STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018750	A. BUILDING: _____ B. WING _____	R-C 03/28/2025

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VITACARE LIVING - MENOMONIE II	1902 TALEN STREET MENOMONIE, WI 54751

(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 03/18/2025, Surveyor conducted a verification visit, self-report investigation, and complaint investigation. Data was collected through 03/28/2025. Two of 4 complaints were substantiated. Four violations were identified. Two of 4 violations were repeat deficiencies. See Statement of Deficiencies (SOD) CN9L11, dated 11/11/2022 and SOD QLT612, dated 09/05/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 3's legal representative was notified when Resident 3 experienced changes in condition. Findings include:	N 169		

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

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N 169	Continued From page 1 On 03/19/2025, the Department received a complaint regarding the provider's lack of communication when residents experienced a change in condition. On 03/26/2025 at 9:49 AM, Surveyor received a call from Power of Attorney (POA) P. POA P stated s/he spoke with Assistant Executive Director (AED) G on 03/25/2025. POA P stated s/he asked if AED G had noticed a change in Resident 3's cognition. POA P stated AED G informed POA P that the staff noticed Resident 3 had stopped eating about 2 weeks ago, and his/her intake consisted of donuts and Ensure supplements. POA P stated AED G informed POA P that Resident 3 had lost another 10 pounds as of 03/11/2025 (2 weeks prior to the notice). POA P stated s/he questioned why the provider had not notified POA P of these changes. POA P said AED G told POA P that hospice should have notified POA P. POA P stated s/he received a call from hospice on 03/25/2025 around 10:15 PM with an update on Resident 3's condition. POA P said hospice informed POA P that Resident 3 was doing fine but s/he was in pain and unsure if s/he hit his/her head. POA P stated s/he had no clue what hospice was talking about. POA P stated hospice informed POA P that they received a call from the provider around 8:30 PM to report a fall. POA P stated the provider did not call to notify him/her of the fall. On 03/27/2025 at 12:05 PM, Surveyor interviewed Caregiver O. Caregiver O stated that when an incident occurs, staff contact hospice "and they take communication from there."	N 169		

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N 169	Continued From page 2 On 03/27/2025 at approximately 12:20 PM, Surveyor interviewed Hospice Aid (HA) N. HA N stated the provider relied on hospice to communicate resident changes in condition with families. HA N said, "I've brought this up before with our nurses... nurses said facility should be updating family." On 03/27/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 09/20/2024 with diagnoses that included cerebral atherosclerosis, vascular dementia, history of falls, anxiety, and transient ischemic attack. Resident 3 admitted to hospice on 01/24/2025. Surveyor reviewed Resident 3's progress notes. On 02/22/2025, Resident 3 had a fever and tested positive for COVID-19. On 02/25/2025, staff documented that Resident was "really sick still." Resident 3's record did not include evidence that the provider notified POA P of Resident 3's illness. On 02/27/2025, ED C wrote, "Hospice does not report falls or incidents directly to family. [Provider] needs to do this going forward." On 03/25/2025, AED G wrote, "[POA P] called back again and I answered the phone. [S/he] started cussing about [Resident 3] not being able to remember anything... [S/he] than [sic] asked me to go look in [Resident 3's] fridge [sic] to see if [s/he] had any doughnuts left... I went and looked and yes they were gone... [S/he] than [sic] asked about [Resident 3's] weight so we went over [his/her] weight and I had staff weigh [him/her] while [POA P] was on the phone and [Resident 3] had gained 5 pounds since the last weight. [POA P] asked why no one told [him/her] that [Resident 3] had lost so much weight, I told [POA P] that I	N 169		

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N 169	Continued From page 3 believed that hospice should be providing [him/her] with those updates." Surveyor reviewed Resident 3's weight record: - 01/14/2025, 84.4 lbs. - 01/23/2025, 86.7 lbs. - 02/11/2025, 86.2 lbs. - 03/11/2025, 77.5 lbs. - 03/25/2025, 82.6 lbs. Resident 3's record did not include evidence that the provider notified POA P when Resident 3 experienced an 8.7 pound weight change between February and March. An incident report, dated 03/25/2025, indicated Resident 3 fell in his/her room. The report read, "Staff went to give resident meds, resident was found on the floor between bed and night stand [sic]...due to [Resident 3's] positioning when found it is possible [s/he] hit [his/her] head... Hospice made aware immediately and arrived on site at 9:30pm, fall occurred at 8:45pm." The incident report stated, "Was emergency contact notified?... Yes... 3/25/25 @ 10pm AED requested hospice to report to POA." On 03/26/2025 at approximately 1:00 PM, Surveyor interviewed ED C regarding the provider's communication with POA P. ED C stated that the provider typically notified legal representatives of changes in condition when hospice was involved, but it was different with Resident 3. ED C stated, "None of us are comfortable speaking to [POA P] without witnesses."	N 169		
{N 220}	83.17(2)(a) Employees screened for communicable disease.	{N 220}		

