STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019609	A. BUILDING: _____ B. WING _____	C 06/18/2024

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ALICE & LOUISES III LLC	800 SOUTH DRAKE AVENUE MARSHFIELD, WI 54449

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N 000	Initial Comments On 06/14/2024, Surveyor conducted a standard probationary and complaint survey at Alice and Louises III LLC. Data was collected through 06/18/2024. The complaint was substantiated. Six deficiencies were identified. Census: 6	N 000		
N 229	83.18(2) Employee records available upon request Employee records shall be available upon request at the CBRF for review by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have 2 of 2 employee records available when Surveyor requested. The licensee did not have Caregiver D and Caregiver E's employee files available until 4 days after Surveyor requested to review them. Findings include: On 06/14/2024 at approximately 11:15 a.m., Surveyor requested employee records from Licensee B, for Caregiver D and Caregiver E. Licensee B said Licensee A had the employee files offsite. Licensee B asked Surveyor if Licensee A could email the employee files on Monday or Tuesday, which would have been 06/17/2024 or 06/18/2024. Surveyor requested to review the employee files that day. Licensee B left the facility to retrieve the files.	N 229		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 229	Continued From page 1	N 229		

Licensee B returned to the facility at 12:55 p.m. Licensee B provided Surveyor with what s/he could find for Caregiver D's and Caregiver E's employee files.

Licensee B provided Surveyor with Caregiver D's Department of Justice (DOJ) report and the response to a caregiver background check letter from the Department of Health Service, also referred to as the Government Findings Report (GFR). There was no further documentation to review for Caregiver D's record.

Licensee B provided Surveyor with Caregiver E's training completed in 2020, his/her community based residential facility (CBRF) registry, signed employee agreement, and DOJ and GFR responses from the caregiver background check.

On 06/14/2024 at approximately 2:00 p.m., Surveyor conducted an onsite exit interview with House Manager (HM) C and Licensee B. Surveyor requested Caregiver D and Caregiver E's Background Information Disclosure (BID) forms, documentation that they were screened and tested for tuberculosis, training, and delegation by a registered nurse for administering nebulizers. Surveyor requested this information to be emailed or faxed by no later than noon on Monday, 06/17/2024.

On 06/17/2024 at 11:00 a.m., HM F, from Licensee A's other facility, called and left Surveyor a voicemail stating Licensee A and Licensee B went out of town camping and a tree fell on their truck and therefore they were unable to email the requested documentation by noon. At 12:45 p.m., Surveyor called HM F and told him/her to let Licensee A know that Surveyor will

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N 229	Continued From page 2 need the requested documentation by noon, 06/18/2024. On 06/18/2024 at approximately 12:35 p.m., Surveyor called Licensee A. Licensee A said s/he emailed everything at 11:58 a.m. but it did not go through as it was too large. Surveyor advised Licensee A to either fax or email the information in smaller quantities. On 06/18/2024 at approximately 12:45 p.m., Surveyor received emails from Licensee A with documentation from Caregiver D and Caregiver E's employee files. The licensee did not have employee files available until 4 days after Surveyor requested to review Caregiver D's and Caregiver E's employee files.	N 229		
N 283	83.26(1) Documentation of required employee training The CBRF shall maintain documentation of all employee training under s. DHS 83.21 and task specific training under s. DHS 83.22 and shall include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of task specific training under Wis. Admin. Code § DHS 83.22(2), to include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length	N 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 283	Continued From page 3 of training for 1 of 1 employees that was responsible for developing individual service plans (ISP). House Manager (HM) C did not have documented training for developing ISPs. Findings include: On 06/14/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 03/08/2024. S/he had a history of hospitalizations with recurrent pleural effusions (water around the lungs). Resident 1 had multiple falls since his/her admission. Resident 1's ISP, dated 04/09/2024, did not indicate Resident 1 was at risk for falls. The ISP did not indicate Resident 1's history of recurrent pleural effusions. The ISP was signed by HM C. On 06/14/2024 at approximately 12:15 p.m., Surveyor interviewed HM C. HM C told Surveyor the biggest concerns with Resident 1 were his/her breathing and falls. Surveyor explained to HM C that information should be included on Resident 1's ISP. HM C told Surveyor s/he developed Resident 1's ISP and did not know to include that information into the ISP. Surveyor explained that the ISP should give individual instructions to staff on how they should care for each resident. On 06/17/2024 at approximately 12:15 p.m., Surveyor interviewed HM C on the phone and asked if s/he received training on developing ISPs Surveyor requested any documentation related to training on developing ISPs. HM C told Surveyor s/he did not have formal training in developing ISPs. On 06/18/2024, Licensee A emailed Surveyor,	N 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 283	Continued From page 4 which read, in part: "In terms of ISP training, I showed [HM C] how to do ISP's [sic] which I have been doing for 15 years. However, I have reached out to ALEA (Assisted Living Education Academy) Training so [s/he] can take the class officially. I make sure there are reachable goals in place for each resident so we can monitor and update ISP to see if those goals are met, how they are trying to meet those goals, etc." On 06/18/2024 at approximately 1:30 p.m., Surveyor interviewed Licensee A on the phone. Surveyor asked if Licensee A documented the training HM C received on developing ISPs. Licensee A said s/he did not document it. Cross Reference N0386 DHS 83.35(3)(a) Comprehensive Individual Service Plan	N 283		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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	0019609	A. BUILDING: _____ B. WING _____	C 06/18/2024

