STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017055	A. BUILDING: _____ B. WING _____	R-C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING NSD CBRF	4686 N SHORE DR RHINELANDER, WI 54501

(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 09/26/2023, Surveyor conducted a verification visit and complaint investigation at Milestone Senior Living NSD CBRF. Data collection continued through 09/27/2023. All deficiencies from statement of deficiency (SOD) I3F111, dated 05/22/2023, were corrected. The complaint was substantiated. One deficiency was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 13	{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 follow Resident 1's individual service plan (ISP) as written and Resident 1 fell. Findings include: The Department received a complaint on 07/24/2023 alleging the facility was unsanitary, the provider was understaffed and a resident was left unsupervised in the bathroom and fell while a caregiver took a "smoke break." The facility is licensed to serve up to 22 residents in the client groups irreversible dementia/Alzheimer's disease and advanced	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
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N 388	Continued From page 1 aged. On 09/26/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/15/2016. Resident 1 was admitted to hospice on 02/22/2023. An "Un-Witnessed - Fall Report," dated 05/03/2023 at 9:40 AM, stated, "Resident observed on [his/her] bathroom floor facing [his/her] shower stall lying on left side with [his/her] legs out towards the toilet. Resident (was) unable to give (a) description." Progress notes, dated 05/03/2023, read, in part, "Resident observed to have contusion on right lateral eyebrow, bruising right knee, bruising right wrist, and cut right cheek." Resident 1 died on 05/06/2023. Resident 1's ISP, dated 03/08/2023, read, in part: "Mobility - cannot ambulate long distances without guidance or assistance; mobile with assistive device...Resident uses a wheeled walker for ambulation; Up with assist of 1." On 09/27/2023 at 10:30 AM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B if s/he had any concerns about resident care. Caregiver B responded, "No concerns; not really; some residents can be hard to work with given their cognition decline." Surveyor asked Caregiver B if s/he had any concerns with resident falls or residents not being supervised. Caregiver B reported that sometime in May 2023, Caregiver C brought Resident 1 to the bathroom and then Caregiver C went outside for a "smoke break." Resident 1 fell in the bathroom. Caregiver B noted that Resident 1 had a call pendent and used his/her call pendent after falling. Caregiver B reported, "I am still upset about [Resident 1] falling..[Caregiver C] no longer works here."	N 388		

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N 388	Continued From page 2 On 09/27/2023 at 11:54 AM, Surveyor interviewed Director A. Director A verified the following information: Resident 1 was not independent when toileting. Resident 1 required "1-person standby assist with gait belt and wheeled walker/wheelchair; the expectation for staff while Resident 1 used the bathroom (on 05/03/2023) was "1-person assist with gait belt and wheeled walker/wheelchair." Surveyor asked Director A what PS 5/10 meant ('Resident observed to have PS 5/10') in an unwitnessed fall report for [Resident 1] on 05/03/2023. Director A responded, "Resident reported 5 out of 10 pain on the pain scale." Director A verified that Caregiver C assisted Resident 1 into the bathroom on 05/03/2023 and Caregiver C no longer worked at the facility.	N 388		