STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018236	A. BUILDING: _____ B. WING _____	R-C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE WAUKESHA	1701 E BROADWAY WAUKESHA, WI 53186

(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 From 12/02/2024 to 12/03/2024, the Bureau of Assisted Living, Southern Regional Office, conducted 2 verification visits and standard survey at New Perspective Waukesha, a CBRF located in Waukesha, WI. As a result of the survey, 2 deficiencies were identified. The deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) IIF411, dated 04/20/2024, and SOD IIF413, dated 02/07/2024. SOD IIF414, dated 05/28/2024, and SOD BKSP11, dated 07/30/2024, were corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 23	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers	N 277		

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

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N 277	Continued From page 1 reviewed for continuing education received at least 15 hours of continuing education per calendar year. Caregiver J did not have at least 15 hours of continuing education in 2022 or 2023. Findings include: On 12/02/2024 at approximately 11:00 a.m., Surveyor conducted a review of Caregiver J's record, provided by Executive Director H, to verify compliance with continuing education requirements. Caregiver J's record included 3.5 hours of continuing education documentation for 2022. Caregiver J did not complete standard precautions, resident rights, abuse or fire safety training in 2022. Caregiver J's record included 12.75 hours of continuing education documentation for 2023. Caregiver J did not complete fire safety or abuse training in 2023. On 12/03/2024 at approximately 12:30 p.m., Surveyor interviewed Executive Director H. Executive Director H confirmed that s/he was unable to locate more hours of continuing education documentation for 2022 or 2023 for Caregiver J. Executive Director H acknowledged Caregiver J had not received at least 15 hours of continuing education for 2022 and 2023.	N 277		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The	N 381		

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N 381	Continued From page 2 assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the needs, abilities and physical condition of residents was assessed when there was a change in condition for 2 of 2 residents reviewed. Resident 2 and Resident 3 did not have assessments completed after sustaining falls. Findings include: On 12/02/2024 at approximately 11:00 a.m., Surveyors reviewed resident records and identified the following concerns: NOTE: The provider uses "Safely You," a device used to detect falls that allows the provider to play back footage to show what may have resulted in the fall. Example 1 - Resident 2: Resident 2 was admitted to the provider's facility on 09/30/2024. Resident 2's pre-admission assessment, dated 09/17/2024, indicated s/he was independent with mobility with the use of a wheeled walker (WW) or wheelchair (WC). Resident 2's individual service plan (ISP), dated 09/30/2024, indicated Resident 2 ambulated with a WW and was a fall risk. The interventions listed	N 381		

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N 381	Continued From page 3	N 381		

for falls included: wear properly fitting footwear or non-slip socks, keep walkways within apartment free of clutter, participate in community exercise activities to support physical endurance and strength, keep call pendant within reach, place pull cord within reach, drink fluids in-between meals and at mealtime, promptly report to nursing any changes in cognitive status, symptoms of UTI or changes in mobility.

Resident 2 's record documented the following falls and follow up, dated 09/30/2024 to 12/02/2024:

- 09/30/2024: Unwitnessed fall in room. Safely You device reviewed and indicated Resident 2 slid from side of bed to buttocks. Resident 2 sent to hospital for evaluation. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
- 10/03/2024: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 slipped off the side of bed.
- 10/04/2024: Post Fall Evaluation listed "New Intervention" for caregiver to be with resident at all times when ambulating. No change in services. RN note also indicated therapy would be starting to work with Resident 2.
-10/18/2024: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 got up from chair with walker and was attempting to get into wheelchair when s/he lost his/her balance. Resident 2 had a second fall ~20 minutes later when therapy was walking with him/her. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
-10/19/2024 AM: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 was attempting to stand up from his/her bed and slid

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N 381	Continued From page 4	N 381		

off the bed to the floor. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
-10/19/2024 PM: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 was attempting to get up from the side of his/her bed and slipped off, landing on his/her bottom. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
-10/23/2024: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 was ambulating without his/her walker. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
-10/26/2024: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 slid off bed while trying to reach for his/he cane. Walker was out of reach. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
-10/26/2024: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 slid from bed. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
-10/27/2024: Witnessed fall. Lowered to floor by caregiver during transfer. Resident was unable to stand up from bed due to height of bed. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls.
- 10/28/2024: RN note stated s/he followed up on "multiple falls from the weekend." Resident 2 was observed attempting to self-transfer when RN walked into room. Resident 2 did not remember recent falls. Resident had a bed that was low to the ground and did not use the call pendant when s/he needed assistance. Requested urinalysis

