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	0013560	A. BUILDING: _____ B. WING _____	R-C 01/08/2024

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WILLOW WINDS LIVING	N372 TWINKLING STAR RD WHITEWATER, WI 53190

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{M 000}	INITIAL COMMENTS On 01/03/2024, with information gathered through 01/08/2024, Surveyors conducted a verification visit at Willow Winds Living. Seven deficiencies were identified. Four of 7 deficiencies are repeat violation (see Statement of Deficiency (SOD) BQ1Q11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 232}	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, for 2 of 2 employee files reviewed (Caregiver C and Caregiver D), indicating that the service provider had been screened for illness detrimental to residents, including tuberculosis (TB) within 90 days before the start of providing services.	{M 232}		

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

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{M 232}	Continued From page 1 Findings include: On 01/03/2024, Surveyor reviewed Caregiver C's and Caregiver D's employee files. Example 1: Caregiver C was hired on 01/27/2020. His/her file contained a communicable disease screen, dated 01/15/2020, but did not contain results from a TB test. Example 2: Caregiver D was hired on 09/07/2022. His/her file contained a communicable disease screen, dated 09/07/2022, but did not contain results from a TB test. On 01/04/2024 at 9:50 AM, Surveyor interviewed Administrator B. Administrator B stated s/he was not aware that staff had to have an actual TB test, just a communicable disease screen. Administrator B stated all staff would be required to have a TB test completed.	{M 232}		
{M 246}	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.	{M 246}		

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{M 246}	Continued From page 2 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 caregiver (Caregiver K) received at least 8 hours per calendar year of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar year 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) BQ1Q11, dated 08/07/2023. Findings include: On 01/03/2024, at approximately 9:30 AM, Surveyor asked Administrator B which staff members had worked with the provider for at least two years. Administrator B stated Caregiver K had. On 01/03/2024, Surveyor requested to review Caregiver K's 2023 continuing education. On 01/04/2024 at 9:42 AM, Surveyor emailed Administrator B and requested Caregiver K's 2023 continuing education. On 01/05/2024 at 7:02 AM, Surveyor emailed Administrator B and requested Caregiver K's 2023 continuing education. As of 01/08/2024 at 8:00 AM, Surveyor had not received requested documentation.	{M 246}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall	{M 276}		

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{M 276}	Continued From page 3 provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a clean and well-maintained homelike environment. This is a repeat deficiency from SOD # BQ1Q11 dated 08/07/2023. Findings include: On 01/03/2024, at approximately 9:06 AM, Surveyors toured the facility and observed the following: 1.) The microwave in the kitchen was full of food spatter, the refrigerator was missing both handles, the garbage can lid was visibly dirty with food debris. There was dirt and paper debris on the kitchen floor. The dining room chair backs were ripped with the metal exposed. 2.) Resident 4's room had paper and garbage debris all over the floor, brown liquid running down the wall, and a brown sticky substance on the floor. 3.) Resident 3's room had badly stained carpeting, paper debris all over the floor and was missing a light bulb in the ceiling fan. 4.) Resident 1's room was missing the furnace vent in the floor.	{M 276}		

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{M 276}	Continued From page 4 5.) The stairs leading downstairs were covered in paper and dirt debris. 6.) There was a dirty baby diaper on the floor by the furnace. 7.) In the hallway there was a large crack in the wall by the electrical outlet. 8.) The baseboard in the living room was pulled away from the wall. On 01/03/2024 at approximately 9:37 AM, Surveyor interviewed Caregiver D. Caregiver D stated there is someone that comes around every day and checks the environment. Caregiver D stated residents clean their rooms and if they aren't cleaned after a couple of days staff will intervene if they are dirty. On 01/03/2024 at approximately 9:48 AM, Surveyor shared findings with Administrator B. Administrator B stated s/he would have second shift staff start cleaning right away.	{M 276}		
{M 278}	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview the provider	{M 278}		

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{M 278}	Continued From page 5 did not ensure the home was free from hazards. This is a repeat deficiency from SOD # BQ1Q11 dated 08/07/2023 Findings include: On 01/03/2024 at approximately 9:06 AM, Surveyors toured the facility and observed the following: 1.) In the kitchen there was a smoke detector that was hanging by the wires. Administrator B attempted to test the smoke detector to ensure it was working and could not test it because it was hanging by the wires. 2.) The fire extinguisher at the bottom of the stairs was hanging on the wall by a screw and was not secured to the wall. On 01/03/2024, at approximately 9:48 AM, Surveyor shared findings with Administrator B. Administrator B stated s/he was not sure why the smoke detector was hanging but stated s/he did know Licensee A was trying to fix a problem with the smoke detectors and that maybe s/he didn't get it connected to the ceiling right again.	{M 278}		
M 284	88.05(3)(e)1 HEATING SYSTEM REQUIREMENTS The home shall have a heating system capable of maintaining a temperature of 74 degrees F. The temperature in habitable rooms shall not be permitted to fall below 70 degrees F. during periods of occupancy, except that the home may reduce temperatures during	M 284		