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{N 220}	Continued From page 4 The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees sampled (Caregiver K and Caregiver L) were screened for communicable illness, including tuberculosis (TB), prior to working with residents. This is a repeat deficiency. See Statement of Deficiencies (SOD) QLT612, dated 09/05/2024. Findings include: On 03/18/2024, Surveyor reviewed employee records. Caregiver K was hired on 10/04/2024 and started working on 10/23/2024. Caregiver L was hired on 10/01/2024 and started working on 10/14/2024. Neither record included baseline TB test results. Neither record included evidence that the employees were screened for communicable illness. Both records included the Department form f-01679 Communicable	{N 220}		

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{N 220}	Continued From page 5 Disease/Tuberculosis Screening Questionnaire. The forms were blank (no employee name or answered questions), but the forms were pre-signed by Registered Nurse (RN) M. On 03/18/2025 at 2:30 PM, Surveyor interviewed Executive Director (ED) C and Regional Director (RD) H. ED C stated Assistant Executive Director (AED) G was responsible for ensuring staff were screened for communicable illness prior to working with residents. ED C reviewed the provider's record and confirmed they did not have evidence either employee was screened for communicable illness. Surveyor questioned why the provider had a blank communicable disease screening questionnaire pre-signed by an RN. ED C stated s/he was unsure.	{N 220}		
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 observation, interview, and record review, the provider did not ensure the facility had adequate staff to meet resident needs between 03/10/2025 and 03/28/2025, when they had 1 staff member to care for 13 residents. Resident 2 required increased supervision due to behaviors that put his/her safety at risk. Resident 2's physician documentation indicated s/he required 2 staff for cares and transfers. Findings include: On 03/11/2025, the Department received a	N 396		

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N 396	Continued From page 6 complaint related to adequate staffing. On 03/18/2025 at 8:45 AM, Surveyor interviewed Caregiver B at the provider's neighboring facility. Caregiver B stated s/he just got back from helping Caregiver D at the facility. Caregiver B stated staff were often pulled to assist staff at the facility. Caregiver B stated Resident 2 was having a rough day and needed a staff to help redirect him/her not to get out of his/her chair. At 8:57 AM, Executive Director (ED) C arrived on site. Surveyor interviewed ED C. ED C stated s/he needed to have 2 staff per building per shift to meet resident needs, but Owner E directed ED C to remove a staff from the schedule on 03/10/2025. ED C stated that since 03/10/2025, the 2 facilities combined had 3 staff per shift. ED C informed Surveyor that s/he frequently was pulled from the office to do resident cares throughout the day. ED C stated s/he had 13 residents in the facility that required assistance with transfers, supervision, and personal care. At 1:40 PM, ED C explained his/her occupancy had dropped and Owner E told ED C that s/he needed to drop a staff per shift. ED C stated s/he and Assistant Executive Director (AED) G tried to adjust their schedules to ensure one of them was on site to assist staff, but it was not possible for the 2 managers to be on site at all times. At 2:07 PM, ED C called Regional Director (RD) H and AED I. RD H stated Owner E implemented a new staffing policy on 03/10/2025 and they were still learning the details of it. RD H stated s/he understood that the local ED and AED were supposed to work the floor to ensure adequate staffing. Surveyor asked how the provider ensured at least 2 staff were on site at all times if they were being pulled to assist at the	N 396		

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neighboring facility. RD H stated s/he would need to clarify that with RD J, who oversaw all of the provider's facilities.

Surveyor was on site from 8:45 AM to 2:45 PM. Surveyor observed the scheduled caregivers at building 1 and/or ED C assist Caregiver D at the facility multiple times throughout the day. ED C was pulled to assist caregivers with resident cares, transfers, and supervision throughout the survey.

On 03/18/2025, Surveyor reviewed the provider's staff schedule. Based on interview with ED C on 03/18/2025 at 1:40 PM, the provider kept separate schedules for each facility, but the 3rd staff member (i.e. the float staff) would be determined at the beginning of the shift. ED C stated the goal was to have 1 staff stationed at each facility and a 3rd staff to float between the 2 facilities to assist with transfers, supervision, and meals, but the schedule did not reflect who was the stationary staff and who floated between the facilities. Between 03/10/2025 and 03/18/2025, the provider scheduled 3 staff for both facilities. On 03/13/2025, there was only 2 staff scheduled for both facilities from 7:00 PM to 10:00 PM.

On 03/27/2025 at 8:45 AM, Surveyor interviewed ED C. ED C stated there had been no change to the staff schedule; the provider continued to have 3 staff for the 2 buildings per shift. ED C stated Caregiver O was the only staff scheduled at the facility. Caregiver O was responsible for all resident care, supervision, medications, and meals.

On 03/27/2025, Surveyor was on site from 8:45 AM to 1:20 PM. Staff needed to redirect Resident 2 from attempting to walk and attempting to

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self-transfer many times throughout the day.

On 03/27/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 09/01/2022, with diagnoses that included epilepsy, intellectual disability, dementia with behaviors, depression, and anxiety.

