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PAISERS OAKHAVEN S&C LLC	142 OAK CT SHAWANO, WI 54166

(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 07/06/2023 and 07/12/2023, Surveyor conducted 2 complaint investigations and a verification visit at Paiser's Oakhaven II. Additional information was gathered through 07/28/2023. Two of five previous deficient practices were corrected. Both complaints were substantiated. As a result of the investigations 7 deficient practices were identified including 3 repeat violations. Under statutory provisions a $200 revisit fee is assessed. Census: 10	{N 000}		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 5 of 5 employees (Administrator C and Caregivers G, H, K, and L) received training in job responsibilities, prevention and reporting of abuse, neglect,	N 230		

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

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misappropriation, needs and individual services, emergency and disaster plan, policy and procedures, and/or recognizing and responding to resident changes of condition prior to performing any job duties. Caregivers were left as the sole caregiver in the facility before receiving all orientation training required before assuming any job responsibilities.

Findings Include:

The provider is licensed to serve up to 14 residents who may be advanced age, physically disabled, and/or have irreversible dementia/Alzheimer's disease.

On 06/26/2023, the department received a complaint that alleged caregivers were not trained prior to assuming job responsibilities and working alone.

Surveyor interviewed Assistant Administrator D on 07/06/2023 at approximately 11:00 AM and Administrator C on 07/12/2023 at approximately 12:00 PM. Both administrators stated they hired all the caregivers on 06/01/2023 and gave all caregivers this date of hire. Neither administrator was able to supply Surveyor with original hire dates and stated the closest possibility would be the date on their caregiver background checks.

On 07/06/2023 at 8:35 AM, Surveyor and Adult Protective Services (APS) conducted observations at the facility (Building II) and the sister facility (Building I) on campus. Surveyor observed there was 1 caregiver present at the facility in each building (Caregiver H was present in Building II and Caregiver G was present in Building I). Surveyor interviewed Caregiver H at approximately 8:40 AM. Caregiver H stated there

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was usually only 1 caregiver in each building per shift. Caregiver H stated at times there may be a "float" caregiver present to assist between the 2 buildings but that it usually did not occur. Caregiver H stated Caregiver G was recently hired as a caregiver and was not able to pass medication yet. Caregiver H stated, regarding him/herself, that s/he received some training but as unsure about the content, dates, or details of the training.

On 07/06/2023 at 10:05 AM, Surveyor interviewed Caregiver G. Caregiver G stated s/he had previously been a housekeeper at the facility and was recently hired as a caregiver on 06/01/2023. Caregiver G stated s/he had not received any "official training" from the provider, was not certified to pass medication, and had not had any RN delegation yet. Caregiver G stated Assistant Administrator D showed him/her how to use the computer and where things were in the facility, and then s/he had been on his/her own caring for the residents. Caregiver G stated s/he did not receive any formal training from the provider.

On 07/14/2023, at approximately 11:00 AM, Surveyor interviewed Caregiver K. Caregiver K stated s/he was hired by the provider on 06/05/2023 and left employment by 06/18/2023. Caregiver K stated the day s/he was hired on 06/05/2023 s/he met with Assistant Administrator D for approximately 10 minutes at the end of Assistant Administrator D's shift. Caregiver K stated Assistant Administrator D showed him/her the facility and the computer charting system and then left all the residents alone under his/her care for 12 hours. Caregiver K stated s/he received no training and was left alone from the first shift s/he worked.

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N 230	Continued From page 3 On 07/14/2023, upon review of the employee time-stamps, Surveyor noted Caregiver K's first shift was on 06/05/2023 at 5:00 PM through 5:00 AM and Assistant Administrator D's shift on 06/05/2023 ended at 5:15 PM. Only 1 other caregiver was time-stamped as working from 5:00 PM to 5:00 AM, indicating 1 caregiver present for each building on campus. The time stamps corroborated Caregiver K's account of working alone on his/her first day of hire for 12 hours with only 10-15 minutes of orientation. On 07/14/2023 at 12:49 PM, Surveyor interviewed Caregiver L. Caregiver L stated s/he received no formal training from the provider upon hire. Caregiver L stated when s/he was hired back as a caregiver in April s/he was not properly trained regarding resident individual needs and services. Caregiver L stated, "I didn't know all the residents. Who was who and who does what, each person is an individual and all have their own care needs. No one trained us." On 07/06/2023, Surveyor interviewed Assistant Administrator D at approximately 11:00 AM. Regarding orientation training of employees, Assistant Administrator D stated s/he believed the employees were trained on-site by him/herself or another caregiver but could not state who, when, or what topics. When asked for records to review employee training, Assistant Administrator D put his/her hands up in the air in what appeared to be a gesture of a shrug and stated s/he would have to look but that the records "could be anywhere ... I never have time to file anything ... I'll have to look but that's going to take some time to do ... I don't know what I will have." Assistant Administrator D stated s/he could not guarantee formal required training other than on-the-job	N 230		

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N 230	Continued From page 4 training had been completed. On 07/12/2023, Surveyor interviewed Administrator C at approximately 11:40 AM. Administrator C stated s/he began working on campus this week (07/10/2023). Administrator C stated s/he was "needed to pass medication this morning" (07/12/2023) due to lack of staff. Administrator C stated s/he had not received training related to resident individual needs prior to assisting as a caregiver. Administrator C stated his/her staffing plan to include having caregivers from his/her other job at facilities under a different licensee, in another city, come to campus to fill in for the time being. Surveyor reviewed Administrator C's staffing plan included immediately having the new caregivers working on their own in the building (other than support staff, such as the activities director and cook in building II.) Upon interview regarding training the new caregivers prior to assuming job responsibilities, Administrator C did not have a plan in place to ensure the competency of the new caregivers and training completed prior to assuming job responsibilities. Administrator C stated s/he believed the caregivers being hired from a different company that s/he also manages (in another city and no familiarity with the campus or residents) did not need training and stated his/her belief that a general overview of the facilities and the electronic charting records (ECP) were all that was needed. Administrator C called Regional Supervisor B into the interview at approximately 12:00 PM. Administrator C and Regional Supervisor B reviewed their plan to have staff from another facility s/he works at come to fill in as immediate caregivers at the facilities. Neither had a plan in place for training	N 230		

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prior to having the caregiver work alone as was indicated on the schedule. The administrators expressed their belief that the caregivers were already trained and could rely upon ECP and a general overview of the facility to begin working alone. Upon review of the codes and review of a non-portability of training from a different employer, both Administrator C and Regional Supervisor B verbally acknowledged the requirements for training newly hired and new to the facility employees.

