STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	R 05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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
{M 000}	INITIAL COMMENTS On 05/09/2024, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit of Statement of Deficiency (SOD) KFTX11 at Victorian Splendor located at 312 E Lake St in Lake Mills, WI. Six citations of noncompliance were issued, 4 of which were repeat violations. Census: 3 Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed.	{M 000}		
{M 262}	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.	{M 262}		

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

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{M 262}	Continued From page 1	{M 262}		

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure two exits from the home were ramped to grade with a hard surfaced pathway with handrails for Resident 1. Resident 1 was non-ambulatory, required the use of a wheelchair for mobility, and required transfer assistance to and from Resident 1's wheelchair.

This requirement is being cited for the second time. See Statement of Deficiency (SOD) KFTX11, issued 09/29/2023.

The findings included:

This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents.

On 11/16/2023, an assisted living facility waiver, approval, variance or exception (WAVE) request submitted by House Manager B regarding Resident 1 was approved by Regional Director. The WAVE request was submitted by House Manager B in response to the department's issuance of SOD KFTX11 to Licensee A on 09/29/2023. The request documentation included, "[Resident 1] is no longer ambulatory and is confined to a wheelchair for mobility. [Resident 1] is on hospice care." The documentation included, "We [Licensee A and House Manager B] turned a downstairs sitting room into a bedroom for [him/her]. There is a hospital bed, wheelchair, commode/bedpan and supplies for [his/her] comfort. It is shut off by pocket doors and we have put curtains to draw, giving [Resident 1] privacy while I [House Manager B] am still able to hear any seizures

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{M 262}	Continued From page 2	{M 262}		

[s/he] may have. [Resident 1] is mostly in the main part of the house, so I can watch [him/her] and [s/he] can enjoy being part of the family. I feed [him/her] when [s/he] cannot feed [self] and provide all [his/her] personal cares. Hospice nurse has weekly visits as well as 2 weekly visits by a CNA [certified nurse aide]." The document included, "We will install a ramp for [him/her] so [s/he] will be able to safely leave the home without being carried. [Resident 1] is usually too weak to do anything but sit outside on the front porch."
The WAVE was approved as "temporary from 11/16/2023 to 04/16/2024."

On 05/09/2024 at 12:45 P.M., Surveyor approached the facility from the front yard and observed a metal ramp leading from the facility's front exit to a grassy area approximately 4 feet from the paved driveway. A concrete sidewalk, including steps, leading to the side walk in front of the house crossed approximately halfway between the grassy area at the end of the ramp and the driveway. Photos #1, #2, and #3

On 05/09/2024 at 12:50 P.M., Surveyor observed Resident 1 sitting in a wheelchair located in the facility's dining area at a table with Resident 2 and Resident 3. The Surveyor observed there was no obvious sprinkler system installed in the home. House Manager B told Surveyor the facility's smoke detectors remained single station, battery operated, and were not interconnected.

On 05/09/2024 at 12:51 P.M., Surveyor conducted an interview with House Manager B. House Manager B told Surveyor 3 residents currently lived at the home, Resident 1, Resident 2, and Resident 3. House Manager B told Surveyor Resident 1 continued to reside on the

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{M 262}	Continued From page 3	{M 262}		

first floor of the facility and was still receiving hospice services. House Manager B told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder), was no longer able to ambulate, and required the use of a wheelchair. House Manager B told Surveyor Resident 1 required a gait belt secured around Resident 1's wheelchair and Resident 1's waist/trunk to secure Resident 1 in the wheelchair. House Manager B said Resident 1 had decreased trunk control, often leaned forward when sitting up in the wheelchair, and the gait belt helped Resident 1 from falling out of the wheelchair. See photo #4

House Manager B told Surveyor Resident 2 and Resident 3 both remained independently ambulatory and resided on the second floor of the facility. House Manager B told Surveyor s/he and Licensee A lived at the facility with House Manager B's bedroom on the third floor of the facility and Licensee A's bedroom located on the second floor of the facility.

During this interview, House Manager B and Surveyor conducted tour of the facility's first floor. Surveyor observed a back porch exit, as indicated on the home's exit evacuation plan, included 6 steps to the ground level and did not include a ramp. See photos #5 and #6 House Manager B told Surveyor Resident 1 was not transported out the back exit because of the steps leading to the back driveway. House Manager B said Licensee A and House Manager B would have to lift Resident 1 and carry Resident 1 out of the back exit and down the steps.

Surveyor observed a front porch exit, as indicated on the facility's exit evacuation plan, included 7 steps to the ground level and a recently installed ramp. Manager B told Surveyor these two exits were the home's designated exit routes.

Surveyor entered Resident 1's living space, or

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{M 262}	Continued From page 4	{M 262}		

makeshift bedroom, through two, opened curtains hanging from the top of a large entryway to the floor. Surveyor observed the curtains separated the facility's shared living room and Resident 1's living space. House Manager B told Surveyor Resident 1's living space was previously the facility's sitting room. House Manager B told Surveyor the curtains were hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Photo #7
Surveyor observed closed, wood pocket doors that led from Resident 1's living space to the facility's foyer leading to the front porch exit. Photo #8
Surveyor observed a hospital bed located in space including one quarter-length side rail on the right side of the bed and another quarter-length side rail on the left side of the bed. House Manager B told Surveyor the quarter-length side rails were utilized after Resident 1 was transferred into bed to help keep Resident 1 from falling out of bed. Photo #9

On 05/09/2024 at 1:30 P.M., Surveyor observed Resident 1 seated in his/her wheelchair in front of the living room television and leaning forward in the chair. House Manager B verbally cued Resident 1 to sit up straight in his/her wheelchair.