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N 386	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop a comprehensive individual service plan (ISP) for 1 of 2 residents reviewed. Resident 1's ISP did not include his/her physical health need related to his/her breathing problems and it did not include his/her risk for falls. Findings include: On 06/14/2024 at approximately 10:35 a.m., Surveyor interviewed Resident 1 in his/her room. Resident 1 had audible wheezes. On 06/14/2024, Surveyor reviewed Resident 1's record in a binder and also his/her electronic medical record. Resident 1 was admitted to the facility on 03/08/2024. Resident 1 had multiple diagnoses, including: malignant neoplasm of the brain; mild intellectual disability; cognitive, social, or emotional deficit following unspecified cerebrovascular disease; pleural effusion (water around the lungs); muscle weakness; and dysphagia. Resident 1 was hospitalized from 02/04/2024 to 03/08/2024 for acute hypoxemic (low level of oxygen in blood) respiratory failure, influenza with pneumonia, and recurrent pleural effusion. Resident 1 had 6 falls from 03/08/2024 to 06/14/2024. His/her fall reports indicated the following: 03/14/2024 - Resident 1 went to sit down but fell to his/her knees.	N 386		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 386	Continued From page 6	N 386		

04/07/2024 - Resident 1 fell when s/he stood up to move to the chair s/he wanted to sit in to get dressed.
04/12/2024 - Resident 1 fell trying to put some pictures on his/her bedroom door. S/he did not have his/her walker within reach.
05/05/2024 - Resident 1 was standing with his/her walker, tried to turn off the TV and s/he lost his/her balance and fell to his/her knees.
05/18/2024 - Resident 1 was walking to the bathroom. S/he said his/her legs gave out and s/he fell.
05/30/2024 - Resident 1 told staff s/he slid off his/her bed while reaching for the remote.

Resident 1's ISP, dated 04/09/2024, read, in part: "Monitor that they are walking properly and comfortable. Give resident verbal prompting and encouragement as needed ... Resident's Desired Goals & Outcomes: To walk freely and independently in comfort ... Requires monitoring and assistance to transfer. Issuance of verbal prompting and physical assistance as needed ... Resident's Desired Goals & Outcomes: To transport efficiently from bed to wheelchair/device and around the home." The ISP was signed by House Manager (HM) C and Resident 1's managed care organization team.

Resident 1's ISP did not indicate Resident 1's history of recurrent pleural effusions or breathing problems. The ISP did not indicate Resident 1 used a walker and it did not indicate Resident 1 was at risk for falls.

On 06/14/2024 at approximately 12:15 p.m., Surveyor interviewed HM C. HM C told Surveyor his/her biggest concerns with Resident 1 was his/her breathing and falls. Surveyor explained to HM C the information should be included on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 386	Continued From page 7 Resident 1's ISP along with interventions on how staff should try to prevent falls and what staff should do if Resident 1 had difficulty breathing. HM C said s/he developed Resident 1's ISP from his/her managed care plan (MCP) as that is what was available to HM C for review. Surveyor did not locate Resident 1's pre-admission assessment in Resident 1's binder or electronic record. On 06/14/2024 at approximately 12:55 p.m., Licensee B returned to the facility with Resident 1's pre-admission assessment. On 06/18/2024 at approximately 1:30 p.m., Surveyor interviewed Licensee A on the phone. Surveyor explained concerns that Resident 1's ISP did not include his/her breathing problems and his/her risk for falls. Licensee A told Surveyor s/he thought that information was in Resident 1's ISP. Surveyor told Licensee A that Surveyor reviewed both Resident 1's binder and electronic record. The ISP in the electronic record was the same as the ISP in Resident 1's binder and they did not include that information. Resident 1's ISP did not include his/her physical health need related to his/her breathing problems and it did not include his/her risk for falls. Cross Reference N0480 DHS 83.42(3) Access To Resident Records	N 386		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified	N 397		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019609	A. BUILDING: _____ B. WING _____	C 06/18/2024

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N 397	Continued From page 8	N 397		

resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more.

