STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017055	A. BUILDING: _____ B. WING _____	C 01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING NSD CBRF	4686 N SHORE DR RHINELANDER, WI 54501

(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 01/27/2025, Surveyor conducted a standard licensure survey and complaint (x3) investigation at Milestone Senior Living NSD CBRF. Data collection continued through 01/28/2025. The complaints were unsubstantiated. Four deficiencies were identified. Two of 4 deficiencies were repeat violations, see statement of deficiency (SOD) I3F111, dated 05/22/2023 and SOD SQ7R11, dated 09/22/2021. Census: 19	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct and document a criminal background check (CBC) for 1 of 2 caregivers	N 219		

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

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N 219	Continued From page 1 reviewed. Findings include: The provider is licensed to serve up to 22 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's. On 01/28/2025, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 08/26/2024. Caregiver B's file did not contain a CBC. A complete CBC consists of 3 components: 1. A background disclosure (BID) filled out by the employee, 2. A criminal history record search from the Department of Justice (DOJ), 3. The Integrated Background Information Systems (IBIS) letter to alert the employers to findings, restrictions and licenses from the Department of Health Services (DHS). On 01/28/2025 at approximately 10:13 AM, Director A verified via e-mail that Director A was unable to locate a CBC for Caregiver B.	N 219		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential	N 407		

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N 407	Continued From page 2 benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct a quarterly psychotropic medication review for 1 of 2 residents reviewed. Findings include: The provider is licensed to serve up to 22 residents in the following client groups: advanced aged, and irreversible dementia/Alzheimer's. On 01/27/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/01/2019. Resident 1's diagnoses include Parkinson's disease, anxiety disorder, hallucinations, and depression; Resident 1 was prescribed Sertraline Tab 100 MG, Clonazepam Tab 0.5 MG, Quetiapine Tab 25 MG (psychotropic medications). Resident 1's record did not contain a quarterly psychotropic medication review. On 01/27/2025 at approximately 3:30 PM, Surveyor interviewed Director A. Surveyor requested Resident 1's quarterly psychotropic medication review. Director A confirmed that Resident 1's record did not contain a quarterly psychotropic medication review.	N 407		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of	N 525		

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N 525	Continued From page 3 the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct quarterly fire drills in 2024. This is a repeat violation, cited for the 3rd time. See Statement of Deficiency (SOD) I3F111, dated 05/22/2023, and SOD SQ7R11, dated 09/22/2021. Findings include: The provider is licensed to serve up to 22 residents in the following client groups: advanced aged, and irreversible dementia/Alzheimer's. On 01/27/2025, Surveyor reviewed the provider's safety reports, including fire drills conducted in 2024. The provider conducted a fire drill on 02/06/2024. On 01/27/2025, Surveyor requested additional 2024 fire drills from Director A. Director A confirmed there were no additional documented	N 525		

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N 525	Continued From page 4 fire drills in 2024.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual emergency or disaster evacuation drills in 2024. This is a repeat violation, cited for the 3rd time. See Statement of Deficiency (SOD) I3F111, dated 05/22/2023 and SOD SQ7R11, dated 09/22/2021. Findings include: The provider is licensed to serve up to 22 residents in the following client groups: advanced aged and irreversible dementia/Alzheimer's. On 01/27/2025, Surveyor reviewed the provider's safety reports, including semi-annual emergency or disaster evacuation drills conducted in 2024. There were no records of semi-annual emergency or disaster drills being conducted in 2024. On 01/27/2025, Director A confirmed that there was no record of semi-annual emergency or disaster drills being conducted in 2024.	N 526		