On 05/09/2024, Surveyor reviewed Resident 1's record review, as provided by House Manager B. House Manager B provided Surveyor with Resident 1's "Medical Information Sheet" including Resident 1's diagnoses including epilepsy and spastic hemiplegia. House Manager B told Surveyor Resident 1 had lived at this facility between 10/29/2003 and July 2022 before falling during a seizure and sustaining a fractured lower limb or ankle. House Manager B said Resident 1

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was sent to a hospital for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF until January 2023 after Licensee A and House Manager B sold the CBRF to another provider. House Manager B said s/he told Resident 1's Legal Guardian C s/he would take Resident 1 back to this facility to live with hospice agency services in January 2023. House Manager B provided Surveyor with Resident 1's individual service plan (ISP) signed by House Manager B and dated 01/17/2024. Resident 1's ISP included, "...we [Licensee A and House Manager B] re-arranged our downstairs sitting room and made it into a bedroom with [his/her] hospital bed, etc. [Resident 1] moved back into [the facility] on [01/03/2023]. [Resident 1] needs total assistance with [his/her] personal needs. [Resident 1] is not ambulatory and wears a gait belt for transfers from bed to wheelchair. Hospice care sends a CNA [certified nurse aide] twice a week and a nurse once a week to monitor [Resident 1] and help with any needs or supplies that I [House Manager B] may need." The ISP included, "[Resident 1] continues to have declining health, even though [s/he] has gained weight and has not had any major seizure activity. [Resident 1] is very weak and needs to be fed all [his/her] meals. [S/he] can eat some finger foods on days when [s/he] is more alert." The ISP included, "[Resident 1] continues to need full assistance and guidance with all of [his/her] daily living skills. [Resident 1] is not able to be ambulatory...[Resident 1] uses a wheelchair and also a bedpan." House Manager B told Surveyor Resident 1 was no longer transferred to a commode for urination and bowel movements

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{M 262}	Continued From page 6	{M 262}		

because Resident 1's legs have become more weak and it was "too dangerous" for House Manager B to transfer Resident 1 to and from the commode. House Manager B told Surveyor s/he was also concerned Resident 1 would fall from the commode related to Resident 1's declining trunk strength and ability to sit up without support. House Manager B told Surveyor Resident 1's hospice agency was considering getting Resident 1 a Broda chair/specialized wheelchair.

House Manager B provided Surveyor with Resident 1's recent hospice visit documentation dated 04/11/2024. The documentation included, "[Resident 1] is up in w/c on arrival and greets writer by stating, "Hi [Hospice Nurse F]." [S/he] is very repetitive this visit. Increase in focal seizures from visit [Hospice Nurse F] had 2 weeks ago. [Resident 1] is leaning forward in chair more than baseline. [S/he] is belted in [wheelchair]. [House Manager B] reporting increased weakness. [S/he] had been able to sit up for dressing and now if s/he is not being assisted to stay in a seated position [s/he] will fall over. [S/he] is having increased difficulty with any eating. Does not have the strength to bring even a cracker to [his/her] mouth. [House Manager B] reporting [Resident 1] typically could lift [his/her] hips and bottom so that a bedpan could be slid under [him/her] but now it takes 3 [to] 4 tries due to weakness and inability to hold self up."
House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 05/02/2024 by Hospice Nurse D. The documentation included Resident 1's neurological symptoms included, "Responsiveness varies throughout the day, confusion, short-term memory deficit, seeing the unseen, seizures, tremor, contractures, spastic movements, [and] poor coordination." House

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{M 262}	Continued From page 7 Manager B told Surveyor Resident 1's right side was contracted related to hemiplegia diagnoses. The documentation addressed Resident 1's bladder and bowel incontinence requiring full assistance with personal cares. The documentation included, "Poor trunk control noted, leaning forward in w/c [wheelchair] and difficulty sitting up straight. Increased dependence on caregivers for ADLs [activities of daily living] due to weakness." The documentation included, "Non-ambulatory." The documentation included, "[Resident 1] lacks mental capacity to actively participate in care planning. [Resident 1] lacks physical capability to actively participate in care planning." On 05/09/2024 at approximately 2:00 P.M., House Manager B s/he and Licensee A were aware of Resident 1's continued nonambulatory status, the facility's continued noncompliance, and the WAVE expiration date of 04/16/2024 related to Resident 1. House Manager B told Surveyor neither s/he nor Licensee A had contacted the department, including Regional Director E, about the expired WAVE and were wondering what the next steps would be moving forward. House Manager B said s/he was not sure if s/he should "call the State and rock the boat or leave it be." Summary: The provider did not ensure two exits from the home were ramped to grade with a hard surfaced pathway with handrails for Resident 1. Resident 1 was non-ambulatory, experienced increased weakness, required the use of a wheelchair for mobility, and required transfer assistance to and from Resident 1's wheelchair. Cross Reference: M0346 DHS 88.05(4)(d)2.b. Fire Evacuation	{M 262}		

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{M 262}	Continued From page 8 Annual Evaluation	{M 262}		
{M 320}	88.05(3)(l) BEDROOMS-PRIVACY A resident's bedroom shall provide comfort and privacy, shall be enclosed by full height walls and shall have a rigid door that the resident can open and close. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 1's bedroom was enclosed by full height walls and a rigid door. Resident 1's first floor living space, or makeshift bedroom, included two curtains hanging from the top of a large entryway to the floor. The curtains separated the facility's shared living room and Resident 1's living space. This requirement is being cited for the second time. See Statement of Deficiency (SOD) KFTX11, issued 09/29/2023. The findings included: This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents. On 05/09/2024 at 12:50 P.M., Surveyor observed Resident 1 sitting in a wheelchair located in the facility's dining area at a table with Resident 2 and Resident 3. On 05/09/2024 at 12:51 P.M., Surveyor	{M 320}		

