STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011327	A. BUILDING: _____ B. WING _____	C 06/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE POINT	**503 WEST 17TH STREET MARSHFIELD, WI 54449**

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M 000	INITIAL COMMENTS On 06/28/2023, Surveyors conducted an abbreviated survey and complaint investigation at Parkside Point. Additional information was gathered through 06/30/2023. The complaint was unsubstantiated. Three (3) deficiencies were identified. Census: 3	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the adult family home was safe, clean, well-maintained and homelike. Findings include: On 6/28/2023 at 10:40 AM, Surveyors conducted a tour of the home accompanied by Behavior Support Specialist (BSS) C. On the main floor Surveyors observed: The floor register in sunroom was rusty and missing slats. Air vents and heat registers in Resident 1's room and in the sensory room were rusty. A cabinet door in the sunroom would not shut completely and a drawer face was missing.	M 276		

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

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M 276	Continued From page 1	M 276		

Kitchen cabinets were not in good repair (missing and broken handles, chipped wood, warped surfaces and scuff marks.)
The carpeting on the step from the sunroom to the dining room was badly worn and stained.
Large cobwebs were present in the corners of Resident 1's ceiling and on the hallway ceiling.
A hole approximately 4" x 6" was cut in the wall inside the garbage cabinet, exposing insulation from inside the wall.

Behavioral Support Specialist C confirmed the aforementioned observations on the main floor.

During the tour, Surveyors observed a sign on the door leading to the basement that read, "Do not use outlet behind cabinet downstairs. When it rains water gets in to [sic] it due to window leaking or something. We don't need any fires starting. Thank you!"

The tour continued in the basement with BSS C and Surveyors observed:

Accordion style, flexible venting on the dryer. (Facts about home clothes dryer fires: 2,900 home clothes dryer fires are reported each year and cause an estimated 5 deaths, 100 injuries, and $35 million in property loss. Maintenance: Inspect the venting system behind the dryer to ensure it is not damaged or restricted. Replace coiled-wire foil or plastic venting with rigid, non-ribbed metal duct. Source: https://www.usfa.fema.gov/prevention/outreach/clothes_dryers.html, retrieval date 07/18/2023)
An area of standing water in the furnace room in the basement. The water was ½" to 1" deep across and area of approximately 6' x 2'

BSS C said s/he was previously unaware of any

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M 276	Continued From page 2 leak in the basement and did not know which leaking window or outlet was referenced in the note on the basement door. When Surveyors pointed out the standing water, BSS C commented, "Yeah, that's a lot of water" and confirmed it was ½" to 1" deep. BSS C notified Maintenance D of the standing water. At 11:14 AM Maintenance Staff D joined Surveyors and BSS C in the basement and said s/he was notified there was a flood. Maintenance Staff D said s/he was previously unaware of the standing water and after looking at it said s/he was not concerned because it appeared to be "condensate from AC (air conditioner) connection, that's all it is." At 11:34 AM Maintenance D approached Surveyors and said s/he believed the water actually leaked in from the external water supply/hose. S/he explained staff used the hose to fill an outdoor pool and there was a leak from where the spigot connected to the hose.	M 276		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan	M 424		

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M 424	Continued From page 3 shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was updated once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. The only ISP in the home and accessible to direct care staff was dated 12/29/2021. The ISP was not signed by all persons involved in the development to indicate their agreement with the plan. Findings include: On 06/28/2023 at 9:22 AM, Surveyors interviewed Caregiver A. Caregiver A said 3 of 3 residents had behavior management needs, and Resident 1 was the most aggressive towards staff. Caregiver A expressed concern that Resident 1's ISP was not current and staff were inconsistent with their approach to some activities of daily living which could trigger behaviors. Caregiver A stated, "You can tell a difference with your residents with who worked the day before....They (management) are working on updating [Resident 1's] behavioral support plan (BSP.) We fought for that." On 06/28/2023, Surveyor reviewed portions of Resident 1's record. S/he was admitted 02/20/2020 with diagnoses to include, "Autism Spectrum Disorder, obsessive compulsive	M 424		

