STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012705	A. BUILDING: _____ B. WING _____	C 10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT NORTHERN LIGHTS(THE)	702 BRATLEY DRIVE WASHBURN, WI 54891

(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 10/05/2023, Surveyor conducted an abbreviated survey, a complaint investigation, and a self-report investigation. Data was collected through 10/12/2023. Five violations were identified. Two complaints were substantiated. Census: 16.	N 000		
N 214	83.15(3)(a) Administrator shall supervise daily operation The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. This Rule is not met as evidenced by: Based on record review and interview, the administrator did not ensure adequate supervision was provided to ensure the residents received proper care and treatment and their health and safety were protected. On 09/21/2023, the Department received a complaint regarding lack of communication from administration when there was a bed bug outbreak and concerns that resident rooms may	N 214		

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

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N 214	Continued From page 1 not have been cleaned for up to 4 weeks. The provider is licensed to care for 17 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. Findings include: On 10/05/2023 at approximately 11:30 AM, Surveyor interviewed Assisted Living Director (ALD) B. ALD B stated that on 09/01/2023, Resident 1 thought there were bed bugs in his/her room and the bugs had been biting him/her. ALD B inspected Resident 1's room and confirmed there were bed bugs. ALD B personally checked the bedrooms of Resident 2 and Resident 4, located to the left and right of Resident 1's room where the outbreak was first identified. Resident 2 was notified, and Resident 4's power of attorney (POA) was notified. ALD B stated s/he did not inform any other residents, family, or legal representatives. ALD B stated staff working that evening had been updated to the bed bug outbreak and s/he directed staff to check other resident bedrooms for bed bugs. ALD B stated all staff were updated on 09/05/2023 via a weekly written update posted in the employee break room. ALD B stated the delay in informing all the staff was due to his/her lack of experience. At approximately 12:50 PM, Surveyor interviewed Caregiver D. Caregiver D stated that staff were not notified by ALD B when there was an outbreak of bed bugs. Caregiver D stated s/he was informed by peers. Caregiver D stated that in general, s/he feels ALD B did not listen to staff, was difficult to get along with, and needed to improve his/her communication skills.	N 214		

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N 214	Continued From page 2 From 1:34 PM to 2:12 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he reported the recent bed bug outbreak to the state ombudsman because s/he needed help. Resident 2 stated s/he was informed there were bed bugs found in the room next door when ALD B came into Resident 2's room to check for bed bugs. Resident 2 stated ALD B entered his/her room when s/he was in bed and had a flashlight to check his/her mattress. Resident 1 stated s/he received no education about the bed bugs from ALD B and when s/he asked staff, they were not able to provide any information. Resident 2 stated, "[ALD B] needs a good shaking up and does not follow through." Resident 2 stated there was a couple who cleaned his/her room and did a fantastic job but had not been informed there were bed bugs found in the room next door. Resident 2 stated s/he informed them and felt that was not his/her job. In 08/2023, Resident 2 stated his/her bedroom had not been cleaned for approximately 4 weeks. At approximately 4:00 PM, Surveyor interviewed Caregiver E. Caregiver E stated that when there was a recent bed bug outbreak, staff were not informed by administration, and s/he found out from other staff. On 10/09/2023, from 1:43 PM to 2:15 PM, Surveyor interviewed Family C. Family C stated there was poor communication from ALD B regarding Resident 1 and the bed bug outbreak in his/her room. On 10/11/2023, from 12:23 PM to 1:06 PM, Surveyor interviewed Registered Nurse (RN) F. RN F stated there were problems with the contracted cleaning service because they were	N 214		