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{M 320}	Continued From page 9 conducted an interview with House Manager B. House Manager B told Surveyor 3 residents currently lived at the home, Resident 1, Resident 2, and Resident 3. House Manager B told Surveyor Resident 1 continued to reside on the first floor of the facility and was still receiving hospice services. House Manager B told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder), was no longer able to ambulate, and required the use of a wheelchair. During this interview, House Manager B and Surveyor conducted tour of the facility's first floor. Surveyor entered Resident 1's living space, or makeshift bedroom, through two, opened curtains hanging from the top of a large entryway to the floor. Surveyor observed the curtains separated the facility's shared living room and Resident 1's living space. House Manager B told Surveyor Resident 1's living space was previously the facility's sitting room. House Manager B told Surveyor the curtains were hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Photo #7 Surveyor observed closed, wood pocket doors that led from Resident 1's living space to the facility's foyer leading to the front porch exit. See photo #8 House Manager B told Surveyor these pocket doors did not contain locks. Surveyor observed a hospital bed located in this space including one quarter-length side rail on the right side of the bed and another quarter-length side rail on the left side of the bed. Photo #9 On 05/09/2024, Surveyor reviewed Resident 1's record review, as provided by House Manager B. House Manager B provided Surveyor with Resident 1's "Medical Information Sheet"	{M 320}		

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{M 320}	Continued From page 10 including Resident 1's diagnoses including epilepsy and spastic hemiplegia. House Manager B told Surveyor Resident 1 had lived at this facility between 10/29/2003 and July 2022 before falling during a seizure and sustaining a fractured lower limb or ankle. House Manager B said Resident 1 was sent to a hospital for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF until January 2023 after Licensee A and House Manager B sold the CBRF to another provider. House Manager B said s/he told Resident 1's Legal Guardian C s/he would take Resident 1 back to this facility to live with hospice agency services in January 2023. House Manager B provided Surveyor with Resident 1's individual service plan (ISP) signed by House Manager B and dated 01/17/2024. Resident 1's ISP included, "...we [Licensee A and House Manager B] re-arranged our downstairs sitting room and made it into a bedroom with [his/her] hospital bed, etc. [Resident 1] moved back into [the facility] on [01/03/2023]. [Resident 1] needs total assistance with [his/her] personal needs. [Resident 1] is not ambulatory and wears a gait belt for transfers from bed to wheelchair." The ISP included, "[Resident 1] continues to need full assistance and guidance with all of [his/her] daily living skills. [Resident 1] is not able to be ambulatory...[Resident 1] uses a wheelchair and also a bedpan." House Manager B told Surveyor Resident 1 was no longer transferred to a commode for urination and bowel movements because Resident 1's legs have become more weak and it was "too dangerous" for House Manager B to transfer Resident 1 to and from the commode.	{M 320}		

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{M 320}	Continued From page 11 On 05/09/2024 at approximately 2:00 P.M., House Manager B s/he and Licensee A were aware of the facility's continued noncompliance regarding this requirement. Cross Reference: M0384 DHS 88.06(2)(b) Service Agreement Except Respite	{M 320}		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 1 and Resident 3 were evaluated annually using the form provided by the department. This requirement is being cited for the second time. See Statement of Deficiency (SOD) OTFD11, issued 07/23/2018. The findings included: This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents.	M 346		

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M 346	Continued From page 12 On 05/09/2024 at 12:45 P.M., Surveyor approached the facility from the front yard and observed a metal ramp leading from the facility's front exit to a grassy area approximately 4 feet from the paved driveway. A concrete sidewalk, including steps, leading to the side walk in front of the house crossed approximately halfway between the grassy area at the end of the ramp and the driveway. Photos #1, #2, and #3 On 05/09/2024 at 12:50 P.M., Surveyor observed Resident 1 sitting in a wheelchair located in the facility's dining area at a table with Resident 2 and Resident 3. The Surveyor observed there was no obvious sprinkler system installed in the home. House Manager B told Surveyor the facility's smoke detectors remained single station, battery operated, and were not interconnected. On 05/09/2024 at 12:51 P.M., Surveyor conducted an interview with House Manager B. House Manager B told Surveyor 3 residents currently lived at the home, Resident 1, Resident 2, and Resident 3. House Manager B told Surveyor Resident 1 continued to reside on the first floor of the facility and was still receiving hospice services. House Manager B told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder), was no longer able to ambulate, and required the use of a wheelchair. House Manager B told Surveyor Resident 1 required a gait belt secured around Resident 1's wheelchair and Resident 1's waist/trunk to secure Resident 1 in the wheelchair. House Manager B said Resident 1 had decreased trunk control, often leaned forward when sitting up in the wheelchair, and the gait belt helped Resident 1 from falling out of the wheelchair. See photo #4	M 346		

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M 346	Continued From page 13 House Manager B told Surveyor Resident 3 remained independently ambulatory and resided on the second floor of the facility. House Manager B told Surveyor s/he and Licensee A lived at the facility with House Manager B's bedroom on the third floor of the facility and Licensee A's bedroom located on the second floor of the facility. During this interview, House Manager B and Surveyor conducted tour of the facility's first floor. Surveyor observed a back porch exit, as indicated on the home's exit evacuation plan, included 6 steps to the ground level and did not include a ramp. See photos #5 and #6 House Manager B told Surveyor Resident 1 was not transported out the back exit because of the steps leading to the back driveway. House Manager B said Licensee A and House Manager B would have to lift Resident 1 and carry Resident 1 out of the back exit and down the steps. Surveyor observed a front porch exit, as indicated on the facility's exit evacuation plan, included 7 steps to the ground level and a recently installed ramp. Manager B told Surveyor these two exits were the home's designated exit routes. Surveyor entered Resident 1's living space, or makeshift bedroom, through two, opened curtains hanging from the top of a large entryway to the floor. Surveyor observed the curtains separated the home's shared living room and Resident 1's living space. House Manager B told Surveyor Resident 1's living space was previously the facility's sitting room. Photo #7 On 05/09/2024, Surveyor reviewed Resident 1's record review, as provided by House Manager B. House Manager B provided Surveyor with Resident 1's "Medical Information Sheet" including Resident 1's diagnoses including epilepsy and spastic hemiplegia. House Manager	M 346		