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M 424	Continued From page 4	M 424		

disorder, Mental developmental delay, Anxiety Cognitive Disorder, impulsive aggression, moderate intellectual impairment, developmental delays, language development disorder, hyptonia, and expressive language disorder." [sic-all] The ISP was dated 12/29/2021 and prompted for signatures of the provider, the resident and the legal representative. All signature sections were blank. The record also contained a behavioral support plan "edited 7.9.21" by Deputy Excecutive Director (DED) B and a proactive support plan "updated 7/7/2021" by DED B. Neither of the supplemental plans contained signatures of the participants.

On 06/28/2023 at 11:28 AM, Deputy Executive Director (DED) B confirmed Surveyor's review of the record. DED B described his/her process was to update Resident 1's service plan yearly. S/he explained the yearly updates were part of the process to obtain ongoing approval to utilize restrictive measures. DED B said s/he updated Resident 1's plans in 2022 and 2023, however s/he confirmed those those plans were never placed in Resident 1's record at the home and caregivers have not had access to them. DED B explained, "This is something we've been trying to work on this year...I'm wearing multiple hats. I'm a social worker by trade. I've been doing bookkeeping and everything. So now I'm going full time back into ISPs...The reviews, signatures, all of those things...We already knew it was a problem and we need to get on it." Surveyor informed DED B of the requirement to update ISPs every 6 months and DED B did not indicate s/he was previously aware of the requirement.

Upon request on 06/30/2023, DED B emailed Surveyors the most current versions of Resident 1's ISP that had been maintained at the corporate

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M 424	Continued From page 5 office. The ISP was dated 06/11/2023 and all signature sections were blank. Cross Reference: M0574 DHS 88.88.10(3)(n) Freedom From Seclusion and Restraints	M 424		
M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on record review and interview, the provider used physical holds on Resident 1 as part of a documented behavior management/response plan, without first obtaining approval from the Division of Quality Assurance (DQA) to use restrictive measures. The provider was informed in writing of the requirement to obtain DQA approval at least 3 times; 09/24/2021 and 09/23/2022 by DQA and 09/23/2022 by the Division of Medicaid Services. Findings include: On 06/27/2023 during an interview with Caregiver A at 9:22 AM, s/he described Resident 1 as highly behavioral and physically aggressive towards staff. Surveyor reviewed portions of Resident 1's record. It contained a behavioral support plan	M 574		

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(BSP) dated 07/09/2021 that read in part, "If [Resident 1] begins harming [him/herself] and it becomes an imminent risk in which serious injury is possible, staff should immediately intervene by trying to remove the object...Refer to [his/her] restrictive Measures Plan [sic] for imminent harm concerns." The BSP described needs around fecal smearing and read, "If [Resident 1] does get BM (bowel movement) on [his/her] hands and attempts to smear it on others, refer to restrictive measures plan to consider an immobilization hold for clean up." The BSP described interventions for aggressive behavior and read, "If [Resident 1] continues to attempt to aggress, [Resident 1] should be placed in a basket hold, as outlined in the Restrictive [sic] measures plan."

On 06/27/2023 at approximately 2:15 PM, Surveyors interviewed Licensee D and Deputy Executive Director (DED) B. Licensee D stated caregivers use restrictive measures on Resident 1 "At least weekly." DED B stated normally restrictive measures are used "4-5 times a month" but lately they had been used 4-5 times a day. DED B explained very recently Resident 1 was in "behavior crisis," eventually attributed to a urinary tract infection and added, "We're starting to see [him/her] settle back down." Surveyor requested documentation of the current approval to utilize restrictive measures and DED B agreed to email the documentation. Licensee D indicated DED B should be the point of contact for follow up email communication related to the survey.

