STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018490	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELUS VILLAGE OF MANITOWOC LLC	1010 BAYSHORE DRIVE MANITOWOC, WI 54220

(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
U 000	INITIAL COMMENTS An investigation into 2 complaints and an abbreviated survey was conducted at Angelus Village of Manitowoc LLC on 09/24/2024 with information gathered through 10/03/2024. As a result of this survey 2 of 2 complaints were substantiated with 3 deficiencies identified related to the complaints. Census: 50	U 000		
U 171	89.26(4) ANNUAL REVIEW A tenant's capabilities, needs and preferences identified in the comprehensive assessment shall be reviewed at least annually to determine whether there have been changes that would nescessitate a change in the service or risk agreement. The review may be initiated by the facility, the county department designated under sub. (3)(c)2., or at the request of or on the behalf of the tenant. This Rule is not met as evidenced by: Based on record review and interviews, Tenant 1's capabilities, needs and preferences were not reviewed at least annually to determine whether there had been changes that would necessitate a change in the service or risk agreement. Additionally, the provider did not ensure Tenant 1's needs and abilities were comprehensively re-assessed when Tenant 1 experienced multiple unwitnessed falls. Findings include: On 09/24/2024, Surveyor reviewed Tenant 1's closed record. Tenant 1 was admitted to the	U 171		

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

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facility on 12/27/2019 with diagnoses to include above the knee amputation of the right lower extremity. Tenant 1's closed record included three comprehensive assessments/ISPs (Individual Service Plan) dated 01/02/2020, 12/30/2020 and 04/19/2023. A note on the top of all three comprehensive assessments/ISPs indicated, "To be completed within 30 days of move-in and updated every year, or upon residents change in condition." Surveyor noted Tenant 1 was not assessed annually in 2021 or 2022. On 09/30/2024 at 10:05 AM, Surveyor interviewed Executive Director A. Executive Director A verified s/he provided all of Tenant 1's comprehensive assessments/ISPs during Tenant 1's stay to Surveyor and stated the above ISP's "Are all I have." Additionally, Tenant 1 was not comprehensively re-assessed after a series of multiple unwitnessed falls. On 04/19/2023, the provider completed a comprehensive assessment/ISP for Tenant 1. Tenant 1's mobility needs were assessed as "One assist during transfers uses a motorized scooter-amputated right leg." It was noted Tenant 1 required one assist with toileting and staff assist with toileting as needed with Tenant 1 using her/his pendant to call for assistance. Within this same assessment, under the category of "Safety Concerns," Tenant 1 was assessed as "All transfers with one assist for safety/supervision. Evaluate environment for hazards." Surveyor did not find evidence in the 04/19/2023 comprehensive assessment/ISP regarding Tenant 1 having falls or being at risk for falls.

Surveyor noted Tenant 1 had ten unwitnessed falls in her/his apartment from 03/2023 through 07/2023. The falls were documented as follows:

*03/25/2023 at 5:20 AM- Staff found [Tenant 1] on

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floor, sitting up between her/his bed and scooter. No obvious injury
*04/01/2023 between 4:20 PM-4:40 PM- [Tenant 1] fell out of [his/her] chair while s/he was sleeping...Staff heard [Tenant 1] groining and called for assistance. The fall resulted in an "abrasion."
*04/11/2023 at 12:00 AM- [Tenant 1] was self transferring in the bathroom and said [s/he] fell face first onto the ground, causing bruising on the nose and a nosebleed. [Tenant 1] was also complaining about [her/his] leg hurting around the knee area.
*04/21/2023 at 6:00 AM-Found [Tenant 1] in bedroom. Scooter chair was by bathroom. [Tenant 1] must have crawled to bedroom...No obvious injury.
*04/23/2023 at 11:15 AM- [Tenant 1's] family called to report [Tenant 1] had called to inform family [Tenant 1] was stuck between bed and scooter...When entering room [Tenant 1] was on the floor by scooter...No obvious injury.
*04/25/2023 at 6:00 AM- Went in [Tenant 1's] room, found [Tenant 1] laying on the floor sleeping, didn't know how [s/he] got there...No obvious injury.
*06/19/2023 at 3:30 AM- Heard [Tenant 1] yelling for help. Upon arrival [Tenant 1] was pinned between bed, scooter, and nightstand. Helped [Tenant 1] up, patched a skin tear on right hand.
*07/13/2023 around 7:25 AM- Staff heard [Tenant 1] calling for help. Staff entered room and found [Tenant 1] on the floor in [her/his] bedroom by nightstand. [Tenant 1] received a cut on nose and right cheek bone...
*07/14/2023 no time recorded- Found on floor sleeping next to [her/his] wheelchair...No injuries.
*07/21/2023 late entry- [Tenant 1] had a fall at 1:38 AM. Found in kitchen area. Left side face cut open. Was out of scooter chair. EMTs came

