STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013560	A. BUILDING: _____ B. WING _____	R-C 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS LIVING	N372 TWINKLING STAR RD WHITEWATER, WI 53190

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{M 000}	INITIAL COMMENTS On 04/17/2024, with information gathered through 05/17/2024, Surveyors conducted a verification visit and self report review at Willow Winds Living. Three deficiencies were identified. One of 3 deficiencies were repeat violation (see Statement of Deficiency (SOD) BQ1Q12). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure the facility and its operation complied with all laws governing an Adult Family Home (AFH). During a verification visit, it was determined Licensee A did not adhere to the special orders identified in his/her Notice and order letter, dated 02/26/2024. Findings include: On 02/27/2024, Statement of Deficiency (SOD) BQ1Q12, which identified 7 deficiencies, and a Notice and Order letter were issued to the licensee. The Notice and Order letter included the following:	M 216		

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

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M 216	Continued From page 1 "Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall the licensee shall ensure all current and prospective service providers will have the necessary skills and training to fulfill job duties. Assigned tasks will be limited to the documented qualifications and demonstrated abilities of the service provider." "WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following: - The licensee and each service provider shall complete 8 hours of training 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; and - Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions prior to assuming duties that may expose the service provider to such material, and annually. ADDITIONALLY, WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2023. Training will be provided by qualified instructors. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements." On 04/22/2024 at 6:26 PM, Surveyor emailed Administrator B and his/her and Caregiver L's	M 216		

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M 216	Continued From page 2 continuing education received since the last survey on 01/08/2024. As of 05/17/2024 at 12:00 PM, Surveyor did not receive any documentation	M 216		
{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 K and Caregiver L), 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. This is a repeat deficiency. See Statement of Deficiency (SOD) BQ1Q12, dated 01/08/2024. Findings include:	{M 232}		

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{M 232}	Continued From page 3 On 04/17/2024, at approximately 11:30 AM, Surveyor interviewed Licensee A and Administrator B. Surveyor asked if staff had been required to obtain a communicable disease screen and a TB test since the last survey, 01/08/2024. Licensee A and Administrator B discussed that there had been confusion when a TB test was required. On 04/25/2024, Surveyor reviewed Caregiver K's and Caregiver L's employee file. Caregiver K was hired 02/14/2020. His/her file contained a communicable disease screen, dated 02/10/2020, but did not contain results from a TB test. Caregiver L was hired in 01/2022. His/her file contained a communicable disease screen, dated 01/22/2022, but did not contain results from a TB test.	{M 232}		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 1 resident (Resident 1) accurately identified behaviors. Findings include:	M 410		

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The provider is licensed to provide care for up to 4 residents that may be emotionally disturbed/mental illness, traumatic brain injury, and/or developmentally disabled.

On 04/14/2024, the department received a written report that stated residents had been involved in a vehicular crash.

On 04/17/2024, at approximately 11:00 AM, Surveyor interviewed Administrator B. Administrator B stated s/he had been informed that Resident 1 and Resident 3 had gotten into a verbal confrontation which distracted the driver of the vehicle, resulting in the crash and Resident 1 and Resident 3 were hospitalized. Surveyor stated that s/he had observed Resident 1 on 03/26/2024, during another survey, and s/he had a cast on his/her arm. Resident 1 had informed Surveyor that s/he had gotten into a physical altercation with law enforcement and was injured. Administrator B stated that was correct. Administrator B stated that Resident 1 and Resident 3 get along like brothers/sisters.

On 04/17/2024, at approximately 11:45 AM, Surveyor interviewed Caregiver M. Caregiver M informed Surveyor that Resident 1 had returned home from the hospital. Caregiver M stated, "We have been advised not to discuss the accident with [Resident 1]. [Resident 1] is upset that [his/her] argument led to the crash."

On 04/17/2024, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility, 12/14/2021, with diagnosis including attention-deficit hyperactivity disorder (ADHD),

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M 410	Continued From page 5	M 410		

impulse disorder, and developmental delay.

Resident 1's Individualized Care Plan, dated 09/25/2023, documented:
"Mental and Emotional Health: I have been known to call 911 when I am feeling lonely or ignored. I usually interact well with my peers. I enjoy hanging out and helping staff. Any behavior that may be harmful to self or others: Yes - I have been known to use inappropriate comments towards my staff and towards my peers."
"Behavior Support Plan:
"Clearly Defined Target Behaviors: Calling 911"
"Definition: I will get irritated or bored and call 911 stating I have chest pains."
"Severity: Moderate"
"Goals: To learn to cope with emotions by talking about them without using 911 as a coping skill."
"Proactive Approaches: Try to get me to find an activity to keep my mind busy. Keep the phone with staff."
"Reactive Approaches: Let me go to my room and play my game system; Offer praise for positive coping skills; Offer to go sit outside and have a chat with me."

On 04/17/2024, at approximately 12:30 PM, Surveyor interviewed Licensee A. Surveyor discussed concerns that the resident ISPs do not provide guidelines on how staff are to provide cares, especially when it comes to behaviors. Resident 1 had displayed physical aggression towards law enforcement, had displayed verbal aggression that distracted a driver. The severity of his/her potential behaviors are not outlined in his/her ISP. Licensee A stated s/he would work with Administrator B on this documentation and ensuring caregivers understand how to redirect Resident 1.

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M 410	Continued From page 6 On 04/17/2024, Surveyor reviewed the provider's department file and reviewed a written report dated 04/02/2024 which documented: "On 03/13/2024 at 5:30 PM - [Resident 1] was asked to let staff do staffs job, as staff spoke to [Resident 1], [s/he] stormed away and out of the house to sit and cool off. According to [Resident 1] [s/he] saw another peer and asked [him/her] to call the police which [s/he] did. During the time it took for the Sheriff to respond to the call [Resident 1] was back in the house and was beginning to eat. When the officer arrived and attempted to speak to [Resident 1] the resident attacked the officer, snatching [his/her] glasses and breaking them. Then is when the officer brought [Resident 1] to the ground. [Resident 1] was making threats to another staff stating [s/he] would staff [him/her] when [s/he] came back."	M 410		