STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014905	A. BUILDING: _____ B. WING _____	C 01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED SENIOR LIVING OF ELLSWORTH	429 W WAYNE ST ELLSWORTH, WI 54011

(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 01/03/2024, Surveyor conducted a standard survey at Preferred Senior Living of Ellsworth. Three deficiencies were identified. Census: 37	N 000		
N 357	83.32(3)(m) Rights of Residents: Recording and filming In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Recording, filming, photographing. Not be recorded, filmed or photographed without informed, written consent by the resident or resident ' s legal representative. The CBRF may take a photograph for identification purposes. The department may photograph, record or film a resident pursuant to an inspection or investigation under s. 50.03(2), Stats., without his or her written informed consent. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident had the right not to be recorded or filmed when electronic surveillance cameras were placed throughout the facility in common spaces. This had the potential to effect 37 of 37 residents that resided there. Findings include: The provider is licensed to serve up to 43 residents in the client groups irreversible dementia/Alzheimer's and advanced aged. The facility is one level divided into two units they call "memory care" and "assisted living." Each unit has a dining area, common gathering spaces,	N 357		

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

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N 357	Continued From page 1 kitchenette area, and a sunroom. The Department DQA Memo 16-001, Electronic Video Monitoring and Filming in BAL Regulated Facilities, dated 02/01/2016, read, in part: "Privacy is a resident right. Wis. Stats., § 50.09 and Wis. Admin Code §§ DHS 88.10(3) applicable to AFHs and DHS 83.32(3) applicable to CBRFs, are specifically related to preserving resident privacy in many areas. Those areas include: health care; treatment (both physical and emotional); living arrangements; caring for personal needs including toileting, bathing and dressing; visits by spouse or domestic partner; confidentiality of health and personal information and records; private and unrestricted communications; and the right to not be searched when there is a reasonable expectation of privacy. Due to these privacy protections, BAL has determined that electronic video monitoring and filming in the following locations of AFHs and CBRFs would infringe upon resident privacy rights: Resident bedrooms; Facility or resident bathrooms or shower rooms; Dining rooms; Therapy rooms; Visiting areas, lounges, multipurpose rooms, or activity rooms; Hallways that lead to resident rooms; or Any other space where a resident may be seen meeting with visitors, engaging in an activity (including eating), sleeping, discussing their current condition, or receiving personal care, medical treatment or therapy. Due to concern about violating resident's right to privacy and right to a living environment that is as homelike as possible and the least restrictive, electronic video monitoring or filming in these locations will be viewed by the Department as a	N 357		

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N 357	Continued From page 2 violation of resident privacy rights even with the residents' informed, written consent." On 01/03/2023 at approximately 10:30 AM, Surveyor toured the facility. Surveyor observed cameras in the following areas: - The entrance to the facility pointed to the interior entryway and hallways. - Dining room in the memory care unit. - Dining room in the assisted living unit. - Sunroom in the memory care unit. - Sunroom in the assisted living unit. - Common space in the middle of the assisted living unit. - Kitchenette area in the assisted living unit. - Both hallways in the memory care unit. Nine cameras were observed throughout the facility, all in common spaces where residents may gather. No signs On 01/03/2023 at approximately 10:45 AM, Surveyor interviewed Administrator A and Resident Care Coordinator (RCC) B about the camera surveillance system. Administrator A stated the monitor to view the cameras was located through the kitchen in a back room and typically only showed the front entrance camera. Surveyor asked Administrator A if residents had knowledge the cameras were live. Administrator A stated s/he, "tends to forget they're even there." Administrator A and RCC B stated they do not use the cameras and further stated, "They're just there." Administrator A informed Surveyor the cameras would be taken down.	N 357		
N 404	83.37(1)(e) Medication regimen, administration review.	N 404		

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N 404	Continued From page 3 Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an onsite review of the provider's medication administration and medication storage systems were completed annually with a written report of findings. Findings include: On 01/03/2023, Surveyor requested the annual medication regimen reviews for 2022 and 2023 from Administrator A. Administrator A stated that documentation for the annual review was not available. Administrator A added that s/he was a registered nurse (RN) and audited the medication	N 404		

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N 404	Continued From page 4 carts frequently. Administrator A stated s/he did not complete or document a report of findings or retain any documentation to show an annual review had been completed. Surveyor reviewed the requirements with Administrator A. Administrator A stated s/he would look for a form to document the annual onsite review of medication administration and medication storage system going forward.	N 404		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually. Findings include: On 01/03/2023, Surveyor observed a fire extinguisher in the memory care unit hall. The inspection tag showed the extinguisher had been last serviced "December 2022." On 01/03/2023 at approximately 10:55 AM, Surveyor asked Administrator A if the fire	N 531		

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N 531	Continued From page 5 extinguishers had been recently serviced. Administrator A stated, "[S/he] (the person who routinely services the extinguishers) has been really sick and hasn't been able to come in. [S/he]'ll be out at the end of the month to get them done."	N 531		