. Resident requires staff assistance to complete transfers."

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M 448	Continued From page 10 Resident 1's ISP, dated 08/08/2024, documented: "Toileting - Resident requires staff to monitor and document bowel movements. Resident requires full assistance from staff to complete toileting tasks. 6x (6 times) every day and as needed). Staff will assist [Resident 1] every two hours to prevent skin breakdown. Staff will assist with transfer on to the [sic: toilet]." "Capacity for Self Care - Needs total assistance, wheelchair, gait belt, shower chair." "Care Routine - Independent." ISP documented that Resident 1 became a Hoyer lift after the fracture of his/her arm. The provider investigated Resident 1's fracture which documented: "Common concern is that [Resident 1's] transfers have become much more difficult over the past year. Some staff do not feel safe transferring [him/her] alone, and there are concerns [s/he] is not being toileted enough because of the difficulty of [his/her] transfers." On 09/25/2024, at approximately 2:30 PM, Surveyor discussed the concern with Care Management Director A, Caregiver B and Caregiver C. Care Management Director A, Caregiver B and Caregiver C stated that Resident 1 had been difficult to transfer, and it had become dangerous for the resident and the staff member. Care Management Director A stated that the discussion had been had with Resident 1's managed care organization (MCO) Case Manager (CM) F and his/her Guardian G regarding Resident 1's transferring capabilities. Care Management Director A stated staff should document change-of-condition concerns. On 09/30/2024, at approximately 2:50 PM,	M 448		

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M 448	Continued From page 11 Surveyor interviewed Caregiver D. Caregiver D stated that transferring Resident 1 via a pivot transfer had become more difficult for the past few months. Caregiver D stated, "When I was trying to assist [him/her] I was worried that I would harm [him/her] or myself." Caregiver D stated Resident 1 would not be able to get out of bed on his/her own. On 10/01/2024, at approximately 9:00 AM, Surveyor interviewed CM F. CM F stated s/he was not aware there were concerns with Resident 1 completing a pivot transfer until after s/he experienced his/her fractured arm. CM F stated, "I am now concerned that staff are not comfortable transferring [him/her] with a Hoyer, so s/he is no longer toileted, Depends are utilized. I feel that is a dignity issue." CM F explained that Resident 1 now relied solely on staff to transfer. On 10/01/2024, Surveyor reviewed the written report the provider had submitted to the Department regarding the 07/04/2024 incident report which read: "On 07/04/2024 it was reported that [Resident 1] had swelling in forearm from unknown source from [Caregiver E] while trying to transfer [Resident 1]. [Caregiver E] filed incident report which resulted in [Resident 1] being seen by a medial professional. [Resident 1] is currently being evaluated for a Hoyer lift as [his/her] transfers are increasing in difficulty."	M 448		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner.	M 474		

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M 474	Continued From page 12	M 474		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items stored in the basement which smelled musty, and a black substance was observed on the walls.

Findings include:

The licensee can provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, advanced aged, physically disabled, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled.

On 09/25/2024, at approximately 2:00 PM, Surveyor toured the basement and noted that the basement had a musty like scent. There was a black substance on the wall that appeared to be caused by moisture leaking through. Surveyor observed the following food items stored on shelving:

Refrigerator:
-4.7 ounce box of scalloped potatoes
-26.7 ounce box of instant mashed potatoes
-(2) 5.5 ounce boxes of hamburger helper
-(4) 7.25 ounce boxes of mac and cheese
-32 ounce box of complete pancake and waffle mix
-20.25 ounce box of cinnamon crunch cereal
-(2) 18.8 ounce boxes of cinnamon flavored cereal
-21.7 ounce box of fruit spins cereal
-10.8 ounce box of honey nut flavored cereal
-11.5 ounce box of whole grain oat cereal with

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DELAWARE	1725 DELAWARE ST OSHKOSH, WI 54902

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M 474	Continued From page 13 marshmallows -10 ounce box bear shaped graham crackers -box of variety pack chew granola bars Surveyor also observed over 25 cans of food products, along with food items in glass jars and plastic bottles. "Store commercially canned foods and other shelf stable products in a cool, dry place. Never put them above the stove, under the sink, in a damp garage or basement, or any place exposed to high or low temperature extremes." (Source: USDA (US Department of Agriculture) website, How long can you keep canned goods?, September 18, 2024, https://ask.usda.gov/s/article/How-long-can-you-keep-canned-goods (retrieval date - September 28, 2024).) On 09/25/2024, at approximately 2:30 PM, Surveyor discussed the concern with Care Management Director A, Caregiver B and Caregiver C. Care Management Director A stated the concern would be addressed.	M 474		
M 484	88.09(1)(b) RESIDENT RECORDS-CONFIDENTIALITY The records of residents shall be confidential. Access to records of a resident's HIV test results shall be controlled by s. 252.15 Stats. Access to other resident records shall be restricted to the following: The resident, the resident's guardian, authorized representatives of the department, other persons or agencies with informed written consent of the	M 484		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014122	A. BUILDING: _____ B. WING _____	C 10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELAWARE	1725 DELAWARE ST OSHKOSH, WI 54902

(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
M 484	Continued From page 14 resident or the resident's guardian, if applicable, persons or agencies authorized by s. 51.30, Stats., ss. 46.81 to 146.83, Stats., or 42 CFR Part 2, and persons or agencies authorized by other applicable law. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure previous resident records were kept confidential. Findings include: On 09/25/2024, from approximately 1:00 PM to 2:30 PM, Surveyor toured the home and observed open boxes stacked up along some filing cabinets in the common area of the home. Surveyor reviewed the boxes and opened the filing cabinets and observed files that contained personal information belonging to Resident 1, previous Resident 3, previous Resident 4, and previous Resident 5. Surveyor observed residents ambulate independently throughout the home. On 09/25/2024, at approximately 2:30 PM, Surveyor discussed the concern with Care Management Director A, Caregiver B and Caregiver C. Care Management Director A stated the concern would be addressed.	M 484		