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	0015905	A. BUILDING: _____ B. WING _____	C 05/02/2025

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U 000	INITIAL COMMENTS On 05/02/2025, Surveyor concluded a standard survey and four complaint investigations at Harborchase of Shorewood. Six deficiencies were identified. One complaint was unsubstantiated. Three complaints were substantiated. Census: 32	U 000		
U 114	89.23(1) SERVICES GENERAL REQUIREMENT. A residential care apartment complex shall provide or contract for services that are sufficient and qualified to meet the care needs identified in the tenant service agreements, to meet unscheduled care needs of its tenants and to make emergency assistance available 24 hours a day. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 tenant received care needs identified in the tenant service agreement. The provider did not meet Tenant 2's needs for staff assistance with toileting in a timely	U 114		

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

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U 114	Continued From page 1	U 114		

manner.

Findings include:

On 04/25/2025, the department received complaint information alleging Tenant 2 did not receive needed care for approximately 2 hours on the morning of 04/22/2025.

On 04/25/2025 at 2:25 p.m., Surveyor reviewed Tenant 2 's record. The following was identified:

Tenant 2 was admitted to the facility on 06/18/2024, with diagnoses including obesity, muscle weakness, osteoarthritis, and cognitive commutative deficit. Tenant 2 was his/her own person.

Tenant 2's individualized service plan (ISP), dated 06/14/2024, under toileting and elimination, read, "Requires assist with cleansing following bowel movements."

On 04/25/2025 at 1:30 p.m., Surveyor requested Tenant 2's pendant event report from 04/19/2025-04/25/2025 from Business Office Manager (BOM) M. Surveyor observed on 04/21/2025, Tenant 2 dispelled his/her pendent 16 times (16 pushes). The response time read 165 minutes (2 hours and 45 minutes).

On 04/25/2025 at 4:45 p.m., Surveyor interviewed Tenant 2, who stated on 04/21/2025, s/he waited over two hours for assistance after having a bowel movement in his/her bed. Tenant 2 stated s/he had been calling for assistance since 8:00 a.m. Tenant 2 stated Former Executive Director (FED) A eventually came in and provided care for Tenant 2. Tenant 2 expressed feeling embarrassed due to being incontinent of a large

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U 114	Continued From page 2 bowel movement. Tenant 2 stated, "[FED A] was wonderful. I was so grateful someone finally came to help."	U 114		
U 155	89.26(1) COMPREHENSIVE ASSESSMENT REQUIREMENT. A comprehensive assessment shall be performed prior to admission for each person seeking admission as a basis for developing the service agreement under s. DHS 89.27 and the risk agreement under s. DHS 89.28. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a completed comprehensive assessment was performed prior to admission for each person seeking admission for 1 (Tenant 1) of 2 tenants reviewed. A complete comprehensive assessment identifies and evaluates the following factors relating to the person's need and preference for services: -Physical Health. -Physical and functional limitations and capacities. -Medications and ability to self-administer medications. -Nutritional status and needs. -Mental and emotional health. -Behavior patterns. -Social and leisure needs and preferences. -Strengths, abilities, and capacity for self-care.	U 155		

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U 155	Continued From page 3 -Situations or conditions which could put the tenant at risk of harm or injury. -Type, amount and timing of services desired by the tenant. -Frequency of monitoring which the tenant's condition requires. Findings include: On 04/25/2025 at approximately 12:35 p.m., Surveyor reviewed Tenant 1's records. Tenant 1 was admitted on 02/16/2024. Tenant 1 passed away and had a move out date of 04/07/2025. Tenant 1's record did not include a completed comprehensive assessment performed prior to admission. On 04/29/2025 at 12:45 p.m., Surveyor interviewed Interim Executive Director (IED) B, who stated s/he had looked everywhere for Tenant 1's comprehensive assessment. S/He interviewed Licensee S, who confirmed s/he did not have Tenant 1's comprehensive assessment documentation. IED B stated, "We can't find most of what you requested. The Licensee doesn't have any of the paperwork either. We are starting from scratch with most of this."	U 155		
U 172	89.27(1) SERVICE AGREEMENT REQUIREMENT. A residential care 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	U 172		

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provider did not ensure they entered into a mutually agreed-upon written service agreement for 2 of 2 tenants reviewed (Tenant 1 and Tenant 2).

Findings include:

On 04/25/2025 at approximately 12:35 p.m., Surveyor reviewed Tenant records.

Tenant 1

Tenant 1 was admitted on 02/16/2024. There was no written service agreement in his/her record.

On 04/29/2025 at 12:45 p.m., Surveyor interviewed Interim Executive Director (IED) B, who stated s/he had looked everywhere for Tenant 1's written service agreement. S/He interviewed Licensee S, who confirmed s/he did not have Tenant 1's written service agreement documentation. IED B stated, "We can't find most of what you requested. The Licensee doesn't have any of the paperwork either. We are starting from scratch with most of this."

