STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018236	A. BUILDING: _____ B. WING _____	R-C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE WAUKESHA	1701 E BROADWAY WAUKESHA, WI 53186

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{N 000}	Initial Comments On 09/13/2023, Surveyors conducted a verification visit at New Perspective Waukesha. Five deficiencies were identified. Four of 5 deficiencies were repeat. (See Statement of Deficiency (SOD) IIF411, dated 04/20/2023.) Census: 26	{N 000}		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the comprehensive Individual Service Plan (ISP) for 1 of 1 resident (Resident 13) included specific needs with outlined methods for delivering needed care. Resident 13's ISP did not outline guidelines for his/her compulsive eating and body tics (fast,	N 386		

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

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repetitive muscle movements that result in sudden and difficult to control body jolts or sounds).

Findings include:

On 09/13/2023, at approximately 10:30 AM, during a tour of the facility, Surveyor observed Resident 13 sleeping. Resident 13 had him/herself completely covered up so as unable to be seen.

On 09/13/2023, at approximately 12:15 PM, Surveyor observed Caregiver O comment to other staff that Resident 13 had not come out for lunch. Caregiver O stated, "I attempted to wake [him/her] but that irritated [him/her] and [s/he] had some choice words for me." Caregiver O asked another staff member to attempt to encourage him/her to come to lunch.

On 09/13/2023, Surveyor reviewed Resident 13's record.

Resident 13 was admitted to the facility on 09/05/2023 with diagnoses including dementia, mood disorder, depression, Alzheimer's disease and atherosclerotic heart disease.

Resident 13's pre-assessment, dated 06/21/2023, which documented Resident 13 had behaviors and was an elopement risk. The assessment documented:
"Seen today sitting up in recliner. Awake and alert. Patient is very pleasant on exam today however per staff, [s/he] has had intermittent aggression. [S/he] was hit staff several times. [S/he] has also had several elopement. Apparently there is an emergency exit in the back that can be opened without bandage which

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patient has figured out how to use. ..."
"Patient was brought in on 06/05/2023 to [emergency department] with suspicion of stroke ... ruled out ... patient started or continued to have unresponsive episodes where [s/he] is unresponsive for a while and will eventually come to, also when awake with increased behaviors of running and trying to get away, will run around naked. ... took [him/her] home ... continued to have unresponsive episodes, the one prior to [emergency department] lasted 6+ hours. ... spends 80% of [his/her] time sleeping or unresponsive. Did have 1 episode and slid out of recliner chair called EMS (emergency medical service) for lift assist to get [him/her] back into recliner. When they arrived [s/he] was still unresponsive ..."

Resident 13's ISP, dated 09/07/2023, documented:
"Dining: Assist with proper sitting position. Assist or remind resident to perform hand hygiene before meals. Provide diet as ordered, allowing for resident likes and dislikes. Assist with set up as needed, such as opening packets, cutting meat, buttering bread. Watch for swallowing difficulties, choking, burping, heartburn, nausea, pain or vomiting and report to nurse. Encourage small bites, alternating solids with fluids."
(Surveyor noted this was template language that had been used in other reviewed ISPs.)

Surveyor noted out of the 20 sub-categories identified on Resident 13's ISP, cognition, elopement and behaviors were not identified.

On 09/13/2023 at 3:15 PM, Surveyor discussed the above concern with Administrator A. Administrator A confirmed the current ISP was Resident 13's comprehensive ISP. Administrator

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N 386	Continued From page 3 A stated s/he had not witnessed the behaviors that had been identified during his/her assessment. Surveyor explained the observations of Resident 13. Administrator A stated s/he would have the appropriate staff review the ISP and to include individualization.	N 386		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the Individual Service Plan (ISP) for 1 of 1 residents (Resident 7) was not updated when there was a change in resident needs and abilities. This is a repeat deficiency. See Statement of Deficiency (SOD) IIF411 dated 04/20/2023. Resident 7's ISP was not updated to include interventions/guidelines regarding his/her behaviors.	{N 389}		

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{N 389}	Continued From page 4 Findings include: On 09/13/2023, at approximately 12:15 PM, Surveyor observed Resident 7 eating his/her noon meal with his/her fingers. Surveyor interviewed Caregiver O who stated that Resident 7 does not usually utilize silverware when s/he is eating. Surveyor informed Caregiver O that s/he had observed Resident 7 on a previous survey display behaviors such as crawling on the floor, trying to stand on a chair, dragging a chair through the common area and had been known to refuse cares. Caregiver O stated Resident 7 still displayed those behaviors. On 09/13/2023, at approximately 2:30 PM, Surveyor interviewed Care Team Manager (CTM) C. CTM C stated that Resident 7 was assessed as a fall risk but s/he does not always fall, s/he places his/herself on the ground. If a resident is seen on the ground, it is assumed to be a fall. CTM C stated, "Resident 7 crawls around on the floor, that is just [him/her]." On 09/13/2023, Surveyor reviewed Resident 7's record. Resident 7 was admitted to the facility, 06/16/2021, with diagnoses including Alzheimer's disease, dementia, osteoporosis, and depression. Resident 7's ISP, dated 04/06/2023 and 08/22/2023, documented: "Bathing: Assist 2 - Every Tuesday, Thursday and Saturday. Ensure safe water temperature. Observe skin for changes such as redness, bruises, open areas, wounds and report to supervisor. Encourage resident participation to complete tasks independently when able. ..."	{N 389}		

