STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018236	A. BUILDING: _____ B. WING _____	R-C 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE WAUKESHA	1701 E BROADWAY WAUKESHA, WI 53186

(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 11/02/2023, Surveyor conducted a verification visit at New Perspective Waukesha. Three deficiencies were identified. Two of 3 deficiencies were repeat violations. See statement of deficiency (SOD) #PHBR11, dated 06/29/2023 and SOD #IIF411, dated 04/20/2023. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 26	{N 000}		
{N 353}	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the resident right to prompt treatment appropriate to resident needs when 1 of 1 resident reviewed (Resident 2) did not have access to 2 staff to meet his/her needs. The provider did not ensure a qualified caregiver to pass medications to residents on the 3rd shift on 10/20/2023. This is a repeat violation. See statement of deficiency (SOD) PHBR11, dated 06/20/2023. Findings include:	{N 353}		

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

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{N 353}	Continued From page 1 On 10/30/2023, Surveyor conducted a verification visit and identified the following: On 10/30/2023, Surveyor reviewed the resident roster. There were 26 residents. At 10:10 AM, Caregiver I and Caregiver K identified Resident 2 as requiring 2 staff assist with cares. A review of the provider's employee schedule dated September and October 2023 documented: September 2023 3rd shift (10pm-6am): The schedule documented 09/08/2023 and 09/20/2023 where only 1 caregiver was working. October 2023 3rd shift (10pm-6am): The schedule documented 10/10/2023, 10/20/2023, and 10/29/2023 where only 1 caregiver was working. On 10/20/2023, the 1 caregiver assigned, Caregiver L was not on the CBRF registry for medication administration. The provider did not have a qualified caregiver to pass medications to residents on the 3rd shift on 10/20/2023. Surveyor reviewed Resident 2's record. Resident 2 was admitted on 06/27/2022 with diagnosis including traumatic hemorrhage of cerebrum, muscle weakness, lack of coordination, and cognitive communication deficit. Resident 2 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 2's individual service plan (ISP) dated 05/10/2023 documented: "Transfer: Full Body Lift, Notes: Resident requires caregiver assist of 2. Use the resident's Hoyer or full body type mechanical lift." On 10/30/2023 at 1:34 PM, Surveyor conducted an exit conference and shared findings with Administrator H. Administrator H stated this was	{N 353}		

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{N 353}	Continued From page 2 his/her 2nd full week at the provider and after reviewing employee schedules, it appeared the provider had only scheduled 1 caregiver on the above dates. Administrator H stated s/he would like to work with human resources to review employee timesheets to ensure staff schedules were accurate. Surveyor and Administrator H agreed employee schedules would be submitted no later than 11/02/2023 at 10:00 AM. On 11/02/2023, Surveyor received employee timesheets from Administrator H. A review of employee timesheets dated September 2023-October 2023 confirmed the above dates, where only 1 caregiver was working.	{N 353}		
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 provider did not ensure there were sufficient number of employees on a 24-hour basis to meet the needs of all residents. Between 10/16/2023-10/21/2023, Resident 3 experienced 4 episodes of call pendant/and or emergency pull cord wait times exceeding 20 minutes. Between 10/16/2023-10/29/2023, Resident 4 experienced 23 episodes of call pendant/and or emergency pull cord wait times exceeding 20 minutes.	N 396		

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N 396	Continued From page 3 This is a repeat deficiency. See statement of deficiency (SOD) IIF411, dated 04/20/2023. Findings include: On 10/30/2023, Surveyor conducted a verification visit and reviewed resident records. The following was found: Pull cords are located in resident bathrooms and call pendants are worn by residents. Example 1-Resident 3 Resident 3 was admitted on 08/21/2023 with diagnoses including peripheral vascular disease, dementia, and repeated falls. Resident 3 is their own legal decision maker. Resident 3's individual service plan (ISP) dated 10/08/2023 documented Resident 3 required assistance with bathing, dressing, grooming, transferring, laundry, housekeeping, and ongoing health monitoring. Resident 3's ISP documented: "Call System: Pendant-Resident has a call response pendant. Team members to check that call pendant is within reach of resident with each encounter. Team members to notify supervisor if pendant is missing or not functioning. Resident has a call response pendant." Resident 3's call pendant/emergency pull cord logs for October 2023 documented the following times greater than 20 minutes: 10/16/2023 11:23 PM-31 minutes 10/17/2023 4:26 AM-50 minutes 10/18/2023 2:33 PM-32 minutes 10/21/2023 4:05 PM-68 minutes Example 2-Resident 4	N 396		