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not ensure at least one qualified resident care staff was on duty and awake if at least one resident in the facility was in need of supervision, intervention, or services on a 24-hour basis to prevent, control or improve the resident's constant or intermittent mental or physical condition that may occur or may become critical at any time.

Resident 1 and Resident 3 were in need of supervision, intervention, or services on a 24-hour basis. Caregiver D was found sleeping on his/her shift.

Findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019609	A. BUILDING: _____ B. WING _____	C 06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 397	Continued From page 9 On 03/11/2024, the Department received a complaint that alleged staff were sleeping on their shift. The provider is licensed to care for up to 8 residents in the client groups of: terminally ill, developmentally disabled, irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, physically disabled, alcohol/drug dependent, traumatic brain injury, and advanced age. The provider's Program Statement, read, in part: "We are staffed for 24-hour care and staff is awake at night. There is never a time staff is not awake and alert to resident needs." On 06/14/2024, Surveyor reviewed Resident 1's record. Resident 1 had a chronic respiratory condition with recurrent pleural effusion (water on his/her lungs). S/he was hospitalized from 02/04/2024 to 03/08/2024 prior to his/her admission with hypoxemic (low oxygen in the blood) acute respiratory failure. S/he was hospitalized again from 05/21/2024 to 05/23/2024 with pneumonia, shortness of breath, and hypoxemia. Resident 1 had a chronic condition that could become critical at any time. On 06/14/2024, Surveyor reviewed Resident 3's record. Resident 3 had multiple mental health diagnoses, including paranoid schizophrenia, schizoaffective disorder, and depression. Resident 3 was under protective placement from the county. On 06/14/2024, Surveyor reviewed the employee schedule. The schedule indicated 1 staff worked per shift. Caregiver D worked multiple double shifts from March 2024 to current.	N 397		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019609	A. BUILDING: _____ B. WING _____	C 06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 397	Continued From page 10 On 06/14/2024 at approximately 11:15 a.m., Surveyor interviewed Licensee B and requested records. Surveyor asked if there had been any investigations into caregiver misconduct. Licensee B said s/he did not think for the time Licensee A and Licensee B took over the facility. On 06/14/2024 at approximately 12:15 p.m., Surveyor interviewed House Manager (HM) C. HM C told Surveyor s/he emailed Licensee A twice related to Caregiver D sleeping. S/he said one time s/he found Caregiver D sleeping and another time a previous employee had found Caregiver D sleeping. On 06/14/2024 at approximately 2:00 p.m., Surveyor conducted an onsite exit interview with Licensee B and HM C. Surveyor requested any documentation they had of an investigation of allegations of Caregiver D sleeping. Licensee B said s/he did not think Licensee A documented anything, but s/he did give Caregiver D a verbal warning. On 06/18/2024, Surveyor received an email from Licensee A. The email read, in part: "I have not done any investigations since my temporary license went into effect. I was not told of any caregiver misconduct. I was told that [Caregiver D] fell asleep during [his/her] shift and [s/he] was verbally warned that it was a 24-7 awake staff facility and [s/he] cannot sleep whatsoever. If [s/he] fell asleep again [s/he] would be written up and the next violation would be immediate dismissal." On 06/18/2024 at approximately 1:30 p.m., Surveyor interviewed Licensee A on the phone. Surveyor asked if s/he did a formal written	N 397		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALICE & LOUISES III LLC	800 SOUTH DRAKE AVENUE MARSHFIELD, WI 54449

