

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0016677</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>07/11/2024</b> |
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**ARBOR VILLAGE INC**

**620 HARPER AVE  
PESHTIGO, WI 54157**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| N 000                    | Initial Comments<br><br>On 07/11/2024, Surveyors conducted a verification visit and 2 complaint investigations at Arbor Village Inc. All previous deficient practices were corrected. One of two complaints was substantiated with 1 new repeat deficient practice identified.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed.<br><br>Census: 18                                                                                                                                                                                                                                                                                                                                                   | N 000               |                                                                                                                          |                          |
| Y3234                    | 50.09(1)(e) Treatment<br><br>(1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to:<br><br>(e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employees of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview the provider did not ensure residents were treated with courtesy, respect, or dignity at all times. Residents 2, 3, 4, and 5 all reported instances of disrespectful treatment. | Y3234               |                                                                                                                          |                          |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0016677</b>           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>07/11/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARBOR VILLAGE INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>620 HARPER AVE<br/>PESHTIGO, WI 54157</b> |                                                                                                                          |                                                                |
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| Y3234                                                        | <p>Continued From page 1</p> <p>This is a repeat deficiency. See Statement of Deficiency (SOD) 8CNU12, dated 09/21/2022.</p> <p>Findings Include:</p> <p>On 03/12/2024 the Department received a complaint alleging the provider was mistreating residents.</p> <p>On 07/11/2024, Surveyors conducted multiple interviews with residents and staff. The interviews revealed caregivers' and Licensee B's treatment of residents was frequently restrictive, overly directive, and staff were regularly witnessed yelling at other staff and residents, which caused an environment of intimidation that was not home-like.</p> <p>Resident interviews</p> <p>On 07/11/2024 at approximately 12:49 PM, Surveyor interviewed Resident 3. Resident 3 stated the majority of the staff are kind. Resident 3 indicated there are 2 staff members who are not friendly. Resident 3 was unable to recall the name of one of the caregivers but did state that s/he works night shift. Resident 3 stated Caregiver D can be "rude and demanding." Resident 3 stated Caregiver D is "extremely strict" with Resident 3's diet and will take items away from Resident 3 like chocolate, cookies and soda. Resident 3 stated Caregiver D becomes upset if s/he doesn't want to do an exercise such as riding his/her stationary bike. Resident 3 stated s/he has witnessed Licensee B yell at caregivers. Resident 3 stated s/he was aware of multiple staff quitting due to the treatment from Licensee B, which makes residents uncomfortable.</p> | Y3234                                                                                 |                                                                                                                          |                                                                |

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| Y3234                                                        | <p>Continued From page 2</p> <p>On 07/11/2024 at approximately 1:00 PM, Surveyor interviewed Resident 5. Surveyor observed Resident 5 become emotional when discussing his/her treatment by caregivers. Resident 5 gave examples of directive treatment by staff in general which created an environment that didn't feel homelike and was restrictive. Resident 5 stated s/he put Christmas decorations up for Christmas in July and was told by an unnamed staff member to take the Christmas decorations down. Resident 5 stated it made him/her "feel bad" because s/he wanted to celebrate Christmas in July. Resident 5 stated in the past s/he had taken some items and brought them to his/her room and has since stopped. Resident 5 stated now anytime something is missing in the facility s/he is accused by the staff of taking the item. Resident 5 stated when s/he asks for more food at mealtimes s/he is frequently told by staff that s/he had "had enough" and "you're on a diet." Resident 5 stated s/he is still hungry and has to hide snacks in his/her room because staff and Licensee B have told him/her s/he is not allowed to have snacks in his/her room. Resident 5 stated s/he will lock his/her door to access the snacks and staff become upset with him/her when s/he locks his/her door. Resident 5 stated s/he is expected to go to the common room to get his/her blood pressure taken and stated s/he will wait and be ignored by the staff. Resident 5 stated approximately a week ago s/he eventually went back to his/her room and when Caregiver C came to his/her room to find him/her Caregiver C stated, "I thought I told you to be in [the common] room!"</p> <p>Resident 5 showed Surveyor s/he had an air conditioner in his/her room because the common</p> | Y3234                                                                                 |                                                                                                                          |                                                                |

