STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016870	A. BUILDING: _____ B. WING _____	R-C 10/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AN INNOVATIVE CARE CBRF	10628 22ND AVE PLEASANT PRAIRIE, WI 53158

(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 10/27/2023, Surveyor completed a verification visit and complaint investigation at An Innovative Care CBRF. As a result, 10 of the previous 11 deficiencies were corrected, 1 of the previous deficient practice is being re-cited, and 2 new deficiencies were identified, therefore a total of 3 deficiencies were identified. Two of 3 deficiencies were repeat violations (see Statement of Deficiency (SOD) PL7U11, dated 03/29/2019, SOD PL7U12, dated 12/12/2019, and SOD PL7U13, dated 02/17/2023..) The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{N 000}		
{N 287}	83.27(2)(a) Admissions compatible with the license class A CBRF may not admit or retain any of the following persons: A person who has an ambulatory or cognitive status that is not compatible with the license classification under s. DHS 83.04(2). This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure 2 of 7 residents were compatible with their license classification. The provider's license is for a Class CA (ambulatory) facility, Resident 5 utilized a cane for ambulation, Resident 6 utilized a walker	{N 287}		

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

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{N 287}	Continued From page 1 for ambulation. This is a repeat deficiency. See Statement of Deficiency PL7U13, dated 02/17/2023. Findings include: The facility is licensed as a Class CA (ambulatory) community based residential facility, able to serve up to 8 residents with traumatic brain injury, advanced aged, developmentally disabled, emotionally disturbed/mentally ill, irreversible dementia/Alzheimer's and/or terminally ill. Wis. Admin. Code § DHS 83.04 (2)(d) states: "A class C ambulatory CBRF (community based residential facility) serves only residents who are ambulatory but one or more of whom are not mentally capable of responding to a fire alarm by exiting the CBRF without any help or verbal or physical prompting." On 10/13/2023, at 10:45 AM, Surveyor toured the facility and observed the following: Interior: Upon entrance into the home, there were approximately 6 steps to the upper level and 5 steps to the lower level. Exterior: There were 3 steps from the sidewalk to the front door landing. The rear exit was ramped. Resident 5 was observed ambulating with a cane throughout the home. Resident 6 was observed ambulating with a	{N 287}		

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{N 287}	Continued From page 2 walker throughout the home. On 10/13/2023, at 11:00 AM, Surveyor interviewed House Manager A regarding the residents and the use of walkers and a canes. House Manager A confirmed Resident 5 utilized a cane with ambulation and Resident 6 utilized a walker for ambulation. House Manager A reported Resident 5 had previously used a wheeled walker, and now utilized a cane. House Manager A reported Resident 5 received a 30-day notice but had not found a new facility to accept her/him. House Manager A reported Resident 6 did not need the walker for ambulation. House Manager A reported Resident 6 would use the walker in the home as "more of a security thing." House Manager A confirmed the facility was licensed for ambulatory residents only. On 10/13/2023, at approximately 12:30 PM, Surveyor reviewed resident records and identified the following: -Resident 5 was admitted on 12/02/2022 with diagnoses including arthritis and neuropathy. Resident 5's preadmission assessment, dated 11/02/2022, under Mobility & Transferring, identified Resident 5 utilized a wheeled walker. Resident 5's Individual Service Plan (ISP), dated 01/19/2023, under Mobility & Transferring, identified Resident 5 as independent with ambulation. -Resident 6 was admitted on 11/03/2018, with diagnoses including osteoporosis, and unspecified dementia. Resident 6's preadmission assessment 08/15/2019, under Mobility & Transferring, identified Resident 6 as independent with ambulation. Resident 6's ISP, dated 04/10/2023, stated, "Independent with	{N 287}		

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{N 287}	Continued From page 3 ambulation. Resident tends to use a walker when s/he goes on outings that require high levels of walking ..." On 10/27/2023, at 10:30 AM, Surveyor interviewed Licensee E. Licensee E confirmed the facility was licensed to serve ambulatory residents. Licensee E reported 30-day notices had been issued and the residents would be moved once they were accepted to another facility.	{N 287}		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider issued a 30-day discharge notice to 1 of 1 resident (Resident 7) on 08/28/2023. Resident 7 was not allowed to return to the facility after Resident 7 was arrested and released from jail on 09/05/2023.	N 326		

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N 326	Continued From page 4 Findings include: On 09/23/2023, the department received a complaint regarding a resident was not allowed to return to the facility after receiving a 30-day notice. On 10/13/2023, at 12:30 PM, Surveyor reviewed Resident 7's record. Resident 7 was admitted to the facility on 09/27/2021 with diagnoses including bipolar disorder, alcohol abuse with alcohol-induced mood disorder, and chronic obstructive pulmonary disease. Surveyor reviewed Resident 7's incident reports and identified the following: -08/27/2023 - "The resident had been out fishing from 8 am to 2 pm. Staff observed residents [sic] was talking loudly and repeating herself/himself which are behaviors that s/he has shown when s/he had been drinking. Staff asked her/him is s/he had been drinking and resident stated that s/he had been drinking when s/he was out fishing. Resident went downstairs and started throwing her/his dresser drawers and belongings all around her/his bedroom while yelling curse words out." -08/29/2023 - "[Resident 7] was found smoking in her/his room by [staff on duty] (S.O.D.) when trying to give meds to [Resident 7] ....." -08/29/2023 - "at 10:15 pm [Resident 7] left on her/his bike and came back at 10:30pm smelling like alcohol with a garden gnome and a sunflower from someone's property ...." -08/30/2023 - "[Resident 7] was caught smoking in her/his room again ...."	N 326		

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-08/30/2023 - "[Resident 7] started yelling at S.O.D. saying that s/he is being treated with disrespect and started calling S.O.D. gay and cussing staff out ..."

