STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018067	A. BUILDING: _____ B. WING _____	C 12/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE FRANKLIN	**7220 SOUTH BALLPARK DRIVE FRANKLIN, WI 53132**

(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 On 12/17/2024, Surveyor completed a complaint investigation at New Perspective Franklin. As a result, 1 deficiency was identified. The complaint was substantiated. Census: 36	U 000		
U 211	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be updated when the tenant's condition or service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 tenant's (Tenant 1) risk agreement was updated when Tenant 1's condition or service needs changed in a way which affected risk. Findings include: On 11/05/2024, the department received a complaint alleging concerns with tenant wandering. On 12/17/2024, at 1:30 PM, Surveyors reviewed Tenant 1's record. Tenant 1 was admitted 07/13/2023 with diagnoses including Alzheimer's disease, anxiety disorder, cerebrovascular disease, and glaucoma. Tenant 1's initial comprehensive assessment, dated 07/07/2023, indicated Tenant 1 was oriented to person and place and her/his cognitive pattern/behavioral	U 211		

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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U 211	Continued From page 1	U 211		

expressions were forgetful, refusals, does not accept redirection, verbally aggressive, repetitive expressions and does not require cueing.

Tenant 1's comprehensive assessment was updated on 06/12/2024 for a change of condition related to cognition, emotional and mental health. Tenant 1's assessment indicated Tenant 1 was oriented to person and her/his cognitive pattern/behavior expressions were forgetful, socially inappropriate (including inappropriate elimination), uncooperative with cares, wanders, walks extensively, packing, refusals, does not accept redirection, sexually inappropriate, verbally aggressive, depressed/withdrawn, repetitive expressions and suspicious/paranoid. Tenant 1 does not respond to cues, needs interventions 10 or more times per 24 hours.

Tenant 1's Risk Agreement was dated 06/29/2023. Tenant 1's Risk Agreement indicated Tenant 1 was at risk for "Changes in condition resulting from not reporting unmet needs to Community nurses. Potential illness, injury resulting in the need for outside treatment or hospitalization, or death if change in condition is not timely reported to Community nurses."

On 12/17/2024, at 3:45 PM, Surveyors interviewed Wellness Director (WD) A and Clinical Educator (CE) B. WD A and CE B confirmed Tenant 1 experienced a change of condition which required the updated comprehensive assessment to identify Tenant 1's behaviors. CE B reported they do not complete risk agreements for wandering behaviors. CE B and WD A reported Tenant 1 has not had any elopements from the community.