Tenant 2

Tenant 2 was admitted to the facility on 06/18/2024, with diagnoses including obesity, muscle weakness, osteoarthritis, and cognitive commutative deficit. Tenant 2 was his/her own person. Tenant 2's service agreement did not contain any signatures or dates by all partied involved in his/her care.

On 04/25/2025 at 4:20 p.m., Surveyor interviewed Tenant 2, who stated when s/he moved in the provider reviewed paperwork with him/her. Tenant 2 stated, "I don't remember signing anything

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U 172	Continued From page 5 though." On 05/02/2025 at 11:42 a.m., Surveyor received an email from IED B, that stated, "I'm so sorry for the missing information. I appreciate your patience. We do not have any other service plans in the charts except for what we gave you, that I know of. We are looking through the filing one more time to see if we can find either service plan. I just don't know what to tell you, I'm very sorry and I know we will be making great improvements for the future. [Regional Nursing Director] T is looking through everything one more time." As of 05/13/2025, no other documentation was provided to the Surveyor.	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 enter a jointly signed negotiated risk agreement with 2 of 2 tenants reviewed (Tenant 1 and Tenant 2) by the date of their occupancy. Findings include: Tenant 1	U 189		

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U 189	Continued From page 6 On 04/25/2025 at approximately 12:35 p.m., Surveyor reviewed Tenant 1's records. Tenant 1 was admitted on 02/16/2024. Tenant 1 passed away and had a move out date of 04/07/2025. Tenant 1's record did not include a jointly signed, negotiated risk agreement prior to admission. Tenant 2 On 04/25/2025 at approximately 2:25 p.m., Surveyor reviewed Tenant 2 's record. Tenant 2 was admitted to the facility on 06/18/2024. Tenant 2's record did not include a jointly signed, negotiated risk agreement prior to admission. On 04/29/2025 at 12:45 p.m., Surveyor interviewed Interim Executive Director (IED) B, who stated s/he had looked everywhere for Tenant 1's and Tenant 2's negotiated risk agreements. S/He interviewed Licensee S, who confirmed s/he did not have Tenant 1's and Tenant 2's negotiated risk agreement documentation. IED B stated, "We can't find most of what you requested. The Licensee doesn't have any of the paperwork either. We are starting from scratch with most of this."	U 189		
U 268	89.34(17) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all	U 268		

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U 268	Continued From page 7 of the following: (17) SAFE ENVIRONMENT. To a safe environment in which to live. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all public and common use areas of the residential care apartment complex were accessible to and useable by tenants who used wheelchairs or other mobility aids. The doors entering the common area bathrooms located in the lobby were heavy and difficult to open independently for residents in wheelchairs. This had the potential to effect 32 of 32 residents that resided at the facility. Findings include: On 01/21/2025, the Department received a complaint that the first-floor public bathrooms were too heavy to open, and residents could not get through the doors with their wheelchairs and walkers. On 04/25/2025, at approximately 12:10 p.m., Surveyor observed the two, first-floor public bathroom doors. The doors were self-closing and approximately 1¾ inch solid core wood. On 04/25/2025, between the hours of 11:30 a.m. and 5:00 p.m., Surveyor observed Resident 3 in his/her wheelchair, in the lobby area and in the dining room. On 04/29/2025, between the hours of 10:00 a.m. and 5:00 p.m., Surveyor observed Resident 3 in his/her wheelchair, in the lobby area and in the dining room. On 04/29/2025, at approximately 4:15 p.m.,	U 268		

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U 268	Continued From page 8 Surveyor observed Resident 3 push his/her pendent. A caregiver escorted him/her to the common area bathroom. On 04/25/2025 at approximately 2:25 p.m., Surveyor and Business Office Assistant (BOA) L observed the bathroom doors. BOA L stated, "I see there is no automatic door opener on the doors. That might be difficult for residents who use wheelchairs and walkers to hold the door open while they try to maneuver in or out." On 04/29/2025 at approximately 2:20 p.m., Surveyor interviewed Business Office Manager (BOM) M, who stated, "[Resident 3] likes to spend his/her day down in the lobby area since s/he lives on the fourth floor. S/He socializes down here." BOM M stated since Resident 3 mainly was in his/her wheelchair most of the day, s/he would hit his/her pendent to call a caregiver and get assistance to use the common area restroom. On 04/29/2025 at approximately 4:45 p.m., Surveyor interviewed Family R, who stated, Resident 3 liked to spend time with others in the common lobby area. Family R stated, "The bathroom door is virtually impossible for him/her to open alone. S/He can push the door and get into the bathroom but must push his/her pendent to get out. What if the caregivers were busy? Would s/he be just stuck in there?"	U 268		
Z 053	DHS 13.05 (2) CLIENT PROTECTION ENTITY'S RESPONSIBILITY TO PROTECT CLIENTS. Upon learning of an incident of alleged	Z 053		

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misconduct, an entity shall take whatever steps are necessary to ensure that clients are protected from subsequent episodes or misconduct while a determination on the matter is pending.

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not conduct a thorough investigation into allegations of abuse, to ensure 1of 1 tenant (Tenant 1) was protected from subsequent episodes of abuse while a determination on the matter was pending. The provider did not document the investigations on 10/12/2025 or 11/01/2024.

