STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017134	A. BUILDING: _____ B. WING _____	R-C 02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR VIEW COMMUNITIES	**34201 ARBOR LN BURLINGTON, WI 53105**

(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 01/28/2025 with information gathered through 02/03/2025, Surveyor conducted a verification visit and four complaint investigations at Arbor View Communities, a Community-Based Residential Facility (CBRF) in Burlington, WI. Three deficiencies identified. One of 4 complaints substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 36	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.	N 158		

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

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N 158	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure immediate steps were taken to ensure the safety of all residents when the report of misappropriation of property was made. The provider did not investigate when Resident 1's boombox went missing and Resident 2's jewelry and money went missing. Findings include: On 01/28/2025 at 9:30 AM, Surveyor requested to review any facility investigations due to misappropriation of property within the last 6 months from Administrator A. On 01/28/2025 at approximately 9:45 AM, Administrator A stated the Internet was down and s/he would have to ask the corporate office to send what they had on file and s/he would have to look in their overflow room of documents to see if s/he had any investigations within the last 6 months. On 01/28/2025, Surveyor requested incident reports from Racine County Sheriff's Office. Racine County Sheriff's Office reports stated the following: -"On 09/11/2024 at 08:09 AM, an activity detail report stated Resident 1's family member contacted law enforcement due to Resident 1 missing a boombox and there were several issues with items going missing. Law enforcement was dispatched to the facility to document numerous items from Resident 1's room that had gone missing over the last several months." -"On 09/15/2024 at 8:25 AM, Deputy F and	N 158		

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N 158	Continued From page 2 Deputy G were dispatched to Arborview Community assisted living in reference to a theft that occurred. Dispatch advised they received a call from Health Service Lead H at the facility stating that jewelry was missing from an open safe which belonged to [Resident 2]. Upon arriving on the scene at approximately 8:47 AM, [officers] met with [Health Service Lead H] in the lobby. [Officers] introduced themselves to [Resident 2] and explained why they were there. [Resident 2] had many notes written down in a notebook that highlighted what took place and the things missing from [his/her] safe. [Resident 2]'s notes stated [s/he] had multiple pieces of jewelry missing from [his/her] safe along with an unknown amount of $2 bills, a $10 silver certificate, and $50 piece of gold. [Resident 2] stated this occurred on 09/14/2024 around 8:30 PM. [Resident 2] stated s/he alerted [Caregiver I], the 2nd shift caregiver at the time, and asked [him/her] to call the police. [Resident 2] stated [Caregiver I] didn't call, stating the police wouldn't do anything about it. [Resident 2] then stated [s/he] asked [Caregiver I] once again to call around midnight, and [Caregiver I] once again didn't call, stating it was too late. It was not until the following morning (09/15) that [Health Services Lead H] called law enforcement. [Officers] submitted a request to [Administrator A] requesting the following information: documentation of any and all staff members with access to [Resident 2]'s room on the following dates during [his/her] medical hiatus- 07/31/2024, 08/05/2024-08/11/2024, 08/22/2024, 08/26/2024-08/28/2024, 09/04/2024, 09/08/2024-09/11/2024, 09/12/2024. On 01/30/2025 at 3:52 PM, Surveyor sent a follow-up an email to Administrator A, Regional Director of Operations J and Resident Care	N 158		

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N 158	Continued From page 3 Specialist K regarding the information requested when on-site on 01/28/2025 from Administrator A regarding any investigations within the last 6 months. No additional information was sent to Surveyor. On 02/03/2025 at 9:45 AM, Surveyor called Administrator A and left a voicemail requesting a call back regarding additional information needed. As of 02/03/2025 at 5:00 PM, Surveyor did not receive any additional information or a call back from Administrator A regarding any resident investigations for the last 6 months.	N 158		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and staff interview, the CBRF did not send a written report to the Department within 3 working days after any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, welfare or residents or employees.	N 164		

