STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018289	A. BUILDING: _____ B. WING _____	C 01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE STAY MEMORY CARE	**3908 CIRCLE DRIVE HOLMEN, WI 54636**

(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 01/11/2024, Surveyor conducted a complaint investigation at Hope Stay Memory Care. The complaint was substantiated. One deficiency was identified. Census: 23	N 000		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction. This Rule is not met as evidenced by: Based on interview and observation, the provider did not protect the rights of resident confidentiality for 23 of 23 residents residing at the facility. The provider did not protect personal health information or personal records. Findings include:	N 346		

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

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N 346	Continued From page 1 On 01/11/2024, at approximately 9:40 AM, Surveyor conducted a complaint investigation regarding confidential resident files being left out in the open for the public to see. At 9:50 AM on 01/11/2024, Surveyor toured the facility with Care Coordinator (CC) A. Surveyor and CC A observed the nurse's office where resident files and records were stored. CC A verified the office contained all of the current resident files and records. The door was open, allowing free access for anyone to view the files and records. The door remained open with no one in the office from 9:50 AM until approximately 10:25 AM. At approximately 10:00 AM on 01/11/2024, Surveyor observed two desks. One desk was in the living room of the facility and the other desk was located in a hallway just outside the living room of the facility. Each desk contained personal information regarding resident names, skin monitoring information and task sheets, with the room numbers of the residents on the top of the task sheets. The records included, but were not limited to, personal information of residents' skin condition and what tasks were completed on each resident during each shift, and what staff person completed the task. At approximately 10:45 AM on 01/11/2024, Surveyor interviewed CC A and Director Of Operations (DOO) B. Surveyor discussed concerns regarding resident information being left in the open and not locked or secure. Surveyor, CC A and DOO B re-toured the facility. Surveyor stopped at the nurse's office. The nurse was in the office. Surveyor discussed with CC A and DOO B that the office was unlocked and unattended from approximately 9:50 AM until	N 346		

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HOPE STAY MEMORY CARE	**3908 CIRCLE DRIVE HOLMEN, WI 54636**

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N 346	Continued From page 2 10:25 AM. CC A confirmed it was vacant, with the door open between those times. Registered Nurse (RN) C stated s/he left the office quickly and forgot to shut and lock the door. DOO B stated to RN C the door must always be locked when RN C is not in the office. During the re-tour, Surveyor took CC A and DOO B to the desks where Surveyor earlier observed private records and files for the residents of the facility. Surveyor showed CC A and DOO B the records left on both desks. Surveyor stated the records left out in the open could be viewed by other residents, family members and any person from the public who entered the facility. CC A stated the records on the desks were completed on each shift by staff and then are to be put in the resident files by CC A. DOO B stated the records should not be on the desk and the records would be secured immediately. Summary: The facility did not protect the rights of resident confidentiality for all residents residing at the facility. The facility did not protect personal health information or personal records.	N 346		