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 05/28/2024

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

(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 05/28/2024, Surveyor conducted 2 verification visits and a complaint investigation at New Perspective Waukesha, a CBRF in Waukesha. Five deficiencies were identified. Four deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) IIF411, dated 04/20/2023, PHBR11, dated 06/20/2023, IIF412, dated 09/13/2023, SOD PHBR12, dated 11/02/2023 and SOD IIF413, dated 02/07/2024. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 26	N 000		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the CBRF and its operation complied with all laws governing the CBRF. Findings include: On 05/28/2024, Surveyor conducted 2 verification visit and a complaint investigation. The following concerns were identified: Special Orders:	N 196		

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

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N 196	Continued From page 1 On 01/26/2024, the department issued SOD PHBR12 with Special Orders that stated the licensee shall provide 3 residents identified in the SOD and their case manager (if any) with a copy of SOD PHBR12 and a copy of the Notice and Order letter. The Special Orders stated the licensee shall retain evidence, acceptable to the department, to verify compliance with the orders. Acceptable documentation was identified as a signed, certified mail receipt or a verification letter or email from the resident and case manager. The Special Orders stated the evidence shall be available to a department representative upon request. On 05/28/2024 at approximately 11:00 a.m., Surveyor requested documentation from Director of Operations CC to indicate the Special Orders issued with SOD PHBR12 were completed. Director of Operations CC acknowledged the provider had received the SOD and Special Orders, but stated s/he would need to follow up on documentation. On 05/28/2024 at approximately 1:00 p.m., Director of Operations CC stated s/he was only able to locate a notation on the SOD that stated individuals were called regarding the SOD. Director of Operations CC was unable to provide a signed, certified mail receipt or a verification letter or email from the residents or case managers. Repeat Deficiencies: - The provider was cited for prompt and adequate treatment due to Resident 16 sustaining a fall resulting in a hip fracture at approximately 9:30 a.m. and not being sent to the ER until	N 196		

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N 196	Continued From page 2 approximately 5:30 p.m. - The provider was cited for adequate staffing due to only 1 staff member being present during a NOC shift when a resident required assistance of 1 and 4 overnight shifts when staff present were not trained in medication administration. - The equipment in the provider's kitchen was not in a clean and sanitary condition. - The kitchen contained food that was expired, not sealed, not dated and not labeled. On 05/28/2024 at approximately 2:00 p.m., all concerns were discussed with Director of Operations CC. Director of Operations CC began working on the condition of the provider's kitchen while Surveyor was present.	N 196		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed received prompt and adequate treatment. Resident 16 fell and sustained a hip fracture at approximately 9:00 a.m., but was not sent to the emergency room for treatment until approximately 5:30 p.m. This is a repeat deficiency. See Statement of Deficiency (SOD) PHBR11, dated 06/20/2023.	N 353		

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N 353	Continued From page 3 Findings include: On 05/28/2024 at approximately 8:00 a.m., Surveyor conducted a complaint investigation alleging a resident did not receive adequate treatment after sustaining a fall. On 05/28/2024 at approximately 11:00 a.m., Surveyor reviewed Resident 16's record. Resident 16 was admitted to the provider's facility on 01/22/2024 with diagnosis of Alzheimer's disease. Resident 16's individual service plan (ISP), dated 02/01/2024, stated, "Mobility: Assist. Report complaints of pain, decreased or changes in mobility status." Resident 16's record included the following: - Incident Report, dated 03/02/2024 at 9:00 a.m.: Witnessed fall. Resident's walker got stuck on the carpet and s/he tripped and hit his/her head. Triage called. Caregivers instructed to assist resident off the floor and start every 2 hour vital sign checks. *Updated 03/04/2024 and documented Resident 16 was taken to the hospital later that day and diagnosed with a hip fracture. - Progress note, dated 03/02/2024 at 8:45 a.m.: Triage RN received call regarding fall. No apparent injuries, resident denies pain, ROM WNL. Vitals documented. Caregivers instructed to check vital signs every 2 hours for 24 hours and notify nursing with any changes or concerns. Family notified. Physician faxed. Community nurse to follow up on 03/04/2024 (Monday). - Progress note, dated 03/03/2024 at 9:30 a.m.: Triage RN received call from local hospital requesting medication list. Hospital stated resident was sent there via ambulance last night around 6:00 p.m. Triage RN was not called at that time, only notified of fall that occurred yesterday	N 353		

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N 353	Continued From page 4	N 353		

morning. Triage RN contacted facility staff who was unsure of circumstances of resident being sent out.
- Medication Administration Record (MAR): Resident had orders for Tylenol 325 mg - Take 2 tablets every 4 hours as needed for minor pain/fever (Start Date: 01/19/2024). MAR indicated no Tylenol was administered 03/01/2024 to 03/03/2024.
- "Post-Fall Vital Signs and Observation" form, dated 03/02/2024: Documented Resident 16 had a severe headache or convulsion and pain with movement at 9:00 a.m., pain with movement at 1:00 p.m. and pain with movement at 3:00 p.m.