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N 164	Continued From page 4 Findings include: On 10/16/2024, the Department received a complaint stating that law enforcement had been at the facility on 09/112024 regarding misappropriation of resident property. On 01/28/2025 at 9:30 AM, Surveyor requested to review any self-reports for calendar 2024 from Administrator A. On 01/28/2024 at 09:45 AM, Surveyor interviewed Administrator A. Administrator A stated s/he was not sure if s/he had completed any self-reports recently regarding law enforcement being on site. Administrator A stated s/he would have to look in his/her file room and talk with the corporate office to see if there had been any self-reports about law enforcement. Administrator A stated the Internet was down so s/he could not gather any of these files for Surveyor at the time but s/he would reach out to corporate and have them send what they had. On 01/28/2025, Surveyor requested incident reports from Racine County Sheriff's Office. Racine County Sheriff's Office reports stated the following: -"On 09/11/2024 at 08:09 AM, an activity detail report stated Resident 1's family member contacted law enforcement due to Resident 1 missing a boombox and there were several issues with items going missing. Law enforcement was dispatched to the facility to document numerous items from Resident 1's room that had gone missing over the last several months." -"On 09/15/2024 at 8:25 AM, Deputy F and Deputy G were dispatched to Arborview	N 164		

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N 164	Continued From page 5 Community assisted living in reference to a theft that occurred. Dispatch advised they received a call from Health Service Lead H at the facility stating that jewelry was missing from an open safe which belonged to [Resident 2]. Upon arriving on the scene at approximately 8:47 AM, [officers] met with [Health Service Lead H] in the lobby. [Officers] introduced themselves to [Resident 2] and explained why they were there. [Resident 2] had many notes written down in a notebook that highlighted what took place and the things missing from [his/her] safe. [Resident 2]'s notes stated [s/he] had multiple pieces of jewelry missing from [his/her] safe along with an unknown amount of $2 bills, a $10 silver certificate, and $50 piece of gold. [Resident 2] stated this occurred on 09/14/2024 around 8:30 PM. [Resident 2] stated s/he alerted [Caregiver I], the 2nd shift caregiver at the time, and asked [him/her] to call the police. [Resident 2] stated [Caregiver I] didn't call, stating the police wouldn't do anything about it. [Resident 2] then stated [s/he] asked [Caregiver I] once again to call around midnight, and [Caregiver I] once again didn't call, stating it was too late. It was not until the following morning (09/15) that [Health Services Lead H] called law enforcement. [Officers] submitted a request to [Administrator A] requesting the following information: documentation of any and all staff members with access to [Resident 2]'s room on the following dates during [his/her] medical hiatus- 07/31/2024, 08/05/2024-08/11/2024, 08/22/2024, 08/26/2024-08/28/2024, 09/04/2024, 09/08/2024-09/11/2024, 09/12/2024. On 01/30/2025 at 3:52 PM, Surveyor sent a follow-up an email to Administrator A, Regional Director of Operations J and Resident Care Specialist K regarding the information requested	N 164		

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N 164	Continued From page 6 when on-site on 01/28/2025 from Administrator A regarding any self-reports from calendar year 2024. No additional information was sent to Surveyor. On 02/03/2025 at 9:45 AM, Surveyor called Administrator A and left a voicemail requesting a call back regarding additional information needed. As of 02/03/2025 at 5:00 PM, Surveyor did not receive any additional information or a call back from Administrator A regarding any self-reports from calendar year 2024. CROSS REFERENCE N 0158 DHS 83.12(2)(a) Caregiver: Investigating Abuse & Neglect	N 164		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.	N 387		

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N 387	Continued From page 7	N 387		

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider did not involve 2 of 2 resident reviewed (Resident 1 & Resident 3) and the resident's legal representative, as appropriate, in developing the individual service plan (ISP) and did not have the plan signed acknowledging their involvement in, understanding of, and agreement with the plan.

Findings include:

On 02/03/2025, Surveyor reviewed Resident 1's and Resident 3's records and identified the following:

EXAMPLE 1
-Resident 1 was admitted to the facility on 01/01/2021 with diagnoses including Alzheimer's Disease, anemia, hypothyroidism, rheumatoid arthritis, and insomnia.
-Resident 1 was not his/her own decision maker.
-Resident 1's current ISP, dated 09/09/2024, had no power of attorney (POA) signature.

EXAMPLE 2
-Resident 3 was admitted to the facility on 10/21/2021 with diagnoses including myopia, obstructive sleep apnea, anemia, heart failure, and chronic gout.
-Resident 3 was his/her own decision maker.
-Resident 3's current ISP, dated 12/30/2024, had no resident signature.

On 02/03/2025 at approximately 3:24 PM, Surveyor interviewed Resident Care Specialist K. Resident Care Specialist K stated the most recent ISP for Resident 1 was 09/09/2024 and Resident 3 was 12/30/2024. Both ISP's did not have

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N 387	Continued From page 8 signatures and Resident Care Specialist K stated those were the current ISP's because they update them every 90 days.	N 387		