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N 214	Continued From page 3 not reliable. RN F stated it was possible that resident bedrooms had not been cleaned for a few weeks. RN F stated staff were to complete light cleaning as they were able. On 10/11/2023, from 1:17 PM to 1:54 PM, Surveyor interviewed ALD B. ALD B stated it was possible that in late September 2023, resident bedrooms were not cleaned. ALD B stated the contracted cleaning company was terminated on approximately 08/31/2023, due to being unreliable. Surveyor asked ALD B how information was given to staff when there was an outbreak of bed bugs on 09/1/2023. ALD B stated staff that were on shift on 09/01/2023 were notified. ALD B stated s/he could have gotten the information out to staff sooner than it was. Surveyor reviewed a document titled WEEKLY UPDATE 9/5/23 that read, "REMINDER: Please be checking residents' beds for bed bugs especially on shower days when you are changing sheets. We will continue to be doing this for a while (see picture on last page).' Surveyor observed the picture was of 3 bugs on the edge of a mattress. Underneath the picture it read, "Bed Bugs ¼ inch long yet visible to the naked eye [sic] they range in color from white, tan, to deep brown [sic] They hide in cracks + crevices + [sic] Avoid coming out in Sunlight [sic] Bed [sic] bug eggs resemble Poppy [sic] seeds along mattress seams." The administrator did provide the supervision to ensure the proper care and treatment, health, and safety of the residents.	N 214		
N 220	83.17(2)(a) Employees screened for communicable disease.	N 220		

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N 220	Continued From page 4 The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 2 of 2 employees had been screened for clinically apparent communicable disease including tuberculosis (TB). The provider is licensed to care for 17 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. Findings include: On 10/05/2023, Surveyor reviewed the records of Caregiver G, hired 05/04/2022, and Caregiver H, hired 04/03/2023. Caregiver G and Caregiver H's record included a document titled WISCONSIN TUBERCULOSIS RISK ASSESSMENT AND SYMPTOM EVALUATION, dated with Caregiver G and Caregiver H's hire dates. The document did not contain information that Caregiver G or	N 220		

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N 220	Continued From page 5 Caregiver H were free from communicable disease. On 10/11/2023, from 12:23 PM to 1:06 PM, Surveyor interviewed Registered Nurse (RN) F. RN F stated s/he thought the WISCONSIN TB RISK ASSESSMENT FORM contained the statement indicating the staff was free from communicable disease. RN F stated his/her training binder contained a communicable disease screen and did not know why s/he switched forms. RN F stated s/he would implement use of the correct form and ensure all staff had documentation of being free from communicable disease. The provider did not ensure employees were screened for clinically apparent communicable disease.	N 220		
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 record review and interview, the provider did not ensure the right to a safe environment when a resident was asked to remain in his/her room where bed bugs had been	N 358		

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N 358	Continued From page 6 identified. The provider is licensed to care for 17 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 09/11/2023, the Department received a complaint that a resident was confined to his/her room when bed bugs were identified in his/her room. Findings include: On 10/05/2023 at approximately 11:00 AM, Surveyor interviewed Assisted Living Director (ALD) B. ALD B stated that on 09/1/2023, Resident 1 told staff s/he had bugs in his/her bed. ALD B stated s/he completed an internet search of the bug and determined it was a bed bug. ALD B stated s/he immediately quarantined Resident 1 to his/her room. ALD B stated the conversation with Resident 1 did not go very well but Resident 1 agreed. ALD B stated an exterminator was contacted on 09/01/2023 and was informed they would be on site as soon as possible. ALD B stated staff were directed to begin drying clean linens in the dryer on high heat for 1+ hours and then to bag the clothes. ALD B stated Resident 1 remained in his/her room until 09/03/2023 in the afternoon, then went home with Family C. Surveyor inquired if ALD B had looked into other sleeping arrangements for Resident 1. ALD B stated s/he asked Administrator I but no rooms were available. ALD B stated that in hindsight, s/he would have found other arrangements and attributed this, and the delay of treatment, to his/her lack of experience. At approximately 10:15 AM, Surveyor reviewed a document that ALD B stated was a timeline of	N 358		

