STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015955	A. BUILDING: _____ B. WING _____	C 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT COLBY (THE)	1110 N DIVISION ST COLBY, WI 54421

(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 06/20/2023, Surveyor conducted a complaint investigation, a self-report review, and a standard licensure survey at The Waterford at Colby. Data was reviewed through 06/27/2023. One deficiency was identified. The complaint was unsubstantiated. Census: 44	N 000		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure that each resident had the opportunity to evaluate the care and services they received. The provider's current online resident survey did not include several categories of questions that are outlined on the department's form. The provider had not applied for a waiver of this requirement. This has the potential to affect all the residents. Findings include: On 06/20/2023 at approximately 2:10 PM, Surveyor reviewed the records of Resident 1, Resident 2, Resident 3, and Resident 4. The tabbed area in the chart for the satisfaction	N 392		

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

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N 392	Continued From page 1	N 392		

surveys was empty.

On 06/20/2023 at 4:23 PM, Surveyor requested of Associate Administrator (AA) A, the satisfaction surveys for Resident 1 and Resident 4 as these residents had been at the facility for over a year. AA A stated that the surveys had been done electronically and the residents and/or their legal decision-maker had done them on the computer. AA A stated s/he did not have a copy of the questions and the questions would be sent to Surveyor.

On 06/21/2023 at 12:13 PM, Surveyor interviewed Executive Director (ED) B. ED B stated the surveys are sent to a contracted survey company and the staff at the facility do not see the individual results. ED B stated a report is sent from the survey company with areas to be improved upon. ED B stated the return rate on the surveys was 98%. ED B stated the only concerning area on the last report was that the provider needed to take a closer look at the food served to the residents.

On 06/21/2023 at 2:07 PM, Surveyor interviewed ED B. ED B stated residents that could not use the internet were guided by staff and if the resident preferred the survey on paper it was printed out and Wellness Director C entered their answers into the computer for the contracted survey company. ED B was unaware of the need to use the department's form or submit their form for review and a waiver. ED B stated there were several providers that used this service. The provider's survey questions were received on 06/21/2023 at 3:13 PM and 4:29 PM.

On 6/22/2023, Surveyor compared the survey questions of the department's form and the

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N 392	Continued From page 2 provider's online questions. There were several key aspects of care that were not in the provider's form. These included questions about residents' rights, activity wishes, doctor and pharmacy preferences, privacy, personal funds, medication management, and specifics about food quality and quantity. On 06/27/2023 at 8:41 AM, Surveyor interivewed ED B about the provider's survey discrepancies with the department-approved form and the need to apply for a waiver for this regulation.	N 392		