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M 284	Continued From page 6 sleeping hours to 67 degrees F. Higher or lower temperatures, for certain residents, including but not limited to residents of advanced age and residents with physical disabilities, shall be provided to the extent possible when requested by a resident. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the temperature in habitable rooms did not fall below 70 degrees Fahrenheit. Resident 3's room was below 70 degrees Fahrenheit. Findings include: On 01/03/2024 at approximately 10:07 AM, Surveyors toured the facility. During the tour of the facility it was observed that Resident 4's room was colder than the rest of the house. Surveyor recorded the temperature of the room was 63 degrees Fahrenheit. On 01/03/2024 at approximately 9:48 AM, Surveyor shared findings with Administrator B. Administrator B stated the room temperature is controlled by another thermostat in the facility next door and the facility does not have the ability to control the temperature in that room. Administrator B stated s/he is not sure why it was set up that way but has always been like that. Administrator B agreed the room was cold.	M 284		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR	M 338		

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M 338	Continued From page 7 Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the home had 2 means of exiting which provided unobstructed access to the outside. Findings include: According to www.weather.gov, the last time Whitewater received precipitation was on 01/01/2024, and received .05 inches. The last snowfall was on 12/02/2023, in which Whitewater received .2 inches of snow. On 01/03/2024 at approximately 9:06 AM, Surveyor toured the facility. On tour of the facility it was observed the rear fire exit of the facility was covered in ice and snow. Surveyor walked out the marked fire exit and noted it was very slippery. On 01/03/2024, at approximately 9:28 AM, Surveyor interviewed Resident 4. Resident 4 stated a couple of weeks ago s/he was taking garbage outside and had slipped and fell on the ice. On 01/03/2024, at approximately 9:37 AM, Surveyor interviewed Caregiver D. Caregiver D stated that about two weeks ago Resident 4 had fallen hard outside while taking the garbage out and thought it was because s/he had slipped on the ice. Caregiver D stated that Resident 4 had to	M 338		

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M 338	Continued From page 8 be seen in the emergency room after the fall occurred. On 01/03/2024 at approximately 9:48 AM, Surveyor shared findings with Administrator B. Administrator B stated s/he would get it taken care of. On 01/04/2024, Surveyor reviewed an email that was sent by Administrator B. The email contained a fall report for Resident 4. The report indicated on 12/01/2023, Resident 4 was taking the garbage out and had fallen pretty hard on the iced ramp and hit his/her head. Resident 4 complained of ankle pain and that s/he was dizzy and Caregiver D was instructed to call an ambulance.	M 338		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 2 of 2 residents. Resident 1's November 2023 Medication	M 466		

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M 466	Continued From page 9	M 466		

Administration Record (MAR) did not document why his/her scheduled Olanzapine (psychotropic) was not administered.

Resident 3's January 2024 MAR did not document why his/her scheduled Buspirone (anxiety medication) was not administered.

Findings include:

Example 1: Resident 1

On 01/03/2024, at approximately 9:30 AM, Surveyor observed 3 packets of Resident 1's 12:00 PM 5 MG (milligram) Olanzapine dated 11/10/2023, 11/20/2023, and 11/21/2023 inside the medication closet.

Resident 1's November 2023 MAR documented: "Olanzapine 5 MG - Take 1 tablet by mouth two times a day (12PM / 5PM)"
Surveyor noted the observed packets of Olanzapine were not documented as administered but did not list a rationale.
Surveyor noted the MAR also did not document that the medication had been administered 11/01/2023 to 11/05/2023 or 11/22/2023 to 11/29/2023.

Resident 3's January 2024 MAR did not document the 01/03/2024 7:00 AM med administration for Resident 1's scheduled medications of Fluoxetine, Omeprazole, Lamotrigine, and Olanzapine.

Example 2: Resident 3

On 01/03/2024, at approximately 9:30 AM, Surveyor observed a packet of Resident 3's 2:00 PM Buspirone (anxiety medication), dated

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M 466	Continued From page 10 01/02/2024. Resident 3's January 2024 MAR documented: "Buspirone 10 MG Tabs, Take 1 tablet by mouth three times a day (7:00 AM / 2:00 PM / 8:00 PM)" Surveyor noted the observed packet of Buspirone was not documented as administered but did not list a rationale. Resident 3's January 2024 MAR did not document the 01/02/2024 8:00 PM med administration for Resident 3's scheduled medications of Duloxetine, Lidocaine patch, Propranolol, Buspirone, Famotidine, and Trazodone. Resident 3's January 2024 MAR did not document the 01/03/2024 7:00 AM med administration for Resident 3's scheduled medications of Bupropion, Docusate Sodium, Lamotrigine, Omeprazole, Reguloid Orange Powder, Duloxetine, Lidocaine patch, Lurasidone, Propranolol, Buspirone, and Carafate. On 01/03/2024, at approximately 9:40 AM, Surveyor interviewed Caregiver D. Caregiver D stated morning med administration had already been completed when s/he arrived for his/her shift at 8:00 AM. Caregiver D explained that residents may miss med administration if they are out of the home during med pass. Caregiver D stated, "Staff should send medications with residents when they are going to be gone during med pass." On 01/03/2024, at approximately 10:00 AM, Surveyor interviewed Administrator B. Administrator B stated s/he would discuss proper med documentation with staff. Administrator B stated that staff should be sending medications	M 466		

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M 466	Continued From page 11 with residents when they are aware that the resident will not be home during med pass.	M 466		