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N 396	Continued From page 4 Resident 4 was admitted on 06/21/2022 with diagnoses including retention of urine, hypertension, and intervertebral disc disorders. Resident 4 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 4's ISP dated 04/06/2023 documented Resident 4 required assistance with bathing, dressing, grooming, transferring, laundry, housekeeping, and ongoing health monitoring. Resident 4's ISP documented: "Call System: Pendant-Resident has a call response pendant." Resident 4's call pendant/emergency pull cord logs for October 2023 documented the following times greater than 20 minutes: 10/16/2023 8:24 AM-49 minutes 10/16/2023 1:32 PM-148 minutes 10/17/2023 4:27 AM-56 minutes 10/17/2023 6:59 AM-23 minutes 10/19/2023 7:17 AM-42 minutes 10/20/2023 7:23 AM-40 minutes 10/21/2023 7:28 AM-55 minutes 10/22/2023 7:13 AM-36 minutes 10/22/2023 12:33 PM-21 minutes 10/22/2023 2:41 PM-47 minutes 10/22/2023 5:08 PM-39 minutes 10/22/2023 6:43 PM-40 minutes 10/22/2023 11:24 PM-30 minutes 10/23/2023 9:22 AM-150 minutes 10/24/2023 7:43 AM-70 minutes 10/25/2023 12:47 PM-39 minutes 10/25/2023 6:16 PM-81 minutes 10/25/2023 7:20 PM-28 minutes 10/26/2023 2:58 AM-42 minutes 10/27/2023 4:02 PM-76 minutes 10/28/2023 7:40 AM-65 minutes 10/29/2023 8:47 AM-129 minutes 10/29/2023 5:34 PM-29 minutes	N 396		

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N 396	Continued From page 5 On 10/30/2023 at 10:14 AM, Surveyor interviewed Caregiver K. Caregiver K stated staff are expected to respond to resident call lights within 10 minutes. Caregiver K noted staff carry a phone that will alert them when a call light is pushed. On 10/30/2023 at 11:39 AM, Surveyor interviewed Administrator H. Administrator H stated the expectation for staff to answer call lights is 10 minutes. Administrator H explained the provider's call light system and how it records response times. On 10/30/2023 at 1:34 PM, Surveyor conducted an exit conference and shared findings with Administrator H. Administrator H confirmed prior to providing records to the Surveyor, s/he reviewed resident call light reports and confirmed some of the times were longer than the provider's expectation for staff to respond. Administrator H noted since s/he was new s/he could not provide an answer to why call light response times exceeded 20 minutes for Resident 3 and Resident 4.	N 396		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications administered by the facility were kept locked. Findings include:	N 419		

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N 419	Continued From page 6 The provider is licensed to care up to 60 residents in the client groups of advanced age, irreversible dementia/Alzheimer's, terminally ill, and physically disabled. On the day of survey, the census was 8 residents on the CB side of the CBRF. On 10/30/2023 at 10:04 AM, Surveyor toured the CB side of the provider's CBRF. Surveyor observed the medication cart unlocked from 10:04 am-10:47 AM. On 10/30/2023 at 10:10 AM, Surveyor interviewed Caregiver I. Caregiver I stated Nurse J was the medication passer for the CBRF today. On 10/30/2023 at 10:50 AM, Surveyor interviewed Nurse J. Nurse J confirmed s/he was the medication passer for the CBRF. Surveyor informed Nurse J the medication cart was unlocked from at least 10:04 AM-10:47 AM. Nurse J stated s/he would go lock the medication cart. On 10/30/2023 at 1:34 PM, Surveyor conducted an exit conference and shared findings with Administrator H. Administrator A stated Nurse J informed him/her that s/he left the medication cart open on accident after morning medication pass. Administrator A confirmed resident medications administered by the CBRF should always be locked up.	N 419		