STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018758	A. BUILDING: _____ B. WING _____	R-C 03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

(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 02/26/2025, Surveyor conducted a verification visit and 2 complaint investigations at VitaCare Living - Bloomer II. Data was reviewed through 03/04/2025. Two of 2 complaints were substantiated. Nine deficiencies were identified. Four of 9 deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) J5JP12, dated 09/27/2024. Census: 14 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 166	83.12(4)(d) Reporting catastrophe resulting in damage A CBRF shall send a written report to the department within 3 working days after any of the following occurs: A catastrophe occurs resulting in damage to the CBRF. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not notify the Department within 3 working days after a catastrophe occurred that damaged the community based residential facility (CBRF). A visitor drove their motor vehicle into the facility, resulting in damage to an exterior wall and window. Findings include:	N 166		

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

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N 166	Continued From page 1 On 12/02/2024 and 12/05/2024, the Department received complaints alleging a vehicle drove into the facility. On 02/26/2025 at approximately 9:25 a.m., Surveyor arrived at the facility and observed damage to the outside of the facility. The exterior wall was caved in and there were boards framed up outside of the facility and the window had plywood covering it. On 02/26/2025 at approximately 9:30 a.m., Surveyor interviewed Director A and Administrator B and asked what happened to the building. Director A told Surveyor that at the end of October 2024, a visitor drove into the building. S/he said the visitor thought they had their vehicle in reverse but it was in drive, and s/he drove into the building. Director A said they did have a contractor that was working on getting it fixed. On 02/26/2025 at approximately 10:15 a.m., Surveyor observed the inside of the room that was damaged. The room was cold and had a tarp in it to block off the area. The sheetrock was broken, and the wall was caved inward. 02/27/2025, Surveyor reviewed the Department's electronic file for the provider. Surveyor did not locate a report to the Department that indicated catastrophe with damage to the CBRF.	N 166		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical	N 169		

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N 169	Continued From page 2 or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not immediately notify Resident 1's physician when s/he had a change in condition. Resident 1 had a change in his/her urine and mental condition. Staff did not immediately notify his/her physician. Findings include: On 12/05/2024, the Department received a complaint that alleged a resident had signs of a urinary tract infection (UTI), which was not immediately addressed. On 02/27/2025, Surveyor reviewed Resident 1's record. On 11/28/2024 at 5:19 a.m., Caregiver E documented: "[Resident 1] was last changed at 5:15AM, and this time [s/he] was incontinent of urine. However, the color of [his/her] urine was very dark. [S/he] had stated that [s/he] believes [s/he] either has a UTI, or a kidney infection. Admin (administration) was notified." On 12/02/2024 at 1:24 p.m., Director A documented: "Resident was a little off all shift. This morning resident asked for [his/her] usual breakfast. A little bit later [s/he] asked for breakfast and staff told [him/her] that it was right	N 169		

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	0018758	A. BUILDING: _____ B. WING _____	R-C 03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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N 169	Continued From page 3	N 169		

in front of [him/her] and that [s/he] ate most of it. Then at lunch, staff asked [him/her] if [s/he] enjoyed [his/her] meal, [s/he] said yes. Then literally 2 minutes later [s/he] asked staff what was for lunch? Resident just seemed a little off today. Blood sugars were normal today. Otherwise, no concerns."

On 12/03/2024 at 5:18 a.m., Caregiver E documented: "Staff last changed Resident at 4:30 AM. Resident was incontinent, not of bowel but of DISCHARGE. The discharge was mucus like [sic] texture, and green. Writer left a note regarding this last week Wednesday 11/27 as well."

On 12/03/2024, Director A documented: "Resident was very confused this morning. [S/he] took [his/her] meds and Blood Sugar was good. Staff were getting [him/her] ready for Dialysis and noticed that [s/he] was very confused. It had gotten worse then [sic] yesterday. Staff called Dialysis and agreed to cancel [his/her] appt (appointment). Staff then called [his/her] [guardian] and agreed that [s/he] needed to be seen ... Writer called [hospital] for an update on [Resident 1]. [S/he] has a very bad UTI, little bit of heart failure, [s/he] has some fluid going on, Blood Sugar is a little high. They are admitting [him/her] today ..."