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| Y3234                                                        | <p>Continued From page 3</p> <p>spaces of the facility were not kept cool during the hotter summer days. Resident 5 stated s/he has to stay in his/her room and not venture out as much if s/he wants to stay cool. Resident 5 stated a few days prior, when the weather was in the 90s s/he was in the dining room area and saw the air conditioner was off. Resident 5 stated s/he went to turn on the air conditioner so s/he could remain comfortable in the dining room when Licensee B yelled at him/her. Resident 5 stated Licensee B stated, "You keep your hands off of that!" Resident 5 stated it made him/her feel frustrated and "bad" and that because of it s/he has been trying to stay in his/her room more.</p> <p>Resident 5 stated a few weeks prior s/he was sitting in the dining room when Licensee B came up to him/her and yelled at him/her to get out of Licensee B's preferred chair and not sit at Licensee B's preferred table. Resident 5 stated Licensee B yelled at him/her, "This is my place and my table! You get up off that chair! This is my chair!" Resident 5 stated Licensee B told him/her if s/he wanted to sit there s/he could start paying the property taxes of the facility. Resident 5 stated s/he was almost finished with his/her meal but s/he left the table. Resident 5 stated it was embarrassing and made him/her feel "bad."</p> <p>On 07/11/2024 at approximately 1:53 PM, Surveyor interviewed Resident 4. Surveyor observed Resident 4 become emotional when discussing his/her treatment from the caregivers. Resident 4 stated s/he believes s/he is "too much" for the facility to provide for. Resident 4 stated Caregiver E is not kind and frequently "hollers" at Resident 4 and other residents if they do not do what Caregiver E instructed. Resident 4 stated s/he has witnessed on multiple occasions Licensee B yelling at both residents and staff.</p> | Y3234                                                                                 |                                                                                                                          |                                                                |

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| Y3234                                                        | <p>Continued From page 4</p> <p>Resident 4 stated Licensee B gets upset with him/her because s/he had a decline and now requires a mechanical lift for transfers. Resident 4 stated s/he was sitting at the nurse's station with other residents and Licensee B started scolding him/her for using the mechanical lift and stated s/he is no longer able to attend outings. Resident 4 indicated s/he becomes extremely depressed without the ability to go out of the facility. Resident 4 stated s/he would address more concerns but s/he felt that s/he would be retaliated against by management and caregivers.</p> <p>Caregiver Interviews<br/>On 07/11/20204 Surveyor interviewed Cook F. Cook F stated Licensee B will frequently "down talk" and "yell" at the residents. Cook F stated s/he recently witnessed (no date given) Licensee B yell at Resident 5 when Resident 5 was sitting in Licensee B's preferred spot in the dining room. Cook F stated Licensee B stated to Resident 5, "This is my spot!" and if s/he wants to sit there then "maybe you should start paying the property taxes here!" Cook F stated Resident 5 responded by apologizing saying s/he was sorry, s/he didn't know it was Licensee B's spot, and that s/he was done eating anyway. Cook F stated it made him/her feel "very bad" for Resident 5 as s/he could see Resident 5 was embarrassed and upset.</p> <p>On 07-11-2024 at approximately 11:49 AM, Surveyors interviewed Administrator A who stated s/he was hired in October of 2023. Administrator A stated s/he has witnessed and confronted Licensee B on numerous occasions regarding Licensee B being verbally aggressive with multiple residents.</p> <p>Administrator A stated 2 days ago (07/09/2024),</p> | Y3234                                                                                 |                                                                                                                          |                                                                |

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| Y3234                                                        | <p>Continued From page 5</p> <p>s/he was informed by Caregiver C regarding Licensee B raising his/her voice at Resident 5. Administrator A stated Caregiver C witnessed Licensee B scold Resident 5 and instructed him/her to get out of Licensee B's chair at the dining room table. Licensee B told Resident 5 s/he could start paying taxes if s/he was going to take his/her spot.</p> <p>Administrator A stated roughly 3 or 4 months ago s/he witnessed Licensee B inform Resident 3 and Resident 4 they need to lose weight and exercise more. When Administrator A confronted Licensee B about the situation Licensee B stated it was true and s/he was only telling them the truth. Administrator A indicated s/he has had conflicts with Licensee B regarding food portion sizes and ensuring milk is available for a resident to request.</p> <p>Administrator A did state s/he has witnessed Caregiver C raising her/his voice when interacting with residents. Administrator A indicated s/he addressed that concern verbally with Caregiver C. Administrator A stated s/he had also addressed a concern with Caregiver D. Administrator A stated Caregiver D occasionally tends to be too directive when communicating with residents.</p> <p>Administrator A stated s/he witnessed Resident 2 throwing objects on the ground. Resident 2 informed Administrator A s/he was upset because Caregiver C told other residents that bingo was canceled because of Resident 2. Administrator A stated when s/he confronted Caregiver C, Caregiver C confirmed s/he said bingo was canceled due to Resident 2's behaviors because that's what Caregiver D told her/him. Administrator A directed Caregiver D to walk away and calm down as the disagreement was</p> | Y3234                                                                                 |                                                                                                                          |                                                                |

