STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018330	A. BUILDING: _____ B. WING _____	C 04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS-FOX (THE)	611 E ALBERT STREET PORTAGE, WI 53901

(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 04/18/2024, Surveyor conducted a complaint investigation at The Rivers-Fox, a CBRF located in Portage, WI. As a result of the investigation, 1 violation of Chapter DHS 83 was issued. The complaint was substantiated.	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not follow Resident 1's Individual Service Plan (ISP). Resident 1 was transported by him/herself in a taxi to a medical appointment despite Resident 1's ISP indicating s/he needs staff assistance with transportation. Findings include: On 03/10/2024, the Department received a complaint that alleged that on 03/08/2024, a resident was transported by taxi cab to a medical appointment unsupervised despite the diagnosis of dementia. Resident was found wandering the clinic not knowing where s/he was. On 04/18/2024 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted on 12/10/2021 with diagnoses that include but are not limited to: unspecified dementia, anxiety, diastolic heart failure. According to Resident 1's Individual Service Plan	N 388		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 388	Continued From page 1 (ISP) dated 06/01/2023, Resident 1 is identified as a high fall risk, uses a walker. Resident 1 requires 24 hour supervision due to dementia diagnosis. Resident 1 requires staff assistance with all transportation needs. Progress notes for Resident 1 dated 03/08/2024 stated, "Resident went out for an appointment today in a cab." On 04/18/2024 at 10:30 AM, Surveyor interviewed Administrator A and Regional Director B. Administrator A stated that all residents have transportation arranged and a staff escorts said resident if necessary. Regional Director B stated, "We didn't know about the appointment otherwise we would have sent staff with Resident 1." Surveyor asked Regional Director B why there was an entry in Resident 1's progress notes if nobody knew about the appointment. Regional Director B stated, "Well someone must have known then, usually Resident 1's Power of Attorney (POA) takes him/her but not this time."	N 388		