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U 171	Continued From page 3 and took [Tenant 1] to hospital. An ED (Emergency Department) report for Tenant 1 dated 07/20/2023 indicated, "[Tenant 1] presents to the ED, via an ambulance, after [s/he] fell and hit [her/his] face on a sharp object, possibly [her/his] wheelchair, sustaining a large laceration to [her/his] face. The [tenant] does not remember exactly what happened. [S/he] believes [s/he] may have gotten dizzy while [s/he] was on [her/his] wheelchair, leading to the fall. [S/he] is also not sure what [s/he] hit when [s/he] fell. Unclear if [s/he] lost consciousness. [Tenant 1] was found on the floor by the nursing staff, bleeding from [her/his] face...[Tenant 1] falls frequently. [S/he] is wheelchair-bound and is non-ambulatory...Current symptoms: Reports headache. Associated symptoms: dizziness and headaches. Review of Systems- ...Skin: Positive for wound (Large laceration on the left face). Neurological: Positive for dizziness, syncope, facial asymmetry, light-headedness...Physical Exam- ...General: [S/he] is in acute distress ...Comments: Several bruises were noted on [her/his] face, including [her/his] nose and right cheek. A large laceration is noted on the left side of [her/his] face, just lateral to the left orbit. It is a full-thickness laceration, triangular-shaped and about 12 cm in its total dimension...A skin tear was noted on the flexor surface of the left forearm ...Right lower extremity: Several bruises are present...Admitted to the hospital." A Hospital Discharge Summary for Tenant 1 noted the tenant was admitted to the hospital on 07/20/2023 and discharged on 07/28/2023 and indicated, "Hospital Course: [Tenant 1] was admitted to the critical care unit in guarded condition. Head of bed was kept elevated, and [Tenant 1] received local wound cares. [Tenant 1]	U 171		

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had close serial monitoring of neurologic status... [Tenant 1] noted multiple areas of ecchymosis and skin injury due to [her/his] multiple and repeated falls. [Tenant 1] received supportive cares consisting of local wound care, antibiotic therapy, analgesics and antiemetics as indicated...Wound therapy also assessed and made recommendations for [Tenant 1's] numerous tissue injuries from [her/his] prior falls. [Tenant 1] will need follow up with physician for suture removal later this week. [Tenant 1's] head CT was repeated on 7/24 which noted ongoing stability and no intracranial abnormalities...Discharge to rehabilitation facility in a stable condition."

***Surveyor was unable to find an updated assessment in Tenant 1's record to address the fall incidents, possible contributing factors and interventions to reduce the risk for fall related injuries.

INTERVIEWS

On 09/24/2024 at 1 PM, Surveyor interviewed Associate Director C regarding Tenant 1. Associate Director C indicated Tenant 1 utilized a motorized scooter, had one leg and required staff assistance getting in and out of bed and on and off the toilet. Associate Director C stated, "[Tenant 1] did have some falls out of bed. [Tenant 1] was not always alert during the night, [s/he] was very out of sorts and would have dreams. [Tenant 1] was very different at night then during the day. [Tenant 1's] thinking ability decreased at night."

On 09/24/2024 at 12:20 PM, Surveyor interviewed RA (Resident Assistant)-D regarding Tenant 1. RA-D stated, "[Tenant 1] could not

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walk. The only way [Tenant 1] could get around was with a powered or manual wheelchair. [Tenant 1] would have frequent falls mostly out of bed. Some falls [Tenant 1] would crawl into [her/his] living room apartment and wouldn't remember what happened. Other falls happened when [Tenant 1] was in the bathroom trying to get on and off the toilet."

On 09/24/2024 at 12 PM, Surveyor interviewed RA-E regarding Tenant 1. RA-E stated, "[Tenant 1] couldn't walk and only had one leg. [Tenant 1] had falls trying to get out of bed because [s/he] would have vivid dreams [s/he] had a second leg and could walk...Some days [Tenant 1] seemed out of it because of the different pain meds [s/he] was taking."

