STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016346	A. BUILDING: _____ B. WING _____	C 02/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL MEADOW RIDGE	2657 SANDRA ROSE LANE NEW FRANKEN, WI 54229

(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 01/31/2024, with information gathered through 02/05/2024, Surveyors investigated one complaint. The complaint was substantiated and one new deficiency was identified. Census 8	N 000		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure employees in sufficient numbers on a 24-hour basis to meet the needs for 8 of 8 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7 and Resident 8). Findings Include: The provider is licensed as a class CNA (nonambulatory) to provide care for residents with traumatic brain injury, developmental disabilities, public funding, and physical disabilities. On 01/30/2024, the department received a complaint alleging insufficient staffing patterns. On 01/31/2024, at 8:47AM, Surveyor interviewed Resident 1. Resident 1 reported approximately 3:00AM, s/he needed to use the bathroom and activated the call light. After several minutes of waiting with no response, Resident 1 began yelling out and banging on the wall to get the caregiver's attention. Resident 3 was awake and	N 396		

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

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came into Resident 1's room. Resident 1 asked Resident 3 to find the caregiver. Resident 3 looked around the house and reported to Resident 1 there was no caregiver in the house. Resident 1 stated s/he was worried about the other residents who might wake up and need supervision or assistance, so s/he called 911.

On 01/31/2024 at 9:35AM, Surveyor interviewed Client Service Manager B (CSM-B). CSM-B reported on 01/26/2024, there was miscommunication between the scheduler, caregivers, and management.

CSM-B explained Caregiver C, usually worked at the Sandra Rose location. On 01/26/2024, a different caregiver was scheduled to work at (sister facility) to make up hours due to him/her calling in a week prior. Caregiver C was scheduled at Meadow Ridge. CSM-B explained Caregiver D was known to pick up overnight shifts at Meadow Ridge when needed. On 01/26/2024, the schedule reflected both Caregiver C and Caregiver D were scheduled to work at Meadow Ridge for the overnight shift. CSM-B reported the scheduler told Caregiver D to not come in, and to only be on-call, but no one told CSM-B about this change.

CSM-B explained Caregiver C clocked in at the Meadow Ridge location on 01/26/2024 at 9:56PM to relieve the 2nd shift caregivers. After clocking in, Caregiver C called CSM-B and said both Caregiver C and Caregiver D were at the Meadow Ridge location and asked what s/he should do. CSM-B reviewed the schedule and confirmed both caregivers were listed to be at Meadow Ridge. CSM-B was not aware the scheduler told Caregiver D to only be on-call. CSM-B asked Caregiver C if Caregiver D was

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there. Caregiver C said yes, s/he was there. CSM-B explained Meadow Ridge was usually staffed with one caregiver overnight, so s/he directed Caregiver C to go to the (sister facility) Rose location.

CSM-B stated around 4:00AM, s/he received a phone call from the Brown County Sheriff's Department. They informed CSM-B they received a call from Resident 1 with a report of no staff in the building. The Sheriff's department confirmed there were no caregivers present. CSM-B immediately went to the Meadow Ridge location and also confirmed there were no caregivers present. CSM-B stated despite the schedule reflecting two caregivers, Caregiver C should have made visual confirmation that Caregiver D was in fact there before leaving. CSM-B explained s/he noticed Caregiver D's name was highlighted in yellow. CSM-B further explained s/he is relatively new in his/her position and did not realize the yellow highlight was reflecting an on-call status.

On 01/31/2024 at approximately 9:10AM, Surveyor interviewed Regional Director A. Regional Director A reported s/he was actively investigating and developing the required self-report. Caregiver C was placed on leave pending the outcome of the investigation. Regional Director A stated they conducted a mandatory meeting with all caregivers to re-educate on shift responsibilities, which includes not leaving the home until they have contacted the other staff and exchanged keys for the residence. Regional Director A further explained, the two evening shift caregivers left after Caregiver C clocked in, and Caregiver C should have confirmed the presence of Caregiver D before leaving. Regional Director A added

