STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018877	A. BUILDING: _____ B. WING _____	C 02/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HOMES HILLVIEW	8414 W HILLVIEW MEQUON, WI 53097

(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
M 000	INITIAL COMMENTS On 02/16/2024, Surveyor conducted a standard survey and complaint investigation at Caring Homes Hillview. Four deficiencies were identified. The complaint was unsubstantiated. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, a registered nurse, or a physician's assistant indicating caregivers were screened for illness detrimental to residents within 90 days before the start of providing service for 2 of 2 caregivers reviewed. Caregiver C and Caregiver D were not screened for communicable diseases. Findings include:	M 232		

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

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M 232	Continued From page 1 On 02/09/2024, Surveyor reviewed employee records and identified the following: Caregiver C was hired 09/23/2022. Caregiver C's record did not contain evidence s/he was screened for communicable diseases. Caregiver D was hired 11/13/2023. Caregiver D's record did not contain evidence s/he was screened for communicable diseases. On 02/09/2024 at 9:50 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was not aware of the requirement to have staff screened for communicable diseases. Licensee A reported s/he thought it was "just tuberculosis (TB) testing." Licensee A stated s/he would have all staff screened by their nurse.	M 232		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on observations, record review, and interview, the provider did not ensure 2 of 2 individual service plans (ISPs) reviewed described the services staff would provide to meet resident needs. Resident 1's and Resident 2's ISPs did not include their need for activities of daily living, health, and behaviors.	M 412		

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M 412	Continued From page 2 Findings include: On 02/09/2024, Surveyor reviewed resident records and identified the following: Example 1: Resident 1 Resident 1 admitted to the facility on 11/10/2023 with a diagnosis of anoxic brain damage. Resident 1 had a guardian that made decisions on his/her behalf. On 02/09/2024 at 9:57 AM, Surveyor toured Resident 1's bedroom. Surveyor observed Resident 1 wearing an abdominal binder. Caregiver E was sitting in Resident 1's bedroom and stated Resident 1 wears that to prevent him/her from pulling out their g-tube. Caregiver E noted Resident 1 can take off the abdominal binder by him/her self. Surveyor observed a sign on Resident 1's wall that stated, "[Resident 1] presents with sensory seeking behaviors with tactile sensation, which is why [s/he's] constantly touching and chewing on items .....Follow through with daily activities and walking is important to maintain current function. Always provide [Resident 1] with chew necklace to help meet [his/her] oral sensory need to prevent injury to mouth with [Resident 1] chewing on other objects nearby ....KEEP getting [RESIDENT 1] UP AND WALKING. Has learned a new behavior to stay in bed and sit for long period of time! Please try to provide opportunities for [him/her] to get out of bed in hopes to unlearn this behavior." Resident 1's hospital records dated 12/13/2023 documented: " ....Presenting to emergency room for G-tube placement. Pt pulled out G-tube 12/8. Pt is here with G-tube dislodgement. Note Pt is nonverbal.	M 412		

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M 412	Continued From page 3 ...G-tube was replaced 12/9. PEG tube replaced and patient tolerating bolus feeds 5 times per day. At high risk to pull PEG tube out again with conversations taking place regarding return to group home facility .... TF bolus feeds via PEG as follows: Formula: Jevity 1.2 (standard with fiber) Rate: 265 ml, 5 times per day Flushes: 30 mL, before and after each bolus feed per MD TF orders with flushes provide: 1590 Kcal, 74 g protein, and 1369 mL fluid. This meets 100% of estimated energy and protein needs." From 8:45 AM until 12:30 PM, Surveyor did not observe staff trying to walk Resident 1 throughout the facility. Resident 1 was observed in bed during the entirety of the survey. Resident 1's ISP dated 11/10/2021 did not document services related to behaviors of chewing on items and pulling out G-tube, directive from therapy to keep Resident 1 walking, G-tube feedings, and use of abdominal binder. Example 2-Resident 2 Resident 2 was admitted to the facility on 05/16/2022 with a diagnosis of traumatic brain injury. Resident 2 had a guardian that made decisions on his/her behalf. On 02/09/2024 at 9:40 AM, Surveyor toured Resident 2's bedroom. Surveyor observed a urinary catheter hanging from Resident 2's recliner. Surveyor noted a feeding pole in Resident 2's bedroom. Resident 2 confirmed s/he had a G-tube.	M 412		