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N 397	Continued From page 11 investigation into the allegations of Caregiver D sleeping. Licensee A said s/he did not do an investigation as s/he believed the staff member and believed Caregiver D was found asleep. Licensee A said s/he was only aware of one allegation of Caregiver D sleeping. S/he said s/he was not aware of an allegation when a former staff reported Caregiver D was sleeping. The provider did not ensure at least one qualified resident care staff was on duty and awake at all times.	N 397		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed received training, supervision, and delegation by a registered nurse (RN) for completing delegated nursing tasks of administration of nebulizer medications. Caregivers were responsible for administering nebulizer medications to 2 residents. Caregiver D and Caregiver E did not have delegation from an RN to administer these medications. Findings include:	N 416		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 416	Continued From page 12 Chapter N6.03(3) is the Standard of Practice for RN's and addresses the supervision and direction of delegated tasks. The RN may delegate a task based on the educational preparation and demonstrated abilities of the person supervised but must provide direction and assistance, and observe, monitor, and evaluate the effectiveness of the delegated tasks. On 06/14/2024, Surveyor reviewed Resident 1's record. Resident 1's individual service plan (ISP), dated 04/09/2024, for medication management read, "Current Status: Needs assistance administering medications. Resident's Desired Goals & Outcomes: To receive assistance from staff administering medications." Resident 1's June 2024 medication administration record (MAR) indicated Resident 1 had the following orders for nebulizer medications: Budesonide 0.5 milligrams - Inhale 1 vial nebulizer 2 times a day. Albuterol 0.083% - Inhale 1 vial via nebulizer every 6 hours as needed for wheezing. The MAR indicated Caregiver D and Caregiver E had administered these nebulizer medications to Resident 1 in June 2024. On 06/14/2024 at approximately 2:00 p.m., Surveyor requested documentation of Caregiver D and Caregiver E's delegation from an RN to administer nebulizer medications. On 06/17/2024 at approximately 12:15 p.m., Surveyor interviewed House Manager (HM) C on the phone and asked if s/he received training and delegation from an RN to administer nebulizer medications. HM C said s/he did not. HM C told	N 416		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019609	A. BUILDING: _____ B. WING _____	C 06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 416	Continued From page 13 Surveyor Resident 1 and Resident 2 had nebulizer medications. On 06/18/2024 at approximately 12:45 p.m., Surveyor received documentation that was missing from Caregiver D's and Caregiver E's employee files. Surveyor did not receive documentation of RN delegation for Caregiver D and Caregiver E to administer nebulizer medications. On 06/18/2024 at approximately 1:30 p.m., Surveyor interviewed Licensee A on the phone. Licensee A told Surveyor an RN did not complete training and delegation to the staff to administer nebulizer medications. Licensee A said s/he was not aware of that requirement. Surveyor reviewed the administrative code with Licensee A. Licensee A said Resident 1 self-administered his/her nebulizer. Surveyor asked if staff were storing, setting up Resident 1's nebulizer, and signing off that they administered the nebulizer medications. Licensee A said they were. Surveyor told Licensee A that was administering the nebulizer medication. Resident 1's ISP did not indicate s/he self-administered his/her nebulizer medications.	N 416		
N 480	83.42(3) Access to resident records. The employee in charge on each work shift shall have a means to access resident records. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the employee in charge had access to Resident 1's entire record. Findings include:	N 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019609	A. BUILDING: _____ B. WING _____	C 06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 480	Continued From page 14 On 03/11/2024, the Department received a complaint that new admissions did not have all of their admission paperwork completed prior to being admitted to the provider. On 06/14/2024 at approximately 11:15 a.m., Surveyor requested Resident 1's and Resident 3's records from Licensee B. Licensee B told Surveyor Licensee A had some of Resident 1's record at home as s/he was working on them. Surveyor requested Licensee B to bring in Resident 1's record when s/he went to retrieve employee records. On 06/14/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 03/08/2024. The admission agreement in Resident 1's binder did not contain any signatures or Resident 1's name on the following: program statement, money management, complaint procedure, contract, house rules, or resident bill of rights. There was no pre-admission assessment in Resident 1's record. There was no health screen to indicate Resident 1 was screened for tuberculosis (TB). Surveyor reviewed Resident 1's electronic record. These documents were not located in Resident 1's electronic record. Resident 1's electronic record did contain an evacuation assessment but Surveyor was unable to view it. Licensee B returned to the facility at 12:55 p.m. Licensee B provided Surveyor with a handwritten pre-admission assessment, dated 02/26/2024 and documentation from Resident 1's managed care organization. On 06/14/2024 at approximately 2:00 p.m., Surveyor conducted an onsite exit interview with	N 480		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 480	Continued From page 15 House Manager (HM) C and Licensee B. Surveyor requested Resident 1's admission agreement, TB test, and evacuation assessment. Surveyor requested this information to be emailed or faxed by no later than noon on Monday, 06/17/2024. On 06/17/2024 at 11:00 a.m., HM F, from Licensee A's other facility, called and left Surveyor a voicemail stating Licensee A and Licensee B went out of town camping and a tree fell on their truck. They were therefore unable to email the requested documentation by noon. At 12:45 p.m. Surveyor called HM F and told him/her to let Licensee A know that Surveyor will need the requested documentation by noon 06/18/2024. On 06/17/2024 at 12:15 p.m., Surveyor interviewed HM C on the phone. HM C said s/he was working when Resident 1 arrived at the provider. S/he said Resident 1 was transported to the facility by public transportation. Guardian G was not present as s/he resided out of state at that time. HM C said s/he developed a temporary service plan from the managed care plan (MCP) as that was the information that was available when Resident 1 was admitted. On 06/18/2024 at approximately 12:45 p.m., Surveyor received emails from Licensee A with documentation that was missing from Resident 1's record. Surveyor was unable to determine if Resident 1's admission paperwork was completed prior to or at the time of his/her admission as this information was not made available until 4 days after Surveyor requested Resident 1 's record.	N 480		