

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/05/2025
NAME OF PROVIDER OR SUPPLIER CARE PARTNERS ASSISTED LIVING I		STREET ADDRESS, CITY, STATE, ZIP CODE 5031 N FRENCH RD APPLETON, WI 54913		
(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 08/26/2025, with additional information gathered 09/05/2025, Surveyor conducted 2 complaint investigations at Care Partners Assisted Living I. One complaint was substantiated. One complaint was unsubstantiated. One deficiency was identified. Census: 18	N 000		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not manage Resident 1's behaviors that may be harmful to themselves or others. Resident 1 was resistant to cares, was physically and verbally aggressive towards others, and refused medications, which contributed to personal hygiene concerns, unclean and odorous living environment, and unmet needs. Findings include: On 06/18/2025, the department received complaint information alleging resident needs were not being met and resident rooms were	N 433		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 433	Continued From page 1 unclean and odorous of urine. On 08/26/2025, Surveyor conducted a complaint investigation. Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 07/17/2023 with diagnoses of type 2 diabetes, dementia, parosmia, depression, insomnia, anxiety, heart disease, and kidney disease. Resident 1 had an activated Power of Attorney of Healthcare (POAHC) and was able to communicate his/her needs with assistance. Resident 1 is ambulatory and does not require any assistance or assistive devices with mobility or transferring. Surveyor reviewed Resident 1's most recent individual service plan (ISP) with update date 06/04/2025. S/he required 24-hour supervision and required total assistance with all self-care. "[Resident 1] eats 50-75% of [his/her] meals. [S/he] will refuse meals, staff will have to redirect or offer [him/her] an ensure [sic] to drink but [s/he] may refuse as well ...Offer coffee & snacks if not eating." "[Resident 1] needs assistance with oral cares, may refuse but try to redirect, staff to help with dentures." "[Resident 1] needs assistance with all dressing, staff set out clean clothes, May [sic] need reminders to wear weather appropriate clothing." "prefers to shower twice weekly. Staff to assist for help. Will refuse, call [family] to help with showers. Has been refusing showers from hospice as well ...'Let's wash up' don't say shower. Reward w/ [with] coffee." "keep dry to prevent breakdown in groin/butt." "[Resident 1] has some anxiety regarding staying busy and active during the day. Staff offer to go to activities but refuses ... Resident will be happy	N 433		

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N 433	Continued From page 2 daily through then next assessment." "has shown to be aggressive or combative. This happens when [s/he] does not want staff in [his/her] room or let them help [him/her] with any ADLs [activities of daily living]." "is verbally aggressive to staff and residents at times." "not social and does not participating [sic] in activities, [s/he] prefers to sit in [his/her] room ...Resident will participate in activities daily through the next assessment." Surveyor reviewed Resident 1's "Behavior Management Plan" completed by Director A on 06/04/2025 and noted "INTERVENTIONS Staff encourages resident to come to meals and activities. Staff checks bathroom. Resident enjoys sandwiches. (sometimes forgets [s/he] just had one). Talking calm and quietly. Encourage with coffee." Surveyor reviewed Resident 1's June-July 2025 facility observation notes and noted s/he slept all night most nights and staff documented 4 days of refusals with one on 06/09/2025 being that s/he refused to wear a brief and 07/05/2025 where s/he refused for his/her bedsheets to be washed. Resident 1's notes had 1 documented day where s/he refused breakfast. On 09/04/2025, Surveyor reviewed Resident 1's hospice notes and noted on 08/22/2025: "HISTORY OF ABUSE/NEGLECT, HISTORY OF DOMESTIC VIOLENCE ...CONCURRENT STRESSFUL EVENTS OR SITUATIONS OBSERVED OR REPORTED ...SENILE DEGENERATION OF BRAIN ...SELF-CARE DEFICIT RELATED TO EATING..BATHING..DRESSING/ GROOMING ...TOILETING ...TRANSFERRING	N 433			

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N 433	Continued From page 3 ...CONTINENCE." Resident 1 was documented as refusing hospice assessments and assistance with cares regularly. On 08/26/2025 at approximately 3:53 PM, Surveyor and Caregiver B toured the facility. Surveyor observed a distinct urine-like odor in the resident hallway located on the opposite side of the dining room from the entrance. Caregiver B pointed to Resident 1's room and said "if you smell urine, it's because of [him/her]." Caregiver B indicated Resident 1 refused assistance and being changed and was incontinent often. S/he said Resident 1 was in the common area earlier today and staff were able to change his/her bedsheets, so they were visibly clean as Surveyor noted, but s/he said this was not a regular occurrence for Resident 1. Caregiver B and Surveyor entered Resident 1's room and observed him/her to be lying in his/her full-size bed with a single fleece blanket next to him/her. Surveyor noted there was no top sheet or comforter on the bed. Resident 1 was lying on a fabric incontinence pad with no underwear or pants on and only a semi-long sweater, exposing his/her buttocks. Caregiver B attempted to cover Resident 1's legs and bottom half with the fleece blanket and Resident 1 yelled "no!" Caregiver B introduced Resident 1 to Surveyor and left his/her room. Resident 1 pulled the fleece blanket up and over him/her to his/her chin. Surveyor noted a distinct urine-like odor throughout Resident 1's room and on his/her person when s/he lifted the fleece blanket up and over him/her. Resident 1 did not wish to talk to Surveyor. Surveyor noted various handwritten and typed signs in Resident 1's room posted by POAHC C: On outside of door - "Lavender reed diffusers in room for calming scent per [hospice] staff please	N 433			

