STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 08/23/2023, with information gathered through 08/24/2023, Surveyor conducted a complaint investigation at Oak Hill Terrace. One deficiency was identified. Complaint was substantiated. Census: 93	N 000		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident's right to make decisions related to daily routines and other aspects of life which enhance the resident's self-reliance and support the resident's autonomy and decision making. Resident 1 was not allowed to have a video camera in his/her room as they decided. Findings include: On 07/31/2023, the Department received a complaint alleging a resident's personal video camera had been removed from his/her room. On 08/23/2023, at approximately 10:15 AM,	N 355		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 355	Continued From page 1	N 355		

Surveyor interviewed Executive Director (ED) A. ED A stated that cameras are not allowed in resident rooms. ED A explained that staff work with family to establish a trusting relationship, "There is no need for cameras." ED A stated when s/he was informed a camera had been placed in Resident 1's room, s/he contacted Resident 1's Power of Attorney (POA) B and stated the camera would have to be removed. ED A stated, "It is a violation of the resident's rights, especially one that cannot cognitively agree to a camera being placed in the room." ED A stated Resident 1 was not capable of providing consent. Surveyor asked ED A if Resident 1 had an activated POA. ED A stated Resident 1 did, but the POA is only responsible for health-related decisions. Surveyor requested Resident 1's record.

On 08/23/2023, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility, 07/10/2023, with activated POA B.

Resident 1's Initial Individual Service Plan, dated 06/22/2023, documented:
"Mental/Behavioral/Psychosocial: Resident will be redirected and reminded of surroundings as needed to keep the resident safe and happy in their surroundings."

On 08/23/2023, at approximately 10:45 AM, Surveyor toured Resident 1's room. Surveyor did not observe a camera but did observe a computer monitor type device sitting on the cabinet, next to the television. Housekeeper H was cleaning Resident 1's room and Surveyor asked if there was a camera in Resident 1's room. Housekeeper H stated, "I am just

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 355	Continued From page 2	N 355		

housekeeping."

On 08/23/2023, at approximately 11:35 AM, Surveyor interviewed Caregiver G. Surveyor asked Caregiver G if there was a camera in Resident 1's room. Caregiver G and Surveyor walked into Resident 1's room and Caregiver G stated s/he did not think there was a camera in the room. Surveyor asked Caregiver G if s/he knew what the monitor on Resident 1's cabinet was for. Caregiver G observed the monitor and stated, "I really do not know what this is, looks like it is a display for family pictures."

On 08/23/2023, at approximately 11:40 AM, Surveyor interviewed Resident 1's activated Power of Attorney (POA) B. POA B stated that s/he had placed a video camera in Resident 1's room, with staff approval, and ED A removed the camera. POA B stated s/he was allowed to have a camera in Resident 1's room at his/her previous assisted living facility.

On 08/23/2023, at approximately 11:50 AM, Resident Care Coordinator (RCC) C walked with Surveyor to Resident 1's room. Surveyor asked RCC C if s/he knew what the monitor type device was for. RCC C stated it is camera and proceeded to show Surveyor how to turn the camera on and off. Surveyor asked if POA B had requested to have a camera placed in the room prior to Resident 1 moving in. RCC C stated the family had commented that they were allowed to have a camera in the previous facility Resident 1 resided at. RCC C stated, "I did not give them permission to place a camera in [Resident 1's] current room."

On 08/23/2023, at approximately 11:55 AM, Surveyor interviewed Caregiver E and Caregiver

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 355	Continued From page 3	N 355		

F. Surveyor asked Caregiver E and Caregiver F if there was a camera in Resident 1's room. Surveyor was informed there used to be a camera, but it had been removed. Caregiver E and Caregiver F walked with Surveyor to Resident 1's room. Surveyor asked what the monitor on the cabinet was for. Caregiver E and Caregiver F explained that the device was a smart display that was voice activated where the resident can view family photographs, request a television show, facetime with family, but they did not think it had recording capabilities. Surveyor asked where the previous camera had been placed. Caregiver E and Caregiver F stated it was on the cabinet next to Resident 1's television.

On 08/23/2023, at approximately 12:50 PM, Surveyor interviewed Resident 1's Family Member (FM) I. FM I stated that the current device in Resident 1's room is an 'Echo Show smart display with Alexa and Fire TV built in.' FM I stated that the device can only be used as a camera if Resident 1 was face timing with them as they did not set up any recording options. The camera that was removed from Resident 1's room was a 'Ring Stick Up Cam Plug-In HD security camera with two-way talk, Works with Alexa." FM I stated that Resident 1's memory was getting worse and by having the recording device in his/her room, they were able to see what activities s/he had participated in. FM I stated, "So, if we are talking with [Resident 1] and s/he states, they did not get me for lunch, they can look back and state 'It looks like you were taken to lunch at said time.' Or if [Resident 1] states that s/he has not had any visitors, they can look back and state, 'It looks like so and so visited you today.'" FM I stated, "The camera was not installed to 'spy' on staff. Although, it is interesting that a day or two after they removed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 355	Continued From page 4 the camera, Resident 1 sustained a significant 'unwitnessed' fall which resulted in injury to his/her face. FM I stated, "We just want to assist [Resident 1] to the best of our ability." FM I stated, "We do not have any issues with the facility and we do not want to move [Resident 1], we just want to have the camera put back." On 08/23/2023, at approximately 4:50 PM, Surveyor interviewed ED A. ED A stated that cameras in a resident room is a violation of the resident rights. ED A explained that families need to have confidence in the staff and s/he believed the cameras were a violation of that trust. Surveyor explained that the resident or the resident representative had the right to place a camera in the resident's room as long as it was not able to record during personal cares.	N 355		