| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018918 | A. BUILDING: _____ B. WING _____ | C 02/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **AGAPE ACRES** | **3737 BLUEBERRY RD WARRENS, WI 54666** |

| (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<br><br>On 02/01/2024, Surveyor conducted a complaint investigation at Agape Acres.<br><br>Information for this survey was received and reviewed through 02/02/2024.<br><br>The complaint was substantiated.<br><br>One deficiency identified.<br><br>Census: 13 | N 000 | | |
| N 164 | 83.12(4)(b) Reporting when law enforcement is called.<br><br>A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the provider did not ensure a written report was submitted to the Department within 3 working days of when law enforcement was called to the facility as a result of an incident that jeopardized the health, safety, or welfare of resident and employees of the facility.<br><br>Findings include:<br><br>The provider is licensed to care for 15 residents | N 164 | | |

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

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| N 164 | Continued From page 1<br>within the client groups of advanced aged, physical disabilities, irreversible dementia/Alzheimer's disease, terminally ill, emotionally disturbed/mental illness, and developmental disabilities.<br><br>At approximately 12:15 PM on 02/01/2024, Surveyor interviewed Caregiver A and Caregiver B. Surveyor asked both if they could recall law enforcement called to the facility regarding the health, safety and welfare of staff or residents of the facility. Caregiver B recalled law enforcement was on premise due to a caregiver possibly being intoxicated while working. Caregiver B stated this happened on or around 09/28/2023.<br><br>Caregiver A stated s/he thought law enforcement was called to the facility for a resident being aggravated regarding food. Caregiver A was not sure of the date or if law enforcement talked to the resident.<br><br>At approximately 1:00 PM on 02/01/2024, Surveyor interviewed Administrator C and asked if s/he could recall law enforcement being at the facility. Administrator C said law enforcement was at the facility. Surveyor requested any incident reports regarding law enforcement being at the facility.<br><br>At approximately 1:40 PM on 02/01/2024, Surveyor reviewed two incident reports. The first incident report, dated 08/19/2023, stated a resident got angry thinking someone took his hamburger. Law enforcement came to the facility to calm the resident down. The second incident report, dated 09/24/2023, stated a caregiver was thought to be intoxicated while working at the facility. The incident report indicated Caregiver B could smell the alcohol on the caregiver involved. | N 164 | | |

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| N 164 | Continued From page 2<br><br>Law enforcement was called to the facility. The caregiver refused a breathalyzer. The officer did not let the caregiver drive.<br><br>On 02/01/2024 at approximately 2:00 PM, Surveyor interviewed Licensee D and discussed the concern of law enforcement being called to the facility and not being reported to the department. Licensee D stated, "This is on me." Licensee D stated s/he did not report to the department when law enforcement was at the facility on 08/19/2023 and 09/24/2023. | N 164 | | |