On 05/28/2024 at approximately 11:45 a.m., Surveyor reviewed a hospital discharge summary, obtained by Surveyor. The discharge summary, dated 03/07/2024, indicated Resident 16 was admitted to the hospital on 03/02/2024 and diagnosed with a left femoral fracture.

On 05/28/2024 at approximately 12:00 p.m., Surveyor interviewed Director of Nursing AA. Surveyor reviewed concern that Resident 16 sustained a fall and did not receive prompt treatment. Surveyor reviewed that Resident 16 sustained a fall at approximately 9:00 a.m. and exhibited a severe headache or convulsion and pain with movement but was not sent to the emergency room for evaluation until approximately 6:00 p.m., when sent out by family, and diagnosed with a left femoral fracture. Director of Nursing AA agreed with Surveyor's concern that Resident 16 was not promptly evaluated for his/her signs of headache or convulsion and pain. Director of Nursing AA stated the symptoms were not shared with the Triage RN. Director of Nursing AA stated if Resident 16's symptoms had been shared with

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N 353	Continued From page 5 the Triage RN, the Triage RN would have instructed caregivers to send Resident 16 out for evaluation immediately.	N 353		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility was staffed to meet the needs of residents. From 05/01/2024 to 05/28/2024, the facility did not have a caregiver able to administer medications present for 4 overnight shifts and on 05/15/2024 from 2:00 a.m. to 6:00 a.m. the facility only had 1 caregiver present, yet Resident 14 required assistance of 2. This is a repeat deficiency. See Statement of Deficiency (SOD) IIF411, dated 04/20/2023 and PHBR12, dated 11/02/2023. Findings include: On 05/28/2024, Surveyor conducted a verification visit. The facility is licensed to serve up to 60 residents with diagnoses of advanced age, physically disabled, terminally ill and irreversible dementia/Alzheimer's. On 05/28/2024 at approximately 11:30 a.m., Surveyor reviewed resident records. Surveyor identified the following: - Resident 14 was admitted to the facility on 06/27/2022. Resident 14's individual service plan	N 396		

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N 396	Continued From page 6	N 396		

(ISP), dated 04/18/2024, indicated s/he required a hoyer lift and assist of 2 for transfers.
- Resident 2 was admitted to the provider's facility on 07/23/2021. Resident 2's record indicated his/her health was declining on 05/02/2024 at 4:00 a.m. Hospice was contacted regarding Resident 2 not eating or drinking and having black gooey stool with blood in it. Resident 2 passed away the morning of 05/03/2024.
- Resident 17 was admitted to the provider's facility on 04/01/2024. Resident 17's record indicated s/he had increased anxiety on 05/03/2024 and 05/04/2024. Resident 17 passed away on 05/11/2024. *No documentation of status on 05/02/2024.

On 05/28/2024 at approximately 12:00 p.m., Surveyor reviewed the provider's schedule, dated 05/01/2024 to 05/28/2024. Surveyor identified the following concerns:

- 05/02/2024: Staff with the ability to administer medication was not present from 10:00 p.m. to 6:00 a.m.
- 05/15/2024: Staff with the ability to administer medication was not present from 10:00 p.m. to 6:00 a.m. Only 1 staff member was present from 2:00 a.m. to 6:00 a.m.
- 05/20/2024: Staff with the ability to administer medication was not present from 10:00 p.m. to 6:00 a.m.
- 05/27/2024: Staff with the ability to administer medication was not present from 10:00 p.m. to 6:00 a.m.

On 05/28/2024 at approximately 12:30 p.m., Surveyor reviewed the above dates with Care Team Manager BB. Care Team Manager BB stated, "That is correct," as Surveyor shared that records indicated the facility was not staffed with

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N 396	Continued From page 7 a caregiver able to pass medications 4 times in the past month and staffed with only 1 caregiver for 4 hours on 05/15/2024. On 05/28/2024 at approximately 1:00 p.m., Surveyor reviewed staff concerns with Director of Operations CC. Director of Operations CC made note of Surveyor's concern. On 05/28/2024 at approximately 2:00 p.m., Surveyor reviewed staff concerns with Director of Nursing AA. Director of Nursing AA replied, "I'm going to be honest with you. I have known staffing is a concern, but I am only 1 person." Director of Nursing AA confirmed Resident 14 required assistance of 2 staff to meet his/her mobility needs and the facility was not staffed to provide assistance of 2 during the night of 05/15/2024. Director of Nursing AA confirmed the facility was not always staffed with a caregiver able to pass medications, including nights when Resident 2 and Resident 17 were at end of life. Director of Nursing AA stated s/he was not notified that Resident 2 or Resident 17 needed PRN medications and did not receive them because of staffing, but agreed that Surveyor's concerns were valid.	N 396		
N 446	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair.	N 446		