On 06/30/2023, Surveyor reviewed Department records and noted two emails sent from DQA to Licensee D:

Email #1:

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"On 09/24/2021, a Restrictive Measures request for [Resident 1] has been reviewed and approved through the Division of Medicaid Services (DMS). Per the process mandated under Wis. Admin. Code § DHS 94.101 and further described in the DHS' Guidelines and Requirements for the Use of Restrictive Measures, the DMS decision is pending until additional review and final approval is obtained through the Division of Quality Assurance (DQA), Bureau of Assisted Living (BAL). To expedite this request, please submit the following documentation to the BAL Regional Director [email address]

-Waiver/Variance Request form F-62548 https://www.dhs.wisconsin.gov/forms1/f6/f62548.pdf-Behavioral Care Plan -ISP -Copy of DMS approval (already received the attached) -Input from the Managed Care Organization (if applicable)

Note: This is a separate process from DMS and all above documentation, whether previously submitted to DMS will need to be submitted to DQA as well. Failure to obtain approval for the use of restrictive measures according to the process and criteria contained in these guidelines and standards will be considered a violation of the individual's rights under Wis. Stat. §§ 51.61 or 50.09 and Wis. Admin. Code chs. DHS 94 or DHS 83, DHS 88, or DHS 89 as applicable, by the Wisconsin Department of Health Services. Thank you for your assistance."

Email #2:

"On 09/23/2022, a Restrictive Measures request for [Resident 1] has been reviewed and approved through the Division of Medicaid Services (DMS). Per the process mandated under Wis. Admin.

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M 574	Continued From page 8 Code § DHS 94.101 and further described in the DHS' Guidelines and Requirements for the Use of Restrictive Measures, the DMS decision is pending until additional review and final approval is obtained through the Division of Quality Assurance (DQA), Bureau of Assisted Living (BAL). To expedite this request, please submit the following documentation to the BAL Regional Director: [email address] -Waiver/Variance Request form F-62548 https://www.dhs.wisconsin.gov/forms1/f6/f62548.pdf-Behavioral Care Plan -ISP -Copy of DMS approval (already received the attached) -Input from the Managed Care Organization (if applicable) Note: This is a separate process from DMS and all above documentation, whether previously submitted to DMS will need to be submitted to DQA as well. Failure to obtain approval for the use of restrictive measures according to the process and criteria contained in these guidelines and standards will be considered a violation of the individual's rights under Wis. Stat. §§ 51.61 or 50.09 and Wis. Admin. Code chs. DHS 94 or DHS 83, DHS 88, or DHS 89 as applicable, by the Wisconsin Department of Health Services. Thank you for your assistance." Email responses: Department records did not contain evidence of a response from Licensee D or evidence the requested documentation was submitted to complete the approval process. On 06/30/2023, in response to Surveyors request for approval to use restrictive measures, DED B emailed Surveyors the aforementioned 09/23/2022 DMS approval for the use of	M 574		

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restrictive measures. The communication read in part, "Providers with homes regulated by the Division of Quality Assurance (DQA) Bureau of Assisted Living (BAL) are also required to request DQA-BAL approval for all restrictive measures. Information about the process may be found at Waivers, Approvals, Variances, and Exceptions: Assisted Living. The BAL WAVE request form may be accessed at this link."

On 06/30/2023 Surveyor sent an email to DED B and wrote, "In reviewing the Restrictive Measures approval from DMS dated 09/23/2022 it reads, 'Providers with homes regulated by the Division of Quality Assurance (DQA) Bureau of Assisted Living (BAL) are also required to request DQA-BAL approval for all restrictive measures. Information about the process may be found at Waivers, Approvals, Variances, and Exceptions: Assisted Living. The BAL WAVE request form may be accessed at this link.' Did you obtain approval from BAL by submitting a waiver request?..." On 06/30/2023, DED B replied, "No I did not."

Cross Reference:
M0574 DHS 88.06(3)(f) Review of ISP