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N 396	Continued From page 3 Caregiver C did not clock out of Meadow Ridge before departing to (sister facility). This resulted in the timecards reflecting (sister facility) and Meadow Ridge had one caregiver clocked in, when (sister facility) really had two caregivers and Meadow Ridge had none. Regional Director A explained employees are required to be clocked into the house they are working. On 02/05/2024, Surveyor reviewed residents' Individual Service Plans (ISP) and noted all residents had needs that required the presence of an overnight staff. RESIDENT 1: On 02/05/2024, at 8:03AM, Surveyor reviewed Resident 2's ISP dated 01/18/2024. The ISP specified the following diagnosis: Cerebral Palsy, muscle weakness and inflammatory polyneuropathy (disorder that involves weakness and reduced senses to extremities). The ISP further noted Resident 1 used a wheelchair for mobility and a sit-to-stand lift for transfers. Additionally, Resident 1 used a continuous positive airway pressure machine (CPAP) machine at night. RESIDENT 2: On 02/05/2024, at 8:12AM, Surveyor reviewed Resident 2's ISP dated 01/18/2024. The ISP specified the following diagnosis: reduced mobility, spastic hemiplegia (type of cerebral palsy), traumatic brain injury (TBI), chronic pain and sleep apnea. The ISP specified Resident 2 used a wheelchair and sit-to-stand lift and required repositioning at night. RESIDENT 3: On 02/05/2024, at 8:30AM, Surveyor reviewed Resident 3's ISP dated 11/29/2023. The ISP	N 396		

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specified the following diagnosis: Epilepsy-unspecified, Lennox-Gastaut Syndrome-unspecified (severe form of epilepsy beginning in childhood), other symptoms and signs involving cognitive functions and awareness, and mood affective disorder. The ISP noted Resident 3 has a history of getting up during the night. Additionally, Resident 3 has a history of exhibiting banging of the head, picking at skin and pinching his/herself.

RESIDENT 4:
On 02/05/2024, at 8:49AM, Surveyor reviewed Resident 4's ISP dated 11/20/2023. The ISP specified the following diagnosis: intellectual disability, dysphagia, cataracts and unspecified convulsions. The ISP noted Resident 4 was restless at times due to sleeping during the day and required 2-hour checks for restlessness and incontinence changes.

RESIDENT 5:
On 02/05/2024, at 9:01AM, Surveyor reviewed Resident 5's ISP dated 08/01/2023. The ISP specified the following diagnosis: deaf-nonspeaking, epilepsy-unspecified, legal blindness and profound intellectual disabilities. Resident 5 used a wheelchair and required a one person assist with gait belt. The ISP further noted Resident 5 wakes up between 4AM-5AM. Resident 5 had a prn (as needed) medication if s/he has issues sleeping at night.

RESIDENT 6:
On 02/05/2024, at 9:12AM, Surveyor reviewed Resident 6's ISP dated 11/29/2023. The ISP specified the following diagnosis: weakness, intellectual disability, and insomnia. The ISP stated Resident 6 maneuvered in wheelchair and used a standing pivot for transfers. The ISP

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further noted, " ...sleeping pattern can vary ... When [s/he] gets up, [s/he] is usually ready to eat ... difficulty going back to sleep ... usually needs to use bathroom or have a snack."

RESIDENT 7:
On 02/05/2024, at 9:19AM, Surveyor reviewed Resident 7's ISP dated 05/22/2023. The ISP specified the following diagnosis: flexion contractures, congenital quadriplegia, spastic quadriplegic, dysphagia, history of seizures and developmental disability. The ISP stated Resident 7 used a power wheelchair and one-person assist with a hoyer lift. The ISP further noted Resident 7 requires repositioning every 2-3 hours and brief changes when needed.

RESIDENT 8:
On 02/05/2024, at 9:59AM, Surveyor reviewed Resident 8's ISP dated 01/18/2024. The ISP specified the following diagnosis: chronic pain due to trauma, seizure disorder and incontinence. The ISP stated Resident 8 transferred with mechanical lift and used a wheelchair. The ISP further noted Resident 8 required 2-hour bed checks and assist with incontinence needs overnight.

Under the section for supervision, all residents' ISPs noted "Staff are always present when the client is in the program."

On 02/05/2024 at 7:15AM, Surveyor reviewed the schedule for 01/26/2024 and 01/27/2024. The schedule reflected Caregiver C was scheduled for 01/26/2024 at 10:00PM with the shift ending on 01/27/2024 at 8:00AM. Caregiver D was listed for the same dates and start time. The end date and time were the same, except ending at 10:00AM. Surveyor noted Caregiver D's name was

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N 396	Continued From page 6 highlighted in yellow, which CSM-B confirmed the highlight means the person is on-call only. On 02/05/2024, at 1:24PM, Surveyor reviewed the document titled, "Meadow Ridge Attestation Letter 2.1.24" completed by Operations Support Specialist E. The Attestation letter documented the provider's investigation. The investigation confirmed there were no staff present from approximately 10:00PM to 4:00AM due to "multiple communication errors." Conclusion: On 01/26/2024, Caregiver C was scheduled to work at the Meadow Ridge location and Caregiver D was scheduled to be on on-call. Caregiver C did not confirm the presence of Caregiver D prior to departing the Meadow Ridge location to work at another location. Residents with overnight needs varying from toileting assistance, repositioning assistance, incontinence assistance and supervision were left alone for approximately six hours.	N 396		