On 09/24/2024 at 11:30 AM, Surveyor interviewed RA-F regarding Tenant 1. RA-F indicated [Tenant 1] did not walk, had one leg, and utilized a motorized wheelchair for mobility. RA-F stated, "[Tenant 1] did have falls. When [Tenant 1] fell it was mostly out of bed. [Tenant 1] would have falls when [s/he] would self-transfer on or off the scooter, bed, or toilet."

On 10/02/2024 at 6 PM, Surveyor and Executive Director A discussed Tenant 1's assessments and fall incidents. Executive Director A stated, "There is a note in [Tenant 1's] chart notes dated 08/02/2022, that we pulled [Tenant 1's] motorized scooter away from the bed, used a fall mat and a wedged pillow when [Tenant 1] was in bed as fall interventions." Executive Director A verified the last comprehensive assessment for Tenant 1 was dated 04/19/2023 and did not identify falls, the tenant's risk for falls, or fall interventions. Executive Director A indicated s/he would look for additional information and provide it to Surveyor

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U 171	Continued From page 6 by the end of the business day on 10/03/2024. No additional information was received. The provider did not ensure Tenant 1 had his/her needs and abilities assessed yearly and comprehensively re-assessed when Tenant 1 experienced multiple unwitnessed falls. The last updated assessment was completed on 04/19/2023 and did not address Tenant 1's falls, fall risk or interventions to prevent or reduce the chance for similar falls. Cross Reference U0200 DHS 89.28(2)(a)1 Risk Agreement	U 171		
U 200	89.28(2)(a)1. RISK AGREEMENT (2) CONTENT. A risk agreement shall identify and state all of the following: (a) Risk to tenants. 1. Any situation or condition which is or should be known to the facility which involves a course of action taken or desired to be taken by the tenant contrary to the practice or advise of the facility and which could put the tenant at risk of harm or injury. This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop a risk agreement that identifies a condition which is known to the facility that puts the tenants at risk. Tenant 1 had a history of falls that were not addressed to reduce	U 200		

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the chance for similar falls and prevent harm or injury to the Tenant.

Findings include:

On 09/24/2024, Surveyor reviewed Tenant 1's closed medical record. Tenant 1 was admitted to the facility on 12/27/2019 with diagnoses to include above the knee amputation of right lower extremity. Tenant 1's ISP (Individual Service Plan) dated 04/19/2023 documented the tenant required staff assistance with dressing, grooming, bathing, and toileting. Additionally, the ISP indicated, "Safety Concerns-Services Needed: All transfers with one assist for safety/supervision. Evaluate environment for hazards...Mobility-Services Needed: One assist during transfers. Uses motorized scooter-Amputated right leg." Surveyor noted Tenant 1 had ten unwitnessed falls in her/his apartment from 03/2023 through 07/2023. The falls were recorded as follows:

*03/25/2023 at 5:20 AM- Staff found [Tenant 1] on floor, sitting up between her/his bed and scooter. No obvious injury
*04/01/2023 between 4:20 PM-4:40 PM- [Tenant 1] fell out of [his/her] chair while s/he was sleeping...Staff heard [Tenant 1] groining and called for assistance. The fall resulted in an "abrasion."
*04/11/2023 at 12:00 AM- [Tenant 1] was self transferring in the bathroom and said [s/he] fell face first onto the ground, causing bruising on the nose and a nosebleed. [Tenant 1] was also complaining about [her/his] leg hurting around the knee area.
*04/21/2023 at 6:00 AM-Found [Tenant 1] in bedroom. Scooter chair was by bathroom. [Tenant 1] must have crawled to bedroom...No

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U 200	Continued From page 8 obvious injury. *04/23/2023 at 11:15 AM- [Tenant 1's] family called to report [Tenant 1] had called to inform family [Tenant 1] was stuck between bed and scooter...When entering room [Tenant 1] was on the floor by scooter...No obvious injury. *04/25/2023 at 6:00 AM- Went in [Tenant 1's] room, found [Tenant 1] laying on the floor sleeping, didn't know how [s/he] got there...No obvious injury. *06/19/2023 at 3:30 AM- Heard [Tenant 1] yelling for help. Upon arrival [Tenant 1] was pinned between bed, scooter, and nightstand. Helped [Tenant 1] up, patched a skin tear on right hand. *07/13/2023 around 7:25 AM- Staff heard [Tenant 1] calling for help. Staff entered room and found [Tenant 1] on the floor in [her/his] bedroom by nightstand. [Tenant 1] received a cut on nose and right cheek bone ... *07/14/2023 no time recorded- Found on floor sleeping next to [her/his] wheelchair...No injuries. *07/21/2023 late entry- [Tenant 1] had a fall at 1:38 AM. Found in kitchen area. Left side face cut open. Was out of scooter chair. EMTs came and took [Tenant 1] to hospital. ***Surveyor noted Tenant 1 suffered a severe laceration to her/his face as well as a hematoma to her/his left leg following this fall. Tenant 1 was hospitalized from 07/20/2023 until 07/28/2023 to care for her/his injuries related to the fall and did not return to the facility. The record indicated Tenant 1 entered into a risk agreement with the provider on 12/27/2019 and 05/01/2023 addressing Tenant 1's risks regarding medication management, use of electric scooter and increased assistance with cares. The risk agreements did not address what the facility will and will not do to meet Tenant 1's fall risk needs or identify alternatives offered to reduce falls and	U 200		