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M 346	Continued From page 14 B told Surveyor Resident 1 had lived at this facility between 10/29/2003 and July 2022 before falling during a seizure and sustaining a fractured lower limb or ankle. House Manager B said Resident 1 was sent to a hospital for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF until January 2023 after Licensee A and House Manager B sold the CBRF to another provider. House Manager B said s/he told Resident 1's Legal Guardian C s/he would take Resident 1 back to this facility to live with hospice agency services in January 2023. House Manager B provided Surveyor with Resident 1's individual service plan (ISP) signed by House Manager B and dated 01/17/2024. Resident 1's ISP included, "...we [Licensee A and House Manager B] re-arranged our downstairs sitting room and made it into a bedroom with [his/her] hospital bed, etc. [Resident 1] moved back into [the facility] on [01/03/2023]. [Resident 1] needs total assistance with [his/her] personal needs. [Resident 1] is not ambulatory and wears a gait belt for transfers from bed to wheelchair. Hospice care sends a CNA [certified nurse aide] twice a week and a nurse once a week to monitor [Resident 1] and help with any needs or supplies that I [House Manager B] may need." The ISP included, "[Resident 1] continues to have declining health, even though [s/he] has gained weight and has not had any major seizure activity." The ISP included, "[Resident 1] continues to need full assistance and guidance with all of [his/her] daily living skills. [Resident 1] is not able to be ambulatory...[Resident 1] uses a wheelchair and also a bedpan." House Manager B told Surveyor Resident 1 was no longer	M 346		

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M 346	Continued From page 15	M 346		

transferred to a commode for urination and bowel movements because Resident 1's legs have become more weak and it was "too dangerous" for House Manager B to transfer Resident 1 to and from the commode. House Manager B told Surveyor s/he was also concerned Resident 1 would fall from the commode related to Resident 1's declining trunk strength and ability to sit up without support. House Manager B told Surveyor Resident 1's hospice agency were considering getting Resident 1 a Broda chair/specialized wheelchair.

House Manager B provided Surveyor with Resident 1's recent hospice visit documentation dated 04/11/2024. The documentation included, "[Resident 1] is up in w/c on arrival and greets writer by stating, "Hi [Hospice Nurse F]." [S/he] is very repetitive this visit. Increase in focal seizures from visit [Hospice Nurse F] had 2 weeks ago. [Resident 1] is leaning forward in chair more than baseline. [S/he] is belted in [wheelchair]. [House Manager B] reporting increased weakness. [S/he] had been able to sit up for dressing and now if s/he is not being assisted to stay in a seated position [s/he] will fall over. [S/he] is having increased difficulty with any eating. Does not have the strength to bring even a cracker to [his/her] mouth. [House Manager B] reporting [Resident 1] typically could lift [his/her] hips and bottom so that a bedpan could be slid under [him/her] but now it takes 3 [to] 4 tries due to weakness and inability to hold self up."

House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 05/02/2024 by Hospice Nurse D. The documentation included Resident 1's neurological symptoms included, "Responsiveness varies throughout the day, confusion, short-term memory deficit, seeing the unseen, seizures, tremor, contractures, spastic

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movements, [and] poor coordination." House Manager B told Surveyor Resident 1's right side was contracted related to hemiplegia diagnoses. The documentation addressed Resident 1's bladder and bowel incontinence requiring full assistance with personal cares. The documentation included, "Poor trunk control noted, leaning forward in w/c [wheelchair] and difficulty sitting up straight. Increased dependence on caregivers for ADLs [activities of daily living] due to weakness." The documentation included, "Non-ambulatory." The documentation included, "[Resident 1] lacks mental capacity to actively participate in care planning. [Resident 1] lacks physical capability to actively participate in care planning."
House Manager B provided Surveyor with Resident 1's "Resident Evacuation Assessment" including a documented date of "03/25/2022." House Manager B told Surveyor this was the last time a fire evacuation annual evaluation was completed prior to Resident 1 moving out of the facility in July 2022.
House Manager B told Surveyor a fire evacuation annual evaluation was not completed, as required, for Resident 1 following Resident 1's admission to the facility in January 2023, as cited within SOD KFTX11, and a fire evacuation annual evaluation was not completed annually, as required, since Resident 1's admission to the home in January 2023.

On 05/09/2024, Surveyor reviewed Resident 3's record review, as provided by House Manager B. House Manager B provided Surveyor with Resident 3's "Consumer Information Sheet" including Resident 3's admission date of 12/29/2003. House Manager B provided Surveyor with Resident 3's "Medical Information Sheet" including Resident 3's diagnoses including

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M 346	Continued From page 17 traumatic brain disorder and short-term memory deficit. House Manager B provided Surveyor with Resident 3's "Resident Evacuation Assessment" including a documented date of "03/25/2022." House Manager B told Surveyor this was the last time a fire evacuation annual evaluation was completed for Resident 3. On 05/09/2024 at approximately 2:00 P.M., House Manager B told Surveyor s/he did not complete up-to-date fire evacuation annual evaluations for Resident 1 and Resident 3. Cross Reference: M0262 DHS 88.05(2)(a) Difficulty Walking M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment	M 346		
{M 384}	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not have a service	{M 384}		

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{M 384}	Continued From page 18	{M 384}		

agreement with Resident 1 and Resident 1's Legal Guardian C. Resident 1 was admitted to the facility on 01/26/2023.

This requirement is being cited for the second time. See Statement of Deficiency (SOD) KFTX11, issued 09/29/2023.

The findings included:

This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents.

