Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016353	A. BUILDING: _____ B. WING _____	C 08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING II	5101 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 08/23/2024, Surveyor conducted a complaint investigation at Care Partners Assisted Living II. One deficiency was identified. The complaint was substantiated. Census: 34	N 000		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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

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N 431	Continued From page 1	N 431		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed had their health monitored. The provider did not follow Resident 1's orders to monitor for daily weights and vital readings.

Findings include:

On 03/05/2024, the Department received a complaint alleging concerns with health monitoring.

On 08/23/2024, Surveyor reviewed Resident 1's record and identified the following:

Resident 1 was admitted to the facility on 07/30/2021 with diagnosis of hypertension, diabetes, depression, and carotid stenosis.

Resident 1's individual service plan dated 02/29/2024 documented the provider was responsible for medication administration. Resident 1's physician orders included an order to "Notify PCP if H/R [heart rate] is <55 or Becomes Symptomatic. Check B/P Daily. Weight daily-notify if gains 3# [pounds] in one day; or 5# in one week."

Resident 1's medication administration record (MAR), dated 01/01/2024-03/31/2024 documented:
January 2024: 13 daily weights not recorded

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N 431	Continued From page 2 February 2024: 4 daily weights not recorded, 7 daily blood pressure/pulse readings not recorded March 2024: 11 daily weights not recorded, 12 daily blood pressure/pulse readings not recorded On 08/23/2024 at 1:52 PM, Surveyor conducted an exit conference and shared findings with Administrator A. Administrator A acknowledged the above concerns and stated staff should have been recording daily weights and vitals for Resident 1. Administrator A stated s/he had to constantly remind staff to record the above values or "it looks like we did not complete the health monitoring task." Administrator A stated s/he will continue to provide education to staff.	N 431		