STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012162	A. BUILDING: _____ B. WING _____	R 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARANATHA HOUSE TACOMA (THE)	6811 N TACOMA ST MILWAUKEE, WI 53224

(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 09/15/2023, Surveyor completed a complaint investigation and verification visit at The Maranatha House Tacoma. As a result, 5 of the previous 8 deficient practices were corrected. Three of the previous 8 deficient practices were recited. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 5	{N 000}		
{N 284}	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee continuing education hours were documented. Team Lead C's record did not contain all continuing education hours in 2022. This is a repeat deficiency. See Statement of Deficiency (SOD) IWCC11, dated 03/10/2022. Findings include: On 09/07/2023, at 3:45 PM, Surveyor reviewed Team Lead C's continuing education training in 2022. Team Lead C received the following trainings in 2022: resident rights, suicide and depression, understanding individual service plans, crisis and verbal de-escalation, improving communication with colleagues, preventing falls, standard precautions, medication administration,	{N 284}		

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

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{N 284}	Continued From page 1 and dietary and healthy eating/diabetes diet. Team Lead C received 9 hours and 45 minutes of training in 2022. Team Lead C's record did not include evidence Team Lead C received training in client group, prevention and reporting of abuse, neglect, and misappropriation, fire safety and safety procedures including first aid. On 09/15/2023, at 1:30 PM, Surveyor interviewed Administrator G. Administrator G reported s/he was responsible for all continuing education hours. Administrator G reported Team Lead C had completed all her/his training in all required topics. Administrator G reported s/he needed to become better at ensuring all continuing education training opportunities were documented.	{N 284}		
{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 record review and interview, the	{N 389}		

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{N 389}	Continued From page 2	{N 389}		

provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) Individual Service Plans (ISPs) were signed by the resident or resident's legal representative acknowledging their involvement in, understanding of and agreement with the resident's ISP. The provider did not ensure each resident received updated Individual Service Plans (ISPs) annually for 1 of 1 resident (Resident 3). Resident 3's ISP was not updated annually in 2022.

This is a repeat deficiency. See Statement of Deficiency (SOD) IWCC11, dated 03/10/2022.

Findings include:

On 09/07/2023, at 12:15 PM, Surveyor reviewed resident files and observed the following:

Example 1

-Resident 1 was admitted to the facility on 08/01/2017. Resident 1 was her/his own person. Resident 1's most recent ISP was updated on 11/29/2022. Resident 1's most recent ISP was only signed by Team Lead C and Administrator E. Resident 1's ISP was not signed by Resident 1.

-Resident 2 was admitted to the facility on 05/12/2008. Resident 2's record indicated Resident 2 had a guardian. Resident 2's ISP was updated on 11/22/2022. Resident 2's ISP was only signed by Team Lead C. Resident 2's ISP was not signed by Resident 2's guardian.

On 09/07/2023, at approximately 1:30 PM, Surveyor interviewed Administrator E and Team Lead C. Administrator E reported the administrators complete the ISP meetings. Administrator E reported they had whoever

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{N 389}	Continued From page 3 attended the meetings sign the resident ISPs. Administrator E reported if someone was unable to attend, the ISP was sent to them for a signature. Surveyor inquired who was responsible to ensure the ISPs were signed. Administrator E reported Team Lead C was responsible for faxing over the ISP. Surveyor inquired if Team Lead C sent Resident 2's ISP to be signed, Team Lead C reported no. Example 2 On 09/07/2023, at 3:30 PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 10/19/2019. Resident 3 had a guardian. Resident 3's most recent ISP was dated 11/30/2021. On 09/07/2023, at 3:40 PM, Surveyor interviewed Team Lead C. Team Lead C reported s/he would check other files to see if an ISP from 2022 was there. Team Lead C reported s/he was unable to find another ISP dated after 11/30/2021. Team Lead C reported Administrator E completed the ISP updates and confirmed it had not been completed.	{N 389}		
{N 454}	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health	{N 454}		

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{N 454}	Continued From page 4 screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including	{N 454}		

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{N 454}	Continued From page 5 rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of the psychotropic medication reviews in 2 of 2 residents (Resident 1 and Resident 3). This is a repeat deficiency. See Statement of Deficiency (SOD) IWCC11, dated 03/10/2022. Findings include: On 09/07/2023, at 12:15 PM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the facility on 08/01/2017, with diagnoses including anxiety disorder, bipolar, intellectual disabilities, mood disorder, psychosis with delusions and chronic pain. Resident 1's medication administration record and written order identified Resident 1 was prescribed alprazolam 0.5 milligrams (MG), 1 tablet, 3 times daily, fluoxetine 20 MG, 3 capsules daily and mirtazapine 15 MG, 1 tablet daily. Resident 1's record did not contain	{N 454}		

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{N 454}	Continued From page 6 documentation indicating Resident 1 was re-evaluated in the 3rd and 4th quarters of 2022 and the 1st and 2nd quarters of 2023. Resident 1's record contained 1 psychotropic review, dated 05/05/2022. -Resident 3 was admitted to the facility on 10/01/2019, with diagnoses including anxiety disorder, intellectual disability, depression, schizophrenia, and obsessive-compulsive disorder. Resident 3's medication administration record and written order identified Resident 3 was prescribed sertraline 100 MG, 1 and a half tablets daily, and risperidone 1 MG tablet daily. Resident 3's record did not contain documentation indicating Resident 3 was re-evaluated in the 3rd and 4th quarters of 2022 and the 1st and 2nd quarters of 2023. Resident 3's record contained 1 psychotropic review, dated 03/2022. On 09/07/2023, at approximately 1:30 PM, Administrator I called Nurse H. Nurse H confirmed s/he was responsible for completing the psychotropic medication reviews. Nurse H reported s/he completed the psychotropic medication reviews. When Surveyor inquired where the psychotropic medication reviews were located, Nurse H reported s/he kept the reviews in her/his files. Surveyor inquired if the files were located in the facility, Nurse H reported the files were not located within the facility and were not included in the residents' records.	{N 454}		