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U 200	Continued From page 9 prevent harm or injury from future falls. On 09/30/2024 at 10:24 AM, Surveyor asked Executive Director A if the provider had a risk agreement that identified and addressed Tenant 1's falls and fall risk. Executive Director A stated, "Not a specific one to address all those; just the fall reports, Negotiated Risk Agreements (12/27/2019 and 05/01/2023) and chart notes to support all the falls. There was no information provided by Executive Director A to show a risk agreement had been identified addressing the risk of falls had by Tenant 1. In conclusion, Tenant 1's negotiate risk agreements did not contain information Tenant 1 had falls, was at risk for falls, or what the provider will and will not do to meet the tenant's fall risk needs. Additionally, the negotiate risk agreements did not identify alternatives offered to reduce falls or prevent harm/injury from future falls. Cross Reference U0171 DHS 89.26(4) Annual Review	U 200		
U 263	89.34(12) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following:	U 263		

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U 263	Continued From page 10 (12) CONFIDENTIALITY OF RECORDS. To have his or her medical, personal and financial records kept confidential consistent with all applicable federal and state statutes, rules and regulations. For the purposes of registration, certification and administration, staff of the residential care apartment complex, the department, and any county department or aging unit designated to administer the medicaid waiver for those tenants whose services are paid for under s.46.27(11) or 46.277, Stats, shall have access to a tenant's records without the tenant's consent, but may not disclose the information except as permitted by law. This Rule is not met as evidenced by: Based on observation, record review, and staff interviews the provider did not ensure confidentiality for 50 of 50 tenant's medical, personal, and financial information. Binders holding a face sheet for each tenant including medical and personal contact information was kept unlocked in 2 of 9 stairwells. Findings include: On 09/24/2024 Surveyors conducted an investigation into concerns from a community member that tenant's personal information was readily available for anyone to read who entered the 2 end stairwells on first floor and that it included dates of birth, social security numbers, medical and personal contacts and diagnoses. On 09/24/2024 at approximately at approximately 12:10 pm Surveyor entered the first floor end	U 263		

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stairwells which were open to all tenants, family, staff, and visitors. A plastic holder on the wall, immediately on entrance to the stairwell, contained a red binder in each end stairwell on the first floor. These binders contained a face sheet for each of the tenants in the facility with 2 examples as follows: Tenant 1's face sheet showed his/her diagnoses, Medicare number, social security number, physician, date of birth, and emergency contact information. Tenant 2's face sheet showed his/her diagnoses, Medicare number, social security number, date of birth, and emergency contact information.

On 09/24/2024 ED (Executive Director) - A provided Surveyor a copy of the Resident Rights (2019) given to each tenant on admission. This document states: Confidentiality of records. To have his or her medical, personal and financial records kept confidential consistent with all applicable federal and state statutes, rules and regulations.

The provider did not ensure each tenant's medical, personal and financial records were kept confidential by having them in an area accessible to all tenants, staff, and visitors.

During an interview with Surveyor on 09/24/2024 at 1:30 pm LIC (Licensee) - B indicated s/he was not aware these binders with personal information of tenants were in the stairwells and this information should not be available in a public area. LIC - B indicated these binders should be pulled today and this was not okay.

During an exit meeting with Surveyors on 09/24/2024 at approximately 2:30 p.m. ED- A indicated the binders were initially placed in the stairwells to be able to provide emergency

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U 263	Continued From page 12 personnel such as EMT's and Firemen basic information on the tenants if needed. They were not intended to be for the public to see but confirmed these areas were open to all staff, tenants, and visitors.	U 263		