STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016158	A. BUILDING: _____ B. WING _____	C 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING ALTOONA II	893 BRIAR LANE ALTOONA, WI 54720

(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 08/05/2025, Surveyor conducted a complaint investigation at Care Partners Assisted Living Altoona II. The complaint was substantiated. Two deficiencies were identified. Census: 20	N 000		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was comprehensive to resident's needs when the ISP did not identify services, frequency, approaches provided by the provider, or specify methods for delivering needed care, and identify who was responsible for delivering care for the use of	N 386		

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

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N 386	Continued From page 1 CPAP (continuous positive airway pressure) machine, catheter care, and wound care. This is a repeat deficiency. See Statement of Deficiency (SOD) R5P512, dated 03/31/2022, and SOD XEV811, dated 02/12/2021. Findings include: On 04/25/2025, the Department received a complaint regarding resident care. On 08/05/2025 at 11:20 AM, Surveyor observed Resident 1 in his/her room with Caregiver B. Resident 1 was lying in bed wearing a mask connected to plastic tubing, which lead to a machine on his/her nightstand (CPAP machine). The machine was on, and the water tank was empty. Resident 1 had a catheter hanging from the bed. Surveyor interviewed Resident 1at the time of observation and asked if staff assist him/her with cares daily. Resident 1 stated staff emptied his/her catheter, changed his/her incontinence pad, and treated his/her wounds located on his/her thighs and buttocks 2 times daily . Surveyor interviewed Caregiver B regarding cares provided to Resident 1. Caregiver B stated staff should assist Resident 1 with filling the water tank, but neither Caregiver B nor Caregiver C had filled it on the date of survey. Caregiver B further stated Resident 1's catheter was emptied at least once per shift, and they were responsible for putting on ointment and covering his/her wounds with gauze 2 time daily. Surveyor reviewed admission orders, dated 08/14/2024, for the CPAP machine. The orders	N 386		

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N 386	Continued From page 2	N 386		

read, in part: "Clean CPAP mask with a clean wet cloth and empty and rinse water chamber and allow to air dry every day shift. Clean CPAP mask, tubing, head gear and water chamber with free and clear soap or baby shampoo. Allow to soak 30 minutes. Rinse. Hang tubing, mask and head gear to dry. Allow water chamber to dry every day shift, every Saturday."

Surveyor reviewed Resident 1's ISP for his/her use of the CPAP machine. The ISP did not include Resident 1's CPAP use and frequency, and did not include instructions for staff assistance regarding the maintenance and cleaning of the machine.

Surveyor requested wound care orders from Director A. The following wound care orders were reviewed:

-07/31/2025: Peri care should be done 2x daily, barrier cream and/or Nystatin powder to groin. Barrier cream to bottom and thighs (any red areas) [sic] wash away from opening. ABD (abdominal) pad between thighs. ABD pads and barrier cream stocked in patient room.

Surveyor reviewed the medication administration record (MAR). The MAR for July 2025 had the following orders:

- Change gauze pad 3x (3 times) daily once per shift (in between thighs).

Surveyor reviewed the MAR for August 2025. The MAR showed the same order written, "Change gauze pad between thighs 3x daily once per shift." The MAR showed this was scheduled for 8:00 AM, 2:00 PM, and 11:00 PM. The MAR did not reflect the order change on 07/31/2025 to 2x

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N 386	Continued From page 3 daily. Surveyor reviewed Resident 1's ISP for wound care and catheter care. The ISP read, "Resident has wound care & catheter changes in house via [MCO (managed care organization)] auth (authorization)." The ISP did not include the above details regarding wound care provided by staff, or how often staff were to empty Resident 1's catheter. Cross Reference Y3244 Wis. Stat. §50.09(1)(L) Care	N 386		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by:	Y3244		

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Y3244	Continued From page 4	Y3244		

Based on observation, record review and interview, the provider did not provide Resident 1 adequate and appropriate care within the capacity of the facility.

Findings include:

On 04/25/2025, the Department received a complaint regarding resident care.

On 08/05/2025, Surveyor requested Resident 1's record. Resident 1 had an admission date of 08/26/2024.

On 08/05/2025 at approximately 11:05 AM, Surveyor interviewed Caregiver B and asked what cares staff provide Resident 1. Caregiver B stated, "Resident 1 refuses to get up most days, is in bed a lot. Eats in his/her room. Staff empty catheter, check and change him when needed, reposition with 2 staff every 2 hours, and put ointment and gauze on wounds. It was 3 times a day, but now we change the gauze pads twice a day in between [his/her] thighs and behind (buttocks). [S/he] has a CPAP (continuous positive airway pressure) machine, we make sure there's water in it." When asked if the CPAP machine is cleaned by staff, Caregiver B stated s/he was not sure how often it was cleaned, or who was responsible for cleaning it.

On 08/05/2025 at 11:20 AM, Surveyor observed Resident 1 in his/her room. Resident 1 was lying in bed and was wearing a mask connected to plastic tubing leading to a machine on his/her nightstand. The machine was running dry, and the water tank was empty. Caregiver B stated the tank was dry and appeared to have been dry for some time. Caregiver B observed the tank and informed Surveyor the tank had a white dry

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Y3244	Continued From page 5	Y3244		

residue on it with pieces of residue "flaking off." Caregiver B informed Surveyor the tank needed to be cleaned. When asked if staff assist Resident 1 with his/her CPAP machine, Caregiver B stated staff should assist Resident 1 with filling the water tank, but neither Caregiver B nor Caregiver C had filled it on the date of survey.

At approximately 11:23 AM, Surveyor interviewed Resident 1 about his/her CPAP use. Resident 1 stated s/he prefers to use bottled water to fill the tank but needed assistance to complete the task. Resident 1 stated s/he was bed-bound most days and did not have mobility to retrieve a bottle of water (stored on the floor) or reach the machine to fill the water tank. Resident 1 stated s/he used the machine "daily and frequently" throughout the day due to dryness. Resident 1 stated s/he did not know s/he was using the machine without water and did not know how long the tank had been empty. Surveyor asked Resident 1 how often the machine was cleaned. Resident 1 could not recall if staff had cleaned the machine and stated s/he was not aware the machine needed to be cleaned.

On 08/05/2025 at approximately 11:25 AM, Director A stated the assistant director was responsible for cleaning the machine and stated s/he had assumed it had been cleaned within the last week, however, documentation was not available for review as the provider did not indicate Resident 1's need for CPAP use or cleaning in Resident 1's individual service plan or medication administration record. Director A acknowledged the water tank needed to be cleaned, and informed Surveyor s/he would clean it.

Surveyor reviewed admission orders, dated

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Y3244	Continued From page 6 08/14/2024, for the CPAP machine. The orders read, in part: "Clean CPAP mask with a clean wet cloth and empty and rinse water chamber and allow to air dry every day shift. Clean CPAP mask, tubing, head gear and water chamber with free and clear soap or baby shampoo. Allow to soak 30 minutes. Rinse. Hang tubing, mask and head gear to dry. Allow water chamber to dry every day shift every Saturday." Resident 1 did not receive adequate and appropriate care within the capacity of the facility when s/he required assistance from staff to maintain his/her CPAP machine for daily use. Facility staff did not ensure the water tank was filled appropriately at all times when Resident 1 used the machine, and did not have knowledge of who was responsible or how often the device should be cleaned. Cross Reference N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	Y3244		