Surveyor requested to review Caregivers G, H, K, and L's training file on 07/06/2023, 07/12/2023, and 07/14/2023. On 07/14/2023 Surveyor reviewed what was sent:

Caregiver G's employee file noted his/her background check was dated 05/31/2023 as a date of hire. According to interviews with Assistant administrator D and Administrator C s/he was hired on 06/01/2023 as a caregiver. The file did not contain documentation Caregiver G received orientation training in in job responsibilities, prevention and reporting of abuse, neglect, and misappropriation, needs and individual services, emergency and disaster plan, policy and procedures, and/or recognizing and responding to resident changes of condition prior to performing any job duties.

Caregiver H 's employee file noted his/her background check was dated 10/24/2022 as a date of hire. According to interviews with Assistant administrator D and Administrator C, this was the closest date to hire. The file did not contain documentation Caregiver H received orientation training in in job responsibilities, prevention and reporting of abuse, neglect, and misappropriation, needs and individual services,

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emergency and disaster plan, and/or recognizing and responding to resident changes of condition prior to performing any job duties. Caregiver H's file contained evidence of training on policy and procedures dated 03/29/2023, prior to the hire date for the new management company. The orientation skills checklist did not indicate length of time for trainings and was not dated or signed by a trainer as completed.

Caregiver K's employee file noted his/her background check was dated 05/30/2023 as a date of hire. According to interviews with Assistant administrator D and Administrator, this was the closest date to hire. The file did not contain documentation Caregiver K received orientation training in in job responsibilities, prevention and reporting of abuse, neglect, and misappropriation, needs and individual services, emergency and disaster plan, policy and procedures, and/or recognizing and responding to resident changes of condition prior to performing any job duties.

Caregiver L's employee file noted his/her background check was dated 03/30/2023 as a date of hire. According to interviews with Assistant administrator D and Administrator C, this was the closest date to hire. The file did not contain documentation Caregiver L received orientation training in in job responsibilities, prevention and reporting of abuse, neglect, and misappropriation, needs and individual services, emergency and disaster plan, policy and procedures, and/or recognizing and responding to resident changes of condition prior to performing any job duties.

After reviewing the limited employee records received Surveyor reached out to Licensee A,

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N 230	Continued From page 7 Regional Supervisor B and Administrator C on 07/14/2023 to give an opportunity to send any additional information regarding the employees and provider training. On 07/17/2023 at 12:42 PM Administrator C wrote: "[Surveyor] - I have sent everything I could find in the employees' files for training and backgrounds." Surveyor reviewed timestamps from 04/01/2023 through 07/15/2023 and noted each caregiver worked alone in the facility with an occasional float caregiver on day shifts. Four caregivers and Administrator C did not have orientation training completed prior to assuming job responsibilities and the NMC had a plan in place to have additional untrained caregivers work alone. Cross Reference: N0396 DHS 83.36(1)(a)Adequate Staff To Meet Resident Needs Y3244 DHS 50.09(1)(L)Care	N 230		
{N 387}	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in	{N 387}		

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{N 387}	Continued From page 8 cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure all Individual Service Plans (ISP) had been signed by the responsible parties. Three of three ISPs reviewed (Residents 1, 2, 3) did not contain the required signatures. This is a repeat violation. See SOD #R26011, dated 02/27/2023. Findings include: On 07/06/2023 at approximately 10:00 AM, Surveyor interviewed Assistant Administrator D. Assistant Administrator D verified the records for the staff, residents, and facility were kept on-site either in physical binders or via an electronic record keeping system (ECP.) As part of the survey process and investigation, Surveyor requested to review a sample of resident records (Resident 1, 2, and 3) including reviewing the signed Individual Service Plan (ISP) as a part of the verification visit. Assistant Administrator D stated s/he recalled the previous survey results and stated Administrator E sent out resident ISP's for signatures via e-mail. Assistant Administrator D was unable to locate any signed ISP document or electronically recorded signature for surveyor record review. As an ISP sent out for a signature to a 3rd party may not returned timely, Surveyor	{N 387}		

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{N 387}	Continued From page 9 requested to review any e-mail sent to the responsible parties requesting the signature as a means of showing the provider's attempt to comply with the enforcement order. Assistant Administrator D stated s/he would reach out to Administrator E to show a time-stamped e-mail for the 3 residents. On 07/14/2023 at 3:41 PM Surveyor received an e-mail from Regional Supervisor B which stated, "...I cannot access [Administrator E's] email to supply you with emails in regard to ISP signatures ..." No additional information was received to verify the ISPs had been signed for the residents or an attempt had been made to acquire the signatures. Cross Reference: Y3244 DHS 50.09(1)(L)Care	{N 387}		
{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 was staffed at all times to meet resident needs. The facility did not have caregivers present at all times to meet the assessed needs of the residents. Staff would leave the building to assist at the sister facility, which left this building without any resident care staff and residents would be unattended.	{N 396}		

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{N 396}	Continued From page 10 This is a repeat violation. See SOD #R26011, dated 02/27/2023. Findings include: The provider is licensed to serve up to 14 residents who may be advanced age, physically disabled, and/or have irreversible dementia/Alzheimer's disease. On 06/26/2023 and 07/05/2023 the department received complaints that alleged inadequate staff to meet resident needs. Surveyor note: During the previous survey the provider identified residents who require an assist of 2 and residents who require 24 hour supervision. The facility previous had a staffing ratio of 1 caregiver and 1 "float" caregiver between the 2 sister facilities on campus. The staffing ratio was identified as not meeting resident needs, as each individual license must have enough staff available at all times to meet resident needs. On 07/06/2023, Surveyor conducted a complaint investigation concurrently with Adult Protective Services (APS) and a verification visit to ensure the facility was staffed to meet resident needs. On 07/06/2023, Surveyor interviewed Assistant Administrator D at approximately 9:20 AM. Assistant Administrator D stated the building was typically staffed with 1 caregiver staff per shift and at times there may be an administrator or cross-trained staff present during day shifts Monday through Thursday when Administrator E was present. Assistant Administrator D stated s/he would try to schedule a float staff between the campus facilities but that it typically was only	{N 396}		

