| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0011509 | A. BUILDING: _____ B. WING _____ | C 07/23/2025 |

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| CLARITY CARE JEFFERSON HOUSE | 1631 JEFFERSON STREET OSHKOSH, WI 54901 |

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| N 000 | Initial Comments<br><br>On 07/21/2025, Surveyor conducted an abbreviated survey and a complaint investigation at Clarity Care Jefferson House. Additional information was received through 07/23/2025. The complaint was unsubstantiated. Two deficiencies were identified.<br><br>Census: 7 | N 000 | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was updated based on assessment to identify challenging behaviors and the services or interventions the provider would offer to meet his/her needs in this area.<br><br>Findings include:<br><br>The Department received a complaint alleging | N 389 | | |

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

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| N 389 | Continued From page 1<br>incidents requiring police intervention at the facility.<br><br>Prior to conducting the onsite visit, Surveyor reviewed Department records and noted the provider submitted a misconduct incident report (MIR) dated 07/14/2025 and a copy of their investigation into a 07/04/2025 incident. According to the MIR, on 07/04/2025, Resident 1 was the instigator in a verbal argument with Residents 2 and 3. During the argument, the residents were giving each other the middle finger. Resident 1 requested to go outside to leave the situation and Caregiver A assisted Resident 1 outside using his/her wheelchair. While outside, they argued and Caregiver A allegedly swore at Resident 1. During the investigation, Caregiver A denied the allegation but admitted telling Resident 1 s/he was "rude." Caregiver A expressed concern about how Resident 1's behaviors were impacting the other residents. The MIR included documentation of the provider's intended follow up actions which included, "Ensure [Resident 1]'s BSP (behavioral support plan) is in place, accurate, and all staff have reviewed and understand how to address."<br><br>On 07/21/2025 at 10:10 AM, Surveyor interviewed Caregiver D. S/he said Resident 1 makes fun of other residents who are not as capable as s/he is, uses his/her call light to pester staff and has a history of being aggressive towards staff. Caregiver D said s/he avoids being in close physical proximity of Resident 1 because s/he is afraid of him/her. Surveyor asked if there was a plan for responding to Resident 1's behaviors and Caregiver D replied, "I don't really know."<br><br>On 07/21/2025 at 11:15 AM, Surveyor interviewed | N 389 | | |

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| N 389 | Continued From page 2 | N 389 | | |

Resident 1. S/he said, "I hate it here," because the other residents don't have "their minds" like s/he does. Resident 1 said s/he intended to move out and was touring different facilities. Surveyor observed Resident 1 ambulate independently with the use of a wheelchair.

On 07/21/2025 at approximately 11:40 AM, Surveyor reviewed portions of Resident 1's record including his/her face sheet and ISP. Resident 1 was admitted on 04/01/2025 with diagnoses to include depression and chronic pain. Resident 1 was his/her own legal decision maker, was oriented to person/place/time and had "no memory deficits."

Surveyor also reviewed observation notes and incident reports and noted the following:

--Disagreements with caregivers about the level of assistance s/he needed
06/02/2025 - used call light 4 times for assistance with flipping the roll of toilet paper. Caregiver A told Resident 1 that was not appropriate use of the call light because Resident 1 is capable of that task and there are other residents to care for. Resident 1 argued and said his/her request was an emergency.
06/27/2025 - "Playing games" with who schedules doctor's appointments. Resident 1 told staff s/he can't make his/her own appointments, but when Program Lead (PL) B called to schedule an appointment, the doctor's office said Resident 1 had already done so.
07/07/2025 - Resident 1 used the call light "3 times in a row stating [his/her] back gave out and [s/he] needed help getting to the bathroom (for evening cares) Encouraged [him/her] to try...to stay independent...[s/he] just yelled at staff that [s/he] can't. After [his/her] wash up [s/he] wheeled

