STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	C 04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	427 N UNIVERSITY DR WAUKESHA, WI 53188

(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
U 000	INITIAL COMMENTS On 04/17/2024, Surveyor conducted 2 complaint investigations at LindenHeights Waukesha. Three deficiencies were identified. One complaint was substantiated, and 1 complaint was unsubstantiated. Census: 56	U 000		
U 122	89.23(2)(c) SERVICES SUFFICIENT SERVICES. Emergency assistance. A residential care apartment complex shall ensure that tenant health and safety are protected in the event of an emergency and shall have the capacity to provide emergency assistance 24 hours a day. A residential care apartment complex shall have a written emergency plan which describes staff responsibilities and procedures to be followed in the event of fire, sudden serious illness, accident, severe weather or other emergency and is developed in cooperation with local fire and emergency services. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure emergency services were available to all tenants 24 hours per day when Tenant 1 did not have a call pendant.	U 122		

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

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U 122	Continued From page 1 On 02/11/2024 prior to leaving to the ER following a fall, Tenant 1 informed staff s/he did not have call pendant. Upon return from the ER that evening a call pendant was not issued to Tenant 1. Tenant 1 verbally called for help throughout the night due to pain, but staff did not hear him/her until morning. Tenant 1 was sent back to ER on 02/12/2024 and admitted with uncontrolled pain. Findings include: On 02/14/2024, the Department received a complaint regarding lack of call pendant. On 03/04/2024, Surveyor received and reviewed Tenant 1's hospital record dated 02/11/2024-02/19/2024 (summarized): On 02/11/2024 presented to ER after fall from losing his/her balance with walker. X-rays were negative for fractures or dislocation. Recommended to take (previously prescribed) scheduled and as needed pain medication. On 02/12/2024, Tenant 1 returned to ER complaining of thoracic, lumbar, and right sided sacroiliac (SI) joint pain. Due to uncontrolled pain s/he was admitted. Tenant 1 was discharged from hospital to a skilled nursing facility for continued rehabilitation on 02/19/2024. (Facility records indicate Tenant 1 returned to LindenHeights Waukesha on 03/04/2024 or 03/05/2024). On 04/17/2024 at 12:05 PM, Surveyor interviewed Tenant 1 who stated on 02/11/2024 s/he had fallen in his/her apartment while trying to pick up a laundry basket and a few minutes later, Nurse Manager A responded to his/her verbal calls for help. Tenant 1 stated s/he was sent to the ER and returned later that day. Tenant 1 stated that night s/he experienced pain, could not	U 122		

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U 122	Continued From page 2	U 122		

get out of bed to get his/her cell phone, and did not have a call pendant. Tenant 1 stated s/he was sent back to the ER the next morning. Tenant 1 stated s/he had lost his/her call pendant "quite a while" prior to the fall but did not request a replacement because s/he did not want to pay for it.

On 04/17/2024 at 12:27 PM, Surveyor interviewed Nurse Manager A who stated on Sunday 02/11/2024 when s/he responded to Tenant 1's cries for help following a fall, s/he asked Tenant 1 why s/he had not pressed his/her call pendant. Nurse Manager A stated Tenant 1 told him/her s/he did not have a call pendant. Nurse Manager A stated Tenant 1 was transported to the ER via ambulance and returned at approximately 9:00 PM that night. Nurse Manager A stated the ambulance service returned Tenant 1 directly to his/her apartment and staff did not know Tenant 1 had returned. Nurse Manager A stated Tenant 1 was sent to the ER at approximately 10:00 AM on 12/12/2024 after staff heard him/her calling out for help. Nurse Manager A stated s/he did not issue Tenant 1 a call pendant on 02/11/2024 when Tenant 1 stated s/he did not have one because s/he did not know how to issue call pendants and they had not heard from the hospital that Tenant 1 was returning.

On 04/17/2024, Surveyor reviewed Tenant 1's record. S/he was admitted 05/26/2023. Diagnoses included anxiety disorder, chronic pain, muscle weakness and repeated falls (all with 03/02/2024 onset date).