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{N 396}	Continued From page 11 1 caregiver per shift. Assistant Administrator D stated the staff were expected to assist at the sister facility if the caregiver there was not a medication passer and when they would need assistance with a resident who required the assistance of 2 caregivers for cares. Assistant Administrator D identified 2 residents in each facility (Residents 1 and 2 in Building II) that required 2 assists for cares and transfers. Assistant Administrator D stated s/he was aware there was a risk to the residents' safety when the building was left unattended by a caregiver. Assistant Administrator D stated at times there may have been Cook I or Activity Director J in the building but that they were not cross trained as caregivers/resident care staff and were not present during the PM and overnight hours. Assistant Administrator D stated s/he was aware of the enforcement order from the previous survey that identified 1 caregiver and a float caregiver between buildings was not meeting resident needs. On 07/06/2023 at 8:35 AM, Surveyor and APS conducted observations at the facility (Building II) and the sister facility (Building I) on campus. Surveyor observed there was 1 caregiver present at the facility in each building (Caregiver H was present in Building II and Caregiver G was present in Building I). Surveyor interviewed Caregiver H at approximately 8:30 AM. Caregiver H confirmed there was 1 caregiver staffed at each facility location. Caregiver H stated at times there may be a "float" caregiver present to assist between the 2 buildings, but that it usually did not occur. Caregiver H stated Caregiver G was recently hired as a caregiver and was not able to pass mediations yet. Caregiver H stated s/he would leave Building II to pass medication in Building I. Caregiver H stated both buildings had	{N 396}		

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residents that regularly required 2 assists during cares (Residents 1 and 2 in Building II) and that s/he would also leave the building unattended to assist with resident cares when a 2 assist was needed. Caregiver H stated there was usually only 1 caregiver in each building per shift and the expectation was to leave the building unattended to assist at the sister facility when needed. Caregiver H stated there were times when residents at the facility would have to wait for cares, medications, meals, and call bells to be answered until a caregiver was back in the building. Caregiver H stated as an example s/he was unable to move Resident 2 by him/herself and Resident 2 regularly had to wait for cares until the caregiver at the other facility could assist.

On 07/06/2023 at approximately 10:00 AM, Surveyor and APS observed Caregiver H left building II unattended by a caregiver to pass medication at Building I. Surevyor observed the facility was left without a caregiver for greater that 20 minutes.

On 07/06/2023 at 10:05 AM, Surveyor interviewed Caregiver G. Caregiver G stated s/he had previously been a housekeeper at the facility and was recently hired as a caregiver on 06/01/2023. Caregiver G stated s/he had not received any "official training," was not certified to pass medication, and had not had any RN delegation yet. Caregiver G stated other staff showed him/her how to use the computer and where things were at the facility, and s/he had been on his/her own unsupervised caring for the residents since s/he started. Caregiver G stated many residents require a 2 assist and stated there was no one else available to assist with transfers unless the caregiver from Building I came over. Caregiver G stated at times s/he was

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{N 396}	Continued From page 13	{N 396}		

expected to leave Building II to assist with a resident who required a 2 assist in Building II and that s/he felt very uncomfortable doing so. Caregiver G stated, "It isn't safe. The residents should not be left alone." Caregiver G stated on 07/10/2023 s/he received notice from Administrator C that the building was at critical staffing levels and that s/he was mandated to come into work. Caregiver G stated Administrator C picked him/her and his/her 3-month-old baby up from their home, drove them to work, and left. Caregiver G stated s/he and his/her baby were alone at Building II for 12 hours.

On 07/12/2023, Surveyor received communication both Administrator E and Assistant Administrator D quit over the weekend. On 07/14/2023, Surveyor interviewed Assistant Administrator D. Assistant Administrator D stated s/he worked on Sunday 07/09/2023 morning at 7:00 AM through Monday 07/10/2023 afternoon at approximately 1:45 PM and stated on 07/10/2023 s/he was the only caregiver on campus for both Buildings I and II from approximately 6:00 AM to 11:00 AM. Assistant Administrator D stated Administrator C dropped Caregiver G off on 07/10/2023 at approximately 11:45 AM to work in Building II and left. Assistant Administrator D stated Administrator C returned at approximately 1:45 PM and Assistant Administrator D subsequently ended his/her employment. Assistant Administrator D stated there were at least 3 other times in the past when s/he was the sole caregiver on campus.

On 07/12/2023 at approximately 12:00 PM, Surveyor interviewed Regional Supervisor B and Administrator C. Regional Supervisor B had been employed during the previous survey and had access to the survey findings regarding staffing to

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{N 396}	Continued From page 14 meet resident needs. Regional Supervisor B stated s/he was unaware each individual license required the building to be staffed at all times to meet residents needs including 2 caregivers present to assist with resident who required a 2 assist and/or continual supervision. Despite the previous survey findings, Regional Supervisor B stated s/he believed 1 caregiver and a float caregiver was an appropriate staffing level. Regional Supervisor B reviewed the schedule and awknowledged they did not consistently have a "float" caregiver and did not have one for PM or Noc shifts. Regional Supervisor B could not state how the current staffing plan could meet resident needs. On 07/19/2023, Surveyor interviewed Assistant Administrator D at 2:00 PM. Assistant Administrator D stated s/he left his/her position on 07/10/2023 after working from 6:00 AM 07/09/2023 through 07/10/2023 at approximately 1 :45 PM. Assistant Administrator D stated s/he was the only caregiver present on campus for both buildings from approximately 6:00 AM - 11:45 AM on 07/10/2023. Surveyor reviewed time stamps that corroborated Assistant Administrator D was the only caregiver present from 6:13 AM to 11:45 AM on 07/10/2023. Assistant Administrator D stated after the previous survey, the provider was aware of the need and order for increased staffing to meet the residents needs for supervision and 2 assists at all times. Assistant Administrator D stated Regional Supervisor B did not believe the facility required 2 staff members present at all times and denied his/her request to staff with 2 caregivers. Assistant Administrator D stated there may have been a few times when there was 1 caregiver and a float staff between the 2 buildings but that it was rare and that usually there was only 1 caregiver per shift.	{N 396}		