Resident 2's physician documentation (history and physical, dated 11/15/2024) indicated s/he required 2-assist with cares and transfers.

Resident 2's individual service plan (ISP), updated 03/17/2025, read:
"Unable to ambulate - Note: [Resident 2] is no longer able to safely ambulate but continues to try on [his/her] own multiple times a day. Staff to use [his/her] wheelchair at all times. [Resident 2] continues to forget and refuse at times to use wheelchair. [Resident 2] continues to be extremely impulsive and does not understand that [s/he] no longer (is) safely able to ambulate... Due to unsteadiness, [Resident 2] requires assistance to transfer... continues to need strong encouragement and reminders to have staff assist with all transfers... continues to have frequent falls due to impulsivity... gets up multiple times a day without requesting staff assistance...

Safety...
history of refusing to use [his/her] walker or wheelchair and this puts [him/her] at risk for falls...
history of picking [his/her] belly button, this puts [him/her] at risk for skin complications...
[Resident 2] has a history of frequent falls due to impulsivity and continued attempts to self ambulate...

Meds are no longer controlling behaviors.

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N 396	Continued From page 9 Behaviors have drastically increased over the course of the last 6 months... Resident's decision making status: - Severely Impaired... Staff to ensure resident safety and update RN with any concerns with residents [sic] health... tries to leave building often... When awake exit seeking much of the time." Surveyor reviewed Resident 2's progress notes. Resident 2 exhibited behaviors daily that needed staff intervention: - 03/26/2025: "Lots of up-and-down and roaming around the building and into other residents [sic] rooms to lay [sic] in their beds." - 03/24/2025: "[S/he] was up and down a lot and picking some today." - 03/23/2025: "Rough night... up and down.. on the floor a couple times. staff [sic] had to get [him/her] out of another residents [sic] bed 2xs (two times)." - 03/22/2025: "Rough night!! Yelling... put [him/herself] on the ground a few times... refused to take meds... refused dinner... up and down all night." - 03/21/2025: "Rough night... redirecting [him/her] constantly to not pick [his/her] belly button and to stay away from the front doors... up and down in and out of [his/her] room. many [sic] reminders to stay in [his/her] chair." - 03/20/2025: "ROUGH day today... up and down all day... extremely combative... Continuously picking at [his/her] navel to the point it is extremely red and bleeding. Staff has redirected these specific behaviors well over 50 times today." - 03/19/2025: "LOTS of ups and downs again." - 03/18/2025: "[Resident 2] had a rough day, UP [sic] and down every 5mins, trying to get outside, picking belly nonstop getting mad a [sic] staff for	N 396		

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N 396	Continued From page 10 redirecting so much... When staff was with another resident staff noticed that [Resident 2] was putting [him/herself] down to the floor from [his/her] bed and was crawling around, staff had to step away from the other resident to try and help [Resident 2] to [his/her] w/c." - 03/17/2025: "Up and down every 5mins, trying to get outside... Kept trying to open the doors and get up and walk." On 03/27/2025 at approximately 1:05 PM, Surveyor was interviewing ED C in the office. Caregiver O entered the office abruptly, stated s/he needed help on the floor, and staff from the neighboring facility were not available.	N 396		
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 observation, interview, and record review, the provider did not establish or follow an infection control program based on current standards to prevent transmission of communicable disease. This is a repeat violation. See Statement of Deficiencies (SOD) CN9L11, dated 11/11/2022. Findings include: The provider is licensed to care for 16 residents	N 439		

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in the client groups physically disabled, irreversible dementia/Alzheimer's disease, terminally ill, and advanced aged.

On 03/18/2025 at 9:35 AM, Surveyor interviewed Executive Director (ED) C. ED C stated there was a recent COVID-19 and influenza outbreak at the facility.

On 03/28/2025 at 8:45 AM, ED C entered the building. ED C appeared ill. Surveyor observed ED C cough and blow his/her nose. ED C did not perform hand hygiene after. At approximately 9:00 AM, Surveyor asked ED C if anyone in the building was ill. ED C stated, "Me!" Surveyor observed ED C assist residents with cares. ED C did not don a mask to prevent transmission.

At approximately 11:00 AM, Resident 1 walked by the staff office. ED C was behind the desk. ED C informed Resident 1 that s/he was not feeling well, s/he could not smell anything, and advised Resident 1 to keep his/her distance so s/he did not catch what ED C had.

At 11:35 AM, Surveyor observed ED C serve lunch to residents. ED C did not don a mask to prevent transmission.

At approximately 12:20 PM, Surveyor interviewed Hospice Aide (HA) N. HA N stated s/he was at the provider multiple times during the recent COVID-19 outbreak. HA N stated staff were not following infection control policies. HA N said some staff donned masks, some did not.

At 1:05 PM, Surveyor requested the provider's line lists from the previous outbreaks. ED C sent Surveyor a COVID-19 resident line list which indicated the provider initial exposure occurred on

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N 439	Continued From page 12 02/18/2025. Between 02/22/2025 and 02/26/2025, 9 residents tested positive for COVID-19.	N 439		