STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019496	A. BUILDING: _____ B. WING _____	C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HOME	10320 S HUMMINGBIRD LN OAK CREEK, WI 53154

(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 12/03/2024, Survyeor completed a complaint investigation at Trinity House. As a result, 6 deficiencies were identified. The complaint was unsubstantiated. Census: 7	N 000		
N 172	83.12(6) Documentation requirements for written report All written reports required under this section shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure residents ' health, safety and well-being. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a written report for 1 (Resident 1) of 1 resident reviewed that included, at minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure the residents' health, safety, and well-being. Findings include: On 10/21/2024, the department received a complaint alleging a staff person had an inappropriate relationship with a resident. Record Review On 11/05/2024, at 10:15 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 03/26/2024 with diagnoses including multiple sclerosis, attention-deficit hyperactivity disorder, and unspecified mood affective disorder. Surveyor did not see documentation reflecting an	N 172		

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

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N 172	Continued From page 1 internal investigation was completed related to allegations of staff having had an inappropriate relationship with Resident 1. Interview On 11/05/2024, at 11:30 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was contacted by Resident 1's managed care organization (MCO) alleging a staff member had an intimate relationship with Resident 1. Licensee A reported Caregiver B contacted Licensee A regarding a shopping trip Caregiver B and Resident 1 wanted to take. Licensee A reported Caregiver B took Resident 1 out shopping and Caregiver B reported to Licensee A Resident 1 had urinated all over her/his car. Licensee A reported a week or 2 later, the MCO claimed Resident 1 had sex with Caregiver B. Licensee A reported s/he spoke with Resident 1, and Resident 1 reported nothing happened, they were just friends. On 12/03/2024 at 3:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed s/he completed an investigation. Licensee A reported s/he was unable to interview Caregiver B due to Caregiver B would not return her/his phone call and Caregiver B was no longer employed at the facility. Licensee A reported s/he did interview Resident 1 and other staff. Licensee A confirmed s/he did not have a report which included the required information.	N 172		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after,	N 219		

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N 219	Continued From page 2 the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a criminal background check was conducted for 1 of 1 employee reviewed. Findings include: On 11/05/2024, at 11:20 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired on 04/01/2024. Caregiver B's record did not contain a Background Information Disclosure (BID), a Department of Justice (DOJ) background check, or an Integrated Background Information System (IBIS) check or an acceptable alternative. On 11/06/2024, at 9:46 AM, Licensee A sent Surveyor an email. Licensee A reported when caregivers were hired, they receive a packet which includes the BID paperwork. Licensee A reported s/he could not find Caregiver B's BID or DOJ report. Licensee A reported s/he provided Caregiver B with the paperwork but must not have received the paperwork back.	N 219		

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N 219	Continued From page 3 On 12/03/2024, at 3:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement.	N 219		
N 223	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record which contained documentation of training and a completed background check for 1 of 1 caregiver (Caregiver B). Findings include: On 11/05/2024, at 11:20 AM, Surveyor requested Caregiver B's record. Caregiver B was hired on 04/01/2024. Caregiver B's record contained an employment application. Caregiver B's record did not contain documentation of orientation training or a completed background check. On 11/05/2024, at 1:09 PM, Licensee A emailed Surveyor. Licensee A reported Caregiver B had all required paperwork and s/he was unsure of	N 223		

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N 223	Continued From page 4 where the paperwork was.	N 223		
N 327	83.31(4)(b) Allowable reasons for involuntary discharge. Discharge or transfer initiated by CBRF. Reasons for involuntary discharge. The CBRF may not involuntarily discharge a resident except for any of the following reasons: 1. Nonpayment of charges, following reasonable opportunity to pay. 2. Care is required that is beyond the CBRF ' s license classification. 3. Care is required that is inconsistent with the CBRF ' s program statement and beyond that which the CBRF is required to provide under the terms of the admission agreement and this chapter. 4. Medical care is required that the CBRF cannot provide. 5. There is imminent risk of serious harm to the health or safety of the resident, other residents or employees, as documented in the resident ' s record. 6. As provided under s. 50.03 (5m), Stats. 7. As otherwise permitted by law. This Rule is not met as evidenced by: Based on record review and interview, the provider issued a 30-day discharge notice to 1 of 1 resident (Resident 1) on 06/20/2024 for reasons other than nonpayment of charges, inconsistency with the provider's program statement, care concerns, as provided under s. 50.03(5)(m) or as permitted by law. Findings include: The provider was licensed as a class CNA	N 327		