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M 412	Continued From page 4 Resident 2's physician orders documented medications and feedings via G-tube and Resident 2 was insulin dependent. Resident 2's ISP dated 01/10/2024 did not document service needs related to catheter care, G-tube medications/feedings, and insulin requirements. On 02/16/2024 at 1:16 PM, Surveyor interviewed Licensee A. Licensee A stated Manager B was in charge of creating and updating resident care plans. Licensee A stated Resident 1 can remove his/her abdominal binder and his/her MCO team approved the use and was not considered a restraint. Licensee A confirmed Resident 2 required catheter care and received his/her medications and feedings via G-tube. Licensee A acknowledged Resident 1's and Resident 2's ISP's had checked boxes in different areas, but did not include a description of services staff would provide to meet their needs. Licensee A stated Manager B had started to update resident ISPs.	M 412		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing	M 420		

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M 420	Continued From page 5 the plan for 2 of 2 residents reviewed. Resident 1's and Resident 2's ISP was not signed by their guardians. Findings include: On 02/09/2024, Surveyor reviewed Resident 1's and Resident 2's record. The following was found: Resident 1 admitted to the facility on 11/10/2023 with a diagnosis of anoxic brain damage. Resident 1 had a guardian that made decisions on his/her behalf. Resident 1's ISP dated 11/10/2023 did not include a signature from his/her guardian. Resident 2 was admitted to the facility on 05/16/2022 with a diagnosis of traumatic brain injury. Resident 2 had a guardian that made decisions on his/her behalf. Resident 2's ISP dated 01/10/2024 did not include a signature from his/her guardian. On 02/09/2024 at 12:00 PM, Surveyor interviewed Manager B. Manager B acknowledged Resident 1's and Resident 2's ISP were not signed by their guardians. Manager B stated both guardians live out of state and required ISP's to be sent out for signatures. Manager B stated s/he would follow up with both guardians to obtain their signatures for the ISPs.	M 420		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of	M 466		

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M 466	Continued From page 6 the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a record of all prescription medications controlled, dispensed, or administered by the licensee was maintained, or that a record of prescription medications administered showed the date and time the resident took the medication for 1 of 2 residents reviewed. Resident 2 was prescribed Humalog 100 unit / ml Kwikpen (Humalong Tempo Pen U-100) and the directions was to "Inject 10 units under the skin 3 times daily. Administer 15 minutes after 3 major meals only if patient ate at least 80% of the food and corrective dosing as follows Bs < 149 then no Insulin, Bs 150-200=3 units, 201-250=5 units, 251-300=7 units, 301-350=10 units, 351-400=12 units, >400=12 units and Call Physician." The provider did not record the number of insulin units administered after checking Resident 2's blood sugar from December 2023-February 2024. Findings include: On 02/09/2024, Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted to the facility on 05/16/2022 with a diagnosis of traumatic brain injury. Resident 2 had a guardian that made	M 466		

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M 466	Continued From page 7 decisions on his/her behalf. Surveyor reviewed Resident 2's medication administration record (MAR) from 12/01/2023-02/08/2024. In reviewing Resident 2's December 2023, January 2024, and February 2023 MAR's, Surveyor did not observe any evidence of staff recording the number of insulin units administered after checking Resident 2's blood sugars. On 02/09/2024 at 10:05 AM, Surveyor interviewed Caregiver D. Caregiver D stated after checking Resident 2's blood sugar staff document his/her level in their electronic health record (EHR). Surveyor asked if staff documented the number of insulin units administered. Caregiver D stated "no", but they do follow the parameters from Resident 2's physician. On 02/09/2024 at 12:00 PM, Surveyor interviewed Manager B. Manager B stated s/he thought staff were documenting in their EHR the number of insulin units administered. Manager B acknowledged after reviewing Resident 2's MAR's staff are not documenting correctly. Manager B stated s/he would reach out to their EHR contractor to see if they can create a tab to remind staff to record the number of units administered after checking Resident 2's blood sugar.	M 466		