STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012024	A. BUILDING: _____ B. WING _____	R-C 02/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON MEADOWS	525 MEMORIAL DR FORT ATKINSON, WI 53538

(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 02/21/2024, Surveyor conducted a verification visit at Wellington Meadows. One deficiency was identified. All deficiencies from statement of deficiency (SOD) FM0G11, dated 05/16/2023 were substantially corrected. Under statutory provisions of Wis. Stat. Chap 50, a $200 revisit fee is being assessed. Census: 28	{N 000}		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 resident's right to make decisions related to daily routines and other aspects of life which enhance the resident's self-reliance and support the resident's autonomy and decision making. Resident 3, Resident 5, and Resident 7 were not allowed to smoke cigarettes on the provider's property. Findings include:	N 355		

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

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N 355	Continued From page 1 On 02/21/2024, Surveyor conducted a verification visit and identified the following: On 02/21/2024 at 11:20 AM, Surveyor interviewed Resident 3. Resident 3 stated the facility implemented a policy on 09/01/2023 that prohibits any residents from smoking cigarettes on the provider's property. Resident 3 stated the provider went to a smoke free campus. Resident 3 stated s/he wished s/he could still smoke, but the provider helped him/her get a nicotine patch. Resident 3 stated s/he was unsure of the exact reason. On 02/21/2024 at 11:50 AM, Surveyor interviewed Care Coordinator B. Care Coordinator B confirmed the facility is a smoke free campus. Care Coordinator B stated as of 09/01/2023, the provider implemented a policy that no residents can smoke on grounds due to ongoing concerns of smoking in front of the buildings and leaving cigarette butts on the ground. Care Coordinator B stated residents were allowed to smoke in front of the building last year, but due to complaints from family members and visitors about cigarette butts left on the ground and smoking so close to the front entrance, the provider moved the designated smoking area to the back of the building. Care Coordinator B this lasted for awhile, however residents continued to leave cigarette butts on the ground and after management left for the day, residents would smoke in the front of the building. Care Coordinator B provided the Surveyor with the new policy. A review of the 100% Smoke and Tobacco-Free Facility Policy documented: "[The provider] provides its residents, visitors,	N 355		

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N 355	Continued From page 2	N 355		

staff, volunteers, and providers with a safe and healthy environment. [The provider] is a 100% smoke and tobacco-free campus, effective September 1, 2023.
....This policy prohibits all smoking and the use of all tobacco:
-On all provider property.
-Both indoor and outdoor.
-In all personal vehicles parked on provider property.
The smoke and tobacco-free facility policy applies to all residents, visitors, volunteers, employees, providers, vendors, contractors.
Procedures
This policy will be communicated through tobacco-free signs posted all property entrances and throughout the facility, through employee and patient education, including being written into training manuals and new employee orientation. Everyone is required to comply with the providers tobacco-free policy Enforcement of this policy will follow the standard procedures of the facility for staff, residents, and visitors. ...All provider employees are requires to observe and promote compliance with the smoke and tobacco free policy."

On 02/21/2024 at 12:15 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider implemented a policy to make their campus smoke-free for all residents, staff, and visitors. Administrator A reported ongoing issues to get residents to comply with cleaning up cigarette butts and smoking right next to the front entrance while visitors were entering/exiting the facility. Administrator A stated Resident 3 now used a nicotine patch all the time, Resident 5 used a nicotine patch PRN, and Resident 7 quit without any interventions. Administrator A stated s/he checked with their

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N 355	Continued From page 3	N 355		

corporate office to see if this policy could be implemented without any issue and never thought it was a resident right issue. Administrator A confirmed s/he never reached out to the Department for clarification.

Surveyor reviewed resident records. Resident 3 and Resident 7 are their own legal decision maker. Resident 5 had an activated healthcare power of attorney that made decisions on his/her behalf.

On 02/21/2024 at 12:25 PM, Surveyor interviewed Resident 7. Resident 7 confirmed the provider implemented a policy on 09/01/2023 prohibiting residents from smoking on the grounds of the facility. Resident 7 states s/he used a walker for mobility and it would be hard to walk off grounds to smoke, so s/he had to quit smoking cigarettes. Resident 7 stated s/he wished they could still smoke cigarettes and liked how it brought him/her out of their room to socialize with other residents. Resident 7 stated s/he did not know the exact reason why the provider implemented the no smoking policy.