STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016044	A. BUILDING: _____ B. WING _____	R-C 04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENHAVEN INC DBA GRAND OAKS CBRF	614 E OAK ST GLENWOOD CITY, WI 54013

(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 04/01/2024, Surveyor conducted a verification visit at Glenhaven Inc DBA Grand Oaks CBRF. Data was collected through 04/04/2024. Four violations were identified. Two of the 4 violations were repeat deficiencies. See Statement of Deficiencies (SOD) D4WT11, dated 11/09/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 10	{N 000}		
{N 302}	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents sampled (Resident 1) was screened for communicable	{N 302}		

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

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{N 302}	Continued From page 1 disease, including tuberculosis (TB), within 7 days after admission. The provider did not screen Resident 1 for TB in accordance with the Centers for Disease Control and Prevention (CDC) standards. This is a repeat violation. See Statement of Deficiencies (SOD) D4WT11, dated 11/09/2023. Findings include: According to the Wisconsin Tuberculosis Program publication P-02382A, Tuberculosis Screening and Testing: Residents of Care Facilities (retrieved from: https://www.dhs.wisconsin.gov/publications), "Screening for the presence of communicable disease, including TB, is required upon admission by Department of Health Services (DHS) WI Admin. Codes for residents of care facilities and includes the following three steps: 1) TB risk assessment ... 2) Symptom evaluation ... 3) TB testing... Perform baseline testing for all residents without documented evidence of prior LTBI or TB disease ... If TST [tuberculin skin test] is used as the baseline testing, 2-step testing is recommended for residents who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before admission." On 04/01/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/09/2024. His/her file contained a 1-step TB skin test that was read by Registered Nurse (RN) B on 02/12/2024. Resident 1's record did not contain	{N 302}		

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{N 302}	Continued From page 2 evidence of a prior TB baseline test or evidence s/he was screened for other communicable diseases. At 1:37 PM, Surveyor interviewed House Manager (HM) A. HM A reported that the provider only conducted TB tests at admission and they do not screen for other communicable diseases. HM A stated this information came from RN B.	{N 302}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 2 received diclofenac gel in the dosage prescribed by his/her physician. Findings include: On 04/01/2024 at 9:35 AM, Surveyor observed Caregiver E administer Resident 2's morning medications, which included diclofenac gel 1%, apply 4 grams to right shoulder. Caregiver E dispensed a dollop of the topical medication on the tips of his/her fingers and applied it to Resident 2's right shoulder. Surveyor asked Caregiver E how s/he knew s/he dispensed 4 grams of the medication. Caregiver E stated, "I guess we don't." Surveyor asked if the medication had a measuring card to ensure staff were	N 352		

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N 352	Continued From page 3 dispensing the appropriate amount. Caregiver E went back to the medication cart and found a measuring card in the drawer where the diclofenac gel was stored. Caregiver E said, "I guess that is what this is then?" Caregiver E said multiple staff trained him/her how to administer Resident 2's medication and none of them used the measuring card. At 3:00 PM, Surveyor interviewed Registered Nurse (RN) B. RN B stated, "Diclofenac comes with a measuring stick. I expect staff to use this."	N 352		
{N 393}	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents sampled (Resident 1 and Resident 3) were assessed for evacuation capabilities within 3 days of admission. This is a repeat violation. See Statement of	{N 393}		

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{N 393}	Continued From page 4 Deficiencies (SOD) D4WT11, dated 11/09/2023. Findings include: On 04/01/2024, Surveyor reviewed resident records. Resident 1 was admitted on 02/09/2024. His/her record included an evacuation assessment completed on 03/20/2024. Resident 3 was admitted on 01/04/2024. His/her record included an evacuation assessment completed on 03/25/2024. At 12:38 PM, Surveyor interviewed House Manager (HM) A. HM A stated s/he began working in his/her role in December 2023, and s/he was responsible for completing resident evacuation assessments. HM A said s/he was aware evacuation assessments needed to be completed within 3 days of admission. Surveyor asked if there was a reason HM A did not complete Resident 1's or Resident 3's evacuation assessments timely. HM A said, "No reason... I've just been trying to catch up."	{N 393}		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least	N 397		

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N 397	Continued From page 5 one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure staff were on site whenever residents were present. One staff member was responsible for the community-based residential facility (CBRF) and the connected residential care apartment complex (RCAC) between the hours of 8:00 PM and 6:00 AM daily. Findings include: The provider is licensed to care for 16 residents in the client groups terminally ill, irreversible dementia/Alzheimer's disease, physically disabled, and advanced aged. The facility is located under the same roof as a 44-bed nursing facility and a 16 apartment RCAC. On 04/01/2024 at 10:17 AM, Surveyor interviewed Caregiver F. Caregiver F stated the RCAC was not staffed between the hours of 8:00 PM and 6:00 AM (noc shift), but all tenants had a call pendant that they could use to contact the CBRF staff. Caregiver F stated there was 1 staff	N 397		

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N 397	Continued From page 6 member scheduled in the CBRF during noc shift. Surveyor reviewed the staff schedule for December 2023 through March 2024 provided by House Manager (HM) A and Registered Nurse (RN) B. The schedule included the CBRF and RCAC staff assignments and confirmed 1 staff member was routinely scheduled for noc shift. At 11:04 AM, Surveyor interviewed HM A. HM A stated s/he was responsible for scheduling staff. HM A said the RCAC was not staffed after 8:00 PM, and the staff member working in the CBRF was responsible to answer tenant calls after 8:00 PM. At 11:30 AM, Surveyor interviewed Tenant 4. Tenant 4 described an incident that occurred on 12/22/2023 where s/he was hospitalized after 8:00 PM. Tenant 4 said the staff at the CBRF (Caregiver G) found Tenant 4 wandering in the RCAC. Surveyor asked if there were other times the CBRF staff responded to Tenant 4 after 8:00 PM. Tenant 4 stated, "I push my button maybe 2 times per month at night... [staff] from Grand Oaks [the CBRF] come, but it takes a while." On 04/02/2024 at 4:00 PM, Surveyor interviewed Administrator C. Administrator C stated s/he oversaw the operation of all 3 facilities on the campus, and s/he relied on HM A and RN B to manage the CBRF and RCAC. Administrator C stated s/he was not aware staff at the CBRF were responding to the RCAC tenant calls during noc shift (thus leaving the CBRF unattended). Administrator C stated the CBRF staff should not be responding to RCAC tenant calls at night, and the calls should go to the nursing home staff. On 04/04/2024 at 5:45 PM, Surveyor interviewed	N 397		

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N 397	Continued From page 7 Caregiver H. Caregiver H stated s/he was working in the RCAC on 12/22/2023. She stated s/he left at 8:00 PM, and before s/he left s/he told Caregiver G (who was working in the CBRF) to keep an eye on Tenant 4 because Tenant 4 seemed "out of it." Caregiver H stated s/he heard staff found Tenant 4 was unresponsive during one of the checks so they called 911. According to the staff schedule provided on 04/01/2024, Caregiver G was the only staff working between the CBRF and RCAC.	N 397		