STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019823	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL PAT WEBER	1209 W TAYLOR ST MERRILL, WI 54452

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N 000	Initial Comments On 0/13/2025, Surveyor conducted a complaint (x2) investigation at HIL Pat Weber. Data collection continued through 05/19/2025. The complaints were substantiated. One deficiency was identified. Census: 8	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not follow Resident 1's individual service plan (ISP). The provider did not ensure Resident 1 received a pureed diet. Findings include: The provider is licensed to serve up to 8 residents in the following client groups: developmentally disabled and traumatic brain injury. On 02/17/2025 and 02/27/2025, the Department received complaints alleging hygiene, staff training, and diet concerns. On 05/13/2025 at approximately 8:45 AM, Surveyor interviewed Client Services Manager (CSM) A. Surveyor asked CSM A about meals and pureed diets. CSM A reported that Resident 1 was on a pureed diet and all staff were trained in	N 388		

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

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general nutrition, dietary intake, serving meals, and how to prepare pureed meals.

On 05/13/2025, Surveyor reviewed resident 1's record. Resident 1 was admitted on 02/05/2024. Per Resident 1's ISP, dated 04/14/2024, in part, "[Resident 1's] diet is pureed with honey thick consistency. This is due to [his/her] choking and aspiration risk. [Resident 1] can eat independently with cues/prompts. [Resident 1] uses a smaller spoon to help with monitoring [his/her] portion size. [Resident 1] eats anything...Staff will make all of [Resident 1's] meals to assure that [Resident 1's] diet is pureed with honey thick consistency." A physician order, dated 02/06/2025, noted, in part, "Track bowel movements, frequency and consistency of stool. Medications to be crushed then administered in applesauce. Pureed food. Fluids to be honey or nectar consistency. 1 Ensure supplement beverage per day."

On 05/13/2025 at approximately 9:44 AM, Surveyor interviewed CSM B. Surveyor asked CSM B about the food and pureed diets. CSM B stated, "I maintain a rotating menu that is planned out for several weeks. All staff are trained to work in the kitchen and to make pureed food." Surveyor asked about Resident 1's diet. CSM B indicated Resident 1 was on a pureed diet and all of his/her meals (breakfast, lunch, dinner and snacks) were pureed by the staff. CSM B noted that Resident 1 went to day programming (Monday through Friday), staff prepared Resident 1's lunch, and Resident 1 took his/her lunch to Kindhearted Home Care.

On 05/13/2025 at approximately 10:30 AM, Surveyor interviewed CSM A. Surveyor asked CSM A about Resident 1's pureed diet and if

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there were concerns with Resident 1's pureed diet. CSM A reported that Resident 1 attended day programming (Monday through Friday). CSM A indicated the provider had received concerns from the day program about Resident 1 "coming in hungry and there was a lump in [his/her] food." CSM A indicated that the concerns were reported on at least one occasion over the past several months. CSM A stated that the provider conducted extra staff training and started sending extra food with Resident 1.

On 05/13/2025 at approximately 12:10 PM, Surveyor interviewed Caregiver D. Surveyor asked Caregiver D about Resident 1's meals. Caregiver D reported that Resident 1 had a pureed die, staff prepared Resident 1's lunch, and Resident 1 took his/her lunch to day programming. Caregiver D reported that Resident 1's drinks were also thickened.

On 05/13/2025, CSM A provided Surveyor with staff training records (dated: 10/30/2024). Staff received the following training (refresher training) during a team meeting on 10/30/2024:

- Food Texture Modification-Return Demonstration
- Liquid Thickening w/Thick it-Return Demonstration
- Eating & Feeding Protocols/Adaptive Equipment
- Meal Preparation, Serving & Food Storage

On 05/13/2025 at approximately 1:20 PM, Surveyor interviewed Person C and Person F (day program). Surveyor asked Person C about Resident 1's lunch meals. Person C indicated the provider made lunch meals for Resident 1. Person C stated that since September 2024,

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there had been multiple times when the provider did not send pureed meals for Resident 1. For example, Person C reported the provider had sent yogurt with berry chunks, cottage cheese with chunks in it, and Jello. Person C commented that Resident 1 was at risk for choking and some of the foods Resident 1 arrived with were not safe and could cause Resident 1 to choke. Surveyor asked Person C if Resident 1 ever choked at the day program (with the lunch meals provided by the facility). Person C indicated that Resident 1 had choking episodes and most recently there was an episode where Resident 1 choked on his/her meal while at the day program at the end of January 2025 or beginning of February 2025. Person C stated that Person C had ongoing meetings with the provider to address resident hygiene and choking concerns. Person C reported that the provider would ensure staff training and reminders to ensure Resident 1's meals were pureed and safe to eat.