On 05/09/2024 at 12:50 P.M., Surveyor observed Resident 1 sitting in a wheelchair located in the facility's dining area at a table with Resident 2 and Resident 3. The Surveyor observed there was no obvious sprinkler system installed in the home. House Manager B told Surveyor the facility's smoke detectors remained single station, battery operated, and were not interconnected.

On 05/09/2024 at 12:51 P.M., Surveyor conducted an interview with House Manager B. House Manager B told Surveyor 3 residents currently lived at the facility, Resident 1, Resident 2, and Resident 3. House Manager B told Surveyor Resident 1 continued to reside on the first floor of the facility and was still receiving hospice services. House Manager B told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder), was no longer able to ambulate, and required the use of a wheelchair. House Manager B told Surveyor Resident 1 required a gait belt secured around Resident 1's wheelchair and Resident 1's waist/trunk to secure Resident 1 in the

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{M 384}	Continued From page 19	{M 384}		

wheelchair. House Manager B said Resident 1 had decreased trunk control, often leaned forward when sitting up in the wheelchair, and the gait belt helped Resident 1 from falling out of the wheelchair. See photo #4

House Manager B told Surveyor Resident 2 and Resident 3 both remained independently ambulatory and resided on the second floor of the facility. House Manager B told Surveyor s/he and Licensee A lived at the facility with House Manager B's bedroom on the third floor of the facility and Licensee A's bedroom located on the second floor of the facility.

During this interview, House Manager B and Surveyor conducted tour of the facility's first floor. Surveyor observed a back porch exit, as indicated on the home's exit evacuation plan, included 6 steps to the ground level and did not include a ramp. See photos #5 and #6 House Manager B told Surveyor Resident 1 was not transported out the back exit because of the steps leading to the back driveway. House Manager B said Licensee A and House Manager B would have to lift Resident 1 and carry Resident 1 out of the back exit and down the steps.

Surveyor observed a front porch exit, as indicated on the facility's exit evacuation plan, included 7 steps to the ground level and a recently installed ramp. Manager B told Surveyor these two exits were the home's designated exit routes.

Surveyor entered Resident 1's living space, or makeshift bedroom, through two, opened curtains hanging from the top of a large entryway to the floor. Surveyor observed the curtains separated the facility's shared living room and Resident 1's living space. House Manager B told Surveyor Resident 1's living space was previously the facility's sitting room. House Manager B told Surveyor the curtains were hung to provide privacy for Resident 1 since the entryway's

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sliding, pocket doors were removed in the past. See photo #7
Surveyor observed closed, wood pocket doors that led from Resident 1's living space to the facility's foyer leading to the front porch exit. See photo #8
Surveyor observed a hospital bed located in this space including one quarter-length side rail on the right side of the bed and another quarter-length side rail on the left side of the bed. House Manager B told Surveyor the quarter-length side rails were utilized after Resident 1 was transferred into bed to help keep Resident 1 from falling out of bed. Photo #9

On 05/09/2024 at 1:30 P.M., Surveyor observed Resident 1 seated in his/her wheelchair in front of the living room television and leaning forward in the chair. House Manager B verbally cued Resident 1 to sit up straight in his/her wheelchair.

On 05/09/2024, Surveyor reviewed Resident 1's record review, as provided by House Manager B. House Manager B provided Surveyor with Resident 1's "Medical Information Sheet" including Resident 1's diagnoses including epilepsy and spastic hemiplegia. House Manager B told Surveyor Resident 1 had lived at this facility between 10/29/2003 and July 2022 before falling during a seizure and sustaining a fractured lower limb or ankle. House Manager B said Resident 1 was sent to a hospital for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF until January 2023 after Licensee A and House Manager B sold the CBRF to another provider. House Manager B said s/he

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{M 384}	Continued From page 21	{M 384}		

told Resident 1's Legal Guardian C s/he would take Resident 1 back to this facility to live with hospice agency services in January 2023. House Manager B provided Surveyor with Resident 1's individual service plan (ISP) signed by House Manager B and dated 01/17/2024. Resident 1's ISP included, "...we [Licensee A and House Manager B] re-arranged our downstairs sitting room and made it into a bedroom with [his/her] hospital bed, etc. [Resident 1] moved back into [the facility] on [01/03/2023]. [Resident 1] needs total assistance with [his/her] personal needs. [Resident 1] is not ambulatory and wears a gait belt for transfers from bed to wheelchair. Hospice care sends a CNA [certified nurse aide] twice a week and a nurse once a week to monitor [Resident 1] and help with any needs or supplies that I [House Manager B] may need." The ISP included, "[Resident 1] continues to have declining health, even though [s/he] has gained weight and has not had any major seizure activity. [Resident 1] is very weak and needs to be fed all [his/her] meals. [S/he] can eat some finger foods on days when [s/he] is more alert." The ISP included, "[Resident 1] continues to need full assistance and guidance with all of [his/her] daily living skills. [Resident 1] is not able to be ambulatory...[Resident 1] uses a wheelchair and also a bedpan." House Manager B told Surveyor Resident 1 was no longer transferred to a commode for urination and bowel movements because Resident 1's legs have become more weak and it was "too dangerous" for House Manager B to transfer Resident 1 to and from the commode. House Manager B told Surveyor s/he was also concerned Resident 1 would fall from the commode related to Resident 1's declining trunk strength and ability to sit up without support. House Manager B told Surveyor Resident 1's hospice agency was considering getting Resident

