STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016677	A. BUILDING: _____ B. WING _____	R-C 09/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR VILLAGE INC	620 HARPER AVE PESHTIGO, WI 54157

(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 08/28/2023, with information gathered through 09/01/2023, Surveyor conducted an on-site investigation of 1 complaint, a standard survey, and a verification visit at Arbor Village. As a result of the investigation the complaint was unsubstantiated. As a result of the verification visit, 28 out of 30 deficiencies were corrected. Two deficiencies were repeat violations. Three deficiencies were identified in total. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 15	{N 000}		
{N 169}	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure Resident 1's guardian was immediately notified after each fall incident. Resident 1 was on anticoagulant therapy and had multiple falls that were unwitnessed and/or had reported associated dizziness, pain, and /or injury. The Power of Attorney (POA) was not immediately contacted for the opportunity to have a timely medical assessment conducted by a	{N 169}		

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

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{N 169}	Continued From page 1 licensed medical professional after the falls. This is a repeat violation. See Statement of Deficiency (SOD) 8CNU12 dated 09/21/2022. Findings include: On 08/29/2023, Surveyor reviewed Resident 1's record. Resident 1was admitted on 02/23/2022 with diagnoses including mild dementia and intellectual disabilities, primary hypertension, COPD, and acute embolism and thrombosis. His/her diagnosis required daily anticoagulation therapy medication. On 08/30/2023, Surveyor reviewed Resident 1's record including incident reports, observation notes and his/her behavior plan. Surveyor noted from April 2023 through August 2023 Resident 1 had 31 incident reports related to falls. Of the 31 incident reports, 26 were unwitnessed falls. In 12 out of 31 incidents, Resident 1 was found to have pain, injury, and/ or reported dizziness symptoms. Of the 31 incidents, 3 indicated Administrator A was notified and 1 (04/15/2023) out of 31 noted the POA was contacted and the resident was sent out for medical evaluation. On 09/01/2023, Surveyor interviewed Administrator A at 11:38 AM. Administrator A stated the employees who filled out the reports did not contact the POA or the medical doctor at the time the falls occurred. Administrator A stated caregivers told him/her about incidents when s/he came into work next and within "a few days" s/he would follow up with an e-mail to the care team and guardian. Administrator A stated the caregivers present at the time of the unwitnessed falls were not licensed to conduct medical assessments. Administrator A stated s/he was	{N 169}		

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{N 169}	Continued From page 2 aware of the increased risk for harm when an unwitnessed fall occured for a resident who was on anticoagulation therapy, acknowledged reported dizziness related to a fall could be a symptom associated with the resident's history of embolisms and that these incidents would require medical assessment. The caregivers present at the facility were not licensed to perform the assessment necessary to determine the level of care needed, did not contact the POA in a timely manner with information to give the opportunity for the POA to request the resident be brought to the hospital, and did not contact the physician to see if the blood thinning medication should be withheld. Administrator A stated s/he acknowledged all incidents required the POA to be immediately notified to afford them the opportunity to seek further assessment and or treatment options for the resident.	{N 169}		
{N 358}	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a safe environment was maintained. Residents with supervision needs had access to multiple areas of the facility that	{N 358}		

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{N 358}	Continued From page 3	{N 358}		

had the potential for harm including storage areas containing tools, chemicals, and equipment. Additionally, the facility was found to have 3 natural gas leaks.

This is a repeat violation. See Statement of Deficiency (SOD) 8CNU12 dated 09/21/2022.

Findings include:

The facility is licensed to serve up to 50 residents who may be developmentally disabled, terminally ill, of advanced age, and/or have irreversible dementia/Alzheimer's disease.

On 08/28/2023 at 9:40 AM, Surveyor toured the facility with Administrator A while conducting observations and interview. Administrator A stated there were residents at the facility that required continual supervision for safety as they may have memory care needs and/or behaviors including wandering.

On 08/28/2023 at approximately 9:45 AM, Surveyor observed an open food pantry in the resident accessible kitchen that was not within caregiver's visual control. The food pantry contained multiple cleaners and chemicals that were not secured and were accessible. Surveyor interviewed Administrator A who confirmed there were residents at the facility that would not be safe with the chemicals and that s/he was aware the chemicals were not secured against resident access.

On 08/28/2023 at approximately 9:50 AM, Surveyor observed an electrical closet located from the main common space hallway that was not within caregiver's visual control at all times. The closet door was unlocked and Surveyor

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{N 358}	Continued From page 4	{N 358}		

observed multiple electrical systems and metal tools within. Surveyor interviewed Administrator A who stated the door was supposed to be locked at all times for resident safety.

On 08/28/2023 at approximately 10:20 AM, Surveyor observed a corridor that led to another side of the facility (Side B). Side B is a continuation of the licensed space, including resident rooms and common space, although no residents currently reside in the space. Surveyor observed the door at the end of the main side of the facility where residents reside (Side A) was unsecured and led to Side B. Side B contained unoccupied rooms that had open doors and were used for storage including cleaning chemicals and equipment. The rooms were not kept within caregivers' visual control and were accessible to all residents, staff and visitors. The rooms were equipped with doors that lock but were kept open and unlocked. Surveyor interviewed Administrator A who stated the residents would at times use the common space in Side B for activities but that the space was typically not entered by staff or residents and was not continuously supervised. Administrator A stated s/he was aware the doors could be locked to secure against resident access.

On 08/29/2023, Surveyor returned to the facility and observed at approximately 12:00 PM the doors remained unsecured and open.

On 08/28/2023 at 10:30 AM, Surveyor entered a heating room located on Side B. Surveyor immediately observed a noticeable odor which appeared to be natural gas. Administrator A entered the room and verified s/he also observed the odor. Administrator A stated a gas repair company was hired a few months earlier to fix a

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{N 358}	Continued From page 5 previous gas leak in the facility. Administrator A stated the company informed him/her a small scent of natural gas could still remain despite the leak having been corrected. Administrator A could not recollect who stated this and had no documentation to support the directive from the company. Administrator A notified the gas company via phone call and informed Surveyor the gas company instructed that the facility be promptly evacuated. Upon inspection from the gas professional, 3 natural gas leaks were detected. On 08/28/2023 at 12:00 PM, Administrator A stated s/he was aware the scent was added to the natural gas to alert the gas's presence and did not feel it was "normal" to continue to smell it. Administrator A stated to his/her recollection, a company did not return to the facility after the repair had been made to confirm the leak had been corrected and the furnace had not been professionally checked since. After the initial gas leak was found on 09/06/2022, the provider was aware there continued to be an odor of natural gas and did not follow up to ensure the corrections had been made.	{N 358}		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by:	N 392		

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N 392	Continued From page 6 Based on record review and staff interview, the provider did not ensure that a Resident Satisfaction Survey was completed for all residents in 2020, 2021 and 2022. Findings include: Resident 2 was admitted to the facility on 01/14/2020. Surveyor was unable to locate a Resident Satisfaction Survey for 2020, 2021, or 2022. On 08/29/2023, at approximately 12:00 PM, Surveyor requested the 2020, 2021, and 2022 Resident Satisfaction Survey results for the surveys that were sent out to the residents and/or resident representatives. Surveyor observed there were no resident satisfaction surveys present in Resident 2's records. Administrator A stated resident satisfaction surveys had not been sent out or completed for 2020, 2021 and 2022. Administrator A stated s/he was hired in 2019 and since working at the facility no satisfaction surveys had been sent out.	N 392		