STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510279	A. BUILDING: _____ B. WING _____	C 01/29/2025

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SUMMIT VIEW	278 N BEULAH ST ELLSWORTH, WI 54011

(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 01/08/2025, Surveyor conducted a standard survey and complaint investigation at Summit View. Data collection continued through 01/29/2025. The complaint was unsubstantiated. Six deficiencies were identified. Two of 6 deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) GN7V11, dated 05/31/2023. Census: 5	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B was screened for clinically apparent communicable disease, including tuberculosis (TB), within 90	N 220		

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N 220	Continued From page 1 days before the start of employment. Findings include: On 01/08/2025, Surveyor requested to review Caregiver B's record. Caregiver B had a hire date of 11/23/2021. The record did not contain documentation of a TB test. On 01/09/2025 at 4:56 PM, Surveyor emailed Program Manager (PM) A and asked if Caregiver B had a TB test completed. On 01/10/2025 at 11:38 AM, PM A replied via email, "Unable to locate TB test for [Caregiver B]."	N 220		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not implement and follow Resident 1's individual service plan (ISP) as written. Findings include: On 01/08/2025 at 1:20 PM, Surveyor observed Resident 1 seated in the living room with a gait belt around his/her waist. Resident 1 got up from the chair in the living room, walked to his/her room and sat in his/her recliner chair. Resident 1 appeared to be unsteady on his/her feet. Caregiver C approached Resident 1 and informed Surveyor Resident 1 had fallen recently and needed stand-by assistance and close	N 388		

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N 388	Continued From page 2	N 388		

supervision. Alarms were not observed to be in use at the time of observation, and Resident 1 did not use an assistive device for transfers or mobility.

Surveyor requested to review Resident 1's record including the current ISP and the last ISP reviewed.

Resident 1 had an admission date of 02/28/2018. Surveyor reviewed both ISPs provided via email by Program Director (PD) A. The most current ISP was dated 04/07/2022 and signed on 01/08/2025. The second ISP was dated 04/07/2022 and was signed approximately 1 year prior on 01/06/2024.

The ISP's received identified the following information with no changes between 01/06/2024 and 01/08/2025:

SHOWER: [Resident 1] takes a staff assisted/observed shower. Unsteady gait, in person assistance due to mobility instability. Uses shower chair. [Resident 1] can NOT be left unattended while in the shower.

TRANSFERS: Unsteady gait, walker used in home and at work, in person assistance due to mobility instability. Clip alarms or pressure alarms used at all times when in recliner or in bed to notify staff when attempting to ambulate unaccompanied. Gait belt on client's body for use by staff to assist with ambulation and transfers. Staff is to physically assist [Resident 1] with transfers.

OVERNIGHT: Grip pad placed between mattress and box spring to prevent mattress from sliding. Bed alarm in place to alert staff when/if s/he is

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N 388	Continued From page 3 attempting to get up at night. MOBILITY/GAIT: Unsteady gait, fall risk. Walker is to be used at all times in the home and when going to [workplace]. In-person assistance due to mobility instability. Clip alarms or pressure alarms used at all times when sitting in recliner or when in bed to notify staff when attempting to ambulate unaccompanied. Gait belt on client's body for use by staff to assist with ambulation and transfers. Staff is to be with [Resident 1] HOLDING his/her gait belt anytime s/he is up moving around the facility. TOILETING: Unsteady gait, walker used in home and at work, in-person assistance due to mobility instability. Clip alarms or pressure alarm use to notify staff when attempting to ambulate unaccompanied. Gait belt on client's body for use by staff to assist with ambulation and transfers. *Effective 07/31/23: [Resident 1] is to have staff in the bathroom with him/her at all times to prevent falls. FALL: HIGH fall risk, unsteady gait. Tends to walk too fast for him/her to keep balance. Clip alarms, doorbells, gait belt, walker are all protocols put in place, however, if staff doesn't respond immediately to the alarms [Resident 1] will get up and walk independently. Due to memory loss and impulsivity, [Resident 1] cannot/will not wait for assistance. On 01/09/2025 at 11:30 AM, Surveyor interviewed Caregiver C via phone and asked about Resident 1's history for falls. Caregiver C stated Resident 1 recently fell on 01/07/2025 and 12/24/2024. Surveyor discussed the concern that no alarms were observed to be in use while on-site. Caregiver C stated Resident 1 was care planned	N 388		

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N 388	Continued From page 4	N 388		

to have alarms, and confirmed they were not in use.