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{N 396}	Continued From page 15 Assistant Administrator D stated s/he could not recall a day when 2 caregivers were present at each facility during all shifts to meet resident needs. On 07/12/2023, Surveyor interviewed Administrator C and Regional Supervisor B at approximately 12:00 PM. Regional supervisor B stated (former) Administrator E would at times function as a caregiver or medication passer and his/her time was not accounted for on the schedule as s/he was a "salaried" position. Administrator C and Regional Supervisor B stated they were unaware of the requirement for all staff's job assignments, date and times to be documented. Regional Supervisor B stated Administrator E was expected to be present at the facility Monday through Thursday during the day shift but could not specify or verify when. On 07/12/2023, Surveyor interviewed Administrator C at approximately 11:40 AM. Administrator C stated s/he was an administrator at 2 other facilities in another city and stated s/he had only just began working on campus this week (07/10/2023). Administrator C stated s/he had been needed to pass medication this morning (07/12/2023) due to lack of staff. Administrator C stated his/her staffing plan to include having caregivers from his/her other facilities in another city come to campus to fill in for the time being. Surveyor reviewed Administrator C's staffing plan included immediately having the new caregivers working on their own in the building other than support staff, such as the activity director and cook in building II. Administrator C did not have a plan in place to ensure the competency or supervision of the new caregivers and training completed prior to assuming job responsibilities. Regarding the allegation of Assistant	{N 396}		

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{N 396}	Continued From page 16 Administrator D being the sole caregiver on 07/10/2023 from 6am to 11am Administrator C stated s/he could not recall the staffing on the date other than acknowledging s/he drove Caregiver G to work. The provider was asked for the corroborating staffing schedule and timestamps on 07/06/2023, 07/12/2023, 07/14/2023, 07/17/2023, 07/18/2023, 07/19/2023, 07/20/2023, and 07/21/2023. Surveyor received them after the provider exceeded 7 deadlines for submission. Administrator C sent Surveyor a schedule that omitted the critical dates of review on 07/20/2023, and then sent the omitted dates on 07/21/2023. The omitted dates had caregivers that were not accounted for by time-stamp and included a caregiver (Caregiver R) that was not included on the employee roster. During an interview on 07/21/2023 at approximately 12:00 PM, Administrator C recalled on 07/10/2023 s/he left the facility after dropping Caregiver G off for work then returned in the "early afternoon" which corroborated the other interview timelines. Administrator C stated the new Caregiver R, who had not been on the employee roster, was present as well. The schedule sent by Administrator C indicated Administrator C, Caregiver G and a new Caregiver R were present on campus from 10:00 AM to 10:30 PM. The time stamps and interviews indicated that schedule sent was inaccurate. The time stamps corroborated Assistant Administrator D was the sole caregiver on campus from 6:13 AM to 11:45 AM, Caregiver R was not present that day, Caregiver G was not present until 11:45 AM, and Administrator C, per interviews, was not present until approximately 1:45 PM. Surveyor noted from April 1, 2023, through July 15, 2023, there were no days when there was	{N 396}		

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{N 396}	Continued From page 17 consistently 2 caregivers present at the facility to meet resident needs. Cross Reference: N0230 DHS 83.19Orientation Y3244 DHS 50.09(1)(L)Care	{N 396}		
{N 432}	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review, interview, and observation the provider did not ensure Resident 1 received medication as ordered by his/her prescribing physician. Resident 1, who is on hospice services, at times did not receive prescribed medications as they were not offered by the provider if the resident was resting. This is a repeat violation. See SOD #R26011, dated 02/27/2023. Findings include: On 06/26/2023, The Department Received a complaint alleging Resident 1 was not receiving	{N 432}		

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services to meet his/her needs including medication administration.

On 07/06/2023 at 8:35 AM, Surveyor and Adult Protective Services (APS) conducted observations at the facility.
At approximately 11:30 AM Surveyor observed the only caregiver (Caregiver H) and 2 other staff (Cook I and Activities Director J) on break outside of the facility. No caregivers were present in the facility to listen for resident calls and supervise. At 11:33AM Surveyor observed Resident 1 was in his/her room laying flat on his/her bed with his/her eyes open attempting to move the blankets off of his/her person to the floor. Resident 1 reached up in a motion that appeared to be indicating s/he wanted assistance getting up. No hand bell was within Resident 1's reach to ring for assistance nor was a caregiver present in the building to hear if a bell was ringing or a resident was calling out.

Surveyor interviewed Caregiver H at 11:35 while s/he was outside of the facility on break. Caregiver H stated Resident 1 was sleeping as s/he had been all morning and stated Resident 1 did not get up and receive breakfast or his/her am medications. Caregiver H stated if the resident is sleeping they will let him/her continue to sleep. Resident 1 had not been roused and offered to get up for breakfast or his/her medication. Caregiver H stated Resident 1 is on 30-minute checks.

At 11:53 AM Surveyor observed Resident 1 was awake and continued to attempt to communicate. Caregiver H ended his/her break, came inside the facility and did not check on Resident 1.

Surveyor reviewed Resident 1's records and

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noted Resident 1 was admitted on 10/27/2022 with diagnoses including Alzheimer's Diseases without behavioral disturbances, bowel and stress incontinence, degeneration of lumbar or lumbosacral intervertebral disk, diabetes, and asthma. Resident 1 has an activated POA, his/her family member POA Q. Resident 1's Individual Service Plan indicates Resident 1 is a total assist for all Activities Of Daily Living (ADLS.) Resident 1 began hospice services on 03/21/2023.

On 07/21/2023 at approximately 2:00 PM, Surveyor interviewed Resident 1's family member POA Q. POA Q stated s/he had repeatedly brought forth concerns to the administration, Administrator E and Assistant Administrator D, regarding Resident 1 being offered and receiving his/her scheduled medications. POA Q stated although Resident 1 is on hospice services, the staff have never been directed to leave the resident sleep and not attempt to wake him/her to encourage taking scheduled medication. POA Q stated Resident 1 requires his/her medication to be crushed in applesauce and that Resident 1 rarely refuses offered food. POA Q could not recall dates, but stated s/he spoke with Caregiver H while at the facility and observed the scheduled mediation had not been punched out of the bubble packs. POA Q stated s/he addressed with Caregiver H that it was clear that the medication that was documented as "refused by resident" in the MAR had not been offered to the resident, as it was still in the bubble packs. POA Q stated Resident 1 had a hospital bed and could have the head of the bed raised up to encourage Resident 1 to rouse for breakfast and medication. POA Q stated if the resident truly didn't want to get up s/he understood it was his/her right not to, but that it was "clear to [him/her]" that the staff "were

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not attempting to assist [Resident 1]" by offering the scheduled medication or meals. POA Q stated many times when s/he would visit, Resident 1 would not be attended to by the staff as the staff would wait for the supplemental hospice care to arrive and perform the tasks. POA Q expressed worry and frustration and stated it is the provider's responsibility to care for the resident, including encouraging and offering scheduled medication, as hospice care is only supposed to be supplemental extra care.