On 12/13/2024, Director A documented, in part: "[Resident 1] will be going home (from the hospital) to enjoy [his/her] time with [his/her] [spouse] and family while on comfort care ..."

On 02/27/2025, Surveyor emailed Director A and Administrator B and asked if Resident 1's physician was notified when Resident 1 had a change in physical condition on 11/28/2024, with changes in his/her urine, or when Resident 1 had

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VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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N 169	Continued From page 4 a change in his/her mental condition on 12/02/2024. On 02/28/2025, Administrator A replied, via email, "Documentation was not found for Physician being notified, but attached is [sic] notes dated on 12/3 when [his/her] [guardian] was notified." On 03/04/2025 at approximately 3:00 p.m., Surveyor interviewed Director A, Administrator B, and Assistant Director (AD) D on the phone. Surveyor asked what staff were supposed to do when they recognize a resident had a change in condition. AD D said, "We need to contact the physician." The provider did not immediately notify Resident 1's physician when s/he had a change in his/her urine, s/he thought s/he had a UTI or kidney infection, and s/he had a change in mental condition with increased confusion. Resident 1 was hospitalized with a UTI and did not return to the facility.	N 169		
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 observation, record review, and interview, the provider and its operation did not comply with all laws governing the Community Based Residential Facility (CBRF). The licensee did not ensure compliance with DHS 83 was achieved and maintained. The licensee did not	N 196		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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N 196	Continued From page 5	N 196		

attain a nurse consultant within 45 days to ensure all deficiencies in Statement of Deficiency (SOD) J5JP12 were corrected.

As a result of this verification visit and complaint survey, a total of 9 violations were issued and 2 of 2 complaints were substantiated. Four of the 9 violations were repeat deficiencies.

Findings include:

The provider is licensed to care for up to 16 residents in the client groups of irreversible dementia/Alzheimer's disease, advanced aged, physically disabled, and terminally ill. On 02/26/2025, the facility census was 14.

On 12/02/2024, the Department issued a Notice and Order letter with SOD J5JP12, dated 09/27/2024. The Notice and Order letter included the following Special Orders:
"Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Vitacare Living - Bloomer II:
CONSULTANT REQUIRED
1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. WITHIN 45 DAYS of receipt of this notice, the licensee will correct the deficiencies identified in Statement of Deficiency (SOD) J5JP12 consultation with a Registered Nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code chs. 12, 13, and 88, Wis. Stat.

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VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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N 196	Continued From page 6 ch. 50) and knowledge of the client groups served by VitaCare Living Bloomer II. The licensee will provide the consultant with a copy of the SOD J5JP12, along with this Notice and Order letter prior to providing consultation services. WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training to all managers and all resident care staff on the corrective actions taken to resolve each deficiency identified in SOD J5JP12. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training. Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant. Documentation will be made available to department representatives upon request." On 02/27/2025, Surveyor emailed Director A and Administrator B and requested the following information: 1. "Documentation of training managers and resident care staff received following the last survey. Include the date/duration of the training, signature/qualifications of the instructor, and evidence of successful completion of training of staff. 2. Consultation activities, include dates of consultation and signature/date of consultant." On 02/28/2025, director A replied, via email, which read, in part: "I have attached the information you requested, I am the Manager for Bloomer VitaCare 1 & 2, The trainings were 12/11/24, 12/12/24, 12/15/24/, and 12/19/24 Also, Consultation is still in Progress, started 2/14/2025."	N 196		

