STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015957	A. BUILDING: _____ B. WING _____	R-C 10/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT WISCONSIN RAPIDS (THE)	491 25TH ST N WISCONSIN RAPIDS, WI 54494

(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 10/04/2023, Surveyor conducted a standard survey, two complaint investigations and a verification visit at The Waterford at Wisconsin Rapids, a Community-Based Residential Facility (CBRF) in Wisconsin Rapids, WI. Six deficiencies identified. Two are repeat deficiencies. One of two complaints substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assess. Census: 35	{N 000}		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not investigate an injury of unknown source that was not observed by any person. Findings include: On 10/04/2023, Surveyor requested to review Resident 1's record. Resident 1's progress note dated 09/24/2023 at	N 161		

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

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N 161	Continued From page 1 10:45 a.m., stated, "Writer entered room to give AM meds. Resident was lying in bed. Resident stated [s/he] was having severe pain in [his/her] right leg. Resident stated [s/he] was unable to move right leg. Resident requested an ambulance. Resident was transported by ambulance to hospital. " Resident 1's progress note dated 09/24/2023 at 8:45 p.m., stated, "Resident's [family member] came in today and said that resident fractured or chipped a bone in [his/her] hip. [S/he] went into surgery this afternoon and now has pins in [his/her] hip, [s/he] said [s/he] should be discharged by Tuesday or Wednesday." On 10/04/2023 at approximately 12:00 p.m., Surveyor interviewed Wellness Director B about the incident. Wellness Director B stated s/he was the one who self-reported the incident to the Department. Surveyor asked Wellness Director B if s/he had conducted an investigation on the incident due to none of the information stating how Resident 1 fractured or chipped [his/her] hip. Wellness Director B stated no s/he did not. Surveyor asked Wellness Director B if Resident 1 was able, alert and oriented and Wellness Director B stated yes s/he was and would have been able to tell them what happened if s/he was asked. On 10/04/2023 at approximately 2:30 p.m., Surveyor reviewed the above information with Operations Specialist A, Wellness Director B and Executive Director C. All acknowledged an internal investigation should have been completed due to Resident 1's injury being an unknown source of origin.	N 161		

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N 230	Continued From page 2	N 230		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver D and Caregiver E received orientation training that included recognizing and responding to resident changes of condition. Findings include: On 10/04/2023, as part of the survey process, Surveyor requested Caregiver D and Caregiver E's records. Caregiver D was hired on 04/25/2023 and Caregiver E was hired on 05/25/2023. Surveyor requested to review Caregiver D and Caregiver E's new hire orientation that included recognizing and responding to resident changes of condition. Operations Specialist A gave Surveyor all training	N 230		

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N 230	Continued From page 3 for Caregiver D and Caregiver E. Surveyor could not locate recognizing and responding to resident changes of condition. On 10/04/2023 at approximately 2:30 p.m., Surveyor reviewed above concern with Operations Specialist A, Wellness Director B and Executive Director C. Operations Specialist A stated they could not find any training documentation for Caregiver D and Caregiver E in their records and could not verify if Caregivers D and E had orientation as required.	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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N 239	Continued From page 4	N 239		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Caregiver E had all approved training by the Department within 90 days of hire.

Findings include:

This is a repeat deficiency from Statement of Deficiency (SOD) #FMFT11 dated 09/10/2021.

On 10/04/2023, as part of the survey process, Surveyor requested to review Caregiver E's record.

The record for Caregiver E, hired 05/25/2023, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. Surveyor also looked up Caregiver E on the UWGB Registry to confirm no training. Surveyor could not locate Caregiver E on the registry.

The record for Caregiver E, hired 05/25/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. Surveyor also looked up Caregiver E on the UWGB Registry to confirm no training. Surveyor could not locate Caregiver E on the registry.

On 10/04/2023 at approximately 2:30 p.m., Surveyor reviewed above concerns with Operations Specialist A, Wellness Director B and Executive Director C. All acknowledged Caregiver E did not have first aid & choking and fire safety training or met an exemption for these department approved training's.

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N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, Resident 2 did not receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. Findings include: On 10/04/2023 at approximately 10:00 a.m., as part of the survey process, Surveyor interviewed Caregiver G. Caregiver G stated s/he was concerned some residents weren't receiving their medications on time or at all because sometimes when s/he has gone to pass medications, the entire medication was not there. Caregiver G stated the medication needs to be ordered and it had been days since the resident had their prescribed medication. Caregiver G stated when the Medication Administration Record (MAR) stated "none in med cart" or "not in med cart" that meant the resident did not receive the medication due to it not being ordered or making sure the facility had enough supplies in the facility. Caregiver G stated it was the medication passer's responsibility to re-order medications when they get low but some staff aren't trained to do it or they are "just being lazy and not doing it." On 10/04/2023, Surveyor reviewed Resident 2's	N 352		

