Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018318	A. BUILDING: _____ B. WING _____	R-C 06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELENS HOUSE GRAND CHUTE BLUE	4210 N SHADY WOOD CT APPLETON, WI 54913

(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 06/05/2025, with information gathered through 06/09/2025, Surveyor conducted a verification visit and complaint investigation at Helens House Grand Chute Blue in Appleton. One deficiency was identified. One of 1 deficiency was a repeat violation (see Statement of Deficiency (SOD) AL9411). Complaint was unsubstantiated. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 230}	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prevent conditions that put the safety of residents at risk. This is a repeat deficiency. See Statement of Deficiency (SOD) AL9411, dated 01/29/2025. The provider did not schedule 2 staff members when a resident required 1:1 assist and became a 2-person assist. Findings include:	{M 230}		

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

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{M 230}	Continued From page 1 On 06/05/2025, at approximately 1:00 PM, Surveyor interviewed Program Manager (PM) B and House Manager (HM) E. PM B stated that Resident 1 was currently hospitalized due to a fall. On 06/05/2025, at approximately 1:15 PM, Surveyor, PM B and HM E reviewed Resident 1's record. Resident 1 moved into the home on 09/29/2023. Resident 1's daily notes documented: 04/05/2025 - Fell and sustained a hip fracture 04/29/2025 - Sustained 2 falls. Resident NOT standing!! Hard to toilet [him/her]! Need eyes on [him/her] 24/7. (Surveyor was informed Resident 1 had returned to the home on 04/28/2025). Anxious, Resident constantly trying to get out of chair. Need eye on [him/her] 24x7. 04/30/2025 - Cannot walk on [his/her] own. Needed 2 people to get [him/her] out of bed. Very agitated. Needed 2 people to toilet [him/her]. [S/he] is complete dead weight when transferring. Nurse and [Power of Attorney (POA) D] came to assess [Resident 1]. [POA D] placed [Resident 1] in the recliner and [s/he] left with nurse. Staff were not provided with any guidance on how to provide adequate supervision/cares for Resident 1. Resident was up all night. Had to keep eyes on [him/her] at all times. 05/01/2025 - Director arrived at house with [Therapy Nurse J]. [Therapy Nurse J] informed staff not to walk [Resident 1] until [s/he] has been assessed by physical therapy. [Resident 1] appears to be a 2 assist at times with transferring. [Therapy Nurse J] mentioned [s/he] is well aware we have 1 staff per shift. Director arrived at 4:15 PM to do 1:1 because staff can't	{M 230}		

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{M 230}	Continued From page 2 prepare meal without having to attend to resident, so [s/he] doesn't fall backwards in wheelchair [s/he's] pushing back and trying to stand. Constantly up and down. Couldn't stand. 2 assist to toilet and 2 assist to bed. Not assisting with standing! Not following cues! 05/02/2025 - 2 assist to toilet because [s/he] cannot stand without [his/her] knees buckling. Constantly up and down, will not redirect. 05/05/2025 - Assisted [Resident 1] to the toilet and [his/her] legs buckled. I need help. Very agitated, will not sit still, up and down. Keeps pulling out alarm cord. 05/06/2025 - Resident was sitting in [his/her] wheelchair while I was putting food away. I turned to put something in pantry, came back, and resident was on the floor around 5:42 PM. 05/16/2025 - Agitated. Unable to redirect. Was awake most of the night. 05/22/2025 - Very anxious. 1:1 cares. Resident 1's Fall Reports documented: 04/29/2025 - We do not provide 1:1 staff. 04/05/2025 - We do not provide 1:1 staff. Went to get [Resident 1] out of bed. I had [him/her] put [his/her] arms around me, placed gait belt, and to stand up. [S/he] keeps leaning to the left so its very hard to get a good grip on [him/her]. I got [him/her] off the bed and almost immediately [his/her] knees buckled and [s/he] became dead weight. I pivoted [him/her] and almost got [him/her] to [his/her] wheelchair but again [his/her] knees buckled and [s/he] almost fell to the floor ... When I finally got [him/her] on the toilet, [s/he] would not stand up so I could wipe [him/her]. Then [physical therapy/occupational therapy] came in and helped me so I could wipe [him/her]. [S/he] had all [Resident 1's] weight on [him/her] and it took both of us to transfer [him/her] to [his/her] chair.	{M 230}		

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{M 230}	Continued From page 3 Surveyor asked PM B and HM E if adequate staffing was provided for Resident 1, as it was documented that s/he was a 1:1 or a 2-person assist. PM B stated that one staff member is scheduled per shift, so staff work independently. PM B stated, "If staff need assistance, they will call me, to see if I can come in and assist. We try to contact his/her family, but there is no guarantee they will assist us. The family wants [Resident 1] to stay here, but we cannot provide the kind of supervision [s/he] needs and the family is unable to provide that 1:1 care." Surveyor asked when Resident 1 required a 2-person assist. PM B explained Resident 1 broke his/her hip on 04/05/2025 and returned to the facility 04/28/2025, after rehabilitation. PM B stated Nurse K had assessed Resident 1 and determined s/he could return to the home. PM B stated, "Before this fall, staff were struggling to provide the 1:1 care that Resident 1 required. We do not provide 1:1 cares." On 06/09/2025 at 3:00 PM, Surveyor interviewed Licensee A. Surveyor asked if adequate staffing levels were provided for the cares that Resident 1 required. Licensee A stated, "The family really wanted [Resident 1] to return to the home and [Resident 1] did not always display that [s/he] required a 2-person assist." Licensee A confirmed that only one staff member was scheduled per shift. Licensee A stated, "Resident 1 was currently hospitalized and would not be returning to the home."	{M 230}		