STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018075	A. BUILDING: _____ B. WING _____	R-C 11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLVERTON GLEN ASSISTED LIVING	50 WOLVERTON AVENUE RIPON, WI 54971

(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 11/09/2023, Surveyors conducted a standard survey, 2 complaint investigations and a verification visit. As a result of the survey, 1 of 2 complaints was substantiated. Four deficiencies were issued, including 1 uncorrected repeat deficiency. Under statutory provisions of Wis. Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 17	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. 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 ensure 2 of 2 employees reviewed (Caregiver F and Caregiver G) were screened for communicable disease within 90 days before the start of employment. Findings include:	N 220		

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

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N 220	Continued From page 1 On 11/09/2023, Surveyor reviewed Caregiver F and Caregiver G's employee files. Caregiver F was hired on 08/07/2023 and Caregiver G was hired on 09/07/22. Caregiver F and Caregiver G's employee files showed both Caregivers had a negative tuberculosis test, but Surveyor was unable to find documentation Caregiver F and Caregiver G were screened for communicable disease. On 11/09/2023 at approximately 1:20 PM, Surveyor interviewed Regional Director of Wellness (RDW) D. RDW D acknowledged s/he was familiar with the communicable disease screening, and confirmed Caregiver F and Caregiver G were not screened for communicable disease. The provider did not ensure 2 of 2 staff were screened for communicable disease, within 90 days before the start of employment.	N 220		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, record review and staff interview the provider did not ensure a resident's (Resident 5's) written ISP (Individual Service Plan) was implemented and followed for 1 of 3 residents reviewed. On 09/15/2023, Resident 5 exited the building without staff knowledge. On 09/28/2023, the provider assessed the resident to be an	N 388		

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N 388	Continued From page 2	N 388		

elopement/wander risk and updated Resident 5's ISP with an intervention to include a Wanderguard (a device that triggers alarms to prevent a resident from leaving unattended). The provider did not have the Wanderguard in place as directed by Resident 5's ISP. In addition, Resident 5 was observed without a Wanderguard device during Surveyors' visit on 11/09/2023.

Findings include:

On 11/09/2023, Surveyor reviewed Resident 5's medical record. The record indicated the resident was admitted to the facility on 05/15/2023 with diagnoses of altered mental status, cerebral infraction and diabetes.

An elopement incident report for Resident 5, dated 09/16/2023 indicated, "[Resident 5] had an elopement outside. [Resident 5] was witnessed by another resident exiting the front door at the facility ...Resident that witnessed immediately went into the facility to inform staff. [Resident 5] was outside the facility less than one minute. [Resident 5] was redirected back inside with staff ...No injuries observed post incident." The incident report indicated a facility self-report was being completed.

A facility self-report dated 09/27/2023 indicated, "On 09/16/2023 at approximately 3 PM, [Resident 5] was witnessed by another resident walking toward the front door, pushing [her/his] wheelchair in front of [her/him]. The witness immediately came inside to the facility to inform staff that [Resident 5] had gone out the front door. When staff observed [Resident 5] was walking under the carport toward the parking lot area toward the road ...The total time resident was outside was less than one minute." The facility

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initiated an internal investigation. The investigation included interviews with staff, other witnesses, notifications to responsible parties and Resident 5's physician. The facility implemented all-staff education on elopement risk/prevention and reporting significant events. Additionally, the facility self-report indicated, "For [Resident 5's] safety, a Wanderguard was placed on the resident per assessment and consent."

Resident 5's ISP dated 09/28/2023 indicated, "[Resident 5] is an elopement risk/wander as evidenced by: history of wandering off in last 90 days." Interventions listed on Resident 5's ISP directed staff to engage resident in meaningful activities when exit seeking, redirect the resident away from exits and to place a Wanderguard device to Resident 5's right wrist. Additionally, the ISP directed staff to check the Wanderguard device for placement and ensure the Wanderguard was operating properly every shift.