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VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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N 196	Continued From page 7 The attached documentation to the email included all of the employees' transcripts from their online training program, EduCare. On 03/04/2025 at approximately 3:00 p.m., Surveyor interviewed Director A, Administrator B, and Assistant Director (AD) D. Surveyor asked what training was provided for correcting the deficiencies in SOD J5JP12. AD D told Surveyor Licensee M assigned trainings in EduCare to all staff, including vulnerable adult, and documenting, observing, and reporting. AD D told Surveyor their nurse consultant started on 02/14/2025. The Notice and Order letter was dated 12/02/2024, with the order to correct the deficiencies in SOD J5JP12 and order for consultation of a registered nurse within 45 days. Forty-five days after 12/02/2024 would have been 01/16/2025. The licensee did not contract with the nurse consultant until 02/14/2025. AD D said the nurse consultant was working remotely on developing policies and procedures for the provider and was this was ongoing. Surveyor asked AD D if the licensee requested an extension on their plan of correction and orders. AD D said that they discussed this but did not think an extension was requested. The licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF.	N 196		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by:	N 200		

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	0018758	A. BUILDING: _____ B. WING _____	R-C 03/04/2025

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VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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N 200	Continued From page 8 Based on record review and interview, the licensee did not report to the Department within 7 days after there was a change in administrators. Findings include: On 02/26/2025 at approximately 9:30 a.m., Surveyor interviewed Director A and Administrator B. Surveyor reviewed the provider's contact information with Director A and Administrator B, which indicated Former Administrator (FA) C was listed as the administrator. Administrator B told Surveyor s/he began as the administrator on 01/06/2025. S/he said FA C worked with the former management company that was no longer being used. On 02/26/2025, Surveyor reviewed the Department's electronic record for the provider. Surveyor did not locate a report indicating there was a change in administrator.	N 200		
N 203	83.14(2)(h) Posting: license, deficiencies, revocations The licensee shall post the CBRF license, any statement of deficiency, notice of revocation and any other notice of enforcement action in a public area that is visually and physically available. A statement of deficiency shall remain posted for 90 days following receipt. Notices of revocation and other notices of enforcement action shall remain posted until a final determination is made. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the statement of deficiency (SOD) and notice of enforcement action was posted in a public area that was visually and physically	N 203		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018758	A. BUILDING: _____ B. WING _____	R-C 03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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N 203	Continued From page 9 available for 90 days following receipt or until a final determination was made for notices of enforcement action. Findings include: On 02/26/2025 at approximately 10:25 a.m., Surveyor observed the bulletin board located in the hallway outside of Director A's office. Surveyor did not observe Statement of Deficiency (SOD) J5JP12 or the Notice and Order letter that was issued with SOD J5JP12. SOD J5JP12 and Notice and Order letter were issued to the provider on 12/02/2024. On 03/04/2025 at approximately 3:00 p.m., Surveyor interviewed Director A, Administrator B, and Assistant Director D. Surveyor asked if they posted the SOD and enforcement letter from the previous survey. Director A told Surveyor it was not posted.	N 203		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 6 received all medications in the dosages and at intervals prescribed by a practitioner.	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018758	A. BUILDING: _____ B. WING _____	R-C 03/04/2025