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{M 384}	Continued From page 22 1 a Broda chair/specialized wheelchair. House Manager B provided Surveyor with Resident 1's recent hospice visit documentation dated 04/11/2024. The documentation included, "[Resident 1] is up in w/c on arrival and greets writer by stating, "Hi [Hospice Nurse F]." [S/he] is very repetitive this visit. Increase in focal seizures from visit [Hospice Nurse F] had 2 weeks ago. [Resident 1] is leaning forward in chair more than baseline. [S/he] is belted in [wheelchair]. [House Manager B] reporting increased weakness. [S/he] had been able to sit up for dressing and now if s/he is not being assisted to stay in a seated position [s/he] will fall over. [S/he] is having increased difficulty with any eating. Does not have the strength to bring even a cracker to [his/her] mouth. [House Manager B] reporting [Resident 1] typically could lift [his/her] hips and bottom so that a bedpan could be slid under [him/her] but now it takes 3 [to] 4 tries due to weakness and inability to hold self up." House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 05/02/2024 by Hospice Nurse D. The documentation included Resident 1's neurological symptoms included, "Responsiveness varies throughout the day, confusion, short-term memory deficit, seeing the unseen, seizures, tremor, contractures, spastic movements, [and] poor coordination." House Manager B told Surveyor Resident 1's right side was contracted related to hemiplegia diagnoses. The documentation addressed Resident 1's bladder and bowel incontinence requiring full assistance with personal cares. The documentation included, "Poor trunk control noted, leaning forward in w/c [wheelchair] and difficulty sitting up straight. Increased dependence on caregivers for ADLs [activities of	{M 384}		

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{M 384}	Continued From page 23 daily living] due to weakness." The documentation included, "Non-ambulatory." The documentation included, "[Resident 1] lacks mental capacity to actively participate in care planning. [Resident 1] lacks physical capability to actively participate in care planning." On 05/09/2024 at approximately 2:00 P.M., when Surveyor asked to review Resident 1's service agreement between the facility and Resident 1's Legal Guardian C, House Manager B provided Surveyor with a fax cover sheet to a local pharmacy dated 01/27/2023 and sent from House Manager B. The cover sheet included, "[Resident 1] re-admitted to [facility] on 01/26/2023." House Manager B said this document was not a service agreement, but s/he was just letting the pharmacy know when Resident 1 was admitted to the facility. House Manager B told Surveyor s/he did not have a service agreement with Resident 1 and Resident 1's Legal Guardian C because Resident 1 was admitted with hospice services and s/he thought "the hospice agency took charge of everything." Cross Reference: M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment	{M 384}		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any,	M 406		

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with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure a written assessment and individual service plan was completed and developed with Resident 1's Legal Guardian C. Resident 1 was admitted to the facility on 01/26/2023. Resident 1's ISP did not address a fire evacuation plan for Resident 1, Resident 1 being secured to Resident 1's wheelchair with the use of a gait belt around Resident 1's wheelchair frame and Resident 1's waist, and/or the utilization of side rails when Resident 1 was in bed.

The findings included:

This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents.

On 05/09/2024 at 12:45 P.M., Surveyor approached the facility from the front yard and observed a metal ramp leading from the facility's front exit to a grassy area approximately 4 feet from the paved driveway. A concrete sidewalk, including steps, leading to the side walk in front of the house crossed approximately halfway between the grassy area at the end of the ramp and the driveway. Photos #1, #2, and #3

On 05/09/2024 at 12:50 P.M., Surveyor observed Resident 1 sitting in a wheelchair located in the

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VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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facility's dining area at a table with Resident 2 and Resident 3.

On 05/09/2024 at 12:51 P.M., Surveyor conducted an interview with House Manager B. House Manager B told Surveyor Resident 1 continued to reside on the first floor of the facility and was still receiving hospice services. House Manager B told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder), was no longer able to ambulate, and required the use of a wheelchair. House Manager B told Surveyor Resident 1 required a gait belt secured around Resident 1's wheelchair and Resident 1's waist/trunk to secure Resident 1 in the wheelchair. House Manager B said Resident 1 had decreased trunk control, often leaned forward when sitting up in the wheelchair, and the gait belt helped Resident 1 from falling out of the wheelchair. Photo #4
House Manager B told Surveyor s/he and Licensee A lived at the facility with House Manager B's bedroom on the third floor of the facility and Licensee A's bedroom located on the second floor of the facility.
During this interview, House Manager B and Surveyor conducted tour of the facility's first floor. Surveyor observed a back porch exit, as indicated on the home's exit evacuation plan, included 6 steps to the ground level and did not include a ramp. See photos #5 and #6 House Manager B told Surveyor Resident 1 was not transported out the back exit because of the steps leading to the back driveway. House Manager B said Licensee A and House Manager B would have to lift Resident 1 and carry Resident 1 out of the back exit and down the steps.
Surveyor observed a front porch exit, as indicated on the facility's exit evacuation plan, included 7 steps to the ground level and a recently installed

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ramp. Manager B told Surveyor these two exits were the home's designated exit routes.
Surveyor entered Resident 1's living space, or makeshift bedroom, through two, opened curtains hanging from the top of a large entryway to the floor. Surveyor observed the curtains separated the home's shared living room and Resident 1's living space. House Manager B told Surveyor Resident 1's living space was previously the facility's sitting room. House Manager B told Surveyor the curtains were hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Photo #7
Surveyor observed closed, wood pocket doors that led from Resident 1's living space to the facility's foyer leading to the front porch exit. Photo #8
Surveyor observed a hospital bed located in this space including one quarter-length side rail on the right side of the bed and another quarter-length side rail on the left side of the bed. House Manager B told Surveyor the quarter-length side rails were utilized after Resident 1 was transferred into bed to help keep Resident 1 from falling out of bed. Photo #9

On 05/09/2024 at 1:30 P.M., Surveyor observed Resident 1 seated in his/her wheelchair in front of the living room television and leaning forward in the chair. House Manager B verbally cued Resident 1 to sit up straight in his/her wheelchair.

