STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015699	A. BUILDING: _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIEW AT PINE RIDGE (THE)	1010 PINE RIDGE COURT OCONOMOWOC, WI 53066

(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 05/08/2024, Surveyor conducted 2 complaint investigations and standard survey at View at Pine Ridge (The). Four deficiencies were identified. One complaint was substantiated. One complaint was unsubstantiated. Census: 18	N 000		
N 160	83.12(2)(c) Report to law enforcement and coroner Investigating and reporting abuse, neglect, or misappropriation of property. Other reporting. Filing a report under sub. (1) or (2) does not relieve the licensee or other person of any obligation to report an incident to any other authority, including law enforcement and the coroner. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the obligation to report incidents to law enforcement was completed. The provider did not report when Caregiver C's and Caregiver D's mistreatment of Resident 1 to law enforcement. Findings include: On 03/24/2024, the Department received a complaint alleging concerns a resident was verbally abused by staff. On 05/08/2024, Surveyor reviewed Resident 1's record and identified the following:	N 160		

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

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N 160	Continued From page 1 Resident 1 was admitted to the facility on 12/19/2019 with diagnosis of dementia. Resident 1 had an activated healthcare power of attorney that made decisions of his/her behalf. Resident 1's individual service plan (ISP) dated 01/20/2024 documented: "Interaction-[Resident 1] has good interaction with staff and peers, occasionally [s/he] does get upset if things don't go how [s/he] expects them too." Resident 1's progress notes documented: "03/23/2024: Writer was notified by care staff the resident had an unwitnessed fall in [his/her] late evening. Resident has a small skin tear on [his/her] left middle finger from the fall. [S/he] is denying pain at time of staff's call to writer. Writer instructed care staff to clean wound and cover with a Band-Aid." Surveyor reviewed Resident 1's misconduct incident report form dated 03/29/2024: "On Sunday March 23, 2024 at approximately 2200, [Caregiver E] and [Caregiver F] reported for their shift and overheard yelling coming from down the hall. When they went to see what was going on they observed [Caregiver C] and [Caregiver D] yelling at [Resident 1] who was sitting on the ground. Yelling at [Resident 1] to "Get up by yourself, you did this to yourself." [Caregiver C] and [Caregiver D] reported [Caregiver E] and [Caregiver F] that [Resident 1] had fallen trying to keep them out of [his/her] room. [Resident 1] was assisted to a standing position by [Caregiver C] and [Caregiver D], during this transfer [Resident 1] was yelling [Caregiver C] and [Caregiver D] not to touch [him/her] and to get out of [his/her] room. Once [Resident 1] was standing [Caregiver D] stated, "you're crazy, go sit in your chair." [Resident 1]	N 160		

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N 160	Continued From page 2 sustained a skin tear to [his/her] left middle finger during the fall. [Resident 1] again asked [Caregiver D] to leave [his/her] room at which time [s/he] responded "fine bleed all over, see if I care." [Caregiver F] was able to assist [Resident 1] to sit in [his/her] recliner where [s/he] allowed [him/her] to cleanse and bandage [his/her] skin tear ....On March 24, 2024, writer was notified by [Director of Operations (DO) A] that the incident occurred and that [Caregiver E] and [Caregiver F] felt the resident had experienced verbal abuse from [Caregiver C] and [Caregiver D]. Both [Caregiver C] and [Caregiver D] were contacted by [Nurse B] and placed on suspension while the abuse allegations against them were investigated for the protection of the resident. [Nurse B] completed an investigation into the incident that occurred on 3/23/2024- which involved interviewing/obtaining statements from 11 different employees including [Caregiver C] and [Caregiver D], as well as interviewing [Resident 1] ....The results of interviews conducted with employees revealed numerous incidents where co-workers observed, or overheard [Caregiver C] and [Caregiver D] verbally abuse [Resident 1] over the last several months. As a result, both [Caregiver C] and [Caregiver D] were terminated to protect the health and well-being of [Resident 1] as well as all the other residents." On 05/08/2024 at 1:15 PM, Surveyor interviewed DO A and Nurse B. DO A stated s/he was not in the building at this time, so Nurse B completed the investigation. Nurse B confirmed the provider's investigation concluded Resident 1 incident on 03/23/2024 meet the definition of abuse. Nurse B noted s/he reported the incident to the Department. Surveyor asked if law enforcement had been contacted regarding the above allegation of abuse. Nurse B stated "no".	N 160		