On 07/20/2023 at approximately 10:00 AM, Surveyor interviewed Hospice Supervisor M. Hospice Supervisor M stated there had not been instructions from hospice or the POA to not rouse Resident 1 for meals and scheduled medications.

On 07/21/2023, Surveyor reviewed Resident 1's July 2023 Medication Administration Record (MAR) and interviewed Administrator C at approximately 12:30 PM. The MAR spanned from 07/01/2023 through 07/18/2023 and indicated a total of 8/18 days when some medication passes where marked as "refused" by Resident 1.The medications that were at times listed as refused included Acetaminophen for pain management, Buspirone and Sertraline for anxiety, Donepezil and Memantine for Alzheimer's Disease, ICAPS for macular degeneration, Meloxicam for joint damage causing pain and loss of function, and Quetiapine for agitation. Administrator C stated a new medication cycle was present in the facility so s/he could not look back at the bubble packs prior to July 11th but that the bubble packs from July 11th through the 18th showed, on the days that medication was marked as refused (July 13, 17, and 18), the medication that had been listed as refused was not punched out of the bubble pack. Administrator C stated it appeared the

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{N 432}	Continued From page 21 scheduled medication had not been offered to the resident. Administrator C stated unless specified in a resident's care plan to not to rouse a resident, it is the responsibility of the provider to offer and encourage the resident to take the prescribed medication. Administrator C stated s/he was unaware the medications were not being punched out and offered to the resident, but that it was not their usual practice and s/he would look into it. Cross Reference: Y3244 DHS 50.09(1)(L)Care	{N 432}		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195,	Z 010		

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Z 010	Continued From page 22 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make every reasonable effort to contact the clerk of courts to obtain information relating to violations of s. 947.01 committed by Caregiver L within 5 years before the date on which the criminal background check was completed. The facility did not obtain information from the Clerk of Courts related to two convictions of Disorderly Conduct as identified in the criminal background check completed for Caregiver L. Findings include: The provider is licensed to serve up to 14 residents who may be advanced age, physically disabled, and/or have irreversible dementia/Alzheimer's disease. On 07/20/2023, Surveyor reviewed staff records. Former Caregiver L's date of hire was documented as 03/30/2023. Caregiver L worked at the facility from 03/30/2023 through 06/21/2023. Caregiver L completed a Background Information Disclosure (BID) on 03/30/2023 and a report from the Department Of Justice (DOJ) was requested by the provider on 04/19/2023. A background check obtained from the DOJ on	Z 010		

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Z 010	Continued From page 23 04/19/2023 showed Caregiver L was charged on 01/04/2018 and 07/11/2022 with Disorderly Conduct (947.01) with a convicted disposition for both cases within 5 years of the date of hire. On 07/21/2023, Surveyor interviewed Administrator C at approximately 2:00 PM. Administrator C stated it was (Former) Administrator E's responsibility to follow through with background checks. Administrator C stated s/he was unable to find any evidence that an effort to obtain the Clerk of Court information related to the disorderly conduct convictions and disposition of a subsequent arrest was completed. The personnel file for Former Caregiver L did not include copies of the criminal complaint and judgement of conviction from the Clerk of Courts, as confirmed by Administrator C on 07/21/2023. Former Caregiver L worked with residents, including working without direct supervision during the time s/he was employed from 03/30/2023 through 06/21/2023.	Z 010		
Y3098	50.07 PROHIBITED ACTS 50.07 Prohibited acts. (1) No person may: (a) Intentionally fail to correct or interfere with the correction of a class A or class B violation within the time specified on the notice of violation or approved plan of correction under s. 50.04 as the maximum period given for correction, unless an extension is granted and the corrections are made before expiration	Y3098		

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Y3098	Continued From page 24 of extension. (b) Intentionally prevent, interfere with, or attempt to impede in any way the work of any duly authorized representative of the department in the investigation and enforcement of any provision of this subchapter. (c) Intentionally prevent or attempt to prevent any such representative from examining any relevant books or records in the conduct of official duties under this subchapter. (d) Intentionally prevent or interfere with any such representative in the preserving of evidence of any violation of any of the provisions of this subchapter or the rules promulgated under this subchapter. (e) Intentionally retaliate or discriminate against any resident or employe for contacting or providing information to any state official, or for initiating, participating in, or testifying in an action for any remedy authorized under this subchapter. (f) Intentionally destroy, change or otherwise modify an inspector?s original report. (2) Violators of this section may be imprisoned up to 6 months or fined not more than $1,000 or both for each violation.	Y3098		

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Y3098	Continued From page 25	Y3098		

This Rule is not met as evidenced by:
Based on observation, record review, and interview the provider did not ensure full cooperation with the department's process for conducting survey and investigation work. The provider did not ensure the records received encompassed the information requested, did not ensure the records were received timely, or contained accurate information. The requested documentation was critical to the investigation and Surveyor had to request the documentation multiple times with 7 deadlines, as it was either not submitted as requested or the record omitted critical information. The provider impeded and interfered with the survey and investigation, including the timeline and integrity of the unannounced review.

Findings Include:

On 06/26/2023 and 07/05/2023, the department received complaints that alleged the facility was not staffed appropriately to meet the resident needs and cares were not being performed.

