STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017825	A. BUILDING: _____ B. WING _____	C 04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOUR VILLAGE	5900 MOCKINGBIRD LN GREENDALE, WI 53129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 04/02/2024, Surveyor conducted an abbreviated survey and complaint investigation at Harbour Village. One deficiency identified. Complaint substantiated. Census: 43	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess resident's needs, abilities, and physical and mental condition for 1 of 1 resident reviewed when there was a change in needs, abilities, or condition. Resident 1 had increased behaviors, wound care to his/her heels and multiple falls with interventions put in place. Findings include: Resident 1	N 381		

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

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N 381	Continued From page 1 On 04/02/2024 at 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/28/2022 and has diagnoses of hypertension, major depressive order, and long-term use of insulin. Surveyor reviewed Resident 1's observation notes. Resident 1's observation notes stated the following: 11/20/2023 at 10:39 AM -"Writer looked at resident's right arm. Bruising to right shoulder/arm/hand fading yellowish color to areas. Sling in place. Betadine applied to left heel and LOTA. Writer left message for [home health care company] nurse, for left heel. Waiting on call back. Writer called [hospice company] to come evaluate resident for hospice." 11/20/2023 at 12:35 PM -"Writer spoke with [home healthcare company] nurse. Nurse comes to visit resident Tuesday's [sic] and Friday's [sic]. Writer updated about left heel. Nurse from home care to come in tomorrow and assess heel." 11/20/2023 at 2:02 PM -"Caregiver called writer to inform writer that resident was on the floor. Resident obtained a large bump to right eye. Writer spoke with POA (power of attorney). POA declines for resident to be sent out to hospital unless resident has unmanageable pain. Order for hospice received, order faxed to Hospice. Hospice nurse to come out to evaluate resident tomorrow." 11/20/2023 at 2:55 PM -"Due to resident having hematoma above right eye, 911 was called to evaluate resident. EMT's [sic] came and assessed the resident, vital signs	N 381		

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N 381	Continued From page 2 WNL (within normal limits), staff to continue to monitor. POA updated." 11/21/2023 at 2:03 PM, -'Resident seen by [home healthcare company] for wound care to left heel." 11/21/2023 at 2:16 PM -"Resident being admitted to [hospice care company]." 11/21/2023 at 10:15 PM -"[Caregiver] laid [Resident 1] down for nap after lunch as soon as [s/he] walked away, [Resident 1] rolled off the bed face down." 11/27/2023 at 9:20 PM -"[Caregiver] witnessed [Resident 1] wheeling [him/herself] in the common area, once [s/he] made it to living room area [s/he] yelled and jumped out of chair." 11/27/2023 at 9:27 PM -"[Caregiver] found [Resident 1] laying on [his/her] backside on the floor, screaming and crying." 12/01/2023 -"[Resident 1] fall with small laceration to left side of face. [Resident 1] sent out." 12/03/2023 at 6:55 AM -"Fall 12/02/23 @ 5:23 PM, after dinner [Resident 1] was placed in the common area at the table, but somehow, [s/he] ended up falling a minute later." 12/04/2023 at 7:17 PM -"[Caregiver] arrived for shift, went to [Resident 1] room because [s/he] heard [him/her] screaming out, found [Resident 1] on the floor, on [his/her]	N 381		

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N 381	Continued From page 3 stomach." 12/11/2023 at 12:25 PM -"Fall 12/8/23 @ 11:20 AM, per caregiver/: [Resident 1] threw [him/herself] out of [his/her] Broda chair and fell face first on the ground. ROM (range of motion) WNL, Neuro checks WNL, no cx/o (complaints of) pain. [Resident 1] obtained abrasions to forehead and nose. [Resident 1] was assisted up into Broda chair. When [Resident 1] was asked what had happened, [s/he] stated [s/he] did not know." 12/21/2023 at 5:48 PM -"[Caregiver] was performing cares with another resident, heard someone screaming out, went to check, found [Resident 1] laying on the floor." 12/22/2023 at 10:57 AM -"Per POA resident is being sent out to [named hospital] ER (emergency room) for resident's heels to be evaluated and if needed to be treated." 12/26/2023 at 10:42 AM -"[Home health care company] was here to assess resident's heels. Nurse stated the heels were dry and dark in color. Nurse not sure if Aurora at home will be able to come out 3 x's (times) a week D/T (due to) the type of a areas that are on the heels. Will get back to [facility]. Nurse is consulting with [his/her] team." 12/26/2023 at 11:29 AM -"POA stated that [home health care company] nurse called [him/her] and explained the situation. POA also stated [s/he] is trying to get [named hospice company] to re-evaluate resident for hospice services, so that hospice can then follow resident's heels."	N 381		

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N 381	Continued From page 4 01/10/2024 at 12:45 PM -"Resident did not qualify for hospice. Equipment company to pick up equipment on Friday. Discussed options with POA regarding w/c (wheelchair) and bed. Writer suggested therapy. POA is in agreement. [Nurse practitioner] from [Resident 1's primary physician] came in today to assess resident for hospital bed and high back chair [s/he] also wrote an order for PT (physical therapy)/OT (occupational therapy). Therapy has a high back w/c, resident to use until [his/her] own high back w/c is ordered and delivered. Writer is also checking if facility has a bed for resident to use until [s/he] receives [his/her] own. POA will obtain bed if facility can not [sic] provide a bed." 01/31/2024 at 2:58 PM -"Resident was seen by [primary physician] today and put on another abt. [antibiotic] for [his/her] heels and wrote order for urgent care." 02/09/2024 at 3:37 PM -"Resident was seen by wound nurse from [home health care company] [s/he] has unstageable heels bilateral on abt. for wounds also wound nurse got a new order from MD for med-honey to both heels 3 times a week." On 04/02/2024, Surveyor reviewed Resident 1's ER visit for 12/22/2023. The after visit summary stated the following: -"Referrals made to Home Care, multiple visits requested to service wound care." -"Diagnoses: Non-healing left heel wound, non healing would of right heel, pressure injury of skin of heel, unspecified injury stage, unspecified laterality, recurrent falls and dementia." Surveyor did not locate any assessments	N 381		

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N 381	Continued From page 5 completed after Resident 1's falls on 11/20/2023, 11/21/2023, 11/27/2023, 12/01/2023, 12/03/2023, 12/04/2023, 12/11/2023, or 12/21/2023. Surveyor did not locate assessment for possible behaviors of purposely falling out of wheelchair on 11/27/2023. Surveyor did not locate skin assessments regarding Resident 1's pressure sores on his/her heels from November 2023-January 2024. On 04/02/2024 at 1:45 PM, Surveyor interviewed Executive Director A, Director of Memory Care B, LPN C and RN D. LPN C stated s/he updated the care plan with interventions when Resident 1 was having falls. Surveyor requested to review the incident reports from the falls and the interventions put in place after each. RN D and Executive Director A stated those forms were confidential and not shared with the Department. Surveyor explained without the information, s/he could not identify any assessments completed by the facility after each fall, behavioral incidents or wound care for Resident 1. Executive Director A stated the facility would implement a new charting procedure immediately after each morning meeting they have so that any assessments and incident report information would all be in the progress notes moving forward.	N 381		