Findings include:

On 11/25/2024, the department received a complaint alleging Tenant 1 had two incidents where s/he sustained injuries of unknown origin. The complaint alleged Tenant 1's spouse had been providing oversight to Tenant 1 during the times and dates in question. The provider did not investigate or report Tenant 1's injuries of unknown origin.

On 04/25/2025 at approximately 12:35 p.m., Surveyor reviewed Tenant 1's records.

Tenant 1 was admitted on 02/16/2024. Tenant 1 passed away and had a move out date of 04/07/2025. Tenant 1's record did not include a completed comprehensive assessment performed prior to admission. There was no

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written service agreement in his/her record. Tenant 1's record did not include a jointly signed, negotiated risk agreement prior to admission.

On 04/29/2025 at 12:55p.m., Surveyor reviewed providers incident report logbook. Surveyor observed a chart that provided tenants name, date of incident, type of incident and the shift that the incident happened. Surveyor observed the following notes:

- On 10/12/2024, Tenant 1 had an incident of unknown origin during the night shift.
- On 11/01/2024, Tenant 1 had an incident of unknown origin during the night shift.
- Surveyor did not observe documentation for 10/12/2024 or 11/01/2024 incidents of unknown origin.

On 04/25/2025, Surveyor contacted the Division of Quality Assurance (DQA), Office of Caregiver Quality (OCQ). A representative from DQA/OCQ confirmed the office did not receive an abuse/misconduct incident report from the facility involving Tenant 1 between the period of 10/01/2024 to 04/25/2025.

Interviews

On 04/25/2025 at 11:00 a.m., Surveyor interviewed Caregiver G, who stated s/he remembered Tenant 1 had several injuries of unknown origin. Caregiver G stated, "We weren't performing cares on him/her at the time. His/her [Family Q] helped with many of his/her cares. I remember one time s/he had a huge purple and red bruise that covered most of his/her middle back. There were concerns about the way [Family Q] cared for [Tenant 1]. The injuries always happened when s/he helped [Tenant1]."

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Caregiver G stated those types of concerns were taken to former Executive Director (FED) A.

On 04/25/2025 at 11:05 a.m., Surveyor interviewed Caregiver H, who stated s/he remembered hearing about Tenant 1 having several injuries of unknown origin. Caregiver G stated s/he did not recall former Executive Director (FED) A interviewing staff about Tenant 1's injuries.

On 04/29/2025 at 1:50 p.m., Surveyor interviewed Lead Caregiver (LCG) E, who stated Tenant 1 had a couple of injuries of unknown origin. LCG E stated, "I wrote one up in the beginning of November." LCG E recalled s/he got Tenant 1 up that morning. When LCG E assisted Tenant 1 with his/her cares, s/he noticed large purple and red bruises up the center of his/her back. LCG E stated, "I reported it to [Licensed Practical Nurse (LPN) C] and [Former Licensed Practical Nurse (FLPN) U]. I also texted them pictures. [FLPN U] had me fill out a four-page incident report."

On 04/29/2025 at 2:00 p.m., Surveyor interviewed Interim Executive Director (IED) B, who stated the old computer system used for incident reports indicated that there was an incident on 10/12/2024 and 11/01/2024. IED B stated, "Once we got into the system, there was no incident reports or investigation information."

On 04/30/2025 at 12:25 p.m., Surveyor interviewed Speech-Language Pathologist (SLP) N, who stated his/ her job was to find alternate communication methods for Tenant 1 due to his/her history of stroke. SLP N indicated s/he interviewed Tenant 1 regarding the 11/01/2024 back injury. Tenant 1 indicated it was in relation to his/her [Family Q]. SLP N stated, "I reported my

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Z 053	Continued From page 12 complete findings to [FLPN U] on 11/06/2024 at 9:46 a.m., via email. When I did not hear back from him/her or see him/her around the building, I approached [Former Executive Director O] and asked if s/he needed anything more than my emailed statement. S/He requested my documentation. I forwarded the email on 11/20/2024 around 2:45 p.m. I never heard back." On 04/30/2025 at 12:32 p.m., Surveyor received SLP N's forwarded email, dated 11/06/2024. SLP N also forwarded email, dated 11/20/2024. SLP N wrote, "Here's the explanation of the written communication exchange between [Tenant 1] and I on 11/4/24. I took a picture of his/her back and showed it to him/her and clarified by asking, "what happened to your back" as I showed him/her the picture and touched his/her back. S/He did not offer a written response at this time, so I gave him/her 2 option choices: "fall or someone hit you" and s/he circled "someone hit you." So, I asked him/her "who" verbally and in written form and s/he first copied the word "who" but then wrote [Family Q] ... "Back injury from a fall" or "Back injury from someone hitting you?" and s/he circled "Back injury from someone hitting you." ...Then I verbally and in written form asked him/her for the "Name:" of the person that s/he thinks hit him/her and s/he wrote [Family Q]."	Z 053		