On 05/09/2024, Surveyor reviewed Resident 1's record review, as provided by House Manager B. House Manager B provided Surveyor with Resident 1's "Medical Information Sheet" including Resident 1's diagnoses including epilepsy and spastic hemiplegia. House Manager B told Surveyor Resident 1 had lived at this facility

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M 406	Continued From page 27 between 10/29/2003 and July 2022 before falling during a seizure and sustaining a fractured lower limb or ankle. House Manager B said Resident 1 was sent to a hospital for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF until January 2023 after Licensee A and House Manager B sold the CBRF to another provider. House Manager B said s/he told Resident 1's Legal Guardian C s/he would take Resident 1 back to this facility to live with hospice agency services in January 2023. House Manager B provided Surveyor with Resident 1's recent hospice visit documentation dated 04/11/2024. The documentation included, "[Resident 1] is up in w/c on arrival and greets writer by stating, "Hi [Hospice Nurse F]." [S/he] is very repetitive this visit. Increase in focal seizures from visit [Hospice Nurse F] had 2 weeks ago. [Resident 1] is leaning forward in chair more than baseline. [S/he] is belted in [wheelchair]. [House Manager B] reporting increased weakness. [S/he] had been able to sit up for dressing and now if s/he is not being assisted to stay in a seated position [s/he] will fall over. [S/he] is having increased difficulty with any eating. Does not have the strength to bring even a cracker to [his/her] mouth. [House Manager B] reporting [Resident 1] typically could lift [his/her] hips and bottom so that a bedpan could be slid under [him/her] but now it takes 3 [to] 4 tries due to weakness and inability to hold self up." House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 05/02/2024 by Hospice Nurse D. The documentation included Resident 1's neurological symptoms included,	M 406		

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"Responsiveness varies throughout the day, confusion, short-term memory deficit, seeing the unseen, seizures, tremor, contractures, spastic movements, [and] poor coordination." House Manager B told Surveyor Resident 1's right side was contracted related to hemiplegia diagnoses. The documentation addressed Resident 1's bladder and bowel incontinence requiring full assistance with personal cares. The documentation included, "Poor trunk control noted, leaning forward in w/c [wheelchair] and difficulty sitting up straight. Increased dependence on caregivers for ADLs [activities of daily living] due to weakness." The documentation included, "Non-ambulatory." The documentation included, "[Resident 1] lacks mental capacity to actively participate in care planning. [Resident 1] lacks physical capability to actively participate in care planning."

House Manager B provided Surveyor with Resident 1's individual service plan (ISP) signed by House Manager B and dated 01/17/2024. Resident 1's ISP included, "...we [Licensee A and House Manager B] re-arranged our downstairs sitting room and made it into a bedroom with [his/her] hospital bed, etc. [Resident 1] moved back into [the facility] on [01/03/2023]. [Resident 1] needs total assistance with [his/her] personal needs. [Resident 1] is not ambulatory and wears a gait belt for transfers from bed to wheelchair. Hospice care sends a CNA [certified nurse aide] twice a week and a nurse once a week to monitor [Resident 1] and help with any needs or supplies that I [House Manager B] may need." The ISP included, "[Resident 1] continues to have declining health, even though [s/he] has gained weight and has not had any major seizure activity. [Resident 1] is very weak and needs to be fed all [his/her] meals. [S/he] can eat some finger foods

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on days when [s/he] is more alert." The ISP included, "[Resident 1] continues to need full assistance and guidance with all of [his/her] daily living skills. [Resident 1] is not able to be ambulatory...[Resident 1] uses a wheelchair and also a bedpan." House Manager B told Surveyor Resident 1 was no longer transferred to a commode for urination and bowel movements because Resident 1's legs have become more weak and it was "too dangerous" for House Manager B to transfer Resident 1 to and from the commode. House Manager B told Surveyor s/he was also concerned Resident 1 would fall from the commode related to Resident 1's declining trunk strength and ability to sit up without support. House Manager B told Surveyor Resident 1's hospice agency was considering getting Resident 1 a Broda chair/specialized wheelchair.
Resident 1's ISP did not address a fire evacuation plan for Resident 1. Resident 1's ISP did not address Resident 1 being secured to Resident 1's wheelchair with the use of a gait belt through Resident 1's wheelchair frame and secured around Resident 1's waist. Resident 1's ISP did not address the utilization of side rails when Resident 1 was in bed. House Manager B told Surveyor the bed was supplied by Resident 1's hospice agency and Resident 1's hospice agency was aware of the use of a gait belt to secure Resident 1 in Resident 1's wheelchair. House Manager B told Surveyor s/he asked Resident 1's hospice agency if it would be okay to use a gait belt to secure Resident 1 to the wheelchair and Resident 1's hospice agency did not offer an alternative. House Manager B told Surveyor s/he did not have documentation of a completed assessment for the use of Resident 1's side rails and gait belt to secure Resident 1 in wheelchair.
Resident 1's ISP did not include Resident 1's Legal Guardian C's signature, as required.

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M 406	Continued From page 30 House Manager B told Surveyor Resident 1's Legal Guardian C visits Resident 1 at the facility approximately every month, including a visit in April 2024. House Manager B told Surveyor s/he forgot to ask Legal Guardian C to review and sign Resident 1's ISP. Cross Reference: M0346 DHS 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation M0384 DHS 88.06(2)(b) Service Agreement Except Respite	M 406		
M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 1 was free from all physical restraints. Resident 1 was secured to Resident 1's wheelchair with the use of a gait belt through Resident 1's wheelchair frame. The findings included: This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3	M 574		

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residents.

On 05/09/2024 at 12:50 P.M., Surveyor observed Resident 1 sitting in a wheelchair located in the facility's dining area at a table with Resident 2 and Resident 3.