Surveyor reviewed fall incident reports for 01/07/2025 and 12/24/2024.

The incident report dated 12/24/2024 documented a staff member from another facility (who typically does not work at the facility) was supervising residents for approximately 40 minutes when Resident 1 requested to take a shower. Caregiver D gave Resident 1 permission to shower alone as Resident 1 reported s/he did not need assistance. Caregiver D brought Resident 1 a towel and left Resident 1 alone in the bathroom. Within minutes, Caregiver D heard a "bang" and found Resident 1 had fallen. Resident 1 reported hitting his/her head and a large bruise was observed above his/her tailbone. Nurse assessment was completed and additionally noted another bruise/scratch on the back side of left leg, and a bump/abrasion on the back of left side head. Facility staff reported bruises on back and back of leg were "already there from a different day." The incident report further stated, "Coaching has been provided to both staff. The importance of reading ISPs and updating documentation in the home was reiterated."

On 01/14/2025 at 4:50 PM, Surveyor interviewed Caregiver D via phone. Caregiver D stated s/he was employed at a different company facility and did not typically work at the facility. Caregiver D stated s/he would leave his/her program to provide supervision to residents at the facility while staff went to run errands or pick up residents from their day programs. Surveyor asked Caregiver D if s/he was aware of Resident 1's fall risk and/or supervision needs on

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N 388	Continued From page 5 12/24/2024. Caregiver D stated, "No. I checked the spreadsheet available, and it said [Resident 1] was independent with walker. The spreadsheet had not been updated in a while, but it was updated after that incident, and I now have access to their ISPs." The provider did not ensure Resident 1's ISP was implemented and followed for fall risk precautions when staff working did not have access to ISPs. Resident 1's ISP was not followed as alarms and his/her walker were not observed to be in use on 01/08/2025 after two recent falls on 12/24/2024 and 01/07/2025. Cross Reference N0399 DHS 83.36(2) Maintain Current Written Staff Schedule	N 388		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide employees in sufficient numbers on a 24-hour basis to meet the needs of Resident 2, when Resident 2 was sent to the licensed facility next door or was required to ride along during transport times for supervision. This is a repeat deficiency. See Statement of Deficiency (SOD) GN7V11, dated 05/31/2023. Findings include:	N 396		

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N 396	Continued From page 6 On 01/08/2025 at approximately 1:30 PM, Surveyor toured the home and observed Resident 1and Resident 2 seated in the living room. Program Manager (PM) C informed Surveyor Resident 2 worked Tuesday through Thursday and the rest of the residents worked Monday through Thursday. PM C confirmed all 5 residents did not work on Fridays and were home every week on that day. PM C informed Surveyor Resident 2 was home on the date of survey because s/he was not feeling well, and Resident 1 was home on the date of survey because s/he had a care plan meeting with his/her care team. On 01/10/2025 at approximately 3:00 PM, Surveyor interviewed Resident 2 via phone and asked when s/he worked. Resident 2 stated s/he worked Tuesday through Thursday every week. Surveyor asked if Resident 2 stayed home alone on Mondays or if s/he rode with the other residents to work. Resident 2 stated, "Monday I went to [facility name] until [Caregiver B] came back. I'm not thrilled to go, but I go." Surveyor asked Resident 2 how often s/he goes next door to the other licensed facility. Resident 2 was not sure and could not answer the question. Resident 2 further stated s/he will at times wake up on Mondays to ride along instead of going to the facility next door. On 01/10/2025 at approximately 3:15 PM, Surveyor interviewed Caregiver B via phone and asked how often Resident 2 was sent to the facility next door. Caregiver B stated, "Staff had to drive everyone to work on Monday, and [Resident 2] had to go to [facility name]. It has happened before where I've brought [Resident 2]	N 396		

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N 396	Continued From page 7 with me to drop off residents." Caregiver B stated they were not always staffed in the mornings for someone to stay home with Resident 2 on Mondays, as they typically scheduled one person per shift. The provider did not provide employees in sufficient numbers for Resident 2 when staff transported residents to and from their day program. Resident 2 would awaken on Mondays to ride with staff during morning transport hours or be sent to the licensed facility next door for supervision until staff returned.	N 396		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a current written schedule for staffing the CBRF (community based residential facility) to include the employee's full name, job assignment and time worked. Findings include: On 01/08/2025 at 1:20 PM, Surveyor observed Resident 1 seated in the living room with a gait belt around his/her waist. Resident 1 got up from the chair in the living room, walked to his/her room, and sat in his/her recliner chair. Resident 1 appeared to be unsteady on his/her feet. Program	N 399		