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VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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{N 352}	Continued From page 10 Resident 6 did not receive his/her prescribed darifenacin. This is a repeat deficiency. See Statement of Deficiency (SOD) J5JP12, dated 09/27/2024. Findings include: On 02/27/2025, Surveyor reviewed Resident 6's record and medication administration record (MAR) for January and February 2025. Resident 6 had a diagnosis of unspecified urinary incontinence. Resident 6's February 2025 MAR indicated s/he was to start darifenacin ER (extended release) 7.5 milligrams once a day. Darifenacin is a medication used to treat symptoms of an overactive bladder. The February 2025 MAR indicated Resident 6 did not receive this medication on the following dates: 02/04/2025, 02/06/2025 - 02/11/2025, 02/13/2025 - 02/22/2025, and 02/24/2025 - 02/26/2025. Staff documented the medication was not available to administer. The February 2025 MAR indicated staff administered the medication on 02/05/2025, 02/12/2025, and 02/23/2025. On 02/27/2025, Surveyor emailed Director A and Administrator B, and asked why Resident 6 did not receive his/her prescribed darifenacin. Surveyor also asked if Resident 6's physician was notified that s/he did not receive the darifenacin. Surveyor requested documentation related to Resident 6's darifenacin. On 02/28/2025, Director A replied via email, which read, in part: " I attached the information you requested for [Resident 6's] medication. We cannot locate whether [sic] [his/her] physician was notified ..." The attachment was the	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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{N 352}	Continued From page 11 electronic prescription for the darifenacin. This was dated 02/01/2025. On 03/04/2025 at approximately 3:00 p.m., Surveyor interviewed Director A, Administrator B, and Assistant Director (AD) D on the phone. Surveyor asked why Resident 6 did not receive his/her prescribed darifenacin. Director A told Surveyor they could look into it. AD D said that at times, the physician prescribes a medication and the residents' insurance does not cover it. AD D could not confirm if this was the case with Resident 6's medication. The provider did not ensure Resident 6 received all prescribed medications.	{N 352}		
{N 387}	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.	{N 387}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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{N 387}	Continued From page 12 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 5 of 5 residents reviewed had individual service plans (ISP) developed and signed with each resident and resident's legal representative (if appropriate) acknowledging their involvement in, understanding of, and agreement with the plan. Resident 1, Resident 5, Resident 6, Resident 7, and Resident 8 did not have signed ISPs to indicate they were involved in, understood, and agreed with the plan. This is a repeat deficiency. See Statement of Deficiency (SOD) J5JP12, dated 09/27/2024. Findings include: On 02/27/2025, Surveyor reviewed resident records for Resident 1, Resident 5, Resident 6, Resident 7, and Resident 8. RESIDENT 1 Resident 1 was admitted to the facility on 06/24/2024. His/her face sheet indicated s/he had an activated healthcare power of attorney (APOAHC). On 02/27/2025, Surveyor emailed Director A and Administrator B and requested additional information for Resident 1, including his/her signed ISP. On 02/28/2025, Director A emailed Surveyor, which read, in part: "Signed ISP could not be located." RESIDENT 5	{N 387}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018758	A. BUILDING: _____ B. WING _____	R-C 03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

(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 387}	Continued From page 13	{N 387}		

Resident 5 was admitted to the facility on 09/24/2024. S/he did not have a legal representative.

RESIDENT 6
Resident 6 was admitted to the facility on 10/24/2023. S/he did not have a legal representative.

RESIDENT 7
Resident 7 was admitted to the facility on 11/11/2015. S/he had an APOAHC.

RESIDENT 8
Resident 8 was admitted to the facility on 10/12/2018. S/he did not have a legal representative.

On 02/27/2025, Surveyor emailed Director A and Administrator B, and requested additional information including the most recent ISPs with signatures for Resident 5, Resident 6, Resident 7, and Resident 8.

On 02/28/2025, Director A emailed Surveyor, which read, in part: "We cannot locate any signed ISP for [Resident 5, Resident 6, Resident 7, and Resident 8]."

On 03/04/2025 at approximately 3:00 p.m., Surveyor interviewed Director A, administrator B, and Assistant Director (AD) D on the phone. Surveyor asked why they did not have any signed ISPs for Resident 1, Resident 5, Resident 6, Resident 7, and Resident 8. AD D told Surveyor their previous management team disabled their access to the electronic records. S/he said they would scan all documents into the system and shred all original paperwork. AD D said they have been working on building ISPs from scratch and

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	0018758	A. BUILDING: _____ B. WING _____	R-C 03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

(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 387}	Continued From page 14 have not had time to have individual care conferences with each resident and their legal representatives.	{N 387}		
{N 399}	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain an accurate staffing schedule. This is a repeat deficiency. See Statement of Deficiency (SOD) J5JP12, dated 09/27/2024. Findings include: On 12/05/2024, the Department received a complaint that alleged the schedule was not accurate. On 02/27/2025, Surveyor reviewed the February 2025 schedule. On 02/01/2025, there were no staff on the schedule to work from 10:00 p.m. - 6:00 a.m. On 02/02/2025, there were no staff on the schedule to work the overnight shift from 4:00 a.m. - 6:00 a.m. (02/03/2025). On 02/07/2025, there were no staff on the schedule to work from 2:00 p.m. - 10:00 p.m. On 02/13/2025, It was not clear who the qualified care staff was to administer medications form	{N 399}		