On 05/09/2024 at 12:51 P.M., Surveyor conducted an interview with House Manager B. House Manager B told Surveyor Resident 1 continued to reside on the first floor of the facility and was still receiving hospice services. House Manager B told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder), was no longer able to ambulate, and required the use of a wheelchair. House Manager B told Surveyor Resident 1's Legal Guardian C remained as Resident 1's current legal guardian. House Manager B told Surveyor Resident 1 required a gait belt secured around Resident 1's wheelchair and Resident 1's waist/trunk to secure Resident 1 in the wheelchair. House Manager B said Resident 1 had decreased trunk control, often leaned forward when sitting up in the wheelchair, and the gait belt helped Resident 1 from falling out of the wheelchair. Photo #4

On 05/09/2024 at 1:30 P.M., Surveyor observed Resident 1 seated in his/her wheelchair in front of the living room television and leaning forward in the chair. House Manager B verbally cued Resident 1 to sit up straight in his/her wheelchair. Surveyor observed a gait belt placed through the back of Resident 1's wheelchair frame, around Resident 1's waist, and securely buckled at Resident 1's waist.

On 05/09/2024, Surveyor reviewed Resident 1's record review, as provided by House Manager B. House Manager B provided Surveyor with

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M 574	Continued From page 32 Resident 1's "Medical Information Sheet" including Resident 1's diagnoses including epilepsy and spastic hemiplegia. House Manager B told Surveyor Resident 1 had lived at this facility between 10/29/2003 and July 2022 before falling during a seizure and sustaining a fractured lower limb or ankle. House Manager B said Resident 1 was sent to a hospital for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF until January 2023 after Licensee A and House Manager B sold the CBRF to another provider. House Manager B said s/he told Resident 1's Legal Guardian C s/he would take Resident 1 back to this facility to live with hospice agency services in January 2023. House Manager B provided Surveyor with Resident 1's recent hospice visit documentation dated 04/11/2024. The documentation included, "[Resident 1] is up in w/c on arrival and greets writer by stating, "Hi [Hospice Nurse F]." [S/he] is very repetitive this visit. Increase in focal seizures from visit [Hospice Nurse F] had 2 weeks ago. [Resident 1] is leaning forward in chair more than baseline. [S/he] is belted in [wheelchair]. [House Manager B] reporting increased weakness. [S/he] had been able to sit up for dressing and now if s/he is not being assisted to stay in a seated position [s/he] will fall over. [S/he] is having increased difficulty with any eating. Does not have the strength to bring even a cracker to [his/her] mouth. [House Manager B] reporting [Resident 1] typically could lift [his/her] hips and bottom so that a bedpan could be slid under [him/her] but now it takes 3 [to] 4 tries due to weakness and inability to hold self up." House Manager B provided Surveyor with	M 574		

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M 574	Continued From page 33 Resident 1's most recent hospice visit documentation dated 05/02/2024 by Hospice Nurse D. The documentation included Resident 1's neurological symptoms included, "Responsiveness varies throughout the day, confusion, short-term memory deficit, seeing the unseen, seizures, tremor, contractures, spastic movements, [and] poor coordination." House Manager B told Surveyor Resident 1's right side was contracted related to hemiplegia diagnoses. The documentation addressed Resident 1's bladder and bowel incontinence requiring full assistance with personal cares. The documentation included, "Poor trunk control noted, leaning forward in w/c [wheelchair] and difficulty sitting up straight. Increased dependence on caregivers for ADLs [activities of daily living] due to weakness." The documentation included, "Non-ambulatory." The documentation included, "[Resident 1] lacks mental capacity to actively participate in care planning. [Resident 1] lacks physical capability to actively participate in care planning." House Manager B provided Surveyor with Resident 1's individual service plan (ISP) signed by House Manager B and dated 01/17/2024. Resident 1's ISP did not include Resident 1's Legal Guardian C's signature. Resident 1's ISP included, "...we [Licensee A and House Manager B] re-arranged our downstairs sitting room and made it into a bedroom with [his/her] hospital bed, etc. [Resident 1] moved back into [the facility] on [01/03/2023]. [Resident 1] needs total assistance with [his/her] personal needs. [Resident 1] is not ambulatory and wears a gait belt for transfers from bed to wheelchair. Hospice care sends a CNA [certified nurse aide] twice a week and a nurse once a week to monitor [Resident 1] and help with any needs or supplies that I [House	M 574		

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Manager B] may need." The ISP included, "[Resident 1] continues to have declining health, even though [s/he] has gained weight and has not had any major seizure activity. [Resident 1] is very weak and needs to be fed all [his/her] meals. [S/he] can eat some finger foods on days when [s/he] is more alert." The ISP included, "[Resident 1] continues to need full assistance and guidance with all of [his/her] daily living skills. [Resident 1] is not able to be ambulatory... [Resident 1] uses a wheelchair and also a bedpan." House Manager B told Surveyor Resident 1 was no longer transferred to a commode for urination and bowel movements because Resident 1's legs have become more weak and it was "too dangerous" for House Manager B to transfer Resident 1 to and from the commode. House Manager B told Surveyor s/he was also concerned Resident 1 would fall from the commode related to Resident 1's declining trunk strength and ability to sit up without support. House Manager B told Surveyor Resident 1's hospice agency was considering getting Resident 1 a Broda chair/specialized wheelchair. Resident 1's ISP did not address Resident 1 being secured to Resident 1's wheelchair with the use of a gait belt through Resident 1's wheelchair frame and secured around Resident 1's waist. House Manager B told Surveyor Resident 1's hospice agency was aware of the use of a gait belt to secure Resident 1 in Resident 1's wheelchair. House Manager B told Surveyor s/he asked Resident 1's hospice agency if it would be okay to use a gait belt to secure Resident 1 to the wheelchair and Resident 1's hospice agency did not offer an alternative. House Manager B told Surveyor Resident 1 was able to remove the gait belt only when House Manager B asked Resident 1 to remove it. House Manager B told Surveyor s/he did not have documentation of a completed

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M 574	Continued From page 35 assessment for the use of a gait belt to secure Resident 1 in wheelchair. Cross Reference: M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment	M 574		