| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018167 | A. BUILDING: _____ B. WING _____ | 05/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VISTA CARE HELLER AVENUE | 1528 NORTH 17TH STREET SHEBOYGAN, WI 53081 |

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| N 000 | Initial Comments<br><br>On 05/20/2024 with additional information gathered through 05/23/2024, Surveyors conducted a standard survey at Vista Care Heller Avenue. Four deficiencies were identified.<br><br>Census: 8 | N 000 | | |
| N 344 | 83.32(2)(b) Post resident rights, grievance procedure<br><br>Explanation of resident rights, grievance procedure, and house rules. The CBRF shall post copies of resident rights, grievance procedure and house rules in a prominent public place available to residents, employees and guests.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not post resident rights and grievance procedure in a prominent public place available to residents, employees, and guests.<br>The provider had a different set of regulatory resident rights posted and did not have a grievance procedure posted in the facility.<br><br>Findings include:<br><br>The provider is licensed to provide services for up to 8 residents who may be developmentally disabled, emotionally disturbed/mentally ill, and/or be alcohol/drug dependent.<br><br>On 05/20/2024, Surveyors conducted a standard survey.<br><br>At approximately 11:39 AM, Surveyors observed a large framed poster in a room to the left of the entrance titled and stated "Client Rights Inpatient | N 344 | | |

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

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| N 344 | Continued From page 1<br>or Residential Services ...When you receive any type of service for a mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wis. Stat. 51.61(1) and Wis. Admin. Code ch. DHS 94." Surveyors toured the facility with Manager B and Caregiver C and did not observe any postings of DHS 83 resident rights and the provider's grievance procedure.<br><br>On 05/22/2024 at approximately 1:00 PM, Surveyors interviewed Area Director A who verified DHS 83 resident rights and the grievance procedure were not posted in the facility in a prominent public place available to residents, employees, and guests. | N 344 | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, there was no evidence 2 of 2 sample residents' (Resident 1 | N 389 | | |

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| N 389 | Continued From page 2 | N 389 | | |

and Resident 2) individual service plans (ISP) were reviewed and revised based on assessment annually or when there was a change in resident needs, abilities or physical or mental condition. Resident 1's primary language was hmong. Provider staff voiced challenges and inability to communicate with him/her frequently. Resident 1's record did not include information on Resident 1's language and cultural needs.
There was not evidence Resident 1 and Resident 2's ISPs were updated, reviewed, and signed annually and with changes.

Findings include:

On 05/20/2024, Surveyors conducted a standard survey.
At approximately 11:45 AM, Surveyors interviewed Caregiver C who described having a "language barrier" with Resident 1 as s/he spoke hmong. Caregiver C referenced Resident 1 as having paranoid schizophrenia and him/her having behaviors. S/he stated there were times where Resident 1 would yell in hmong and there was not a way to know what s/he was saying to assist his/her upset. Caregiver C said, "It was hard to translate with [him/her]," for all staff.

On 05/22/2024, Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 12/15/2022 with chronic schizophrenia with paranoid delusions. Surveyor reviewed Resident 1's ISP and noted a last updated date of 07/27/2023. Surveyor noted Resident 1's ISP did not include his/her primary language, communication needs and cultural needs related to his/her hmong ethnicity.

On 05/22/2024, Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility

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| N 389 | Continued From page 3<br>on 12/07/2020 with a history of mental illness. Surveyor reviewed Resident 2's ISP and noted a "Start Date" of 06/13/2023.<br><br>On 05/22/2024 at approximately 1:00 PM, Surveyors interviewed Area Director A and inquired whether there were other versions of Resident 1 and Resident 2's ISPs. Area Director A indicated their system did not include dates of changes made to the ISP. Area Director A stated ISP reviews were completed every 6 months with county case managers and legal representatives, but they would upload review dates, updates, and signatures into resident records going forward. Area Director A verified there was not evidence of updates to Resident 1 and Resident 2's ISPs. Area Director A acknowledged Resident 1's ISP did not identify his/her primary language and any cultural needs. | N 389 | | |
| N 394 | 83.35(5)(b) Annual evaluation of evacuation limits<br><br>Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not evaluate 2 of 2 sample residents' (Resident 1 and Resident 2) mental or physical capability to respond to a fire alarm at least annually.<br><br>Findings include:<br><br>On 05/20/2024, Surveyors conducted a standard survey. | N 394 | | |

