STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009851	A. BUILDING: _____ B. WING _____	R-C 11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTS OF HOME BALDWIN	1880 FOURTH AVE BALDWIN, WI 54002

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{N 000}	Initial Comments On 11/21/2023, Surveyor conducted a complaint investigation, self report survey and verification visit at Comforts of Home Baldwin. The complaint was unsubstantiated. Three deficiencies were identified. Three of 3 were repeat deficiencies. See Statement of Deficiency (SOD) JIK511, dated 02/26/2019, SOD VQR011, dated 06/06/2022 and SOD BHOK11, dated 06/01/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
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 record review and interview, the	N 389		

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

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N 389	Continued From page 1	N 389		

provider did not identify the resident's needs and desired outcomes, identify the program services, or frequency and approaches the provider will provide in each resident's individual service plan (ISP).

Resident 1's ISP did not identify his/her needs and desired outcomes for behaviors, including elopements, aggression, signs of increased depression and suicidal ideation, emotional upset when his/her cigarettes were unavailable, and wandering.

This is a repeat deficiency. See Statement of Deficiency (SOD) JIK511, dated 02/26/2019 and SOD VQR011, dated 06/06/2022.

Findings include:

The provider is licensed to care for 15 residents in the client groups advanced age, physically disabled and irreversible dementia/Alzheimer's disease.

On 11/21/2023 at approximately 9:10 AM, Surveyor requested Resident 1's record, including Resident 1's ISP, elopement risk screenings, incident reports and progress notes. Resident 1 had resided at the facility since 01/21/2020 and was his/her own decision maker. Surveyor reviewed elopement risk screenings that were part of the file. Resident 1 had a score of 6 with an effective date of 02/08/2023 and a score of 26 with an effective date of 08/23/2023. If the total score was 10 or greater, the resident was at risk for elopement.

Incident reports for Resident 1 indicated the following: On 08/23/2023 and 11/02/2023, Resident 1 eloped from the facility. Resident 1

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stated intent to go purchase cigarettes and had expressed frustration at not having cigarettes after the elopements took place. On 09/07/2023, Resident 1 refused to change his/her clothes for weeks on end and had refused showers for months. On 09/25/2023, Resident 1 wandered from the facility. Resident 1 stated s/he had been bored and just wanted to walk.

Surveyor reviewed progress notes dated between July 2023 and November 2023. July progress notes detailed Resident 1's agitation after s/he ran out of cigarettes. Resident 1 made comments about committing suicide. Resident 1 had wandered from the facility after staff did not provide him/her with cigarettes. Staff notes described Resident 1 as seeming "more stressed and depressed lately." August progress notes detailed that Resident 1 was borrowing cigarettes from others after running out and was upset about not having cigarettes. October progress notes detailed Resident 1 made threats to elope to the store. November progress notes detailed Resident 1 was slamming doors and got upset about lack of food options that resulted in an incident report being completed.

At approximately 10:35 AM, Surveyor reviewed Resident 1's ISP dated on 08/25/2023. In the section of the ISP titled "ELOPEMENT RISK," the ISP indicated Resident 1 would elope when s/he was out of cigarettes. The ISP did not identify interventions to prevent or manage Resident 1's behaviors. The ISP did not include reference to or details of a safety plan.

In the section of the ISP titled "TOBACCO USE," the ISP indicated staff would monitor Resident 1 when smoking on the patio. The ISP did not contain a plan for how and when Resident 1 was

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N 389	Continued From page 3 able to leave the facility to purchase his/her cigarettes and who was responsible for coordinating that outing. In the section of the ISP titled "BEHAVIORS," the ISP indicated no wandering or aggression. The ISP stated Resident 1 would get agitated when in pain and suffers from depression. The ISP did not include information or interventions related to Resident 1's comments about committing suicide or refusals to change clothing and engage in showers for months at a time. The "Interventions/Tasks" section indicated staff would "encourage resident to stay positive" but did not provide ideas on ways to support that. In the section of the ISP titled "FALLS," the ISP indicated Resident 1 was not a fall risk. Surveyor reviewed an incident reported, dated 10/02/2023, in which Resident 1 was found on the floor by staff. Resident 1 stated s/he had fallen out of bed and staff assisted him/her back into bed. At approximately 11:30 AM, Surveyors interviewed House Manager (HM) A and Assistant Manager (AM) B. HM A stated Resident 1 monitors his/her own cigarettes and informs staff when s/he needs to repurchase them. HM A stated Resident 1 frequently ran out of cigarettes and staff purchased cigarettes with their personal funds. Surveyors discussed behavioral supports, elopement strategies and interventions. HM A and AM B stated that Resident 1's ISP could use more detailed information, specific to Resident 1's needs. Cross Reference N0169 DHS 83.38(1)(i) Behavior Management.	N 389		

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{N 427}	Continued From page 4	{N 427}		
{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: Based on observation and interview, the provider did not provide a daily activity program to meet the interests and capabilities of the residents. This is a repeat deficiency. See Statement of Deficiency (SOD) BHOK11, dated 06/01/2023. Findings include: The provider is licensed to care for 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease and advanced aged. On 11/21/2023 at 8:15 AM, Caregiver D informed Surveyors that caregivers were responsible for all aspects of care, activities, cooking, and housekeeping. The provider did not have a designated staff for activities. Caregiver D stated staff would provide an activity after lunch, but s/he	{N 427}		