On 07/06/2023 at approximately 9:00 AM, Surveyor contacted Licensee A via phone to inform him/her that an investigation was proceeding, and that the Surveyor would need to work with a staff member or administrator of his/her choosing to assist with obtaining required documentation and investigation review. License A requested Surveyor reach out to Regional Administrator F. Regional Administrator F returned Surveyor's call at 9:44 AM and discussed involving Administrator C and Regional Supervisor D. Regional Supervisor D was called with no answer and Administrator C returned

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Y3098	Continued From page 26 Surveyor's call at 9:54 AM. All administrators were made aware of the presence of Adult protective Services (APS) and the Department of Health Services (DHS), the ensuing investigations, and the need for a staff member to assist with the investigation to provide requested documentation and follow through. Assistant Administrator D was left to work with the Surveyor and APS at the facility. On 07/06/2023 at approximately 10:00 AM, Surveyor interviewed Assistant Administrator D. Assistant Administrator D verified the records for the staff, residents, and facility were kept on-site either in physical binders or via an electronic record keeping system. As part of the survey process and investigation, Surveyor requested to review a sample of resident, staff, and facility records. Assistant Administrator D took notes on which records were requested including dates and information needed. Surveyor requested to review the following records that were pertinent to the investigation process: 1. A list of all caregivers including dates of hire and a list of residents including dates of admission and payer source. 2. Resident 1, 2, and 3's record including the signed Individual Service Plan (ISP), current ISP, Face sheet, 3 months of Medication Administration Records (MARs), 3 most recent months of observation notes, admission assessment and agreement, any additional health monitoring or investigation information regarding recent incidents and Resident 1's hospice notes. 3. Caregiver G, H, K, and L's Background information check including the BID, DOJ, IBIS, dates of hire, and all training records including the	Y3098		

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	0015453	A. BUILDING: _____ B. WING _____	R-C 07/28/2023

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Y3098	Continued From page 27 dates, duration of time, topics, trainers, and signatures. 4. Requested policies and procedures, the schedule from April 1 through the next 2 weeks plan, time stamps for caregivers from April to present, documentation of any submitted self-reports since the last survey on 02/27/2023 and any other information that could provide evidence of compliance for the verification visit. On 07/06/2023 at approximately 10:00 AM, Assistant Administrator D stated although the records, with the exception of the timestamps, were kept on-site or within the electronic documentation system, s/he would not be able to provide the records while Surveyor was on-site. Assistant Administrator D stated the records were not filed in an organized way to allow for easy access to specific records and that s/he would require more time to locate them. Assistant Administrator D stated and acknowledged Surveyors role of an unannounced survey to ensure the records were in compliance and stated s/he could try to provide Surveyor with the "most important" records while Surveyor was on-site and asked to e-mail the rest. Assistant Administrator D stated s/he was aware of the timeline of the investigation process and a reasonable timeframe of 24 hours to submit the documentation but did not believe s/he could locate all the information within 24 hours. Assistant Administrator D requested the deadline for submission be extended beyond 24 hours. Surveyor requested the records be sent no later than Monday 07/10/2023 at 12:00 PM (1st deadline). Surveyor asked to review a sample of signed ISPs, a copy of the schedules, and view the staff training record while on site. Assistant Administrator D could not provide a sample of	Y3098		

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signed ISP's stating they were sent out to POA's via e-mail but not returned. Assistant Administrator D could not provide Surveyor with an e-mail exchange to verify the explanation. Assistant Administrator D stated s/he was unable to print a copy of the schedules and did not know where the staff files were located to provide review of training records. At the exit of the on-site visit on 07/06/2023, at approximately 2:45 PM, Surveyor was provided with the list of staff and residents only.

On 07/10/2023 no records were received.

On 07/12/2023, Surveyor arrived at the facility on 07/12/2023 at approximately 11:30 AM due to new concerns regarding facility staffing and for a continued investigation and monitoring visit. Surveyor interviewed Administrator C at approximately 11:32 AM. Administrator C stated both Administrator E and Assistant Administrator D were no longer employees and that s/he was the acting Administrator. Administrator C was unaware of the documentation requests made during the survey on 07/06/2023. Administrator C called Regional Supervisor B who stated s/he was also unaware of the record requests. Regional Supervisor B acknowledged Licensee A, Regional Director F, Administrator C and him/herself were all made aware of the investigations on 07/06/2023 and had designated Assistant Administrator D to assist with the investigation process. Regional Supervisor B stated s/he was the direct supervisor for Assistant Administrator D, Administrator E and the new Administrator C. Regional Supervisor B stated acknowledgement that the provider was aware of the open survey and its process, and their responsibility to ensure oversight and follow up with their own staff to ensure compliance with the

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Y3098	Continued From page 29 survey process. On 07/12/2023 at approximately 11:50 AM, Surveyor reviewed the list of requested documentation and included the request for the time stamps and schedules to include the up to date (07/06/2023-07/12/2023) information. Administrator C took notes of the requested documentation. As Surveyor had not yet received the requested information past the deadline of request, Surveyor asked to review the records on-site. Administrator C stated s/he was in the process of trying to reorganize the administration office and requested additional time to locate the documentation. Surveyor requested the records be sent no later than Friday 07/14/2023 at 5:00 PM (2nd deadline). Surveyor reviewed the concerns regarding the complaint and staffing from 07/06/2023 to present and Administrator C stated s/he was aware there had been a time on 07/10/2023 when only 1 caregiver was present for both facilities on campus. On 07/13/2023 and 07/14/2023, Surveyor received some of the requested documentation via email. The information submitted was sent 6-7 days after the initial documentation requests were made. All requested records were not included. Surveyor reviewed the submitted records and replied via e-mail on 07/14/2023 at 1:53 PM to Regional Supervisor B and Administrator C: " ...Thank you for sending requested documentation. I still need to receive and review the following documentation by 5 PM today 7/14/2023: [Resident 1]- Face sheet, signed ISP, MAR/ TAR, observation notes, hospice notes, and admission agreement [Resident 2]- Face sheet, signed ISP, admission	Y3098		

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assessment, and admission agreement
[Resident 3, ...]- signed ISPs
[Caregivers K, L, G and H]- Background checks (including the BID and the state and DOJ response letters), and all training records including the dates, duration of time, topics, trainers, and signatures.
Copies of the schedule including dates and times when the administrator was present.
A copy or forwarded e-mail showing dates and times of submission for any self-reports that were submitted to the Department since our last survey.
Any documentation related to the correction of N0362 Grievance Procedure for SOD # R26011.
If any of the above documentation is unavailable, please identify which documents."

Surveyor contacted Licensee A on 07/14/2023 at 2:52 PM via phone for an exit review and to discuss the records that had not been received yet. Licensee A provided no explanation for the administrators not sending the Surveyor the requested documentation. Regional Supervisor B sent some additional documentation at 3:41 PM and resent the incomplete records.