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N 352	Continued From page 6 September 2023 MAR. Resident 2 was admitted to the facility on 02/03/2022 with diagnoses of ALS and Lewy body dementia. Resident 2 was prescribed the following medications: Donepezil HCL 23 MG tablet: Take one tablet by mouth every day at 5 p.m. with Supper Fluticasone Spray 50 MCG at 8 a.m. and 8 p.m. Ferrous Gluconate 324MG 1 tab daily at 8:00 a.m. On 10/04/2023, the MAR documented, "OTH" on Resident 2's MAR several times for the month of September 2023, with a progress note which indicated the medication was not available/not on the cart. The following medications were not available for Resident 2 on the following dates: Donepezil HCL 23 Mg Tablet 5:00 p.m., 09/01/2023-09/11/2023 Fluticasone Spray 50 MCG 8:00 a.m., 09/04/2023-09/05/2023, 09/07/2023-09/08/2023 and 09/16/2023 Fluticasone spray 50 MCG 8:00 p.m., 09/01/2023-09/07/2023 Ferrous Gluconate 324 MG 8:00 a.m., 09/01/2023-09/02/2023, 09/06/2023-09/07/2023, 09/10/2023-09/11/2023, 09/13/2023, 09/15/2023-09/16/2023, 09/19/2023-09/20/2023, 09/22/2023-09/24/2023, 09/26/2023-09/27/2023 and 09/30/2023 On 10/04/2023 at approximately 1:00 p.m., Surveyor reviewed MAR with Caregiver G. Surveyor asked what it meant if the medication was not available or not in the med cart. Caregiver G stated it meant Resident 2 did not	N 352		

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N 352	Continued From page 7 receive the medication. On 10/04/2023 at approximately 2:30 p.m., Surveyor reviewed the above information with Operations Specialist A, Wellness Director B and Executive Director C. Wellness Director B acknowledged the concern and stated s/he had been focusing his/her attention to this since starting because there had been "big issues" with medications and ordering.	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure Resident 3's Individual Service Plan (ISP) was updated when there was a change in Resident 3's needs, abilities or physical or mental condition. Resident 3 had increased confusion leading to and/or as a result of 5-9 falls. The falls resulted in injury and hospitalization.	N 389		

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N 389	Continued From page 8 Findings include: This is a repeat deficiency from Statement of Deficiency (SOD) #FMFT12 dated 04/25/2021. The provider is licensed to care for up to 48 residents who may be advanced in age, physically disabled, terminally ill, and/ or have irreversible dementia/ Alzheimer's. On 05/03/2022, the Department received a complaint that alleged the provider did not provide adequate supervision to meet the needs of Resident 3 and resulted in multiple falls with injury. On 10/04/2023, Surveyor reviewed Resident 3's record and noted Resident 3 was admitted on 03/01/2022 with diagnoses including hypertension, UTI, anxiety disorder, and vascular dementia. . The ISP dated 03/04/2022 stated the following: [Resident 3]'s orientation as, "Moderate impairment: Resident has occasional disorientation to person, place, time, or situation even in familiar surroundings and requires frequent direction and reminders." Under mobility, the assessment notes a level of assistance as, "Moderate: Resident may require hands on mobility/ ambulation assistance by staff members." The assessment noted Resident 3 used a walker and required a "Moderate" level of transferring assistance, Resident requires hands-on assist for transfers, no lifting ... Gait belt." Under the fall assessment it notes the resident has, "Balance issues ... uses assist an assistive device ... is incontinent ... has anxiety ..." Toileting assistance is described as,	N 389		

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"Moderate: Resident requires physical assistance with toileting tasks, escorting, transferring to the toilet, and may need assistance in use of incontinence supplies." Under fall interventions, "Maintain appropriate lighting. This may include a night light" with no other fall interventions listed.

Surveyor reviewed observation notes regarding fall events that occurred during the time resident resided at the facility (03/01/2022-03/28/2022) and noted the resident's increased confusion that required additional supervision:

"-03/02/2022, 2:15 PM- Resident lost call light
-03/09/2022, 9:45 PM- Writer helping [sic] resident to stand from recliner [sic] resident let go of walker and started falling backwards into [sic] recliner ... regular checks [sic] initiated on resident.
-03/11/2022, 6:00 AM- Resident had an unwitnessed fall on 3/10/2022 at 8:50 PM. Staff entered [sic] room to find [sic] resident on the floor sitting next to [his/her] bed. Resident stated [s/he] slipped out of bed
-03/11/2022, 1:15 PM- Resident [sic] found naked, half out of bed, and wet with urine. Resident did call with call button ... mgmt. [sic] notified.
-03/12/2022, 9:45 PM-Resident keeps asking to go to [his/her] other room [sic] is very restless [sic] comes out of [his/her] room to find someone to take [him/her] to [his/her] room continuously.
-03/13/2022, 1:45 PM- ... rang multiple times to use the bathroom and to lay down. Staff [sic] attempted to self-transfer a few times: [sic] staff reminded resident to be using call light, so [s/he] doesn't fall and hurt [him/herself.]
-03/13/2022, 8:00 PM- ... resident tipped dresser onto [him/herself] and glass lamp fell and broke
-03/14/2022, 9:45 AM- Resident transferring self.