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N 358	Continued From page 7	N 358		

events. Included in this document:
-"9/5/23 -Room remains vacant. [Exterminator] comes to inspect room and confirms they are bed bugs. [Exterminator] rep (representative) states they will be in at 6am on 9/6 to start treatments."
-"9/6/23 ...6am - [Exterminator] comes to treat. Instructions are given by [Exterminator] that resident may return at the end of day to re-occupy the room. Ok [sic] to sleep on bed, cover bed with additional bedding for comfort - per [Exterminator/maintenance dept]."
-"9/7/23 - Early Morning - [Resident 1] returns from [Family C's] house."
-"9/8/23 - very early morning (approx. 430am - [Staff] notice [Resident 1] is aware there are living bugs crawling on [him/her]. [Family C] is updated and [s/he] comes back to pick [Resident 1] up. [Family C] stated that [s/he] will keep [Resident 1] out until after the extermination process is complete (after second treatment)."
-"Since 9/9, family has decided to keep [Resident 1] OOF [out of facility] until the treatment has run it's [sic] course which included a second treatment on 9/13 and an inspection/spot treatment on 9/20."

At approximately 4:00 PM, Surveyor interviewed Caregiver E. Caregiver E stated Resident 1 had spent 3 days isolated in his/her room.

From 4:25 PM to 4:50 PM, Surveyor interviewed Resident 1. Resident 1 stated s/he noticed the bugs on his/her body and felt them biting but did not immediately report to staff. Resident 1 stated s/he told staff around Sunday (09/03/2023) when s/he felt bites on his/her back and "white things" were falling off his/her body onto his/her chair. Resident 1 stated s/he wished s/he would have stayed with Family C instead of returning to the facility after the first treatment.

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N 358	Continued From page 8 On 10/09/2023 from 1:43 PM to 2:15 PM, Surveyor interviewed Family C. Family C stated that Resident 1 was told to stay in his/her room on 09/01/2023, Resident 1 got very depressed. Family C stated s/he was able to pick up Resident 1 on Sunday. Family C stated s/he was informed on 09/07/2023 it was safe to bring Resident 1 back to the facility after the first extermination treatment. Family C stated that when s/he entered Resident 1's room s/he observed bugs all over the floor and it appeared the room had not been cleaned. Family C stated that at 4:00 AM the next morning, s/he got a call from Resident 1 that s/he could feel bugs crawling on his/her body. Family C picked up Resident 1 and brought Resident 1 back to his/her home. The provider did not ensure Resident 1 was in a safe environment when Resident 1 was asked to remain in isolation in his/her room on 09/01/2023. Resident 1 remained in his/her room until 09/03/2023 and returned on 09/07/2023, only to leave again when s/he reported being actively bitten by bed bugs.	N 358		
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	N 389		

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N 389	Continued From page 9 resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 3's individual service plan (ISP) was updated when there was a change in his/her needs and abilities. The provider is licensed to care for 17 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. Findings include: On 10/05/2023, Surveyor reviewed the record of Resident 3, admitted on 08/22/2022. Resident 3 was diagnosed with vascular dementia with behavioral disturbance, major depressive disorder, localization-related symptomatic epilepsy and epileptic syndromes with complex partial seizures, cerebral infarction due to embolism of unspecified precerebral artery, and repeated falls. Resident 3's record included 8 falls since admission. The fall incident reports included the following: -08/30/2022: unwitnessed fall found lying on stomach under bed on bell. On-call nurse was notified. -10/07/2022: unwitnessed fall found sitting. Resident 3 stated they slipped when walker flew out under them. The report indicated Resident 3 stated s/he hit his/her head and there was no immediate medical follow-up.	N 389		

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N 389	Continued From page 10	N 389		

-11/12/2022: unwitnessed fall found laying [sic] on back, blood on back of head due to laceration, 911 was called.
-12/21/2022: unwitnessed fall found sitting on floor with back against the wall. Resident 3 stated they hit their head. On-call nurse was notified.
-12/28/2022: unwitnessed fall found sitting on floor next to bed in front of side table/dresser. The on-call nurse was notified.
-01/11/2023 at 11:00 AM: unwitnessed fall found laying [sic]on back in bathroom. On-call nurse was notified. 911 was called.
-01/11/2023 at 8:54 PM: unwitnessed fall resident found sitting on floor near bed. On-call nurse was notified.
-02/03/2023: unwitnessed fall resident found by bathroom door. The report indicated the resident stated s/he did not hit his/her head. On-call nurse notified.
-02/14/2023: unwitnessed fall resident was found in bathroom on right side. Resident did not indicate s/he hit his/her head.