On 07/14/2023 at 6:05 PM and 7:17 PM, Surveyor returned Regional Supervisor B's call with no answer. Surveyor left a voice message for both the administrators to call with any questions regarding the records that were still not received and a summary e-mail at 7:43 PM to Regional Supervisor B, Administrator C, and Licensee A:

" ... I received and reviewed all the e-mails sent to me since Wednesday that included many documents that were asked for. After review, I listed in my e-mail the documentation that was not included that I still need to receive. Please

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Y3098	Continued From page 31 review the content of the attachments you've sent and note the following documents are not present: For [Resident 1]: Face sheet, ISP, MAR/ TAR, observation notes, hospice notes, and admission agreement For [Resident 2]- Face sheet, ISP, admission assessment, and admission agreement For [Resident 3, ...]- ISPs (Even if they are not signed, I still need to review copies of the most recent ISPs for all ... of the selected residents) For [Caregivers K, L, G and H]- Background checks (including the BID and the state and DOJ response letters), and all training records including the dates, duration of time, topics, trainers, and signatures. Copies of the schedule. Please send all of the above listed documentation as I have not received it yet. If you have any questions please feel free to call me." At 8:56 PM Administrator C sent some additional requested documentation that was missing the back sides of the pages. This was after the 2nd set deadline, 7 days after the initial request and was incomplete. On 07/17/2023 Surveyor e-mailed Administrator C, Regional Supervisor B and Licensee A again at 11:54 AM as no new documentation had been received:	Y3098		

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Y3098	Continued From page 32 " ...Please review the content of the attachments that were sent to me on Friday by [Administrator C] and note the backside of the pages were not copied and included. Please resend with the full DOJ reports and policies. Additionally, please send any information to show the Clerk of Courts was contacted prior to hiring any employees with convictions that require it. I am still waiting to receive: For [Resident 1]: Face sheet, ISP, MAR/ TAR, observation notes, hospice notes, and admission agreement For [Resident 2]- Face sheet, ISP, admission assessment, and admission agreement For [Resident 3, ...]- ISPs (Even if they are not signed, I still need to review copies of the most recent ISPs for all ... of the selected residents) For [Caregivers K, L, G and H]- all training records including the dates, duration of time, topics, trainers, and signatures. Copies of the schedule. Please send all of the above listed documentation today, 07/17/2023, as I have not received it yet and I am closing the survey. Thank you..." On 07/17/2023 (3rd deadline) at approximately 1:30 PM Surveyor called both Administrator C and Regional Supervisor B to discuss the documentation that was still needed and not received including records that had been sent but were incomplete. Administrator C asked for an extension for the information as s/he was not at	Y3098		

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the location. Surveyor requested the documentation be sent by no later than 07/18/2023 at 12:00 PM (4th deadline). Surveyor received some additional documentation on 07/17/2023 and 07/18/2023 (11 & 12 days after initial request). Surveyor reviewed the records on 07/19/2023 and noted it did not contain the scope of information that had been requested.

On 07/19/2023 at 1:25 PM Surveyor called Administrator C to again clarify the documentation that was needed and was sent incomplete. Administrator C stated s/he understood the records that needed to be resent due to being incomplete and the need to have the current caregiver times accounted for as previously requested. At 2:18 PM Surveyor e-mailed Regional Supervisor B and Administrator C to request the records that were not received (5th deadline):

"Please send me a copy of the current schedule as I only have the schedule until July 8th. Please send me time stamps for all employees at the 2 facilities from June to present date. The previous time stamps did not include times for [Caregiver G] in June/July and I need to see who has been working this past week.
Thank you..."

The schedule that was requested, on multiple occasions, from 07/06/2023- 07/20/2023 contained information the investigation required as there were allegations and interviews related to staffing specific to the dates 07/09/2023, 07/10/2023, and 07/11/2023. On 07/19/2023 at 4:28 PM (13 days after the initial request) Surveyor was sent the "current schedule" by Administrator C. Surveyor reviewed the schedule

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received on 07/20/2023 and noted the schedule received omitted the dates 07/09/2023, 07/10/2023, and 07/11/2023. Surveyor called both Administrator C and Regional Supervisor B with no answer and a voicemail left for Regional Supervisor B to return Surveyor's call. Surveyor e-mailed Regional Supervisor B and Administrator C on 07/20/2023 at 10:55 AM:

" ...Upon review I see July 9, 10, and 11th were left blank. Please include the information for those dates.
Thank you ..." (6th deadline).

Regional Supervisor B e-mailed other missing documentation on 07/20/2023 at 12:01 PM (14 days after initial request) and did not address the missing dates. Surveyor again requested the missing documentation via e-mail at 2:17 PM to Regional Supervisor B and Administrator C:

"Thank you. I am still looking for the schedule for 07/09/2023, 07/10/2023, and 07/11/2023 as they were omitted from the "current schedule" I received yesterday." (7th deadline.)

The provider was asked for the corroborating staffing schedule and timestamps on 07/06/2023, 07/12/2023, 07/14/2023, 07/17/2023, 07/18/2023, 07/19/2023, 07/20/2023, and 07/21/2023. Surveyor received them after the provider exceeded 7 deadlines for submission. Administrator C sent Surveyor a schedule that omitted the critical dates of review on 07/20/2023, and then sent the omitted dates on 07/21/2023. The omitted dates had caregivers that were not accounted for by time-stamp and included a caregiver (Caregiver R) that was not included on the employee roster. During an interview on 07/21/2023 at approximately 12:00 PM,

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Y3098	Continued From page 35 Administrator C stated on 07/10/2023 the new Caregiver R, who had not been on the employee roster, was present as well as him/herself. The schedule sent by Administrator C indicated Administrator C, Caregiver G and a new Caregiver R were present on campus from 10:00 AM to 10:30 PM on 07/10/2023. The time stamps and interviews indicated that schedule sent was inaccurate. The time stamps corroborated Assistant Administrator D was the sole caregiver on campus from 6:13 AM to 11:45 AM, Caregiver R was not present that day, Caregiver G was not present until 11:45 AM, and Administrator C, per interviews, was not present until approximately 1:45 PM. The schedule required for investigation had been withheld after request 7 times and when it was submitted it contained false information as corroborated by interview and record review. The false information made it appear there were 3 caregivers present from 10:00 to 11:45 AM when there was only one for the entire campus and included a caregiver that was not present at all on 07/10/2023. All requested information was not received. Surveyor received only 1 month of MARS for residents, no e-mails corroborating ISPs had been sent out for signatures, no self-report or investigation information to corroborate incidents documented in resident records, and no training records for 3 of 4 caregivers requested. Per Assistant Administrator D's interview on 07/06/2023, the requested records were present at the facility on 07/06/2023 for review. The provider did not ensure all records were submitted, contained the requested information or were within the given deadline. The provider did not offer an explanation for the omission of	Y3098		