Surveyor reviewed Resident 7's Individual Service Plan (ISP), dated 03/14/2023. Resident 7's ISP, under "Behavior Patterns: Aggressive/Combative Not Applicable ....Destructive/Abusive Not Applicable ...Wandering Risk Not Applicable."

Resident 7 was issued a 30-day discharge notice on 08/28/2023. The discharge notice stated, "The reason for your being discharged is that: Your health and/or safety and/or the safety of others is endangered by your remaining at this facility. You have not followed the Facility/House rules in which was agreed upon at the time of you [sic] admission to this facility. The anticipation date of your discharge is 9/27/2023. The location to which you'll be moving to: [to be determined] (TBD). You have a right to relocation assistance and to be prepared for and oriented to being discharged. A separate notice notice [sic] will be provided inviting you and others to a discharge planning conference ...."

On 10/13/2023, at approximately 2:15 PM, Surveyor interviewed House Manager A. House Manager A reported Resident 7 was sober for a year prior to admission to the facility. House Manager A reported Resident 7 started to have a decline in hygiene, and it was noticed Resident 7 was drinking. House Manager A reported Resident 7 would come home with random items s/he stole from neighboring houses and was caught attempting to break into a neighbor's house. Resident 7 was arrested and sent to jail. House Manager A reported when Resident 7 was released from jail, Resident 7 was immediately

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N 326	Continued From page 6 discharged due to Resident 7's safety and the safety of the other residents. When Surveyor inquired about why Resident 7 was discharged for her/his safety, House Manager A reported they could not stop Resident 7 from drinking, Resident 7 required more assistance with Resident 7's drinking concerns then they could provide. When Surveyor inquired about the safety of the other residents, House Manager A reported Resident 7 would be into verbal altercations with the other residents and staff. House Manager A confirmed Resident 7 did not engage in in physical altercations with residents and staff. On 10/27/2023, at 10:30 AM, Surveyor interviewed Licensee E. Licensee E confirmed Resident 7 was sent to a homeless shelter after Resident 7 returned from jail. When Surveyor inquired why Resident 7 was not allowed to return to the facility, Licensee E reported it was her/his understanding, Resident 7 had previous issues with drinking and the drinking had started up again. Licensee E reported s/he was looking out for the other residents. Licensee E reported Resident 7's care team and guardian were "on board with the plan."	N 326		
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	N 389		

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N 389	Continued From page 7	N 389		

resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 2 of 7 residents' (Resident 5 and Resident 6) Individual Service Plans (ISP) were updated with changes. Resident 5 utilized a cane for ambulation. Resident 6 utilized a walker for ambulation.

This deficiency is being cited for a third time. See Statement of Deficiency (SOD) PL7U11, dated 03/29/2019, and SOD PL7U12, dated 12/12/2019.

Findings include:

On 10/13/2023, at 10:45 AM, Surveyor observed the following:

Resident 5 was observed ambulating with a cane throughout the home.

Resident 6 was observed ambulating with a walker throughout the home.

On 10/13/2023, at 12:30 PM, Surveyor reviewed resident records and identified the following:

-Resident 5 was admitted on 12/02/2022 with diagnoses including arthritis, emphysema, depression, diabetes type 2, and neuropathy. Resident 5's preadmission assessment, dated 11/02/2022, under Mobility & Transferring, identified Resident 5 utilized a wheeled walker.

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Resident 5's Individual Service Plan (ISP), dated 01/19/2023, stated, "Independent with ambulation. Resident has been identified as a fall risk. Due to [diagnosis] of neuropathy [Resident 5] can lose her/his balance and fall if s/he is not careful."

-Resident 6 was admitted on 11/03/2018, with diagnoses including osteoporosis, unspecified dementia, acute chronic diastolic heart failure, pulmonary hypertension, and depression. Resident 6's preadmission assessment 08/15/2019, under Mobility & Transferring, identified Resident 6 as independent with ambulation. Resident 6's ISP, dated 04/10/2023, stated, "Independent with ambulation. Resident tends to use a walker when s/he goes on outings that require high levels of walking ..."

On 10/13/2023, at approximately 2:00 PM, Surveyor interviewed House Manager A. House Manager A confirmed the requirement for resident ISPs to be updated with changes. House Manager A confirmed Resident 5 utilized a cane for ambulation. House Manager A reported Resident 5 previously used a walker to assist with ambulation. House Manager A confirmed Resident 5's ISP did not report assistive devices Resident 5 utilized to assist with ambulation. House Manager A reported Resident 6 did not need to utilize a walker for ambulation. House Manager A reported Resident 6 felt safer utilizing a walker. House Manager A confirmed Resident 6's ISP was not updated to reflect Resident 6 utilized a walker inside the facility.

On 10/27/2023, at 10:30 AM, Surveyor interviewed Licensee E. Licensee E reported s/he was unaware the resident ISPs did not indicate Resident 5 and Resident 6 required assistance

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N 389	Continued From page 9 with ambulation. Licensee E reported s/he would ensure the ISPs were updated.	N 389		