| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017206 | A. BUILDING: _____ B. WING _____ | R-C 11/06/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARE PARTNERS EAU CLAIRE WEST | 5110 STONEWOOD DR EAU CLAIRE, WI 54703 |

| (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<br><br>On 11/02/2023, Surveyor conducted five complaint investigations and a verification visit at Care Partners Eau Claire West. Data collection continued through 11/06/2023.<br><br>The eight deficiencies identified in Statement of Deficiency (SOD) 861K13, dated 04/26/2023, were corrected.<br><br>Five complaints were unsubstantiated.<br><br>One deficiency was identified.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 39 | {N 000} | | |
| N 387 | 83.35(3)(b) Service plan development: parties involved<br><br>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. | N 387 | | |

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

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| N 387 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the resident and the resident's legal representative as appropriate, were involved in developing the individual service plan (ISP).<br><br>Findings include:<br><br>On 11/02/2023 at 11:40 AM, Surveyor interviewed Resident 1 about his/her care. Resident 1 stated s/he was admitted in August 2023 and needed quite a bit of assistance from staff for cares and transfers due to mobility issues. Resident 1 stated s/he had not seen a written care plan (ISP) and did not sign anything. Resident 1 stated s/he was independent and did not have an activated power of attorney (POA).<br><br>On 11/02/2023 at 11:48 AM, Surveyor interviewed Administrator A and requested Resident 1's ISP. Administrator A provided Resident 1's binder and directed Surveyor where to locate it. The ISP contained Administrator A's signature and did not have Resident 1's signature to acknowledge their involvement in, understanding of, and agreement with the plan. Administrator A stated s/he thought the signatures were required at the 6-month review and confirmed s/he did not review the plan with Resident 1 or request a signature for the comprehensive 30-day ISP. Administrator A and Regional Nurse (RN) B informed Surveyor their company policy was to review ISPs every 6 months. After the concern was identified, RN B directed Assistant Director (AD) C to review the ISP with Resident 1 as soon as possible. AD C reviewed the ISP with Resident 1 and obtained his/her signature. | N 387 | | |

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|---|---|---|---|---|
| N 387 | Continued From page 2<br><br>Surveyor asked Administrator A if the following residents were involved in developing their comprehensive ISP:<br><br>-Resident 2, admitted 09/02/2023<br>-Resident 3, admitted 09/19/2023<br>-Resident 4, admitted 09/01/2023<br><br>Administrator A stated s/he did not review or obtain signatures from Resident 2, Resident 3 or Resident 4 or their designated legal representative, as appropriate, as s/he was not aware of the requirement. | N 387 | | |