STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018104	A. BUILDING: _____ B. WING _____	R-C 11/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRUMLIN RESERVE	139 EAST REYNOLDS STREET COTTAGE GROVE, WI 53527

(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
{U 000}	INITIAL COMMENTS On 11/28/2023, Surveyor conducted a verification visit at Drumlin Reserve. One deficiency was identified. All previous violations from statement of deficiency (SOD) IFLH11, dated 04/26/2023 were substantially corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 68	{U 000}		
U 300	89.56(2) Plan of Correction A residential care apartment complex shall submit a written plan of correction to the department within 30 days after the date of the notice of violation. The department may specify a time period of less than 30 days for submittal of the plan of correction when it determines that the violation may be harmful to the health, safety, welfare or rights of tenants. This Rule is not met as evidenced by: Based on record review and interview, the provider did not submit a written plan of correction to the Department within a 10-day time period after receiving their notice of violations. The provider did not comply with Department Special Orders related to Statement of Deficiency (SOD) IFLH11, dated 04/26/2023. Findings include: On 11/28/2023, Surveyor conducted a verification visit. As a result of the survey, the following	U 300		

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

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U 300	Continued From page 1 concerns were identified: Plan of Correction: On 07/07/2023, the provider received SOD IFLH11, which included a "Notice and Order" letter, from the Department that stated the following: "According to Wis. Admin. Code § DHS 89.56(2), you are ordered to submit a Plan of Correction via an attestation of compliance. In satisfaction of this requirement: Insert the name of the facility in the space provided on the Attestation of Correction form F-02172. Within ten (10) days of receipt of this NOTICE and ORDER, return the completed Attestation of Correction F-02172 to the Bureau of Assisted Living Southern Regional Office at PO Box 2969, Madison, WI 53701-2969." Special Orders: On 07/07/2023, the provider received SOD IFLH11, which included a "Notice and Order" letter, from the Department that stated the following: "Based on the results of the Department's inspection, and monitoring visit, and pursuant to Wis. Stat. § 50.034(2)(e), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Drumlin Reserve: 1. Pursuant to Wis. Admin. Code § DHS 89.56(3)(c), within 30 days of receipt of this notice, all management staff and caregivers shall receive inservice training from a qualified professional on the topics of tenant rights; and recognizing, investigating, documenting, and reporting	U 300		

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U 300	Continued From page 2	U 300		

allegations of abuse, neglect, misappropriation of tenant property, and injuries of unknown origin.
-Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.
-Within 30 days of this notice, the licensee will develop (or review and revise, as necessary) and implement a written policy/procedure to address caregiver misconduct and will ensure the policy incorporates requirements specified by Wis. Admin. Code ch. DHS 13 and ch. DHS 89.
2. Pursuant to Wis. Adm. Code §§ DHS 89.56(3)(c) and (3)(e), the RCAC will document a complete investigation report of the alleged incidents of misappropriation of property and abuse described in Statement of Deficiency (SOD) IFLH11. The investigation will conform to requirements and guidelines specified by Wis. Admin. Code ch. DHS 13 and ch. DHS 89.
Within 7 days of receipt of this notice, the facility will submit a copy of the investigation report with form OCQ-F-62447 to the Department's Office of Caregiver Quality."

On 11/28/2023 at 10:09 AM, Surveyor interviewed Administrator A. Surveyor requested documentation of the provider's follow up to the 07/07/2023 plan of correction requirement and Special Orders. Administrator A confirmed s/he received SOD IFLH11 and was looking for the provider's follow up documentation.

On 11/28/2023 at 10:44 AM, Surveyor interviewed Administrator A. Administrator A stated when reviewing SOD IFLH11 back in July s/he misunderstood the request for a plan of correction and the Special Orders. Administrator A stated s/he did not submit a plan of correction or complete Special Orders issued by the

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U 300	Continued From page 3 Department. Administrator A stated monthly staff meetings continue to review preventing abuse/residents rights, but no training was completed within 30 days like ordered. Administrator A stated s/he did not go back and complete an investigation into alleged abuse on Resident 1. Administrator A confirmed s/he did not report Former Caregiver D to the office of caregiver quality.	U 300		