On 05/14/2025 at approximately 8:30 AM, Surveyor interviewed Director E via telephone. Director E confirmed Resident 1 (along with other residents) attended day programming (Monday through Friday). Director E reported that the provider and day program had "a lot of communication" over the past year regarding residents arriving to day programming incontinent and Resident 1 not having lunches ready (not properly pureed). In response to the reported concerns, Director E reported the facility provided education to staff about pureed diets, replaced the blender that was used to puree food, and "We overhauled [Resident 1's] ISP in March 2025."

On 5/14/2025, Surveyor received an e-mail from Director E. Director E noted, in part:

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N 388	Continued From page 4 "On 02/04/25, [Day Program] notified us that there was an issue with [Resident 1's] lunch and [his/her] main meal had a chunk in it so they could not serve the lunch. [Provider] brought a different lunch to [Day Program] right away so that [Resident 1] could have an appropriate lunch. On 02/06/25, we received the new blender and started using that as we identified one of the issues was the dull blades on the blender we had...We also provided an in-service training for all staff on 02/10/25 which included reviewing [Resident 1's] [ISP] and Protocols as well as a hands on training and demonstration/teach-back of pureed diets & thickened liquids and what the consistency looks like..." On 05/14/2025 at approximately 11:58 AM, Surveyor interviewed Guardian G via telephone. Surveyor asked Guardian G about Resident 1's cares and meals. Guardian G reported, "There has been a few problems and they are trying to resolve it." Guardian G indicated that Guardian G had been notified about Resident 1's food not being pureed a few months ago. Guardian G commented that if they do not puree Resident 1's food, "[s/he] could choke." On 05/15/2025 at approximately 8:54 AM, Surveyor interviewed Caregiver H via telephone. Caregiver H reported Caregiver H had worked at the facility for seven years. Caregiver H verified that Resident 1 had been on a pureed diet for years. Caregiver H reported that Resident 1 attended day programming and there were reported concerns Resident 1's meals were not pureed (safe to eat). Caregiver H commented, "There were chunks in [Resident 1's] food (at day programming) a few months ago; we did a training about it." Caregiver H reported, "Everyone is trained on the pureed diet."	N 388		

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N 388	Continued From page 5 On 05/15/2025 at approximately 12:52 PM, Surveyor interviewed CSM A via telephone. CSM A reported that Resident 1 had been on a pureed diet "since we took over in February 2024," and Resident 1's pureed diet was noted on his/her ISP. CSM A stated, "I am aware of one incident where there was a lump in [Resident 1's] food at [Day Program]." CSM A reported that the incident occurred in February 2025 and the provider conducted retraining on pureed diets and replaced the food processor. On 05/19/2025, Surveyor received an e-mail from Person C. Person C noted the following dates where Resident 1's food was not pureed and/or there was an incident of choking at day programming: - "[Resident 1] (had) 2 choking incidents (on) 09/11/2024 and 09/30/2024..." - "Sent chunky potato salad (on) 11/01/2024; [Provider] will again train staff and go over care plans to understand health and safety." - "On 11/18/2024 [Provider] stated they would again have staff review ISPs and a staff meeting to understand expectations." - "(On) 01/27/2025 and 01/28/2025 sent [Resident 1] prepackaged Jello which are [sic] not allowed due to choking. - "(On) 01/29/2025 sent pickle not pureed." - "09/11/2024 - yogurt with chunks - choked." - "09/30/2024 - Jello (cup) - choked." - "Today 11/01/024, they sent potato salad that was very thick and chunky, not fully pureed. We did not serve this for safety concerns."	N 388		

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N 388	Continued From page 6 - "01/28/2025 - Jello sent in lunch last two days, that [s/he] cannot have, not offered to [him/her]." - "01/29/2025 - Pickle not fully pureed, not offered to [him/her] for lunch..." - "02/04/2025 - Pizza not fully pureed, large and small chunks, not offered to him for lunch..." - "02/06/2025 - [Provider] served [him/her] yogurt with fruit in the lobby of [Day Program], once they left [s/he] started coughing and coughed up/small [sic] vomit of yogurt that [s/he] was just fed."	N 388		