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N 160	Continued From page 3 Nurse B stated s/he told family about the incident but did not know the provider was required to report incidents to law enforcement.	N 160		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure complete background checks were conducted upon hired for 1 of 1 employee reviewed. The complete background check is to include the background information disclosure form (BID), the criminal history search form from the department of justice (DOJ), and the information maintained by the department of safety and professional service regarding a person's credentials (IBIS). Findings include:	N 219		

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N 219	Continued From page 4 On 05/08/2024, Surveyor reviewed employee records and identified the following: -Caregiver G was hired 01/09/2024 and his/her record included a BID form dated 01/03/2024, and the DOJ and IBIS letter dated 05/08/2024 (day of survey). On 05/08/2024 at 3:15 PM, Surveyor interviewed Director of Operations (DO) A and Nurse B. DO A stated a former administrator oversaw this building when Caregiver G was hired. DO A stated when reviewing Caregiver G's record, the background check components of DOJ and IBIS letter could not be found. DO A acknowledged an understanding of the concern and noted Caregiver G should of had a complete background check completed at time of hire. Cross Reference: Z0012 DHS 50.065(2)(bm) Out Of State Background Check	N 219		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be	N 406		

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N 406	Continued From page 5 destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 6 of 6 resident medications were disposed of after 30 days of the expiration date. Findings include: On 05/08/2024 at 8:39 AM, Surveyor toured the medication cart with Caregiver H. Surveyor observed the following: -Resident 2 had 28 tabs of Melatonin 5 mg to be taken as needed and an expiration date of 03/05/2024 -Resident 3 had 21 tabs of Loperamide 2 mg to be taken as needed and an expiration date of 02/21/2024. -Resident 4 had 60 tabs of Acetaminophen 325 mg to be taken as needed and an expiration date of 01/20/2024. -Resident 5 had 17 tabs of Loperamide 2 mg to be taken as needed and an expiration date of 02/21/2024. -Resident 6 had 28 tabs of Loperamide 2 mg to be taken as needed and an expiration date of 02/21/2024.	N 406		

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N 406	Continued From page 6 -Resident 7 had 19 tabs of Loperamide 2 mg to be taken as needed and an expiration date of 02/18/2024. A review of the provider's medication storage inspection dated 10/11/2023 documented "Pulled 8 exp meds for disposal + reorder." On 05/08/2024 at 3:15 PM, Surveyor interviewed Director of Operations (DO) A and Nurse B. DO A acknowledged with the pharmacy's audit and additional expired medications observed today, the provider's medication check system needed a review. DO A stated s/he would work with Nurse B to bring the facility back into compliance.	N 406		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's	Z 012		

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Z 012	Continued From page 7 fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence of making a good faith effort to obtain out of state background check information for 1 of 1 caregiver. Caregiver G indicated on the Background Information Disclosure (BID) form s/he had resided in the state of South Carolina within the previous 3 years. Findings include: On 05/08/2024, Surveyor reviewed Caregiver G's record. Caregiver G was hired 01/09/2024. Caregiver G's completed BID form, dated 01/03/2024, indicated s/he resided in another state (South Carolina) in the previous 3 years. The employee record did not contain evidence the provider had made a good faith effort to obtain state of South Carolina background check. On 05/08/2024 at 3:15 PM, Surveyor interviewed Director of Operations (DO) A and Nurse B. DO A stated a former administrator oversaw this building when Caregiver G was hired. DO A stated when reviewing Caregiver G's card, s/he did not have evidence an out of state background check was completed. DO A stated s/he would conduct the required out of state background check for Caregiver G as soon as possible. .	Z 012		

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Z 012	Continued From page 8 Cross Reference: N0219 DHS 83.17(1) Licensee Conduct Caregiver Background Check	Z 012		