STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019576	A. BUILDING: _____ B. WING _____	02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCELCARE INC DBA HARRISON HOME	W72N675 HARRISON AVENUE CEDARBURG, WI 53012

(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 02/13/2024 with additional information gathered through 02/15/2024, Surveyor conducted a probationary license survey at Excelcare Inc DBA Harrison Home. As a result, 1 deficiency was identified. Census: 13	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all Individual Service Plans (ISP) had been signed by the responsible parties. One of 2 residents reviewed did not contain the required signatures. Findings include:	N 387		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 387	Continued From page 1 On 02/13/2024 at approximately 2:30 PM, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the facility 12/06/2023 with Down Syndrome, adult failure to thrive, mitral valve stenosis, intellectual disabilities, chronic kidney disease and vasovagal syncope. Resident 1 had a guardian that made decisions on his/her half. Resident 1's record contained an ISP dated 12/08/2023. Surveyor observed the ISP did not include a signature from Resident 1's guardian and only had a signature from Licensee A. On 02/13/2024 at 3:04 PM, Surveyor interviewed Licensee A who acknowledged Resident 1's ISP was missing the required signatures. Licensee A reported s/he considered Resident 1's ISP to be his/her 30-day ISP and even though s/he obtained information from Guardian B to complete it, Licensee A confirmed s/he did not have Guardian B sign it. On 02/13/2024 at 3:30 PM, Surveyor interviewed Guardian B who confirmed s/he completed admission paperwork on Resident 1, but did not recall going over a service plan with Licensee A.	N 387		