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N 446	Continued From page 8 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all equipment and utensils were stored in a clean manner and in good repair. This is a repeat deficiency. See Statement of Deficiency (SOD) IIF413, dated 02/07/2024. Findings include: On 05/28/2024, Surveyor conducted a verification visit. On 05/28/2024 at approximately 8:00 a.m., Surveyor toured the provider's memory care. Surveyor observed residents were provided 1 plastic fork each to use with breakfast. Surveyor asked Caregiver X why residents were provided plastic utensils with breakfast. Caregiver X reported there were not enough metal utensils in the kitchenette so s/he used plastic utensils. Surveyor then observed plastic forks, plastic spoons and metal knives in the kitchenette cabinets. On 05/28/2024 at approximately 8:30 a.m., Surveyor toured the provider's kitchen with Cook Z. Surveyor identified the following concerns: - A cooler, which stored ice cream toppings and juice, had hardened food on the interior. - A pot full of discolored water was placed under a water sink. Cook Z stated s/he came into work one day and the pot was there. Cook Z stated the pipes used to connect under the water table, but no longer did and s/he wasn't sure why. Cook Z stated the pot had been below the sink for approximately 2 weeks. - There was standing water under the ice machine. Cook Z stated s/he believed the	N 446		

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machine was operating properly, but the water needed to be mopped up.
- The warmers, which were used for oatmeal and soups, had hardened liquid along the sides. The warmers were placed on a tray that was covered in hardened liquid and crumbs.
- The microwave had hardened food on the interior.
- A refrigerator stored beneath a prep counter had hardened egg yolk and egg shell on the interior.
- The stovetop was covered in white residue.
- The warmers had grease streaks on the interior and exterior. The interior had black residue built up, approximately .5 inches thick.
- The walk-in refrigerator and crumbs and food remnants, including onion peels, on the floor.
- The walk-in freezer had crumbs and food remnants, including tater tots, on the floor.
- Water was observed behind the warmer and fryers. Cook Z stated water observed during a previous Surveyor visit was due to a hose issue, but that issue had been resolved. Cook Z stated the current water observed by Surveyor was due to Cook Z overflowing a kitchen sink the night prior.

After completion of the tour, Surveyor reviewed concern with Cook Z that residents were served breakfast with plastic utensils in memory care and that several areas of the kitchen were not in a clean condition. Cook Z stated there were enough regular utensils and that caregivers should have asked kitchen staff for more regular utensils if the kitchenettes had run out. Cook Z stated s/he was aware areas of the kitchen needed cleaning, but that the kitchen was understaffed. Cook Z stated s/he was the only one present to cook breakfast and lunch. Cook Z stated the kitchen should have been cleaned the night prior before kitchen staff left for the evening.

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N 446	Continued From page 10 On 05/28/2024 at approximately 1:00 p.m., Surveyor reviewed staff concerns with Director of Operations CC. Director of Operations CC made note of Surveyor's concern. On 05/28/2024 at approximately 2:00 p.m., Director of Operations CC was observed with a garbage bag and stated s/he was cleaning kitchens. Director of Operations CC was heard instructing caregivers to throw away all plastic utensils because residents would no longer be using them.	N 446		
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	N 452		

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N 452	Continued From page 11	N 452		

did not ensure food was stored in a sanitary condition for the prevention of food borne illnesses. The provider had food stored that was expired, not sealed, not dated and not labeled.

This is a repeat deficiency. See Statement of Deficiency (SOD) IIF411, dated 04/20/2023 and IIF412, dated 09/13/2023.

Findings include:

"Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022)

On 05/28/2024 at approximately 8:00 a.m., Surveyor toured the provider's memory care kitchenette. Surveyor observed the following concerns:

- The refrigerator contained a gallon of milk with an expiration date of 05/25/2024, a container of whipped cream with an expiration date of 05/13/2024 and a bowl of shriveled blueberries that was not sealed or dated.
- The freezer contained a half-eaten ice cream sandwich that was not sealed or dated.

On 05/28/2024 at approximately 8:15 a.m., Surveyor toured a kitchenette located within the CBRF. Surveyor observed a half-eaten sandwich in a to-go container, which was not labeled or dated.

On 05/28/2024 at approximately 8:30 a.m.,

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N 452	Continued From page 12 Surveyor toured the provider's kitchen, which is used to prepare meals for the entire facility. Surveyor observed the following concerns: - The refrigerator used to store juice and ice cream toppings had an unlabeled to-go container, which had a chocolate covered strawberry in it. Cook Z stated s/he was unsure what or when the strawberry was from. - The walk-in refrigerator had a container of mixed vegetables that was not sealed or dated, a sheet cake that was not dated and a sheet of lemon bars that was not sealed or dated. On 05/28/2024 at approximately 8:40 a.m., Surveyor reviewed concern with Cook Z that the provider had several food items stored that were not sealed, dated or labeled. Cook Z acknowledged Surveyor's concern and stated, "Yeah. We need to get dates on things."	N 452		