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N 381	Continued From page 5 (UA) from physician (11/04/2024 note indicated antibiotic was prescribed for a urinary tract infection). - 10/29/2024 Post Fall Evaluation "New Intervention" for caregiver to be with resident at all times when ambulating. No change in services. -11/08/2024: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 slid to floor when attempting to stand from bed. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls. -11/18/2024: Unwitnessed fall in room. Brought out to common area for closer supervision. - 11/18/2024: Post Fall Evaluation listed "New Intervention" to encourage resident to stay in common area with supervision as much as possible. No change in services. -11/19/2024: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 was attempting to stand from edge of bed. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls. -11/24/2024: Unwitnessed fall from bed to floor. - 11/24/024: Post Fall Evaluation listed "New Intervention" to toilet resident when getting out of bed. No change in services. -11/25/2024: Unwitnessed fall. Safely You device reviewed and indicated Resident 2 was attempting to get up from bed and went down on his/her head. Walker was not within reach. Bed was in lowest position. Resident is on a toileting schedule. *Documentation did not include an assessment to determine if Resident 2's needs had changed to prevent further falls. Example 2 - Resident 3	N 381		

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N 381	Continued From page 6 Resident 3 was admitted to the provider's facility on 10/21/2024. Resident 3's pre-admission assessment, dated 10/16/2024, indicated s/he was independent with mobility with the use of a 4WW or FWW. Resident 3's individual service plan (ISP), dated 10/24/2024, indicated Resident 3 ambulated independently with a cane or walker. Resident 3 's record documented the following falls and follow up, dated 10/23/2024 to 12/02/2024: -11/06/2024: Unwitnessed fall in room. Safely You alerted resident had a fall. Resident 3 was kneeling on floor next to bed. *Documentation did not include an assessment to determine if Resident 3's needs had changed to prevent further falls. -11/08/2024: Unwitnessed fall in room. Safely You reviewed and it showed resident was dragging walker across the room and lost balance and fell to the floor. *Documentation did not include an assessment to determine if Resident 3's needs had changed to prevent further falls. -11/12/2024: Unwitnessed fall in room. Safely You alerted resident had a fall. Safely You video showed Resident 3 was trying to get up from a shower chair and fell backwards. *Documentation did not include an assessment to determine if Resident 3's needs had changed to prevent further falls. -11/15/2024 note from nursing that UA Pending -11/22/2024 Unwitnessed fall in room. Resident 3 found lying on his/her side. - 11/22/2024: Post Fall Evaluation listed "New Intervention" to assist with toileting. No change in services. -11/23/2024: Unwitnessed fall from bed to floor. *Documentation did not include an assessment to determine if Resident 3's needs had changed to	N 381		

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N 381	Continued From page 7	N 381		

prevent further falls.
-11/24/2024: Unwitnessed fall in room. Resident 3 was found on the floor with head laceration. Resident 3 was sent to the hospital for evaluation.
-11/25/2024 note from nursing regarding meeting with Resident 3 to follow up on falls from the weekend. Nurse completed exam and encouraged staff to keep resident in common area as much as possible. UA results also documented as negative.
11/26/2024: Post Fall Evaluation listed "New Intervention" to complete rounding. No change in services.
-11/30/2024: Unwitnessed fall in room. Safely You alerted of fall. Resident 3 found next to bed. Safely You video showed resident rolled out of bed. Resident 3 sent to hospital for evaluation.
*Documentation did not include an assessment to determine if Resident 3's needs had changed to prevent further falls.
-12/02/2024 note from RN waiting on hospice referral/order from PCP. Requested therapy to assess for transfer needs.

On 12/04/2024 at approximately 1:30 p.m., Surveyors reviewed concern with Director of Operations G, Executive Director H and Regional Director of Clinical Operations I that Resident 2 had sustained 15 falls from 09/30/2024 to 12/02/2024 with only 4 post-fall evaluations completed and Resident 3 sustained 7 falls from 10/23/2024 to 12/02/2024 with only 2 post-fall evaluations completed. Surveyors shared observation that 1 of Resident 2's interventions listed on a post-fall evaluation was a repeat intervention. Surveyors asked if there were additional assessments to determine if Resident 2 and Resident 3's needs changed after sustaining multiple falls. Regional Director of Clinical Operations I stated s/he did not have

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N 381	Continued From page 8 additional paperwork to provide Surveyors.	N 381		