STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016219	A. BUILDING: _____ B. WING _____	C 10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE NORTH SHORE	8875 N 60TH ST BROWN DEER, WI 53223

(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 10/26/2023, Surveyors completed 6 complaint investigations at New Perspective North Shore. As a result, 2 deficiencies were identified, 2 complaints were substantiated, and 4 complaints were unsubstantiated. Census: 47	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not update 2 of 2 residents' Individual Service Plans (ISPs) annually or when there was a change in a resident's needs abilities or physical or mental condition. Resident 1's ISP was not updated when there was a change of condition. Resident 2's ISP was not updated annually. Findings include:	N 389		

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

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On 09/05/2023 and 10/17/2023, the Department received complaints alleging the provider was not updating ISPs and not providing cares based on the resident's needs.

EXAMPLE 1

On 10/26/2023, at approximately 10:00 AM, Surveyor toured the facility with Executive Director A. Surveyor observed Resident 1's room. Resident 1 had many of his/her belongings piled up by their doorway. Surveyor observed a sign above Resident 1's toilet that stated TOILET PAPER. Surveyor observed Resident 1's closet with non-clothing items like garbage and tissues on the floor.

On 10/26/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 02/27/2023, with diagnoses of frontotemporal neurocognitive disorder, insomnia and hypothyroidism.

Resident 1's progress notes stated the following:
-"04/25/2023 at 1:33 p.m., [Resident 1] has been verbalizing a need to "move back home" more frequently the past couple weeks. RN (registered nurse) told [Resident 1] that [his/her] focus was on keeping [him/her] safe and happy while [s/he] was here but it was ultimately [his/her] family's decision where [s/he] lives. [Resident 1] told RN "I'm going to have a [expletive] nervous breakdown if I can't go back home."
-"07/26/2023 at 11:18 a.m., Updated Community care or resident transfer into the secure side of our CBRF (community based residential facility). [Resident 1]'s private duty caregiver is currently with [him/her] to assist with transition."
-"07/27/2023 at 12:22 p.m., Late entry 07/26/2023 3:30 p.m. Caregiver updated writer that they saw

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[Resident 1] before move to secure area of CBRF rubbing hand sanitizer on [his/her] face and now [his/her] face is red. Writer instructed caregiver to remove hand sanitizer from [his/her] room. PCP updated and will see [him/her] on [his/her] visit tomorrow."
-"09/12/2023 2:42 p.m., Late Entry 09/07/2023 5:00 p.m., Care conference held today by request of [Case Manager (CM)] for [Resident 1]. Discussed how [Resident 1] is adjusting with move into memory care. [Executive Director A] expressed that [Resident 1] appears calmer and less stressed in a smaller area. [Resident 1] continues with verbalization of going back to [home], but easily redirected. [CM] updated team that [s/he] has found non clothing items in [Resident 1's] laundry basket and asked if team members could check laundry daily and remove non clothing items from laundry basket. Also shower day changed to weekday. [Resident 1's family member] updated team that comfort keepers will be visiting and providing companionship to [Resident 1] on M-W-F, and a music therapist will also be coming to visit with [Resident 1]."

Resident 1's current ISP dated 02/27/2023 stated the following:
-"Behaviors/Expressions: Wandering/Exit Seeking/Elopement Risk triggers are: Demonstrates behavior through mental status: will have 0 episodes of exiting the community and will safely explore community through next review. Resident 1's ISP did not identify behaviors of not using toilet paper, putting non-clothing items and items that needed to be thrown away in his/her closet, and packing up his/her room.

On 10/26/2023, at approximately 10:05 AM, Surveyor interviewed Executive Director A and

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asked if Resident 1 put nonclothing items in his/her closet and packed up his/her room. Executive Director A reported Resident 1 asked to be taken home daily. Executive Director A reported Resident 1 packed up everything, including the toilet paper. Executive Director A reported there had been times when Resident 1 did not use appropriate materials after using the restroom. Executive Director A reported maintenance had installed a toilet paper holder above the toilet and placed a sign as a visual cue to help Resident 1 to use the toilet paper. Executive Director A reported s/he checked Resident 1's room on Fridays. Executive Director A reported Resident 1 had a history of throwing garbage in his/her closet because s/he believed the closet was a garbage area. Executive Director A reported they had added more garbage containers in his/her room and staff completed daily checks of his/her closet.

On 10/26/2023 at approximately 12:15 PM, Surveyors interviewed Executive Director A, Registered Nurse (RN) B and Health and Wellness Director C regarding Resident 1's ISP. Surveyor asked if a more recent ISP had been developed since the facility recently had a care conference on 09/07/2023 regarding Resident 1's behaviors with Resident 1's family member and case manager. Executive Director A and RN B reported a new ISP had not been developed. Executive Director A reported they were currently updating it to reflect Resident 1's needs and making sure it was more specific to Resident 1.

EXAMPLE 2

On 10/26/2023, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility 04/12/2018, with diagnoses including COPD,

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N 389	Continued From page 4 hyperlipidemia, diabetes type II, retinopathy, dementia with Lewy bodies, fracture of lumbar spine and pelvis, and depressive disorder. Resident 2's current ISP was dated 05/12/2022. Resident 2's ISP should have been updated, at minimum, by 05/12/2023. On 10/26/2023 at approximately 11:30 AM, Surveyor asked Executive Director A if there was a more recent ISP for Resident 2. Executive Director A stated the most recent signed copy they had was the 05/12/2022 ISP. Executive Director A reported they recently had a meeting with Resident 2's family on 10/18/2023 about a new ISP. On 10/26/2023 at approximately 12:15 PM, Surveyors interviewed Executive Director A, RN B and Health and Wellness Director C. All confirmed Resident 2's ISP was not updated annually.	N 389		
N 633	83.59(1)(c) Exit doors, passageways 32 inches clear All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exit doors and doors in exit passageways shall have a clear opening of at least 32 inches in width and 76 inches in height. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 exits provided unobstructed	N 633		

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travel to the outside. The exit, between the south wing and memory care, identified as an emergency exit, was obstructed by a loveseat, a Hoyer lift, and 3 tables.

Findings include:

The facility was licensed on 07/19/2016, to serve irreversible dementia/Alzheimer's, advanced aged, terminally ill and physically disabled residents.

On 10/26/2023, at 8:15 AM, during a tour of the facility, Surveyors observed the exit from the secured memory care unit contained 2 tables and a love seat stored in front of the door. Surveyor attempted to open the door and it did not open. Surveyor observed the other side of the door was obstructed by a Hoyer lift and large table placed against it.

On 10/26/2023, at 8:20 AM, Surveyor interviewed Caregiver D regarding the items blocking the door. Caregiver D stated, "Some residents try to go out there." Surveyor inquired how long the door had been blocked. Caregiver D reported the door was blocked for "some months."

On 10/26/2023, at 12:05 PM, Surveyors interviewed Executive Director A regarding the blocked exit. Executive Director A reported s/he had seen objects placed in front of the door intermittently. Executive Director A reported the door mechanism of the exit was inoperable and the doors did not stay closed. Executive Director A reported s/he was in process of obtaining bids for repair.