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 |
|---|---|---|---|
| | 0017029 | A. BUILDING: _____ B. WING _____ | R-C 07/24/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PINE RIDGE | N844 CRAWFISH RD IXONIA, WI 53036 |

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| {M 000} | INITIAL COMMENTS<br><br>On 07/24/2023. the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at verification visit at Pine Ridge, an AFH located in Ixonia, WI.<br><br>As a result of the survey, 4 violations of Chapter DHS 88 were issued.<br><br>One violation is a repeat violation from previous SOD# M6L013 and M6L012.<br><br>Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed.<br><br>Census: 4 | {M 000} | | |
| {M 276} | 88.05(3)(a) HOME ENVIRONMENT<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a safe, clean and homelike environment appropriate for residents. There were 2 large holes in the door leading from the kitchen to the living area.<br><br>This is a repeat violation from previous Statement of Deficiency(SOD) # M6L013 dated 12/06/2022 and SOD# M6L012 dated 02/04/2022.<br><br>Findings include: | {M 276} | | |

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

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| {M 276} | Continued From page 1<br><br>On 07/24/2023, Surveyor toured the physical environment.<br><br>The toilet on the second level used by residents was dirty. There was a substance that appeared to be feces covering the inside of the toilet bowl.<br><br>The door leading from the common living area and the kitchen had 2 large holes in the door. Each hole measured approximately 4 inches by 10 inches.<br><br>On 07/24/2023 at 12:00 PM, Surveyor discussed the above concern with Licensee A. Licensee A stated that the holes in the door were a result of being kicked by multiple residents and Licensee A agreed that the door should be fixed or replaced. Licensee A agreed that the toilet on the 2nd level should be cleaned. | {M 276} | | |
| M 286 | 88.05(3)(e)2 HEATING SYSTEM INSPECTIONS<br><br>The heating system shall be inspected as follows, with written documentation of the inspections maintained in the home:<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that the facility gas furnace was inspected every 3 years. The facility gas furnace was last inspected 05/2017.<br><br>Findings include:<br><br>On 07/24/2023, Surveyor reviewed facility | M 286 | | |

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| M 286 | Continued From page 2<br>records.<br><br>The most recent furnace inspection was dated 05/2017.<br><br>On 07/24/2023 at 10:00 AM, Surveyor asked Licensee A if the facility furnace had been serviced since 2017. Licensee A stated, "I'm sure it has, I will have to find the invoice." Licensee A looked for the invoice indicating the furnace had been serviced since 2017. Licensee A stated s/he could not find an invoice.<br><br>Surveyor gave Licensee A until 07/25/2023 at noon to provide further information.<br><br>As of 07/26/2023 at 8:00 AM, no further information was provided. | M 286 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 2 of 4 residents were evaluated annually for evacuation time. Residents 1 and 2 were not evaluated annually for evacuation time.<br><br>Findings include: | M 346 | | |

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| M 346 | Continued From page 3<br><br>On 07/24/2023 at 10:30 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 06/27/2013. The most current resident evacuation assessment was dated 05/01/2022. Surveyor asked Licensee A if there was a more up to date resident evacuation assessment for Resident 1. Licensee A stated, there is not, I must not have done it.<br><br>On 07/24/2023 at 10:30 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 04/10/2010. The most current resident evacuation assessment was dated 05/01/2022. Surveyor asked Licensee A if there was a more up to date resident evacuation assessment for Resident 2. Licensee A stated, there is not, I must not have done that one either.<br><br>On 07/24/2023 at 12:00 PM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that resident evacuation assessments are to be conducted annually. Licensee A stated that resident evacuation assessments for Resident 1 and Resident 2 were out of date. | M 346 | | |
| Z 005 | 50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS<br><br>1. A criminal history search from the records maintained by the department of justice.<br><br>2. Every entity shall obtain all of the following with respect to a caregiver of the entity:<br>Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. | Z 005 | | |

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| Z 005 | Continued From page 4<br><br>3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable.<br><br>4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child.<br><br>5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4. | Z 005 | | |

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| Z 005 | Continued From page 5 | Z 005 | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that criminal background checks were conducted for 3 of 3 employees reviewed.

Findings include:

On 07/24/2023 at 9:30 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 05/23/2018. Caregiver B's Background Information Disclosure (BID) was dated 05/23/2018. Surveyor asked Licensee A if there was an updated BID for Caregiver B. Licensee A stated "No there isn't, I must not have done it."

On 07/24/2023 at 9:40 AM, Surveyor reviewed Caregiver C's employee file. Caregiver C was hired 03/30/2019. Caregiver B's Background Information Disclosure (BID) was dated 03/23/2019. Caregiver C's Department of Justice (DOJ) and IBIS background check were dated 04/02/2019. Surveyor asked Licensee A if there was an updated BID for Caregiver B. Licensee A stated "No there isn't, I must not have done that one either."

On 07/24/2023 at 9:50 AM, Surveyor reviewed Caregiver D's employee file. Caregiver D was hired 11/1/2018. Caregiver D's BID was dated 08/25/2018. Surveyor asked Licensee A if there was an updated BID for Caregiver D. Licensee A stated "No there isn't, another one I must not have done."

On 07/24/2023 at 12:00 PM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that caregiver criminal background

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| Z 005 | Continued From page 6<br>checks are to be conducted every 4 years. Licensee A acknowledged that caregiver criminal background checks were out of date for Caregiver B, C and D. | Z 005 | | |