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{N 399}	Continued From page 15 2:00 p.m. - 4:00 p.m., 5:00 p.m. - 7:00 p.m., and from 9:00 p.m. - 10:00 p.m. On 02/13/2025, there were no staff on the schedule to work form 10:00 p.m. - 6:00 a.m. On 02/15/2025, there were no staff on the schedule to work the overnight shift from 4:00 a.m. - 6:00 a.m. (02/16/2025). On 02/16/2025, there were no staff on the schedule after 6:00 p.m. On 02/22/2025, there were no staff on the schedule from 10:00 a.m. - 2:00 p.m. On 02/23/2025, there were no qualified staff to administer medications on the schedule form 2:00 p.m. - 6:00 p.m. On 02/27/2025, Surveyor emailed Director A and Administrator B and asked who worked on the dates and times listed above. On 02/28/2025, Director A replied, via email, and indicated the following staff were working on those dates and times: 02/01/2025, NOC (overnight) Shift (10:00 p.m. - 6:00 a.m.) - Caregiver G and Caregiver H. 02/02/2025 - Caregiver G worked form 4:00 a.m. - 6:00 a.m. 02/07/2025 - PM Shift (2:00 p.m. - 10:00 p.m.) - Caregiver I and Caregiver J. 02/13/2025 - Qualified care staff were Caregiver K and caregiver L. 02/15/2025 - Caregiver G worked 4:00 a.m. - 6:00 a.m. 02/16/2025, Caregiver G worked 6:00 p.m. - 10:00 p.m. 02/22/2025, Caregiver J worked 10:00 a.m. - 2:00 p.m. 02/23/2025, Caregiver K worked 2:00 p.m. - 6:00 p.m. The email indicated Caregiver F never started	{N 399}		

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{N 399}	Continued From page 16 working at the facility. Caregiver F was identified on the schedule as working 10:00 p.m. - 6:00 a.m. on 02/24/2025, 02/25/2025, and 02/26/2025. On 03/04/2025 at approximately 3:00 p.m., Surveyor interviewed Director A, Administrator B, and Assistant Director D on the phone. Surveyor asked why the schedule was not kept accurate to reflect who was working. Director A told Surveyor, "I am doing the best I can." S/he said it was difficult to keep the 2 facilities' schedules separate in their electronic system. Director A said s/he is utilizing a paper copy of the schedule from now on so s/he can easily update and make changes to it.	{N 399}		
{N 617}	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the hot water temperature at fixtures used by residents did not exceed 115 ° Fahrenheit (F). This is a repeat deficiency. See Statement of Deficiency (SOD) J5JP12, dated 09/27/2024.	{N 617}		

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{N 617}	Continued From page 17	{N 617}		

Findings include:

The provider is licensed to care for up to 16 residents in the client groups of: irreversible dementia/Alzheimer's disease, physically disabled, advanced age, and terminally ill.

Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).

On 02/26/2025 at 10:00 a.m., Surveyor tested the water temperature at the sink in Resident 2's bathroom. The water temperature reached 124.3 ° F.

On 02/26/2025 at 1:15 p.m., Surveyor tested the water temperature at the sink in Resident 3's bathroom. The water temperature reached 126.7 ° F.

On 02/26/2025 at 1:18 p.m., Surveyor tested the water temperature at the sink in Resident 4's bathroom. The water temperature reached 123.4 ° F.

On 03/04/2025 at approximately 3:00 p.m., Surveyor interviewed Director A, Administrator B, and Assistant Director (AD) D. Director A said

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{N 617}	Continued From page 18 staff check the hot water temperatures. Surveyor asked if staff were trained to allow the hot water to run long enough until the temperature stops rising. Director A said s/he would put a note in the tasks. AD D said they have discussed making this a management responsibility to ensure it is done correctly.	{N 617}		