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| N 389 | Continued From page 3<br>[him/herself] back to [his/her] room...with no problem."<br>--Aggressiveness and name calling directed at caregivers<br>06/12/2025 - Caregiver E offered Resident 1 a shower 3 times throughout the day and reminded him/her if s/he didn't have it today, s/he would have to wait until tomorrow when a caregiver of the same gender was working (Resident 1's preference.) Resident 1 declined all 3 offers and then requested a shower when Caregiver E had only 8 minutes left in the shift. When Caregiver E said s/he could not complete the shower, Resident 1 yelled at Caregiver E, called him/her lazy and said staff should do "whatever I say because I pay you and your [sic] my staff."<br>06/30/2025 - called PL B "rude names" to include "fat and lazy" and "the R word." PL B told Resident 1 if s/he continued, staff will "treat [him/her] the same."<br>07/08/2025 - during breakfast, Resident 1 demanded "coffee right now." Caregiver E replied, "I am helping someone right now, but when I am done I will grab you a cup of coffee." Resident 1 then tried to hit Caregiver E and said s/he did it because s/he was mad s/he had to wait for coffee. Caregiver E wrote, "[Resident 1] has hit writer before in the bathroom while doing [his/her] shower."<br>07/10/2025 - yelled at staff which "upset the other [residents]"<br>--Rude treatment towards residents<br>07/01/2025 - was "making nasty comments to the other [residents]" and "flipped [Resident 2] off." Resident 2 told Resident 1 s/he was "rude." Staff intervened to stop the argument.<br>07/08/2025 - yelled at Resident 2 to "move out of the way" but Resident 1 was blocking the way so Resident 2 could not move. | N 389 | | |

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| N 389 | Continued From page 4<br><br>Surveyor reviewed Resident 1's ISP, current as of 07/21/2025. The ISP was silent to the behaviors described in the record and did not identify strategies for caregivers to use in response to Resident 1's challenging behaviors. The ISP sections for "Disruptive Behavior" and "Attention Seeking" read, "Not Applicable." The section titled "Aggressive/Combative" read, "requires staff assistance to manage/redirect..." The section titled "Interaction" read, "is social and able to interact appropriately."<br><br>Surveyor interviewed Care Management Director C, PL B and Division Administrator F on 07/21/2025 at approximately 1:14 PM. All 3 managers confirmed Resident 1 had a history of challenging behaviors and the ISP was not updated based on assessment to identify the behaviors or appropriate interventions. | N 389 | | |
| Z 012 | 50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS<br><br>If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. | Z 012 | | |

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| Z 012 | Continued From page 5<br><br>The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not make a good faith effort to obtain out of state background checks for 2 of 2 staff reviewed.<br><br>Program Lead B and Caregiver A both reported residing out of state in the 3 years preceding hire. The provider did not make efforts to ensure background checks were obtained for either staff member.<br><br>Findings include:<br><br>On 07/21/2025, Surveyor reviewed Program Lead B and Caregiver A's employee records to verify compliance with background check requirements.<br><br>Program Lead B:<br><br>Program Lead B was hired in November 2022. S/he completed a background information disclosure (BID) on 11/15/2022 and reported residing in Louisiana from "2020-2021" and Florida from "2021 - 2022." Program Lead B's record did not contain evidence of background | Z 012 | | |

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checks from Louisiana or Florida.

On 07/21/2025 at approximately 1:14 PM, Care Management Director C said s/he would follow up with human resources to see if the out of state checks were completed.

On 07/21/2025 at 2:28 PM, Care Management Director C sent an email to Surveyor which included a Florida background check completed that same day for Program Lead B. Surveyor sent a follow up email asking about the Louisiana background check. At 3:59 PM Care Management Director C replied, "Louisianna [sic] requires finger prints so [Program Lead B] has been contacted to obtain this asap [sic] so we can get the background results."

Caregiver A:

Caregiver A was hired in November 2023. S/he completed a background information disclosure (BID) on 11/20/2023 and reported s/he resided in California from 06/01/2023 - 10/31/2023. Caregiver A's record did not contain evidence of a background check from California.

On 07/21/2025 at approximately 1:14 PM, Care Management Director C said s/he would follow up with human resources to see if the out of state check was completed.

On 07/21/2025 at 4:00 PM, Care Management Director C sent an email to Surveyor and explained human resources did not complete the out of state background check for Caregiver A and "accountability is fully taken on their behalf.. Since [Caregiver A] has put in [his/her] 2 weeks notice, it is highly unlikely that [s/he] would be willing to now for us to obtain a copy."

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