Combined assessment/care plan (not dated):
In the area of Falls: "[GOAL] Will be encouraged to call for assistance when needed. Will remain

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U 122	Continued From page 3 free of injury. [Interventions] Remind to call for assistance ..." Risk Agreement: Tenant 1's record did not contain a risk agreement. Residency And Services Agreement (signed and dated 05/26/2023): Exhibit A- " ...Emergency Call System. The Facility has an emergency call system. If Resident activates the call system, Facility staff will respond and, if appropriate, 911 will be called ...In the event Resident loses or damages his/her call alert button, if applicable, Resident will be required to replace the unit at his/her expense ..." On 04/17/2024 at 12:56 PM, Surveyor discussed concern that Tenant 1 was not issued a call pendant on 02/11/2024 when s/he returned from the ER with Nurse Manager A, Administrator B, Nurse Consultant C, and Admissions D. Administrator B stated they did not have the opportunity to issue Tenant 1 a new call pendant on 02/11/2024 because Tenant 1 notified staff s/he did not have a call pendant when s/he fell and was sent to the ER right away, staff did not expect him/her to return from the hospital, the hospital did not notify staff Tenant 1 was returning and ambulance service personnel did not notify staff Tenant 1 had returned. Administrator B stated s/he told hospital staff they need to notify the facility when a tenant is returning. Cross Reference: N0189 DHS 89.28(1) Risk Agreement	U 122		
U 172	89.27(1) SERVICE AGREEMENT REQUIREMENT. A residential care	U 172		

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U 172	Continued From page 4	U 172		

apartment complex shall enter into a mutually agreed-upon written service agreement with each of its tenants consistent with the comprehensive assessment under s. DHS 89.26.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not enter into a mutually agreed-upon written service agreement with each of its tenants after a change of ownership (CHOW) was finalized on 12/01/2023.

A mutually agreed-upon written service agreement was not completed with Tenant 1 after the CHOW was finalized on 12/01/2023.

Findings include:

On 04/17/2024, Surveyor reviewed the Department's records. On 12/01/2023, the Department issued a Residential Care Apartment Complex certification for LindenHeights Waukesha after a CHOW from former licensee (LindenGrove, Inc) to current licensee (LindenGrove Communities LLC) was finalized.

On 04/17/2024, Surveyor reviewed Tenant 1's record. S/he was admitted 05/26/2023.

Tenant 1's Residency And Services Agreement stated " ...THIS RESIDENCY AND SERVICES AGREEMENT ("Agreement") is made and entered into this ____ [blank line] day of 5-26-2023 by and between LindenGrove, INC., ...and [Tenant 1] for Resident's admission to the following LindenGrove assisted living apartment community: The Heights at LindenGrove Communities in Waukesha ..."

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U 172	Continued From page 5 On 04/17/2024 at 11:32 AM, Surveyor interviewed Admissions D who stated because Tenant 1's rate did not change after the CHOW a new admission agreement was not completed with him/her. On 04/17/2024 at 3:54 PM, Surveyor discussed concern of a new service agreement not completed with Tenant 1 after the CHOW with Administrator B who stated they would fix it.	U 172		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a jointly negotiated risk agreement was entered into and signed with each tenant by the date of occupancy for 1 of 4 tenants reviewed. A risk agreement was not completed with Tenant 1. Findings include: On 04/17/2024, Surveyor reviewed Tenant 1's record. S/he was admitted 05/26/2023. Diagnoses included repeated falls (onset 03/02/2024).	U 189		

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U 189	Continued From page 6 Combined assessment/care plan (not dated): In the area of Falls: "[GOAL] Will be encouraged to call for assistance when needed. Will remain free of injury. [Interventions] Remind to call for assistance ..." The record did not contain a risk agreement. On 04/17/2024 at 12:27 PM, Surveyor interviewed Admissions D who stated they did not have a risk agreement for Tenant 1. On 04/17/2024 at 12:56 PM, Surveyor discussed concern of no risk agreement for Tenant 1 with Nurse Manager A, Administrator B, Nurse Consultant C, and Admissions D. Admissions D stated s/he told tenants they needed to wear their call pendants at all times and identified it on the risk agreements. Admission D stated the nurse who would have completed the risk agreement with Tenant 1 was no longer employed there. Cross Reference: N0122 DHS83.23(2)(c) Services	U 189		