Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015906	A. BUILDING: _____ B. WING _____	R-C 10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF SHOREWOOD	1111 E CAPITOL DR SHOREWOOD, WI 53211

(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 10/08/2024, Surveyor conducted a verification visit and 2 complaint investigation at Harborchase of Shorewood. Two deficiencies were identified. One deficiency is a repeat violation (ee Statement of Deficiency (SOD) HYC913, dated 05/19/2023. Two complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the provider did not notify the Department within 7 days of administrator change for 1 of 1 administrator (Executive Director S). Findings include: On 10/08/2024, at approximately 9:30 AM, Surveyor entered the facility and requested to speak with the administrator to begin the survey entrance conference. Executive Director S met with Surveyor. On 10/08/2024, at approximately 2:50 PM, Surveyor interviewed Executive Director S. Executive Director S reported s/he had been the provider's administrator since June of 2024.	N 200		

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

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N 200	Continued From page 1 Executive Director S reported they were unsure if the Department had been notified. On 10/08/2024, Surveyor reviewed the Department's facility electronic file and did not locate a notification of the administrator change to Executive Director S.	N 200		
{N 454}	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized	{N 454}		

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{N 454}	Continued From page 2 practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's record was maintained for 1 of 3 residents. Resident 3's record did not include individualized service plans	{N 454}		

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{N 454}	Continued From page 3 (ISPs) or assessments. This is a repeat deficiency. See Statement of Deficiency (SOD) HYC913, dated 05/19/2023. Findings include: On 10/08/2024, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 08/03/2023. Resident 3's record did not include any assessments or ISPs. On 10/08/2024, at approximately 2:50 PM, Surveyor interviewed Executive Director (ED) S. ED S reported s/he began employment with the provider approximately 5 months ago and had recently initiated changes to the management team which included the Memory Care Director and Assisted Living Nurse. Executive Director S reported s/he was aware not all resident records were complete and s/he had been working on ensuring all residents had current ISPs in their files. ED S confirmed s/he was unable to locate assessments or ISPs for Resident 3.	{N 454}		