STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009712	A. BUILDING: _____ B. WING _____	C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE	**258 N BEULAH ST ELLSWORTH, WI 54011**

(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 06/04/2025, Surveyor conducted a complaint investigation and standard survey at Parkside. Data collection continued through 06/05/2025. The complaint was substantiated. Four deficiencies were identified. Census: 7	N 000		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide Resident 1 with an admission agreement as required under s. DHS 83.29(2). Findings include: On 06/04/2025, Surveyor requested to review Resident 1's record. Resident 1 had an admission date of 10/07/2022, per the resident roster received from Program Manager (PM) A. Resident 1's admission agreement documented the admission date as 02/15/1995 and was signed by Resident 1's representative and the facility representative on 01/29/2025. On 06/05/2025 at approximately 9:05 AM, Surveyor interviewed PM A via phone and asked	N 301		

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

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N 301	Continued From page 1 why the dates did not match. PM A stated Resident 1 transferred within the company network from a different licensed facility and did not complete new admission paperwork as they did not consider the transfer a new admission. On 06/05/2025 at approximately 3:55 PM, Surveyor contacted PM A via phone to discuss the above concern. PM A stated s/he thought Resident 1 had an admission agreement upon admission to the facility. PM A stated s/he would send via email for review. On 06/05/2025 at 4:24 PM, PM A emailed Surveyor and stated s/he was unable to locate an admission agreement for Resident 1's admission to the facility in 2022.	N 301		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.	N 302		

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N 302	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was screened for clinically apparent communicable disease, including tuberculosis (TB), 90 days before or 7 days after admission. Findings include: On 06/04/2025, Surveyor requested to review Resident 1's record. Resident 1 had an admission date of 10/07/2022, per the resident roster received from Program Manager (PM) A. Resident 1's admission agreement documented the admission date as 02/15/1995 and was signed by Resident 1's representative and the facility representative on 01/29/2025. On 06/05/2025 at approximately 9:05 AM, Surveyor interviewed PM A via phone and asked why the dates did not match. PM A stated Resident 1 transferred within the company network from a different licensed facility and did not consider Resident 1 a new admission. PM A stated a health screening was not completed for Resident 1 upon admission to the facility on 10/07/2022.	N 302		
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	N 389		

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N 389	Continued From page 3	N 389		

manager, resident care staff, and other service providers as appropriate. The resident or 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 record review and interview, the provider did not ensure Resident 2's individual service plan (ISP) was updated to reflect behaviors and refusals of care.

Findings include:

On 03/13/2025, the Department received a complaint regarding resident care.

On 06/04/2025 at approximately 9:50 AM, Surveyor asked Caregiver B about Resident 2's behaviors. Caregiver B reported Resident 2 had tendencies to wipe and/or smear bowel movement (BM) throughout the home, in the bathrooms, upstairs, and downstairs. Caregiver B stated Resident 2 often refused staff assistance to wash hands or get washed up and showered frequently. When asked what interventions were in place, Caregiver B stated they sanitize the house often and continue to assist Resident 2 with hygiene.

On 06/04/2025 at approximately 10:30 AM, Surveyor asked Program Manager (PM) A about Resident 2's behaviors. PM A confirmed Resident 2's behavior with his/her BMs, and further stated Resident 2 was on fiber pills to help. PM A stated they do find it in both bathrooms, and other various places throughout the home. PM A

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N 389	Continued From page 4 informed Surveyor the expectation for staff was to "clean it up as it happens." Resident 2 had an admission date of 07/01/2014. On 06/04/2025, Surveyor requested to review Resident 2's record, including the most current ISP on file and the most current signed ISP. The most current signed ISP was reviewed by all parties and dated 04/01/2025. The ISP did not address the above behaviors reported by PM A and Caregiver B, and did not reflect interventions or provide directives to staff.	N 389		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on record review and interview, the provider did not follow an infection control program based on current standards of practice to prevent the transmission of Respiratory Syncytial Virus (RSV). Findings include: The provider is licensed to care for up to 8 residents in the client groups developmentally disabled, emotionally disturbed/mental illness, traumatic brain injury, physically disabled, terminally ill, and advanced aged. The Centers for Disease Control and Prevention	N 439		

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N 439	Continued From page 5	N 439		

(CDC), (Updated February 7, 2025), "Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions" Retrieved from https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html read in part: "Respiratory syncytial virus infection, in infants, young children and immunocompromised adults: Contact + Standard precautions for duration of illness, wear mask according to Standard Precautions. In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain."

On 06/04/2025 at approximately 9:45 AM, Surveyor entered the home and observed Resident 2 sleeping on the living room couch in a hospital gown. Surveyor asked Caregiver B if Resident 2 had been recently hospitalized. Caregiver B stated, "Yes, she returned recently from the hospital and has RSV." Surveyor observed Resident 1 in the recliner chair approximately 5 feet from Resident 2. Caregiver B was not wearing a mask. Resident 3 propelled self into the living room and parked his/her wheelchair in between Resident 1 and Resident 2. Surveyor asked Caregiver B how many residents had symptoms or tested positive for RSV. Caregiver B stated, "We've had 3 test positive and a bunch of other residents with symptoms who were treated. I am working alone because the other caregiver who was here was sick, so I sent [him/her] home." Caregiver B was not wearing a mask.

At approximately 9:50 AM, Surveyor observed Caregiver B provide cares to Resident 4 in bed.

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N 439	Continued From page 6 Caregiver B stated s/he had to call hospice because Resident 4 had a change overnight and was sick. Surveyor asked Caregiver B what interventions were in place to prevent the spread of RSV. Caregiver B stated, "Just social distancing as much as possible." Surveyor asked Caregiver B if staff were directed to wear masks throughout the duration of the outbreak. Caregiver B stated, "Not really." At approximately 10:15 AM, Program Manager (PM) A arrived on-site and confirmed they had 3 residents test positive for RSV and 3 residents who had symptoms and were treated with antibiotics with suspected RSV. Surveyor asked if they had been tracking symptoms or spread of the outbreak. PM A stated the nurse would have done everything s/he needed to do, and did not believe local county health was notified or involved. PM A confirmed they did not direct staff to wear masks to further prevent the outbreak. The provider's policy titled: "Bloodborne Pathogens Exposure Control Plan" was the provider's infection control policy, per PM A. PM A stated there was no other policy and procedure of which s/he was aware. The provider's bloodborne pathogen policy did not cover respiratory outbreaks.	N 439		