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N 433	Continued From page 4 see notes in room - Thanks - family." On his/her end table next to his/her chair - "4 PM meds Ensure drink - when you don't eat, keeps you strong ...5 PM meds Fiber-lax tabs - helps you not to have loose stools ...Gabapentin - Pain in your body ...Losartan Potassium - High blood pressure." On TV - "Put several drops of essential oils - lavender on cotton balls - leave behind TV - this acts as a room scent - Thanks - family ...Please read ?" Next to his/her bed - "Use room sprays sparingly - a couple spray is good - [Resident 1] coughs otherwise - Thank you - family ...Please read 08/10/2025." On his/her bathroom door - "[RESIDENT 1] ... PER PATIENT'S POA [Power of Attorney] PATIENT IS NOT INDEPENDENT! 1-2 PERSON ASSIST MUST WEAR BRIEFS NEEDS ASSISTANCE TO TOILET EVERY 2 HOURS CHANGE BRIEFS IF NECESSARY CHECK BED LINENS IF DAMP, CHANGE LINENS AND/OR CLOTHING! OFFER WATER / JUICE WITH EACH INTERACTION ANY PROBLEMS, QUESTIONS, OR ISSUES, CONTACT [POAHC C]" On 08/26/2025, Surveyor reviewed written information from POAHC C: There is a "Lack of care [of Resident 1] ...Bedding is soaked with urine and not changed by the employees. Strong urine odor that persists when bedding is not changed ...Often family must clean room and remove bedding. Complaints have been brought to facility management and MCO [managed care	N 433		

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N 433	Continued From page 5 organization]." On 08/26/2025 at 1:18 PM, Surveyor interviewed Director A who described Resident 1 as having increased agitation over the past 6-8 months, with the most change in the past 2 months. S/he said Resident 1 has episodes of delusions and can be verbally and physically aggressive towards others. S/he indicated Resident 1 prefers to isolate him/herself more and not interact with others more often now. Resident 1 received hospice services, but Director A said hospice staff have difficulty with Resident 1 as well. Resident 1 refuses medications and staff make multiple attempts to reapproach. S/he said when Resident 1 is upset or refusing, staff are to let him/her sit and calm, reapproach him/her, and/or try a different staff member/change face. S/he said s/he has held meetings with hospice and Resident 1's family to discuss interventions without success. Director A said Resident 1 had been working with a Behavioral Health Care Manager with his/her physician office, but due to non-compliance and Resident 1 being not receptive, they discontinued services. Director A said no new referral to them or other behavioral health professionals had been made. Director A said Resident 1's behavior medication was directed by hospice. Surveyor inquired whether Resident 1 had been assessed for depression and whether him/her not wanting to get out of bed was related to that and Director A said s/he was not sure. Surveyor inquired whether Resident 1 had been assessed for any pain or other contributing factors to his/her behaviors and refusals and Director A said s/he didn't think so, but hospice would manage pain. Surveyor inquired whether Resident 1 ate meals in the dining room and s/he said s/he does at times, but they do not track his/her food intake	N 433			

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N 433	Continued From page 6 since s/he ate in his/her room often and his/her family brings him/her food. Surveyor inquired how often Resident 1 was checked on by staff since s/he was in his/her room often and Director A said all residents in the building were 2-hour checks. Surveyor inquired whether staff had received any additional dementia- specialized training or specific training regarding care and approaches for Resident 1 and Director A said no. On 08/28/2025 at 8:33 AM, Surveyor interviewed Hospice RN D who stated facility staff and hospice staff have a hard time getting Resident 1 to do anything. S/he indicated it was few and far between Resident 1 allows help. Hospice RN D said s/he thought Resident 1's behaviors and resistance to care had regressed in the past 2 months, which had been challenging for all parties involved. S/he said a family member has had success with getting Resident 1 to get washed up, but otherwise Resident 1 is odorous and his/her room is unclean due to his/her behaviors and resistance to care. On 08/26/2025 at 3:28 PM, Surveyor interviewed Caregiver B who worked full-time PM shift. Caregiver B described Resident 1 as having progressed dementia, being very combative, swings at staff to get away from him/her, yells, and hits staff. Caregiver B indicated s/he had noticed a shift in him/her over the past few months that s/he was more withdrawn and stays in his/her room more often. S/he said s/he was now more uncooperative with getting out of bed when s/he was incontinent and his/her sheets needed to be changed. Surveyor inquired whether Resident 1 expressed any pain and Caregiver B said s/he never said s/he was in pain. Resident 1 was mobile and able to use the toilet and dress by him/herself, however s/he did	N 433		

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N 433	Continued From page 7 not always wipe, wipe well, or put on appropriate clothing for the weather or pants for the common area. On 09/03/2025 at 2:30 PM, Surveyor interviewed Director A who verified Resident 1's needs were not being met and his/her room was odorous of urine. Director A stated s/he was working with Adult Protective Services regarding options of court-ordered medications and acknowledged Resident 1's behaviors were not managed.	N 433			