STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016995	A. BUILDING: _____ B. WING _____	R-C 06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF MONDOVI (THE)	158 E MAIN ST MONDOVI, WI 54755

(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 06/12/2024, Surveyor conducted a standard survey, verification visit and complaint investigation at the Homeplace of Mondovi. Data collection continued through 06/26/2024. The complaint was unsubstantiated. The deficiencies identified in Statement of Deficiency (SOD) HLYX11, dated 09/21/2023, were corrected. Three deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 10	{N 000}		
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, the provider did not ensure each resident received all medications as prescribed. Resident 1 did not receive his/her scheduled Chlorhexidine as ordered by his/her provider. Findings include:	N 352		

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

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N 352	Continued From page 1 On 06/12/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 02/07/2022, and had an activated power of attorney for health care. A fax dated 03/07/2024, was sent to the provider from Resident 1's dental provider. The orders for care stated, in part, "1. Please help [Resident 1] brush [his/her] teeth every night for 2 minutes. [S/he] has a gum infection that is due to poor brushing. [His/her] gums will bleed easily but this should improve over the next 2 weeks with better homecare. 2. Rx (Prescription) sent for Peridex mouth rinse. Please have [him/her] use this 3 times per day after brushing teeth. Rinse for 30-60 seconds spit out excess but do not rinse drink or eat for 30 minutes. To be used for 30 days." The individual service plan (ISP), dated 05/09/2024, included a section for Oral Care, updated on 03/08/2024, and stated the following: "Resident requires verbal reminder to do oral cares and supervision over the next two weeks by staff to ensure [s/he] is brushing for at least 2 minutes per [his/her] dentist. Resident has an infection and will be starting on antibiotics as well. Staff to monitor for any changes in resident's condition that may indicate a worsening infection such as increased pain, fever, etc. Staff to report changes to oncall [sic]." The March 2024 Medication Administration Record (MAR) indicated Resident 1 was ordered Chlorhexidine .12%, started on 03/07/2024, with directions stating, "Rise [sic] for 30-60 seconds 3 times daily for gum infection." The March 2024 MAR indicated Resident 1 did not receive 25 doses between 03/20/2024 and 03/29/2024. The notations section of the MAR stated various	N 352		

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N 352	Continued From page 2 reasons for the missed doses, including, "all out," "not in med (medication) cart," and "don't have." On 06/26/2024, at 10:00 AM, Surveyor interviewed Chief Operating Officer (COO) D and Community Director (CD) E via Microsoft Teams meeting. When asked about Resident 1's missed doses of Chlorhexidine, CD E stated that would have been a pharmacy issue. CD E stated s/he believed the mouth rinse was unavailable because they were waiting on the provider to submit a refill order to the pharmacy. Resident 1 did not receive medication in the dosage and at intervals prescribed by his/her practitioner as it was not available in the facility to administer.	N 352		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure exterior areas were maintained and free of hazards. The concrete ramp was sloped upward towards the entrance door and did not have railings to prevent falls. There were large wooden materials partially obstructing the pathway to the front entrance door and the handicap parking space near the base of the ramp. Findings include: The facility is licensed as a Class CNA	N 492		

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N 492	Continued From page 3 (non-ambulatory) Community Based Residential Facility (CBRF) able to serve up to 10 residents within the client groups of developmentally disabled, advanced age, and irreversible dementia/Alzheimer's. On 06/12/2024, at 10:45 AM, Surveyor observed the provider's entrance, which included an inclined ramp made of concrete leading upward to the doorway of the facility. It started from the ground level and gradually rose to meet the threshold of the entrance door. The ramp did not have railings. Surveyor observed large wooden boards on the ground at the base of the ramp. The boards partially obstructed the ramp and the handicap parking space near the base of the ramp. On 06/26/2024 at 10:00 AM, Surveyor interviewed Chief Operating Officer (COO) D and Community Director (CD) E via Microsoft Teams meeting. When asked if the CBRF entry door with the concrete ramp leading to it was the primary emergency exit for the building, CD E stated it was the primary exit. When asked if they were aware materials were positioned at the base of the ramp that partially obstructed both the ramp and the handicap parking space, COO D stated, "That would have been the cement guys." COO D stated that, had there been an emergency, they would have used the secondary exit. COO D stated it was a matter of 2 to 3 days that the materials were there. COO D stated they advised family members in advance to use the other entrance. Surveyor stated concerns with the lack of safety railing along the ramp. COO D stated the railings were pulled off in order to complete sandblasting. COO D stated the railings would be put back on and the materials would be removed.	N 492		

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N 523	Continued From page 4	N 523		
N 523	83.47(2)(b) Exit diagram. Exit diagram. The disaster plan shall have an exit diagram that shall be posted on each floor of the CBRF used by residents in a conspicuous place where it can be seen by the residents. The diagram shall identify the exit routes from the floor, including internal horizontal exits under par. (f) when applicable, smoke compartments or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure an exit diagram identifying exit routes, smoke compartments or a designated meeting place outside and away from the building, was posted on each floor of the Community Based Residential Facility (CBRF) used by residents. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF able to serve up to 10 residents within the client groups of developmentally disabled, advanced age and irreversible dementia/Alzheimer's. On 06/12/2024, at approximately 12:30 PM, while touring the facility, Surveyor and Caregiver A were unable to locate posted emergency exit diagrams. When asked if s/he was aware if the exit diagrams were posted, Caregiver A stated s/he did not think they had physical signs posted. Caregiver A stated a written plan was in the office. When asked where the designated meeting place was, Caregiver A stated they would go right	N 523		

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N 523	Continued From page 5 outside or to the adjacent restaurant. At approximately 12:45 PM, Surveyor interviewed Caregiver B. When asked about the emergency plan postings, Caregiver B stated s/he was recently hired and was not sure what the evacuation plan was. At approximately 2:45 PM, Surveyor interviewed Caregiver C. When asked about the evacuation plan exit diagrams, Caregiver C stated s/he had no idea if they were posted. When asked where the designated meeting area was, Caregiver C stated they would probably take the residents out front and down the ramp. At approximately 4:15 PM, Surveyor interviewed Chief Operating Officer (COO) D and Community Director (CD) E. When asked about the exit diagrams, CD E stated s/he did not think they were posted. CD E stated the exit diagrams were probably moved when the walls were painted. Surveyor shared that staff interviews obtained suggested some confusion about what the provider's evacuation plans were. At 4:45 PM, Surveyor and COO D walked to a wall-mounted board near an exit. COO D stated the exit diagram should be mounted on that board but it was not there. COO D stated s/he would ensure it gets posted.	N 523		