

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023
NAME OF PROVIDER OR SUPPLIER MILESTONE SENIOR LIVING RAILROAD CBRF		STREET ADDRESS, CITY, STATE, ZIP CODE 2332 RAILROAD ST EAGLE RIVER, WI 54521		
(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 06/15/2023, Surveyor conducted a complaint investigation and verification visit at Milestone Senior Living Railroad CBRF. Data collection continued through 06/20/2024. The complaint was unsubstantiated. One deficiency was identified. The deficiencies identified in SOD QX8P11 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 19	{N 000}		
N 332	83.31(6)(a) Return refunds to resident within 30 days Disbursement of funds. The CBRF shall return all refunds due a resident within 30 days of the date of discharge as required under s. DHS 83.29(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not return all refunds due to Resident 1 within 30 days of the date of discharge. Findings include: On 03/29/2023, the Department received a complaint alleging Resident 1 did not receive prompt and adequate treatment prior to being hospitalized and then was not properly assessed by the provider after being hospitalized. The complaint further alleged the provider would only	N 332		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 332	Continued From page 1 reimburse Resident 1 for 15 days, despite moving out on the 1st of the month. The provider is licensed to care for up to 21 residents in the client groups of advanced aged and irreversible dementia/Alzheimer's disease. On 06/15/2023, Surveyor reviewed records for Resident 1. Resident 1 was admitted on 12/19/2022. Resident 1 was hospitalized on 02/16/2023 "due to acute onset of confusion." On 02/23/2023, the provider noted, "Residents readmission assessment completed today. Residents confusion/delusions have resolved. Resident is on Plavix and Aspirin due to a TIA (transient ischemic attack). Significant bruising noted to both arms. Resident is to be discharged back to facility tomorrow, 02/24/2023 by family..." Resident 1 was discharged and transferred to another facility on 03/01/2023. On 06/15/2023 at 1:05 PM, Surveyor interviewed Regional Director (RD) A. RD A confirmed Resident 1 was hospitalized on 02/16/2023. RD A stated that staff may have initially told Resident 1 (family) the facility would not be able to meet Resident 1's needs after Resident 1 was hospitalized in February 2023. RD A indicated that staff did conduct a face to face assessment while Resident 1 was hospitalized and determined Resident 1's needs could be met at the facility. RD A informed Surveyor that Resident 1 (family) gave notice on 02/26/2023 about moving out of the facility and Resident 1 transferred to another facility on 03/01/2023. RD A stated that initially, the provider planned to reimburse Resident 1 for 15 days but later gave a full month's refund totaling \$7,700.00. RD A confirmed Resident 1 discharged on 03/01/2023 and Resident 1 received a full refund (for the month of March	N 332		

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N 332	Continued From page 2 2023) in May 2023. Surveyor asked RD A if RD A had any documentation or correspondence pertaining to Resident 1's discharge and refund. RD A indicated RD A had some e-mails and would look for them and would update Surveyor. On 06/19/2023 at 2:29 PM, Surveyor received an e-mail from RD A referencing Resident 1's discharge and refund. The e-mail read, in part: "I was unable to find all of the email correspondence but the situation was that resident was sent out to the hospital, instead of going to put eyes on [him/her] the LPN (Licensed Practical Nurse) in the building at the time (who is no longer working with us) just told the family we would not be able to meet [his/her] needs based on the hospital notes and reports [s/he] had. Our policy is part of an internal form which states, 'Potential admissions or re-admissions will be assessed face-to-face by a Nurse before denial will be discussed. An admission or re-admission will not be denied based on paper documentation only, unless prior written approval from the Clinical Liaison Manager or Vice President of Clinical Operations.' As this is policy and it was discussed with the LPN, [s/he] then did a face-to face interview with the resident and discussed with the Regional team and it was determined that [s/he] would be able to return. In the meantime, the hospital was telling the family that they would be discharging [him/her], and the family was under the impression that we would not be taking [him/her] back, so they found an alternative facility. The resident was released back to Milestone temporarily until the move however on the day of return (a Friday) the Director at that time had a conversation with the family and stated they may	N 332		

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N 332	Continued From page 3 want to stay with [him/her] (Resident 1) due to [his/her] need for 1 on 1 and that she (Director) and the LPN would not be in during the weekend. The conversation that I had with the family was different than the one I had with the Director (who is also no longer employed with us) however, it was determined that this was not the way it should have been handled and after a couple of conversations with the family the entire month of rent was returned. We at no time served a 30-day notice but the family stated they would be leaving...I initially gave them the 15-day option but after another discussion I went to my supervisor and was given authority to refund the month." On 06/20/2023, RD A provided Surveyor with a financial statement for Resident 1. Resident 1 was refunded \$7,700.00 on 05/04/2023.	N 332		