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| N 394 | Continued From page 4<br><br>On 05/21/2024, Surveyors reviewed Resident 1's record and noted s/he was admitted to the facility on 12/09/2022 with diagnoses of chronic schizophrenia with paranoid delusions. Surveyor reviewed Resident 1's admission assessment dated 12/09/2020 provided by Area Director A. Surveyor noted an undated evacuation evaluation included in Resident 1's admission assessment documentation. No other evacuation evaluations were found in Resident 1's record.<br><br>On 05/21/2024, Surveyors reviewed Resident 2's record and noted s/he was admitted to the facility on 12/08/2020 with a history of mental health disorders. No evacuation evaluations were found in Resident 2's record.<br><br>On 05/22/2024 at approximately 1:00 PM, Surveyors interviewed Area Director A who stated s/he thought they had completed Resident 1 and Resident 2's annual evacuation evaluations, but was not able to locate them. Area Director A indicated evacuation evaluations were supposed to be done upon admission, annually and with changes in condition. Area Director A verified there was not evidence Resident 1 was evaluated for evacuation abilities since admission, and Resident 2 had not been evaluated for evacuation abilities. | N 394 | | |
| N 406 | 83.37(1)(g) Disposition of medications.<br><br>Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a | N 406 | | |

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| N 406 | Continued From page 5 | N 406 | | |

physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure outdated medications were disposed of per provider policy. The provider did not ensure the medications were separated from other medication in current use in the facility.

A card of Resident 1's as needed (PRN) Acetaminophen 500 MG tablets expired on 06/23/2023 and were not separated from medications in current use, in the medication cabinet.
Resident 3's 2 Epinephrine Injections 0.3 MG auto injectors expired on 03/21/2024 and were not separated from medications in current use, in the medication cabinet.

Findings include:

On 05/20/2024, Surveyors conducted a standard

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| N 406 | Continued From page 6<br>survey.<br><br>On 05/21/2024, Surveyor reviewed the provider's Medication Administration Policy dated 06/01/2023 and noted:<br>"G. Medication Disposal and Destruction<br>1. The medication cabinet will be audited monthly to dispose of any expired or discontinued medications.<br>2. Medications may be returned to the pharmacy, disposed of at a local police department or other authorized facility, or destroyed in the home. All disposal/destruction requires the witness of 2 employees and each medication disposal/destruction shall be documented on a Medication Destruction Log. This log will be kept in the EHR. [electronic health record]."<br><br>On 05/20/2024, at approximately 12:10 PM, Surveyors observed the medication cabinet with Manager B.<br><br>RESIDENT 1<br>Surveyors reviewed medication cards and noted Resident 1's unit dose medication card containing Acetaminophen 500 MG, which contained 1 pill amongst other medications in current use in the medication cabinet. Surveyors noted the label listed a dispense date of 12/27/2022, and a "Do Not Use Beyond" date of 06/23/2023.<br>Surveyors inquired with Manager B how often medications were checked for expiration dates and Manager B indicated all staff watch for them, but s/he tried to check them monthly.<br><br>RESIDENT 3<br>Surveyors observed a box of Resident 3's Epinephrine Injection Single Dose Auto-Injector 0.3 MG, which contained 2 auto injectors. Surveyors noted the auto injectors had a "Fill | N 406 | | |

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| N 406 | Continued From page 7<br>Date" of 03/22/2023 and a "Discard Date" of 03/21/2024. Surveyors observed the medications were stored with current use medications in the medication cabinet.<br><br>On 05/20/2024 at approximately 12:16 PM, Surveyors interviewed Manager B who verified Resident 1 and Resident 3 had outdated medications that were not separated from current use medication and destroyed per provider policy. | N 406 | | |