On 11/09/2023, Surveyor reviewed Resident 5's November 2023 MAR (Medication Administration Record). The MAR indicated staff were to check and initial the placement of Resident 5's Wanderguard every shift. From 11/01/2023 through 11/09/2023, twenty-two entries were documented by multiple staff indicating the Wanderguard was either "not on" or "not available."

On 11/09/2023 at 11:30 AM, Surveyor observed Resident 5 in her/his bedroom. No Wanderguard device was observed on Resident 5 or on the wheelchair used at times by the resident.

On 11/09/2023 at 11:35 AM, Surveyor interviewed Caregiver E regarding Resident 5. Caregiver E stated, "[Resident 5] is very active and walks

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around independently. Sometimes [s/he] uses a wheelchair as a walker. [Resident 5] mindlessly wanders ...We do our best to keep a close eye on [her/him]." Caregiver E verified the Wanderguard device was not on Resident 5 or the wheelchair. Caregiver E stated, "[Resident 5's] Wanderguard device has been sitting in the med cart for about a month ...I'm not sure why ...The last I heard it was something to do with the battery. I've been writing in Resident 5's MAR that it was not available."

On 11/09/2023 at 11:45 AM, Surveyor interviewed Manager B and Lead Caregiver G regarding Resident 5. Manager B stated, "[Resident 5] is independent with walking and roams around the building. [S/he] likes to move around a lot and will walk behind [her/his] wheelchair." Surveyor then asked about Resident 5's Wanderguard device. Manager B and Lead Caregiver G verified the Wanderguard device was a current ISP intervention for Resident 5 and should be in place.

On 11/09/2023 at 12:00 PM, Surveyor interviewed Administrator A regarding Resident 5. Administrator A verified after Resident 5's elopement incident on 09/16/2023 a Wanderguard device was implemented. Administrator A verified the intervention for a Wanderguard device was a current intervention and should be followed by staff. Administrator A also confirmed the facility did not reassess the Wanderguard device to determine if the device should be discontinued. At 12:10 PM, Administrator A removed Resident 5's Wanderguard device from the med cart and tested it against the Wanderguard system near the front door entrance. Surveyor observed Resident 5's Wanderguard device was

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N 388	Continued From page 5 functioning properly. In conclusion, the provider did not ensure Resident' 5 written ISP intervention for a Wanderguard device was implemented and followed.	N 388		
{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. This Rule is not met as evidenced by: Based on interviews and record review, the provider did not review and revise the ISP (Individual Service Plan) for 1 (Resident 4) of 3 sampled residents. Resident 4 was assessed to be at risk for potential skin impairment and an ISP was developed to prevent skin breakdown. The ISP was not reviewed and revised when Resident 4 presented with an unstageable DTI (Deep Tissue Injury) of the left buttock and a stage 3 pressure injury of the right buttock.	{N 389}		

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{N 389}	Continued From page 6 This is a repeat deficiency. See Statement of Deficiency 8NF511, dated 9/15/2022. Findings include: The NPUAP (National Pressure Injury Advisory Panel) published a second Edition in 2014, entitled "Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide" which indicated the following: "...Recommendations for Individuals with Existing Pressure Ulcers...Do not position an individual directly on a pressure ulcer...Position the individual off area(s) of suspected DTI with intact skin. If pressure over the area cannot be relieved by repositioning, select an appropriate support surface...Pressure reduces perfusion to injured tissues. Continued pressure on an existing pressure ulcer will delay healing and may cause additional deterioration...Continue to turn and reposition the individual regardless of the support surface in use. Establish turning frequency based on the characteristics of the support surface and the individual's response. Repositioning documentation- Record repositioning regimes, specifying frequency and position adopted, and include an evaluation of the outcome of the repositioning regime. Mattress and Bed Support Surfaces for Individuals with Existing Pressure Ulcers- Wherever possible, do not position an individual on an existing pressure ulcer. Select a support surface that provides enhanced pressure redistribution, shear reduction, and microclimate control for individuals with Category/Stage III, IV, and unstageable pressure ulcers. Seating Support Surfaces for Individuals with Existing Pressure Ulcers- ...Select a cushion that effectively redistributes the pressure away from the pressure ulcer..."	{N 389}		