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-03/15/2022, 1:30 PM- Resident [sic] still having difficulty transferring and following simple cues.
-03/18/2022, 1:45 PM- [Resident 3] continued to push button frequently but would also transfer [him/herself] at times without using a call button.
-03/18/2022, 9:45 PM- ... heard resident yelling from [his/her] room. Staff found resident lying on the floor in front of [his/her] recliner. Resident stated [his/her] right arm was hurt from a previous fall.
-03/19/2022, 1:15 PM- Resident continues to use call light at times but then [sic] transfer [him/herself] without calling also. Bandage on skin tear on right elbow
-03/19/2022, 1:30 PM- Post Fall vitals
-03/19/2022, 1:15 PM- late [sic] entry for 3/18/2022 [sic] resident asked to go to restroom during supper [sic] assisted resident onto toilet and told [him/her] to push [his/her] button when finished. I [sic] continued serving supper to [sic] other residents [sic] about [sic] 5 minutes passed when I hear [sic] resident screaming for help [sic] I went in and found resident on the bathroom floor with [sic] head toward the dresser and feet toward the door. resident [sic] has skin tear on right arm by the elbow
-03/21/2022, 1:15 PM- [sic] Home health RN came for a visit today and once concerned with resident's cognition and not being able to follow simple commands. When staff was getting resident up this morning, staff noticed resident was weaker than normal and not understanding [sic] staff's commands ... RN recommended that [sic] resident be evaluated at ... ER department to make sure that nothing serious is going on, [sic] since resident seemed to have a stroke like symptoms
-03/22/2022, 12:15 PM- post fall vitals
-03/26/2022, 9:30 AM- Fall vitals
-03/28/2022, 1:30 PM- Resident still unable to

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N 389	Continued From page 11	N 389		

follow simple cues. Resident incontinent and argumentative.
-03/28/2022, 9:15 PM- Staff had [sic] walked past residents [sic] room and resident had [sic] gotten [him/herself] out of bed and was using [his/her] wheelchair to walk around, [sic] writer went into room and got resident to sit in recliner and told resident theyd [sic] be back in 5 minutes. Writer came back to residents room to find resident on the floor in a puddle of blood with [sic] head under the bed, [sic] resident had [sic] hit [his/her] head on the corner of the bed and caused a skin tear on the back of the head, [sic] staff sat resident up and held pressure to the wound and [sic] waited for the EMT's to get here.
-03/29/2022, 4:00 PM Resident [sic] still in hospital... [s/he] will be going to a new facility right from the hospital"

Surveyor noted the record did not include documentation of the regular checks for increased supervision needs that were implemented per progress note on 03/09/2022.

On 10/04/2023, Surveyor requested to review any assessments completed or new interventions implemented between Resident 3's falls, ER visits and confusion.

On 10/04/2023 at approximately 2:15 p.m., Operations Specialist A and Wellness Director B stated there were no assessments completed during that time and no new interventions implemented. Surveyor asked if there was a more up to date ISP than the one initially implemented on 03/04/2022 when Resident 3 was admitted. Operations Specialist A and Wellness Director B stated they could not locate any other ISP besides the one dated for 03/04/2022.

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N 389	Continued From page 12 On 10/04/2023 at approximately 2:30 p.m., Surveyor reviewed the above information with Operations Specialist A, Wellness Director B and Executive Director C. All acknowledged Resident 3's ISP should have been updated due to increased falls and confusion.	N 389		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background check was completed every 4 years for Caregiver F. Findings include: On 10/04/2023, as part of the survey, Surveyor requested to review Caregiver F's record. On 10/04/2023 at approximately 11:15 a.m., Surveyor reviewed Caregiver F's record. Caregiver F was hired on 09/05/2018. Caregiver F's record included the following background checks:	Z 019		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015957	A. BUILDING: _____ B. WING _____	R-C 10/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT WISCONSIN RAPIDS (THE)	**491 25TH ST N WISCONSIN RAPIDS, WI 54494**

(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
Z 019	Continued From page 13 - Background Information Disclosure date 08/23/2018. - Department of Justice Background Check dated 09/23/2018. - Department of Health Services Response to Caregiver Background Check dated 08/23/2018. On 10/04/2023 at approximately 2:30 p.m., Surveyor asked Operations Specialist A, Wellness Director B and Executive Director C if a new background check was conducted for Caregiver F, since 2018 was greater than 4 years ago. Operations Specialist A and Wellness Director B stated s/he checked with their Human Resource Department and could not locate an updated background check for Caregiver F.	Z 019		