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N 399	Continued From page 8 Manager (PM) C approached Resident 1 and informed Surveyor Resident 1 had fallen recently and needed stand-by assistance and close supervision. PM C informed Surveyor Resident 1 had recent falls on 01/07/2025 and 12/24/2025. Surveyor reviewed the incident report, dated 12/24/2024. The report was completed by Caregiver D, who was supervising Resident 1 when the fall occurred. Surveyor requested a staff roster from Program Manager (PM) A. Caregiver D was not listed on the staff roster provided by PM A. Surveyor requested to review staff schedules for November and December 2024. On 01/10/2025 at 1:34 AM, Surveyor received staff schedules from PM C. The staff schedule for 12/24/2024 indicated the following staff were working: "6-2 [Caregiver B] 2-10 [Caregiver E] 10-6 [Caregiver E]." Caregiver D was not listed on the schedule for 12/24/2024, when s/he provided coverage and supervision at the provider while the assigned staff person (Caregiver B) left the facility to transport a specimen to the lab. On 01/14/2025 at 4:50 PM, Surveyor interviewed Caregiver D via phone and asked if s/he frequently provided coverage at the provider. Caregiver D stated s/he had been asked to provide coverage and supervision "a few times" and estimated s/he had spent approximately 6 hours in the facility as the only staff member, while the assigned staff member ran errands or	N 399		

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N 399	Continued From page 9 transported residents home from day programs or work. The schedule did not include the employees full name, job assignment, and time worked, as Caregiver D was not listed on staff schedules for November or December 2024, for the hours s/he worked at the facility. Cross Reference N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan	N 399		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a daily activity program to meet the interests and capabilities of the residents and did not develop or post an activity schedule in an area available to residents.	N 427		

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N 427	Continued From page 10 This is a repeat deficiency. See Statement of Deficiency (SOD) GN7V11, dated 05/31/2023. Findings include: On 01/08/2025 at 1:20 PM, Surveyor interviewed Resident 1 and Resident 2, who were seated in the living room. Surveyor asked if there was an activity program offered. Resident 1 and Resident 2 stated, "Nope, not that I know of." Surveyor asked Resident 1 and Resident 2 if an activity calendar was posted. Resident 1 and Resident 2 stated, "No, I haven't seen one... not that I know of." On 01/08/2025 at approximately 1:30 PM, Surveyor toured the home and did not observe an activity calendar posted. Surveyor discussed the concern with Program Manager (PM) C. PM C informed Surveyor Resident 2 worked Tuesday through Thursday and the rest of the residents worked Monday through Thursday. PM C confirmed all 5 residents did not work on Fridays and were home every week on that day. PM C stated Resident 2 was home on the date of survey because s/he was not feeling well, and Resident 1 was home on the date of survey because s/he had a care plan meeting with his/her care team. On 01/09/2025 at 1:56 PM, PM A stated via email, "I also wanted to share that with the concern about the clients not having a ton of activities at the house [sic] all of them do go to a day program 3-4 days a week where they do a ton of activities during the day and usually by the end of the day they are not overly interested in doing much else. Most of them also have pretty involved families	N 427		

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N 427	Continued From page 11 that take them on outings and overnight visits quite often." On 01/10/2025 at approximately 3:15 PM, Surveyor interviewed Caregiver B via phone and asked if the provider offered a daily activity program. Caregiver B stated they have things written on the white board daily, but no organized activities were offered. Caregiver B confirmed all residents were at home as it was Friday, and informed Surveyor that no structured activities or outings were offered. Caregiver B further stated most residents were independent and occupied themselves.	N 427		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by:	N 525		

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N 525	Continued From page 12 Based on record review and interview, the provider did not ensure fire drills were conducted quarterly in 2024. Findings include: On 01/08/2025, Surveyor requested to review fire drills for 2023 and 2024. Fire drills were completed in January, February, March, April, May and June in 2024, and no drills were recorded for July through December 2024. On 01/08/2024 at approximately 2:00 PM, Surveyor interviewed Program Manager (PM) A and asked if fire drills had been completed for the third and fourth quarters in 2024. PM A stated the drills had not been documented and s/he could not confirm if they were conducted. Two of 4 quarterly drills were not conducted in 2024.	N 525		