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{N 427}	Continued From page 5 did not know what they would do yet. At 8:50 AM, Surveyor interviewed Resident 2. Resident 2 stated there was not much to do for games or activities. S/he stated the activity calendar was not followed. Resident 2 stated more activities would help residents get to know each other and would help them feel more appreciated. Surveyor observed an activity calendar posted on the wall for November 2023. According to this calendar, the provider had exercises at 9:30 AM, and bowling at 10:00 AM, scheduled for 11/21/2023. At approximately 9:30 AM, Surveyors interviewed Resident 1. Resident 1 stated staff do not offer games or group activities for the residents. S/he stated staff do not follow the activity calendar that was posted in the facility and felt staff ignored residents. At approximately 10:10 AM, Surveyors interviewed Caregiver C. Caregiver C stated the activities posted on the activity calendar that morning had not been done. Caregiver C stated the timing did not always match up for staff to offer activities. At approximately 11:10 AM, Surveyor interviewed Caregiver D. Caregiver D stated the activities posted on the calendar had not been offered that morning. On 11/21/2023 at approximately 8:15 AM, Surveyors entered the facility and were on-site for approximately 4 hours. No activities were observed throughout the day.	{N 427}		

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{N 433}	Continued From page 6	{N 433}		
{N 433}	83.38(1)(i) Behavior management. 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: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide or arrange for services to manage Resident 1's harmful behavior. Resident 1 eloped on 08/23/23 and 11/02/2023. This is a repeat deficiency. See Statement of Deficiency (SOD) BHOK11, dated 06/01/2023. Findings include: The provider is licensed to care for 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease and advanced aged. On 08/25/2023, the Department received a self-report (SR) indicating Resident 1 was located up the street from the facility on 08/23/2023. The SR read, "At this time, Assistant Manager left the facility to assist resident back to the facility. Resident was compliant and easily redirectable. Resident stated that [s/he] was attempting to go buy cigarettes. Resident was smoking outside on the patio and was seen about 15 minutes prior to	{N 433}		

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{N 433}	Continued From page 7 Hospice reporting resident off the premises ... Action Taken to Ensure Resident's Health, Safety, and Well-Being: Resident will have supervision at all times while outside of the facility. Service Plan has been updated to reflect this change. Updated Elopement Screening was completed on 8/23/2023." On 11/06/2023, the Department received a SR indicating Resident 1 eloped on 11/02/2023. The SR read, "At approximately 2:00 PM, employee RCA entered resident's room to administer [his/her] medications. It was at this time when [s/he] recognized that resident was not in [his/her] room. [S/he] searched the entire facility and was not aware of [his/her] whereabouts. RCA immediately contacted the Assistant Manager, and [s/he] notified RCA to search around the premises and the neighborhood. It was at this time where RCA located resident approximately a block away. RCA stated that resident was last seen at approximately 1:45 PM when [s/he] observed [him/her] in [his/her] room ... Resident Outcome: Resident expressed that [s/he] was frustrated that [s/he] did not have any cigarettes. Staff transported [him/her] to the bank, where [s/he] took out money to buy cigarettes. Cigarettes were purchased and resident was in better spirits. [S/he] returned back to the facility safely with no injuries. MD and MCO (managed care organization) were notified of incident ...Action Taken to Ensure Resident's Health, Safety, and Well-Being: It was recognized that south exit door was not properly working and was not secured. Per Mar has been contacted, and will be sending a technician to the facility to fix the issue. Service Plan has been reviewed." On 11/21/2023 at 9:30 AM, Surveyor interviewed Resident 1. When asked how things were going	{N 433}		

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{N 433}	Continued From page 8	{N 433}		

at the facility, Resident 1 stated s/he was "only a source of income." Resident 1 talked about feeling ignored by staff and not having a say in his/her daily routine. S/he stated staff help him/her with medications and meals but often felt disrespected by staff.

At approximately 10:35 AM, Surveyor reviewed Resident 1's record. Surveyor reviewed progress notes, dated between July 2023 and November 2023. Progress notes stated Resident 1 wandered from the facility, made threats to elope and ran out of cigarettes on multiple occasions that led to emotional upset and agitation.

Surveyor reviewed Resident 1's Individual Service Plan (ISP), last updated on 08/25/2023. The ISP section titled, "ELOPEMENT RISK" was last revised on 08/25/2023 and indicated, "Resident 1 is an elopement risk. Resident needs to have staff with [him/her] at all times while outside ...Resident will not leave the facility unattended ...Interventions/Tasks: Facility staff to observe location in the facility every two hours. Triggers for wandering/eloping are (SPECIFY). The wandering behaviors decrease when we (SPECIFY). Resident will elope when [s/he] is out of cigarettes." The ISP did not identify interventions to prevent or manage Resident 1's elopement risk. The ISP did not include reference to or details of a safety plan.

At approximately 11:30 AM, Surveyors interviewed House Manager (HM) A and Assistant Manager (AM) B. Surveyors discussed behavioral supports, elopement strategies and interventions. Surveyor discussed concern that Resident 1's elopements and behaviors were triggered by his/her cigarettes. Surveyor asked about interventions to support Resident 1 in this area.

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{N 433}	Continued From page 9 AM B stated, "[Resident 1] has control of [his/her] money and cigarettes." HM A discussed concern that some staff were not of age to purchase cigarettes for Resident 1 when s/he ran out, so Resident 1 was having to wait sometimes days for staff to replenish his/her supply. Surveyor asked if staff were doing anything such as monitoring his/her cigarette amount, encouraging Resident 1 to ration his/her cigarettes to prevent him/her from running out, assisting him/her in getting cigarettes, etc. HM A stated Resident 1's managed care organization planned to increase his/her spending amount so s/he could purchase more cigarettes at a time. HM A and AM B stated Resident 1's ISP could use more detailed information specific to Resident 1's needs. Cross Reference N0169 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes.	{N 433}		