The bottom of all the fall reports included, "Activate 15-minute security checks for 48 hours. Request E-MAR (electronic medication administration record) update for injury care, if applicable."

On 10/10/2023, Registered Nurse (RN) F emailed a document that read, "fall interventions that we added to our eMAR ..."
The interventions were:
-Debrox drops and daily reminders of wearing call pendant
-CPAP orders and sleep study
-Daily blood pressure checks and update provider Friday
-Blood pressure checks MWF x 2 weeks
-Pulse check for 2 weeks and update

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N 389	Continued From page 11	N 389		

-pharm review
-orders to hold lisinopril for 2 days, daily blood pressure, update on Friday for plan. push fluids
-Dose for lisinopril changed, push fluids, update NP of morning blood pressure
-Daily blood pressure for 3 days
-NP reviewed pulse and blood pressure readings
-Urine sample collected for UTI- no UTI
-Lisinopril dose changed
-Assist with putting on cpap and turning machine on pm (evening) and noc (overnight) shift
-Assist with putting on cpap and turning on machine during day for naps
-Blood pressure checks and sleep study.

Surveyor reviewed Resident 3's ISP. The ISP read,
"Problem Start Date: 08/23/2022: ADLs (activities of daily living) Functional Status ...[Resident 3] ambulates with an assistive device ...Long Term Goal: 02/28/2023 [Resident 3] will remain safe while ambulating and will be free of falls and injuries through [his/her] next ISP review date. Approach Start Date: 08/23/2022 [Resident 3] will use [his/her] walker to assist with ambulation ...Staff will continue to educate [Resident 3] on the safest way to use [his/her] walker. Staff will continue to monitor [Resident 3] for fall risks.

"Problem Start Date: 08/23/2022: Category: Falls: [Resident 3] is at risk for falls due to: loss of strength and/or ability to maintain balance ...Long Term Goal Target Date: 02/28/2023 [Resident 3] will be free of falls through the next ISP review date. Approach Start Date: 08/23/2022: ...reminders to use [his/her] walker. Increased staff supervision ...room free of clutter ...assist with walking to and from meals ...use non-skid shoes ...implement an exercise program ...monitor medications as some have potential for

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N 389	Continued From page 12 increased fall risk." On 10/11/2023 from 1:17 PM to 1:54 PM, Surveyor interviewed Assisted Living Director (ALD) B. ALD B stated s/he, the social worker and RN updated the resident ISPs and held quarterly care conferences to discuss changes in residents. ALD B could not provide a reason no new fall interventions were added to Resident 3's ISP. On 10/11/2023, from 12:23 PM to 1:06 PM, Surveyor interviewed RN F. RN F stated that any fall updates were added to the eMAR because the changes were immediate and staff have to do it. RN F stated s/he should have updated Resident 3's ISP for fall interventions. The provider did not ensure Resident 3's ISP was updated with fall interventions when 8 falls documented since admission.	N 389		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the dryers had rigid vent tubing. The provider is licensed to care for 17 residents in the client groups advanced aged and	N 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012705	A. BUILDING: _____ B. WING _____	C 10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT NORTHERN LIGHTS(THE)	702 BRATLEY DRIVE WASHBURN, WI 54891

(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 488	Continued From page 13 irreversible dementia/Alzheimer's disease. Findings include: On 10/05/2023 at approximately 3:00 PM, Surveyor toured the laundry room with Director of Maintenance (DOM) A, hired 03/23/2023. Surveyor observed that the 2 dryers located in the laundry room had vent tubing that was flexible. DOM A stated s/he was not aware the vent tubing needed to be rigid and replacement would occur as soon as possible. The provider did not ensure 2 dryers had rigid vent tubing.	N 488		