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| Y3234                                                        | <p>Continued From page 6</p> <p>upsetting other residents.</p> <p>On 07/11/2024 at approximately 2:45 PM, Surveyors interviewed Licensee B with Administrator A present. When Surveyors interviewed Licensee B regarding accusations of verbal abuse, Licensee B stated s/he does not want to come off as intimidating but acknowledged his/her harsh language and that s/he will occasionally raise his/her voice. Licensee B stated s/he's "getting a lot better" compared to how s/he has previously treated residents in the past.</p> <p>Licensee B stated at time s/he will remind resident they are on diets when they ask for more food or certain foods. Licensee B indicated s/he pushes the residents to do things for themselves and sometimes the residents don't like that. Regarding accusations about Resident 3's weight, Licensee B confirmed that s/he made statements in a common area about Resident 3 gaining weight. Licensee B stated Resident 3's doctor is concerned about him/her gaining weight. Licensee B stated Resident 3 is always trying to get a second portion of food. Licensee B acknowledged that reminding resident of their diets, especially in the common space in front of other people may be demeaning and embarrassing to residents.</p> <p>Surveyors interviewed Licensee B regarding Resident 5. Licensee B acknowledged the facility staff conducted searches in Resident 5's room when other residents items or facility items go missing. Licensee B acknowledged s/he told Resident 5 s/he could not touch the air conditioner in the dining room. Licensee B stated the dining room "stays cool enough." Regarding accusations between Licensee B and Resident 5</p> | Y3234                                                                       |                                                                                                                          |  |                                                                |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0016677</b>           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>07/11/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARBOR VILLAGE INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>620 HARPER AVE<br/>PESHTIGO, WI 54157</b> |                                                                                                                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| Y3234                                                        | <p>Continued From page 7</p> <p>in the dining room, Licensee B stated Resident 5 doesn't generally sit at that table. Licensee B acknowledged making statements instructing Resident 5 to move out of his/her chair and "jokingly" telling Resident 5 they could pay taxes. Licensee B minimized the incident stating, "It was one instance out of how many."</p> <p>When Surveyors interviewed Licensee B regarding comments made to Resident 4, Licensee confirmed making the statements in a common area about Resident 4 not being "allowed" to go on outings. Licensee B stated Resident 4 has people at the facility s/he can socialize with. Licensee B expressed his/her frustration towards Resident 4 and his/her rationale for stating the resident cannot go on outings. Licensee B indicated Resident 4 frequently refuses allowing staff to transfer him/her. Licensee B stated Resident 4 has a history of "throwing" him/herself on the ground. Licensee B stated Resident 4 is incontinent and will soil him/herself on outings. Licensee B stated his/her belief that Resident 4's refusals and incontinence is behavioral.</p> <p>Licensee B indicated that prior management would "go above and beyond" for the residents and that Licensee B is "stricter than that." Licensee B stated s/he admits that his/her and other staff's down-talking and treatment of residents needs to be improved. License B acknowledged his/her role as the property owner to be similar to that of a landlord/ tenant situation, as the facility is owned by him/her but is paid for by and is the home of the residents. License B acknowledged in such a relationship s/he has no right to tell tenants if they can keep snacks in their rooms, where they can sit in common spaces, or to verbally accost them. License B</p> | Y3234                                                                                 |                                                                                                                          |                                                                |

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION          |                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0016677</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>07/11/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARBOR VILLAGE INC</b> |                                                                                                                                                                                                                                                                                                           |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>620 HARPER AVE<br/>PESHTIGO, WI 54157</b>                                    |  |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                       |
| Y3234                                                        | Continued From page 8<br><br>stated s/he was a landlord for multiple properties<br>and did not behave that way toward those<br>tenants. This is in direct contrast to how s/he<br>treats the residents at the facility, indicating<br>because they are vulnerable, they are being<br>treated differently. | Y3234                                                                       |                                                                                                                          |  |                                                                |