STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015628	A. BUILDING: _____ B. WING _____	C 10/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN TERRACE SENIOR LIVING CBRF	3402 TERRACE CT WAUSAU, WI 54401

(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 10/18/2023 and 10/24/2023, Surveyor conducted two complaint investigations and a standard survey at Mountain Terrace Senior Living. Information was reviewed through 10/24/2023. Two deficiencies were identified. One of the deficiencies is being cited for the third time. See Statement of Deficiency (SOD) IVLX11, dated 07/01/2021 and SOD 5VJ411, dated 07/27/2028). One complaint was substantiated. One complaint was unsubstantiated. Census: 28	N 000		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure a safe environment for residents that wander and elope. This was discovered for 1 of 2 sampled residents that had eloped in the past year. Staff did not	N 358		

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

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check the front door when the door alarm went off, assuming the alarm went off for another resident. Resident 1 eloped from the facility and staff were unaware. This created a safety threat for Resident 1.

Findings include:

On 10/11/2023 the department received a complaint alleging that a resident had eloped from the facility for approximately one hour, and staff were unaware the resident was gone.

On 10/12/2023, Surveyor received a copy of a police report by Officer F, dated 10/08/2023. The report stated that on 10/08/2023 at 6:31 PM, Officer F responded to a call about an elderly person walking in traffic and disoriented. Person G had called the police in the parking lot of a local care dealership after s/he stopped to assist the person (The dealership was across a four-lane main throughfare that was approximately a half a city block from the facility). The police officer's report stated the elder knew his/her name, birthdate, day of the week, and address of his/her home but stated his/her age to be 40 and the year to be 1926. The report indicated that a computer search identified the elder as Resident 1. Resident 1 was then seated in the police car while this information was reviewed. With the help of a dispatcher, it was discovered that Relative H resided at Resident 1's home address. Relative H was called and Officer F was told Resident 1 resided at the facility. Officer F took Resident 1 to the facility. Officer F and Resident 1 went through the front door and an alarm sounded. Officer F waited approximately 2 minutes and no staff came to the lobby. Officer F then saw a resident in a wheelchair go out and say s/he was going for a smoke. Officer F then proceeded in the

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common area and found Caregiver I and Caregiver J standing at the kitchen sink. Officer F called out to them and both staff members were "visibly startled."

The report stated that both staff members were unaware Resident 1 left the building. Officer F interviewed Caregiver I and Caregiver J, and both stated they were working short staffed as Executive Director (ED) A had 2 persons on each shift. Officer F called ED A and was told that 2 staff was the usual staffing. Officer F told ED A that the incident would be reported to the Wisconsin Department of Health Services. Officer F interviewed Caregiver I and Caregiver J and was told that one resident was allowed to go outside and smoke and does not always remember to use the code. The report stated that Caregiver I told Officer F "...because the resident who smokes they do not respond to the alarm at the front door going off every time." The report indicated Caregiver J told Officer F that Resident 1 left the facility in the past. Officer F indicated the Resident 1 was gone from the facility for nearly an hour.

On 10/18/2023, Surveyor reviewed the charting and incident reports for Resident 1. There were several notes about wandering, setting off alarms, and leaving the facility. The charting indicated Resident 1 had a history of exiting the building and on 2 past instances the staff were not aware of Resident 1's whereabouts.

On 10/19/2023 at 5:10 PM and 10/20/2023 at 11:05 AM, Surveyor received scans of Resident 1's observation notes and incidents for 2023:

1. On 2/28/2023, Resident 1 left the facility and was found at a local bank by police and

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returned. (The bank was passed the funeral home next door, passed a complex of several businesses and across an intersection).

2. On 06/20/2023 at 7:30 PM, The back door alarm went off and by the time staff responded, Resident 1 was being brought back to the facility by a neighbor. The provider's self-report indicated an in-service would be held to remind staff of the importance of the alarms and investigating them promptly.

