STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015552	A. BUILDING: _____ B. WING _____	R-C 10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA II	8730 B PACKING PLANT RD MINOCQUA, WI 54548

(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 10/03/2024, Surveyor conducted a verification visit and complaint investigation (x4) at Country Terrace Minocqua II. An additional complaint was received on 10/07/2024. Data collection continued through 10/09/2024. The deficiencies identified in statement of deficiency (SOD) NB6612 were corrected. Two of 4 complaints were substantiated. Two deficiencies were identified. One deficiency was a repeat violation. See Statement of Deficiency (SOD) NB6611, dated 08/09/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 10	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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

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N 389	Continued From page 1	N 389		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not update Resident 2's Individual Service Plan (ISP) annually or when there was a change in the resident's needs, abilities or physical or mental condition.

Findings include:

The provider is licensed to care for up to 10 residents in the following client groups: physically disabled, irreversible dementia/Alzheimer's disease, terminally ill, and advanced age. The facility is connected to the provider's licensed community based residential facility (CBRF), Country Terrace Minocqua I. The 2 CBRFs have a shared entrance, lounge area, dining room, and kitchen.

On 07/08/2024 and 08/12/2024, the department received complaints alleging a resident's clothes, bedding and bathroom were often soiled with feces, and care plans were not being followed or updated.

On 10/03/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 07/08/2023. Resident 2's ISP (dated 02/04/2024) noted, "Resident is incontinent of bladder, and will take dirty briefs, wash them and put them in the drawer. Resident will be on a hour toileting schedule per family." The ISP also noted, "Resident will wash depends [sic] that are dirty and either wear again, or put back in [his/her] drawer. Staff is to do hour checks."

On 10/08/2024 at approximately 9:10 AM, Surveyor interviewed Caregiver D via telephone.

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N 389	Continued From page 2 Surveyor asked Caregiver D if resident care plans were being implemented and followed. Caregiver D stated, "I think they are being followed." Surveyor asked Caregiver D if staff checked on Resident 2 every hour as noted in Resident 2's ISP. Caregiver D reported, "We can't get into [Resident 2's] room every hour with all the bells and whistles going off and needs of the other residents." Caregiver D indicated that Resident 2 is incontinent and his/her brief needs to be checked, but staff were not able to check on Resident 2 every hour as noted in the ISP. On 10/08/2024 at approximately 12:20 PM, Surveyor asked Director A via e-mail if Resident 2 gets checked/toileted every hour. On 10/08/2024 at approximately 2:15 PM, Director A noted the following via e-mail, "When latest ISP was done, family asked that we try to toilet [him/her] hourly to try to not have messes but [Resident 2] would not allow that it irritated [him/her] [sic] because [s/he] felt like [s/he] was being treated like a child. So family told us to do what works. ISP needs update." The provider did not update Resident 2's ISP when there were changes in conditions and abilities.	N 389		
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 record review and interview, the	N 396		

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N 396	Continued From page 3	N 396		

provider did not ensure employees were provided in sufficient numbers on a 24-hour basis to meet the needs of the residents.

This is a repeat deficiency. See Statement of Deficiency (SOD) NB6611, dated 08/09/2023.

Findings include:

The provider is licensed to care for up to 10 residents in the following client groups: physically disabled, irreversible dementia/Alzheimer's disease, terminally ill, and advanced age. The facility is connected to the provider's licensed community based residential facility (CBRF), Country Terrace Minocqua I. The 2 CBRFs have a shared entrance, lounge area, dining room, and kitchen. Country Terrace Minocqua II will be referred to as "Side 2" and Country Terrace Minocqua I will be referred to as "Side 1."

On 09/12/2024, the department received a complaint alleging the overnight (NOC) shift was staffed with two people and cares were not getting done.

On 10/03/2024 at approximately 10:35 AM, Surveyor interviewed Director A about staffing schedules. Director A stated there was one schedule for both buildings (Side 1 and Side 2) and the schedule depicted which side staff were assigned to work. Surveyor asked Director A about the staffing pattern for Side 1 and Side 2. Director A reported that 4 staff worked on AM shift (6 AM - 2 PM), 4 staff worked on PM shift (2 PM - 10 PM), and 2 staff worked on NOC shift (10 PM - 6 AM). Director A indicated that 2 staff were assigned to work on Side 1 and 2 staff were assigned to work on Side 2 during the AM shift; 2 staff were assigned to work on Side 1 and 2 staff

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N 396	Continued From page 4	N 396		

were assigned to work on Side 2 during the PM shift; 1 staff was assigned to work on Side 1 and 1 staff was assigned to work on Side 2 during the NOC shift. Director A noted that sometimes an extra staff person was scheduled to "float" between Side 1 and Side 2 during NOC shift. Surveyor asked Director A about resident cares and how many residents required the assistance of two or more staff members for cares and transfers. Director A stated that Resident 1 required the assistance of two staff members for cares and/or transfers.

On 10/03/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/23/2024. Resident 1's individual service plan (ISP) noted that Resident 1 needed two people to assist him/her with repositioning and bathing.

On 10/03/2024, Surveyor reviewed staff schedules from June 2024 to September 2024. The schedules indicated staff were assigned to work on Side I or Side II during the AM, PM and NOC shifts. The schedules indicated there were 2 staff scheduled to work on Side 1 and 2 staff scheduled to work on Side 2 during the AM shift and PM shift and there was 1 staff scheduled to work on Side 1 and 1 staff scheduled to work on Side 2 during the NOC shift.

On 10/07/2024 at approximately 10:55 AM, Surveyor interviewed Caregiver B via telephone. Caregiver B indicated that Caregiver B worked at the facility for the past seven years. Caregiver B indicated that s/he worked the NOC shift with Caregiver C. Caregiver B reported that the schedule depicted whether or not a caregiver worked on Side 1 or Side 2. Caregiver B stated that most of the time, a total of two staff worked NOC shift and covered Side 1 and Side 2.

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N 396	Continued From page 5 Surveyor asked Caregiver B if there were any residents that required the assistance of two people. Caregiver B reported that Resident 1 required the assist of 2 people for cares, toileting and/or transfers. On 10/08/2024 at approximately 12:20 PM, Surveyor asked Director A via e-mail about how many staff are needed to transfer Resident 1. On 10/08/2024 at approximately 2:15 PM, Director A noted the following via e-mail: "[Resident 1] does need 2 to roll [him/her] in bed; [s/he] cannot roll on [his/her] own with [his/her] bum [sic] shoulder and pain in [his/her] back. When [s/he] first came [s/he] needed 2 to 4 of us to get [him/her] up. One on each side of [him/her], one behind to hold [him/her] up sitting up on the edge of the bed and one to hold down the front of [his/her] walker...And 3 to assist [him/her] back to the bed." On 10/09/2024 at approximately 10:00 a.m., Surveyor interviewed Director A via telephone. Director A confirmed the facility had two separate licenses and tried to staff Side 1 and Side 2 with 2 people per shift. Director A stated that two people usually worked the NOC shift - 1 person on Side 1 and 1 person on Side 2. Director A commented, "We need another person on NOC [sic] shift." The provider did not ensure sufficient staffing on a 24-hour basis to meet the needs of the residents at all times.	N 396		