STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019130	A. BUILDING: _____ B. WING _____	C 11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPON COPPERLEAF AL OPERATIONS LLC	1002 EUREKA ST RIPON, WI 54971

(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 11/18/2024, Surveyor conducted 2 complaint investigations at Ripon Copperleaf AL Operations LLC, a CBRF in Ripon. One deficiency was identified. One complaint was substantiated. One complaint was unsubstantiated. Census: 27	N 000		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure enough employees were provided to meet the 24-hour needs of residents. The provider staffed only 1 caregiver when at least 8 residents required assistance of 2 caregivers for personal care needs. Findings include: From 11/18/2024 to 11/20/2024, Surveyor conducted a complaint investigation alleging the provider did not have adequate staffing to meet the needs of residents. On 11/18/2024 at approximately 9:15 a.m., Surveyor interviewed Caregiver C. Caregiver C stated the provider's staffing patterns made it difficult to meet the needs of residents. Caregiver C stated the provider required 2 caregivers to assist with hoyer transfers, yet the facility was	N 396		

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

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N 396	Continued From page 1	N 396		

often staffed with only 1 caregiver overnight. Caregiver C identified 7 residents that required a hoyer lift for transfers. Caregiver C stated because a 2nd caregiver wasn't always available, several staff would operate hoyer lifts by themselves.

On 11/18/2024 at approximately 9:30 a.m., Surveyor interviewed Caregiver B. Caregiver B stated the provider's staffing patterns made it difficult to meet the needs of residents at times. Caregiver B identified Resident 4, Resident 2, Resident 3, Resident 8 and Resident 6 as difficult to provide cares for with only 1 staff present. Caregiver B stated even when there were 2 staff present, there were times 1 staff member was occupied with medication administration leaving 1 caregiver available for cares.

On 11/18/2024 at approximately 10:30 a.m., Surveyor interviewed Administrator A and requested the provider's staff schedule and policy related to hoyer lifts.

On 11/18/2024 at approximately 12:00 p.m., Surveyor reviewed the provider's "Total Mechanical Transfer" (hoyer) policy and procedure, last revised 08/22/2023, which indicated the use of a hoyer lift required 2 staff members to be present. Surveyor then reviewed the provider's schedule, dated 10/01/2024 to 11/18/2024, and identified the following time periods when only 1 staff member was present at the facility:

- 10/01/2024 through 10/07/2024 from 10:00 p.m. to 2:00 a.m.
- 10/08/2024 from 10:00 p.m. to 6:00 a.m.
- 10/09/2024 and 10/10/2024 from 2:00 p.m. to 4:00 p.m.

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N 396	Continued From page 2 - 10/09/2024 through 10/11/2024 from 10:00 p.m. to 2:00 a.m. - 10/12/2024 from 8:00 p.m. to 10/13/2024 at 6:00 a.m. - 10/13/2024 from 8:00 p.m. to 10/14/2024 at 6:00 a.m. - 10/14/2024 and 10/15/2024 from 10:00 p.m. to 6:00 a.m. - 10/16/2025 through 10/19/2024 from 10:00 p.m. to 2:00 a.m. - 10/20/2024 and 10/21/2024 from 10:00 p.m. to 6:00 a.m. - 10/22/2024 through 10/25/2024 from 10:00 p.m. to 2:00 a.m. - 10/26/2024 through 10/27/2024 from 10:00 p.m. to 6:00 a.m. - 10/28/2024 from 10:00 p.m. to 2:00 a.m. - 10/29/2024 through 10/30/2024 from 10:00 p.m. to 2:00 a.m. - 10/31/2024 from 2:00 p.m. to 6:00 p.m. and 10:00 p.m. to 2:00 a.m. - 11/01/2024 from 10:00 a.m. to 2:00 p.m. - 11/08/2024 from 10:00 a.m. to 2:00 p.m. - 11/01/2024 from 11/18/2024 10:00 a.m. to 6:00 a.m. On 11/18/2024 at approximately 1:00 p.m., Surveyor interviewed Administrator A and Campus Administrator D. Surveyor shared concern that the facility was routinely staffed with only 1 caregiver when the facility allegedly had several residents that required assistance of 2 for cares. Administrator A confirmed the provider had residents who required a hoyer lift, thus 2 assistance for transfers. Administrator A stated s/he was available to provide assistance at times or staff working at the affiliated skilled nursing facility were available to provide assistance. Surveyor requested the individual service plans of all residents requiring a hoyer lift for transfers.	N 396		

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N 396	Continued From page 3 On 11/18/2024 at approximately 2:50 p.m., Surveyor interviewed Caregiver E, who reported s/he had just worked 8 consecutive overnight shifts at the facility. Caregiver E confirmed s/he often worked overnight shifts by him/herself and was unable to utilize hoyer lifts without a second caregiver. Caregiver E stated s/he didn't assist residents that required a hoyer lift out of bed during overnight hours due to not having a second caregiver, but was able to roll residents to provide cares if a "draw sheet" was properly placed underneath the resident. Caregiver E stated part of his/her routine was to start providing bed bathing and lower body dressing for residents requiring a hoyer lift at 3:30 a.m. or 4:30 a.m. to help first shift with cares due to first shift's difficulty completing all cares with the staffing patterns. Surveyor asked if residents preferred to have cares completed at 3:30 or 4:30 a.m. Caregiver E replied, "Honestly, they don't always love it." Caregiver E also stated that Resident 8 required assistance of 2 people for mobility, but s/he often crawled out of bed, so Caregiver E would assist Resident 8 by him/herself if able but if Resident 8 was having a "weaker day" s/he would have to tell Resident 8 to stay in bed. Caregiver E stated staff from the affiliated skilled nursing facility would only come over to the facility if there was a fall or crucial need. On 11/18/2024 at approximately 4:00 p.m., Surveyor reviewed 8 individual service plans (ISP), provided by Administrator A, that documented the following: - Resident 1 admitted to the provider's facility on 02/01/2019. Resident 1's ISP, revised on 11/18/2024, stated s/he required a hoyer lift for transfers.	N 396		

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N 396	Continued From page 4 - Resident 2 admitted to the provider's facility on 07/31/2024. Resident 2's ISP, revised on 11/14/2024, stated s/he required hoyer lift for transfers. - Resident 3 admitted to the provider's facility on 08/23/2023. Resident 3's ISP, revised on 08/09/2024, indicated s/he required a hoyer lift for transfers. - Resident 4 admitted to the provider's facility on 10/20/2022. Resident 4's ISP, revised on 05/09/2024, indicated s/he required a hoyer lift for transfers. - Resident 5 admitted to the provider's facility on 09/01/2023. Resident 5's ISP, revised on 11/18/2024, indicated s/he required a hoyer lift for transfers. - Resident 6 admitted to the provider's facility on 10/30/2023. Resident 6's ISP, revised 10/18/2024, stated s/he required a hoyer lift for transfers. - Resident 7 admitted to the provider's facility on 02/06/2024. Resident 7's ISP, revised on 10/18/2024, indicated s/he required an EZ stand or hoyer lift pending his/her abilities that day due to multiple sclerosis. - Resident 8 admitted to the provider's facility on 12/13/2022. Resident 8's ISP, revised on 09/27/2024, stated s/he required assistance of 2 for transfers and dressing. The provider, who had several residents that required assistance of 2 caregivers for cares, was routinely staffed with only 1 caregiver.	N 396		