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 12/03/2024

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

(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 12/02/2024, Surveyor conducted a verification visit and standard licensing survey at Comforts of Home Baldwin. Data was collected through 12/03/2024. Four violations were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 12	{N 000}		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the confidentiality of resident personal and health information. The provider's emergency plans were posted at the entrance and included	N 346		

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

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N 346	Continued From page 1 confidential health and personal information for all residents. Findings include: The provider is licensed to care for 15 residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's disease. On 12/02/2024 at 10:10 AM, Surveyor entered the facility and observed a clear file hanger on the wall near the main entrance. The file hanger had a clipboard in it. The first document on the clipboard was a resident list (first and last names) that identified each resident's room assignment, ambulation status, DNR (do not resuscitate) status, and an "other" column that identified if a resident required cuing, reminders, or supervision. This document was in plain view of anyone who entered the building. At 10:40 AM, Surveyor interviewed Assistant House Manager (AHM) C. AHM C stated the document was posted at the entrance for emergency services personnel. On 12/03/2024 at 1:55 PM, Surveyor interviewed House Manager (HM) A. HM A stated s/he understood the confidentiality concern and would work on creating a new system.	N 346		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2	N 637		

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N 637	Continued From page 2	N 637		

habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement.

This Rule is not met as evidenced by:
Based on observation, the provider did not ensure the facility had 2 exits that provided unobstructed travel to the outside and barrier-free walkways in the pathways that lead to a safe distance from the building.

Findings include:

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

On 12/02/2024 at approximately 11:50 AM, Surveyor observed the facility exits. There facility had 2 doors leading to the outside. Both exit doors had a magnetic locking device that could be disengaged by punching a code into the respective keypads or by pushing a button on the

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N 637	Continued From page 3 wall that would temporarily release the magnetic lock. Surveyor exited the doors by pushing the release button and found the system was not 1-hand 1-motion. To exit by means of the release button, one needed to push the button and then turn the levered handle to open the doors. The locking mechanisms added an obstruction to the path of egress. One of the 2 exits led to a concrete slab patio that ran the length of the building and was less than 15 feet wide. The patio area was enclosed by a fence. The fence had 2 doors, one on the north end and one on the south end. Both fence doors had magnetic locks on them that could only be disengaged by typing a code on the respective keypads. In order to exit the patio area and get to a safe distance away from the building, Surveyor had to pass through 2 locking devices (i.e. the exit door on the building and a fence door). The enclosed patio created a barrier in the pathway to a safe distance away from the building. The provider did not have any exits that provided unobstructed travel to the outside. At 11:55 AM, Surveyor interviewed Caregiver E. Caregiver E stated the locking mechanisms were not delayed egress on any of the doors in the building or fence. Caregiver E confirmed that the only way to open the doors on the fence was by typing in the key code or setting off the fire alarms.	N 637		
N 682	83.63(2)(a) Construction, addition, remodeling plans New and remodeled. Plans for all new construction, additions, and remodeling projects	N 682		

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N 682	Continued From page 4 for CBRFs shall be approved by the department before beginning construction, except under sub. (4) (b). This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not obtain a plan review and approval from the Department (Office of Plan Review and Inspection, also referred to as OPRI) prior to installing delayed egress exit systems and an enclosure around the exterior patio that modified the provider's exits. Findings include: On 12/02/2024, Surveyor observed the provider's exits as part of the routine standard licensing survey. Two of 2 exits were equipped with magnetic locks that could be disengaged by punching a code into the respective keypads or by pushing a button on the wall that would temporarily release the magnetic lock. One of these exits led to the patio that was fully enclosed with a fence. The fence had 2 doors that were also equipped with magnetic locks that could only be opened with a key code. At 12:00 PM, Surveyor interviewed Quality Assurance Manager (QAM) B. QAM B stated s/he spoke with Regional Director (RD) F and RD F relayed that s/he spoke with the provider's maintenance director prior to installing the locks; the maintenance director said the system was allowed because it was tied into the fire system. QAM B confirmed the provider did not reach out to the Department prior to installing the system. At 1:35 PM, QAM B informed Surveyor that s/he spoke with the provider's maintenance department and QAM B was informed that the	N 682		

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N 682	Continued From page 5 new locks on the exits (the building and the fence) were supposed to be delayed egress. QAM B stated s/he realized the locks were not operating as delayed egress during the survey so s/he would be contacting the security company to have them reprogrammed. On 12/03/2024 at 9:12 AM, Surveyor received an email from QAM B that read, "I was able to gain additional information regarding the gated patio at our Baldwin location. The locks on the patio gate doors were installed in November 2023, and the patio itself was installed the summer prior. PerMar has been scheduled to come to the facility to ensure that both exits are [delayed] egress as well as the patio gate doors." Cross reference: N0637 DHS 83.59(1)(g) Proper Exit Locations, Sidewalks, Driveways	N 682		
Y3237	50.09(1)(f)2. Privacy Health Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to: 2. Privacy concerning health care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. Persons not directly	Y3237		

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Y3237	Continued From page 6 involved in the resident's care shall require the resident's permission to authorize their presence This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 residents (Resident 1 and Resident 2) received privacy when staff administered a sublingual medication and topical medication to the residents in the dining room during lunch. Findings include: On 12/02/2024 at approximately noon, Surveyor observed Caregiver D inject Resident 1's Novolog into his/her stomach in the presence of 6 other residents in the dining room. Caregiver D did not give Resident 1 the option to get his/her treatment in private. When Caregiver D was done, s/he informed Surveyor that s/he only had 1 more resident on his/her list for the noon medication pass. Caregiver D stated this resident, Resident 2, was still in his/her room. At approximately 12:15 PM, Resident 2 entered the dining room. At 12:18 PM, Caregiver D knelt beside Resident 2 and began pulling up his/her pant legs. Caregiver D applied Diclofenac gel to Resident 2's knees in the presence of 7 other residents. Caregiver D did not give Resident 2 the option to get his/her treatment in privacy. Surveyor reviewed the provider's Medication Guidelines for caregivers. The policy indicated staff should provide privacy to residents prior to	Y3237		

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Y3237	Continued From page 7 administering medication. At 1:35 PM, Surveyor interviewed House Manager (HM) A and Quality Assurance Manager (QAM) B. HM A stated s/he expected staff to ask residents if they would prefer to get their medication treatment in private. HM A stated neither Resident 1 nor Resident 2 had care plans indicating they preferred their medical treatments in the common area.	Y3237		