STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015977	A. BUILDING: _____ B. WING _____	R-C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTLAND PLACE	444 MERTON HARTLAND, WI 53029

(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 01/22/2024, Surveyor conducted a complaint investigation and verification visit at Hartland Place. One deficiency was identified. One of 1 deficiency was a repeat violation. See statement of deficiency (SOD) #QPFI11, dated 06/15/2022. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 29	{N 000}		
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 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 individual service plan (ISP) was not updated for	N 389		

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

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N 389	Continued From page 1 1 of 1 resident reviewed (Resident 5) when there was a change in resident needs and abilities. Resident 5's ISP was not updated when s/he had a change in assistance during toileting. This is a repeat deficiency. See statement of deficiency (SOD) QPFI11, dated 06/15/2022. Findings include: On 11/27/2023, the Department received a complaint alleging concerns with falls during toileting. On 01/17/2024, Surveyor reviewed Resident 5's record and identified the following: Resident 5 admitted to the facility on 09/22/2022 with a diagnosis of supra nuclear palsy. Resident 5 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 5 passed away on 09/08/2023. the ISP staff would use to direct cares Resident 5's ISP dated 07/05/2023 was for staff use to direct cares: "Bathroom assistance: Resident requires regular staff assistance in managing bowel and/or bladder care. [Resident 5] is incontinent and wears briefs daily, requiring staff assistance with managing [his/her] bowel and bladder cares. Care staff will assist [Resident 5] to the bathroom routinely per [his/her] toileting schedule which included before and after all meals, throughout the day, before bed at night, and at least once during the Noc shift or anytime [Resident 5] asks for toileting assistance. Care staff to assist with peri-cares after each incontinence episode.	N 389		

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N 389	Continued From page 2	N 389		

Transferring: Resident requires assistance of 1 to 2 person assist with transferring. [Resident 5] will require physical assistance with all transfers to and from [his/her] wheelchairs, bed, toilet, dining room, common areas, etc. [Resident 5] will need one assist with gait belt. On weaker days or with care staff's decision, they will upgrade to a 2 assist with the Sara steady lift for safety as needed."

Resident 5's progress notes documented: "08/15/2023: Resident was constipated. Staff assisted putting on the toilet. Resident paged and was found on the ground. Bowel movement (BM) was still somewhat stuck and it was the size of a softball. Resident was bleeding from head. Called hospice nurse, and nurse gave special permission to send resident out to emergency room to be checked ....Family was notified .....Resident returned two hours later. Hospital never called facility for update."

On 01/17/2024 at 9:55 AM, Surveyor interviewed Caregiver AA. Caregiver AA stated Resident 5 required help with all activities of daily living and when s/he got constipated, staff would put him/her on the toilet. Caregiver AA stated Resident 5 knew how to utilize his/her call pendant so when finished, Resident 5 would let staff know.

On 01/17/2024 at 1:35 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 5 would often get constipated so when staff toilet him/her they would leave him/her on the toilet to finish their business. Administrator A noted Resident 5 would have large bm's so s/he required additional time for toileting. Administrator A stated on 08/15/2023 when Resident 5 fell off the toilet, staff stepped out of the room since s/he

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N 389	Continued From page 3 used their call pendant to alert staff. Administrator A stated after the incident, staff were required to stay with Resident 5 while s/he had a bowel movement. Surveyor asked why Resident 5's ISP was not updated after the 08/15 fall. Administrator A acknowledged Resident 5's ISP should have been updated to reflect staff provide stand by assistance while Resident 5 was toileted. Resident 5's record did not contain an updated ISP when s/he had a change in needs requiring staff provide stand by assistance while toileting.	N 389		