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{N 389}	Continued From page 5 "Grooming: Assist with grooming as directed. Brush hair and wash face every morning, at bedtime and throughout the day when needed. ..." "Cognition Cues/Prompts: Resident may have confusion in new or complex situations. Caregivers to provide interventions as described and report decline in cognitive status to nursing." "Pull cords are in the bathroom in apartment are available." "Resident is at risk for falls. Caregivers are to check on resident, make sure resident has on proper fitting shoes, walkways are well lit and free of clutter, make sure resident has call pendant within reach, make sure resident is adequately hydrated and well nourished." "Dining: Assist with proper sitting position. Assist or remind resident to perform hand hygiene before meals. Provide diet as ordered, allowing for resident likes and dislikes. Assist with set up as needed, such as opening packets, cutting meat, buttering bread. Watch for swallowing difficulties, choking, burping, heartburn, nausea, pain or vomiting and report to nurse. Encourage small bites, alternating solids with fluids." Surveyor noted the ISPs did not document any guidelines for Resident 7's behaviors. The ISPs did not document that Resident 7 refused personal cares such as bathing. The ISPs did not document Resident 7's dietary habits of not utilizing silverware. The ISPs did not document that Resident 7's behaviors included placing him/herself on the floor so that s/he could crawl. On 09/13/2023 at 3:15 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated s/he would have the appropriate staff review the ISPs to include individualization.	{N 389}		

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{N 452}	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that food was prepared and stored in a sanitary manner. The stove and oven were very dirty and food was stored on the floor of walk in cooler and freezer. This is a repeat violation from previous Statement of Deficiency IIF411 dated 04/20/2023. Findings include: On 09/13/2023 at 9:20 AM, Surveyor observed the kitchen. OBSERVATIONS: The stove top was very dirty from day to day use,	{N 452}		

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{N 452}	Continued From page 7 but did not appear to have been cleaned. The stove top had burned on food and grease covering the entire top of the stove. The outside door of the oven was covered in spilled food and did not appear to have been cleaned for an extensive period of time. There was a case of chocolate syrup stored on the floor of the walk in cooler. There was a case of pretzels stored on the floor of the walk in cooler. There were 14 two liter bottles of soda stored on the floor of the walk in cooler. There was spilled food particles on the floor of the walk in cooler. There was spilled food particles on the floor of the walk in freezer. "Make sure not to store any food on the floor." (Source: Food Safety Nation website, Restaurant Walk In Cooler Food Safety Guide, 2019, www.myfoodsafetynation.com (retrieval date - September 13, 2023).) On 09/13/2023 at 3:15 PM, Surveyor discussed the above concerns with Administrator A. Administrator A acknowledged that food should not be stored on the floor of a pantry, cooler or freezer. Administrator A acknowledged that the stove top, oven and floor of the kitchen needs to be cleaned regularly to remain sanitary.	{N 452}		
{N 481}	83.43(1) Environment safe, clean, and comfortable	{N 481}		

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{N 481}	Continued From page 8 Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and comfortable environment appropriate for resident needs. There were burned out light bulbs, scuff marks on walls. This is a repeat violation from previous Statement of Deficiency IIF411 dated 04/20/2023. Findings include: On 09/13/2023 at 9:30 AM, Surveyors observed the physical environment. OBSERVATIONS: There were a total of 14 burned out light bulbs in the dining room effecting the lighting and visibility in the room. The steamer basin in the kitchenette was very dirty with burned on food in the bottom of the steamer. Surveyors noted the steamer basin had the same appearance during the previous survey. The bathroom doorway in Resident 2's room was damaged. The door frame and wall had scuff marks from being struck by wheelchair. A portion of the baseboard trim (3 inches by 3 inches) was missing due to being broken off by a wheelchair.	{N 481}		

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{N 481}	Continued From page 9 Resident 2's toilet seat was broken at the hinge which caused for the seat to move side-to-side. Resident 2's toilet paper dispenser did not have a rod that could hold the toilet paper. Resident 2's towel holder contained the 2 brackets, but did not have a rod in place to hang a towel. Resident 3's bedroom carpeting had the appearance of black residue around the bed and infront of his/her recliner which appeared to be due to consistence foot traffic. Resident 9's bedroom contained carpeting that had the appearance of black residue around the bed and in front of his/her recliner. Resident 9's carpeting, next to the bed, had a brown circular stain that was approximately 6 inches in diameter and had the scent of fecal incontinence. Resident 9's bedroom contained a laundry basket that had a comforter that contained a urine-like scent which emanated into the hallway. Resident 14's bedroom contained a laundry basket that contained soiled clothing that had a urine-like scent to them which emanated into the hallway. On 09/13/2023 at 3:15 PM, Surveyors discussed the above concerns with Administrator A. Administrator A acknowledged that light bulbs need to be functional, Resident 1 had a wheelchair and his/her bedroom needs to be monitored for damage. Administrator A stated staff need to alert housekeeping or maintenance when resident rooms have concerns.	{N 481}		