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N 327	Continued From page 5 (non-ambulatory) CBRF able to serve up to 8 residents within client groups of advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, and traumatic brain injury. On 11/05/2024, at 4:00 PM, Surveyor reviewed the involuntary discharge notice, dated 06/20/2024, provided to Resident 1's managed care organization (MCO). The notice stated, "I am writing this letter to inform [Resident 1's] care team that I am initiating a 30-day notice to remove [Resident 1] from Trinity Home. Her/His needs have exceeded the level of care that we can provide her/him which has been difficult on my staff as they manage caring for all 8 residents at Trinity Home. In addition to her/his growing needs for extra attention, I was informed today that s/he may or may not have had a relationship with one of my former caregivers. While I do not believe s/he had a relationship with the former caregiver, these types of discussions seem to becoming more common with her/him as other staff have told me that s/he has been sharing sexual stories with them as well; s/he has made staff uncomfortable with these inappropriate stories. We ask that the care team finds appropriate placement for her/him and moved out of Trinity Home no later than July 20, 2024." On 12/03/2024, at 3:00 PM, Surveyor interview Licensee A. Licensee A reported Resident 1 was swearing at the staff and started being more dependent and demanding on staff. Surveyor relayed concerns regarding the lack of evidence to prove Resident 1 had a change in level of care. Licensee A acknowledged Surveyors concerns. Cross-Reference DHS0328 83.41(4)(c) Involuntary Discharge Notice Requirements	N 327		

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N 328	83.31(4)(c) Involuntary discharge notice requirements. Discharge or transfer initiated by CBRF. Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident ' s legal representative and shall include all of the following: 1. A statement setting forth the reason and justification for discharge listed under par. (b). 2. A statement that the resident or the resident ' s legal representative may ask the department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department ' s regional office with a copy to the CBRF. The notice shall state that the request must provide an explanation why the discharge should not take place. 3. The name, address and telephone number of the department ' s regional office director. 4. The name, address and telephone number of the regional office of the board on aging and long term care ' s ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62(2)(a), Stats. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an involuntary discharge notice provided to 1 of 1 resident (Resident 1), included a statement the resident may ask the Department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the Department's regional office with a copy to the CBRF (community based residential facility). The	N 328		

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N 328	Continued From page 7	N 328		

notice did not state that the request must provide an explanation why the discharge should not take place. The notice did not include the name, address and telephone number of the Department's regional office director or the name, address, and telephone number of the regional office of the Wisconsin Board on Aging and Long-Term Care's ombudsman program.

Findings include:

On 11/05/2024, at 4:00 PM, Surveyor reviewed the involuntary discharge notice, dated 06/20/2024, provided to Resident 1's managed care organization (MCO). The notice stated, "I am writing this letter to inform [Resident 1's] care team that I am initiating a 30-day notice to remove [Resident 1] from Trinity Home. Her/His needs have exceeded the level of care that we can provide her/him which has been difficult on my staff as they manage caring for all 8 residents at Trinity Home. In addition to her/his growing needs for extra attention, I was informed today that s/he may or may not have had a relationship with one of my former caregivers. While I do not believe s/he had a relationship with the former caregiver, these types of discussions seem to becoming more common with her/him as other staff have told me that s/he has been sharing sexual stories with them as well; s/he has made staff uncomfortable with these inappropriate stories. We ask that the care team finds appropriate placement for her/him and moved out of Trinity Home no later than July 20, 2024." The notice did not include a statement that the resident may ask the Department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the Department's regional office with a copy to the CBRF. The notice did not state that

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N 328	Continued From page 8 the request must provide an explanation why the discharge should not take place. The notice did not include the name, address and telephone number of the Department's regional office director or the name, address, and telephone number of the Wisconsin Board on Aging and Long-Term Care's ombudsman program. On 12/03/2024 at 3:00 PM, Surveyor interviewed Licensee A. Administrator A reported s/he was unaware of the code requirement to ensure the involuntary notice contained the required documentation. Licensee A reported s/he was working with a law firm who was reviewing all paperwork to ensure code compliance. Licensee A reported s/he now had a template to ensure the involuntary discharge includes all required information. Cross Reference DHS0327 83.31(4)(b) Allowable Reasons For Involuntary Discharge	N 328		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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N 389	Continued From page 9	N 389		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1's) individual service plan (ISP) was updated when there was a change in Resident 1's behaviors and level of care.

Findings include:

On 11/05/2024, at 9:45 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/16/2024 with diagnoses including multiple sclerosis, mood affective disorder, and attention-deficit hyperactivity disorder. Resident 1's assessment, dated 03/26/2024, indicated Resident 1 had no behaviors. Resident 1's ISP, dated 07/15/2024, indicated Resident 1 had episodes of anxiety or restlessness, may be argumentative or resistive with cares and was able to transport herself/himself and only required supervision with transfers.

On 11/05/2024, at 11:30 AM, Surveyor interviewed Licensee A. Licensee A reported Resident 1 was accusatory and would make false statements. Licensee A reported the house managers were responsible for ensuring resident ISPs were completed and up to date.

On 12/03/2024, at 3:00 PM, Surveyor interviewed Licensee A. Licensee A reported Resident 1 became more dependent on staff, would just "lay there and have everything handed to her/him". Licensee A reported Resident 1 required a 2-person transfer. Licensee A acknowledged these updates should have been in Resident 1's ISP.