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{N 389}	Continued From page 7 On 11/09/2023, Surveyor reviewed Resident 4's closed record. Resident 4 was admitted to the facility on 06/27/2019 with diagnoses to include cognitive deficit, diabetes, obesity and schizophrenia. Resident 4 was discharged from the facility on 10/22/2023. Resident 4's most current undated ISP indicated, Resident 4 had impaired cognition, was incontinent of bowel and bladder and required verbally guidance and encouragement with most ADLs. Additionally, the ISP for Resident 4's skin integrity, initiated on 05/05/2021 and revised on 06/06/2023 indicated, "[Resident 4] has potential for skin impairment..." The goal listed indicated Resident 4's skin would be "clean and intact." Interventions listed directed staff to: "Observe skin, document/report location, size, and treatment of skin injury and/or any new/worsened alterations in skin integrity. Keep skin clean and dry. Continue to follow any treatment orders." Resident 4's medical record included wound documentation. On 09/08/2023, Resident 4 was noted with an unstageable DTI of the left buttock and a stage 3 pressure injury of the right buttock. The provider initiated daily dressing changes to Resident 4's left and right buttocks and weekly in house rounds with a physician for wound evaluation and management. Resident 4's current ISP did not reflect the left buttock DTI or the right buttock stage 3 pressure injury. Additionally, the ISP for Resident 4 did not include a specific repositioning regime or a bed and chair support surface as directed by current standards of practice to promote healing and prevent further pressure injuries from developing. On 11/09/2023 at 3:10 PM, Surveyor interviewed Caregiver G regarding Resident 4. Caregiver G	{N 389}		

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{N 389}	Continued From page 8 indicated Resident 4 could walk with a walker, enjoyed sitting in the common area on the couch and s/he "sat a lot." Caregiver G stated, "[Resident 4] was being seen weekly in the facility by a physician for [his/her] wounds. The wounds on [Resident 4's] buttocks would heal and re-open often." On 11/09/2023 at 3:35 PM, Surveyor interviewed Regional Wellness Director D regarding Resident 4's ISP. Regional Wellness Director D verified the above ISP regarding skin impairment for Resident 4 was current. Regional Wellness Director D further confirmed Resident 4's ISP was not updated on 09/08/2023 to reflect the development of the pressure injuries or interventions to promote healing and prevent additional pressure injuries from developing.	{N 389}		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by:	N 427		

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N 427	Continued From page 9 Based on observation and interview, the provider did not ensure a daily activity program to meet the interests and capabilities of residents was provided. The CBRF did not post the activity schedule in an area available to residents. Findings include: On 11/09/2023 at approximately 10:00 AM, Surveyor toured the facility. Surveyor did not observe any activities being held. Surveyor observed no activity calendar posted in any common areas. On 11/09/2023 at approximately 11:10 AM, Surveyor interviewed Caregiver E. Caregiver E stated the staff person from a sister facility does some activities. Caregiver E confirmed there is not an activity schedule posted and s/he had not seen any activities for date of survey and unsure if there is anything later in the day. On 11/09/2023 at 1:39 PM, Surveyor interviewed Resident 1. Resident 1 stated s/he played Bingo on Monday (3 days prior), but there haven't been any activities since. Resident 1 stated s/he would participate if there were more activities offered. Resident 1 stated s/he would like to play Yahtzee. On 11/09/2023 at 1:42 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he was unaware if there were any activities other than Bingo. Resident 2 stated s/he would go to activities if s/he knew when and where they were. On 11/09/2023 at approximately 2:15 PM, Surveyor interviewed Administrator A. Administrator A confirmed they shared an activity person with the sister facility. Administrator A acknowledged there was not an activity schedule	N 427		

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N 427	Continued From page 10 and stated s/he will work to create an activity schedule to engage the residents. The provider did not ensure a daily activity program to meet the interests and capabilities of the residents	N 427		