The incident on 10/08/2023 was not recorded in the resident's charting or incident reports.

On 10/18/2023, Surveyor reviewed the Individual Service Plan (ISP) for Resident 1. On 03/07/2023, the provider added to the ISP:

"Personal Safety. Resident will be kept safe with dignity and respect. Resident has a [history] of elopement and wandering. Resident is monitored closely if out of secure memory area for activity or medical visits. Resident is visually check on frequently through the day and night to promote safety and encourage participation in activities." There was no indication on the ISP to tell staff how often to do the monitoring. There were no changes to the ISP after the June and October instances.

On 10/18/2023, at approximately 11:15 AM, Surveyor reviewed a written "In-service," dated 10/13/2023. Staff were to read the note and sign their name. The note in the medication room said:

Mountain Terrace CBRF Inservice
10/13/2023
Door Alarms
Review and sign:

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Team, it is imperative that EVERYTIME the door alarm sounds that we IMMEDIATELY stop what we are doing (as applicable) and check the door, ensure residents location and safety, then the alarm is to be disengaged. This is EVERYONE'S responsibility to ensure the safety of our residents regardless of job duties. Thank you, ED D." There were 14 signatures out of a list of 34 staff members.

On 10/18/2023, at 11:09 AM, Surveyor interviewed Caregiver I. Caregiver I stated the alarms go off "every day all day" because of Resident 1 and Resident 2 as the resident who smokes throughout the day. Caregiver I stated staff are to check to see who goes out or in. Caregiver I stated the front door was visible from the alarm panel to turn it off and that was how staff checked the door and then there was no need to go to the door. Surveyor stood in the same vantage point as Caregiver I. Surveyor was able to see the front door and only the front door. Surveyor could not see the lobby or outside the building. Caregiver I stated that on the evening Resident 1 got out, Officer F asked him/her how long the officer was standing in the foyer. Caregiver I stated s/he was washing his/her hands and s/he did not know the officer was there. Caregiver I stated s/he thought Resident 1 may have gone out with Resident 2. Caregiver I stated they had seen Resident 2 go to the lobby and assumed the alarm was just Resident 2. Caregiver I stated, "I never should have just assumed."

On 10/18/2023, at 4:13 PM, Surveyor interviewed Caregiver J. Caregiver J stated that when a door alarm goes off, staff are to be quick and go to the front door and that a glance at the door was not enough. Caregiver J stated that on the evening

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N 358	Continued From page 5 when Resident 1 left, s/he and Caregiver I were "really far behind." Caregiver J stated they were trying to clean up the dishes and the kitchen when the police came. Caregiver J stated the alarm was going off but thought it was Resident 2. Caregiver J thought Resident 1 was in his/her room. Caregiver J stated, "I should have made sure, but I was preoccupied with another resident."	N 358		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure fire drill documentation included the residents' evacuation times and the type of assistance needed. This had the potential to affect all the residents at the facility.	N 525		

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N 525	Continued From page 6 This deficiency is being cited for the third time. See Statement of Deficiency (SOD) IVLX11, dated 07/01/2021 and SOD 5VJ411, dated 07/27/2018. Findings include: In 10/18/2023 at 9:35 AM, Surveyor met with Executive Director (ED) A and Assistant Director (AD) B and requested of documentation of the fire drills back 07/01/2021. At 3:30 PM, ED A stated s/he was unable to locate any documentation related to fire drill. ED A stated it may be in the computer but would have to talk to the maintenance department. On 10/19/2023 at 3:11 PM, ED A submitted a list of fire drill dates and the people that initiated the drill. The list indicated a fire drill was done every 2 months. There was no indication that one drill was done to simulate a fire during sleeping hours and done with the night staff. There was no documentation of the time it took to evacuate the residents and type of assistance the residents needed. On 10/24/2023 at 4:00 PM, Interim ED C, with the assistance of AD B, ED D, and ED E were unable to find the evacuation times and assistance given to the residents, except for one.	N 525		