STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016219	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE NORTH SHORE	8875 N 60TH ST BROWN DEER, WI 53223

(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 07/20/2023, Surveyor concluded 4 complaint investigations at New Perspective North Shore. One deficiency was identified. One complaint was substantiated. Three complaints were unsubstantiated. Census: 42	N 000		
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 ensure each resident's Individual Service Plan (ISP) was implemented for 1 of 1 resident. Resident 1 was at risk for undressing in common areas and had a history which included incontinence episodes. Resident 1 began undressing in a common area after having a bowel movement. Staff did not redirect Resident 1 to a private area for assistance with clean up. Findings include: On 06/30/2023 the Department received a complaint alleging Resident 1 "was being changed in front of everyone ..." On 07/19/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/25/2023 with diagnoses including Alzheimer's disease. Resident 1's ISP, dated 06/28/2023, identified Resident 1 was at risk of undressing in common	N 388		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016219	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE NORTH SHORE	8875 N 60TH ST BROWN DEER, WI 53223

(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 388	Continued From page 1 areas when anxious and had a history of bowel incontinence. The ISP directed team members to "Provide privacy while assisting resident with toileting needs." On 07/19/2023, at 2:15 p.m., Surveyor interviewed Executive Director A (ED) A and Registered Nurse (RN) B who confirmed privacy had not been provided during the incident. Executive Director A stated, "We were both here [ED A and RN B] and did re-education the same day." Staff was not sure what to do as this was not something that happened often, and they were trying to get Resident 1 clean enough to transfer to their wheelchair without getting bowel movement on the wheelchair.	N 388		