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Y3098	Continued From page 36 records. It took a total of 14 days and 7 deadlines to receive the requested documentation, originally requested on 07/06/2023. The investigation and survey process were dependent upon reviewing these specific records. Additional time was required to review the written findings when the required records were submitted after the close of the survey, a day past the 7th final submission date. The delays, omissions, and records containing false information greatly interfered with the survey and investigation process and impeded the timeline and integrity of the investigation as Surveyor was unable to verify if the submitted documentation had been original to the record at the time of request during the unannounced visit. Cross Reference: N0396 DHS 83.36(1)(a)Adequate Staff To Meet Resident Needs Y3244 DHS 50.09(1)(L)Care	Y3098		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	Y3244		

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This Rule is not met as evidenced by:
Based on record review, interview, and observation the provider did not ensure Residents 1 and 2 received cares to meet his/her needs. Resident 2 had to wait for meals and cares to be completed until a 2nd staff member could assist. Resident 1, who received hospice services, did not have medications, meals and/ or care needs regularly attended to by the facility staff when hospice was not present.

Findings include:

The provider is licensed to serve up to 14 residents who may be advanced age, physically disabled, and/or have irreversible dementia/Alzheimer's disease.

On 06/26/2023, The department received a complaint which alleged residents were not receiving cares to meet their needs.

On 07/06/2023 at 8:35 AM, Surveyor gathered observations at the facility. Surveyor observed there was 1 caregiver present at the facility. Surveyor interviewed Caregiver H at approximately 8:30 AM. Caregiver H confirmed there was 1 caregiver staffed at each facility location. Caregiver H stated at times there may be a "float" staff present to assist between the 2 buildings on campus but that it usually did not occur. Caregiver H stated both buildings had residents that regularly required 2 assists during cares (Residents 1 and 2 in Building II) and that s/he would also leave the building unattended to assist with resident cares when a 2 assist was

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needed. Caregiver H stated there was usually only 1 caregiver in each building per shift and the expectation was to leave the building unattended to assist at the sister facility when needed. Caregiver H stated there were times when residents at the facility would have to wait for cares, medications, meals, and call bells to be answered until a caregiver was back in the building. Caregiver H stated as an example s/he was unable to move Resident 2 by him/herself and Resident 2 regularly had to wait for cares until the caregiver at the other facility could assist.

RESIDENT 2
On 07/06/2023, Surveyor reviewed Resident 2's records and noted Resident 2 was admitted on 10/27/2022 with diagnoses including dementia, Parkinson's disease, repeated falls, and an unspecified fracture of lumbar vertebra. Resident 2 has an activated Power Of Attorney (POA) and his/her Individual Service Plan (ISP) notes s/he is a full assist for transfers, mobility, and bathing care.

On 07/28/2023, Surveyor interviewed Physical Therapist S at 2:00 PM. Physical Therapist S stated s/he began seeing Resident 2 a "few weeks ago" and would typically see the resident 3 times a week around 10:30 AM. Physical Therapist S stated there were days when s/he arrived and found Resident 2 was in bed and had not received breakfast or cares. Physical Therapist S stated it is Resident 2's preference to get up in the morning because s/he is hungry and wants to eat breakfast. Physical Therapist S stated s/he found Resident 2 had not received cares when there weren't 2 staff available to assist. Physical Therapist S stated s/he would have to locate staff and advocate for the resident to receive cares. Physical Therapist S stated s/he

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found Resident 2 was without a call bell in his/her room and due to his/her diagnoses s/he does not have a strong voice capable of yelling for help.

RESIDENT 1
On 07/06/2023, Surveyor reviewed Resident 1's records and noted Resident 1 was admitted on 10/27/2022 with diagnoses including Alzheimer's Diseases without behavioral disturbances, bowel and stress incontinence, degeneration of lumbar or lumbosacral intervertebral disk, diabetes, and asthma. Resident 1 has an activated POA, his/her family member POA Q. Resident 1's Individual Service Plan indicates Resident 1 is a total assist for all Activities Of Daily Living (ADLS.) Resident 1 began hospice services on 03/21/2023.

On 07/14/2023 at 12:50 PM Surveyor interviewed Caregiver L. Caregiver L stated s/he worked at the facility from April -June of 2023. Caregiver L stated s/he had many concerns regarding residents not receiving cares. Caregiver L stated when s/he would come in at 5:00 PM s/he would frequently find no one had gotten Resident 1 up out of bed if Hospice had not come in. Caregiver L stated no one would feed the resident and s/he would immediately have to change the resident and feed him/her. Caregiver L stated it was not Resident 1's preference to sleep and that s/he was usually always ready to get up and could tell you what s/he wanted. Caregiver L stated the facility staff would not perform cares on Resident 1 and would rely on Hospice services to arrive to care for him/her. Caregiver L stated it was Resident 2 's preference to get up in the morning, but s/he would frequently have to wait many hours until the second caregiver was available to assist. Caregiver L stated when s/he was hired back as a caregiver in April s/he was not properly

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trained regarding resident individual needs and services. Caregiver L stated, "I didn't know all the residents. Who was who and who does what, each person is an individual and all have their own care needs. No one trained us."

On 07/21/2023 Surveyor interviewed Resident 1's family member POA Q. POA Q stated s/he had repeatedly brought forth concerns to the administration, Administrator E and Assistant Administrator D, regarding Resident 1's cares. POA Q stated although Resident 1 is on hospice services the staff have never been directed to leave the resident sleep and not attempt to wake him/her to encourage eating meals and taking scheduled medication. POA Q stated Resident 1 requires his/her medication to be crushed in applesauce and that Resident 1 rarely refuses offered food. POA Q stated Resident 1 had a hospital bed and could have the head of the bed raised up to encourage Resident 1 to rouse for breakfast and medication. POA Q stated if the resident truly didn't want to get up s/he understood it was his/her right not to but that it was clear to him/her that the staff were not attempting to assist Resident 1 by offering the scheduled medication or meals. POA Q stated many times when s/he would visit Resident 1 would not be attended to by the staff as the staff would wait for the supplemental hospice care to arrive and perform the tasks. POA Q expressed worry and frustration, and stated it is the provider's responsibility to care for the resident as hospice care is only supposed to be supplemental extra care.

On 07/20/2023 at approximately 11:25 AM, Surveyor observed the only caregiver (Caregiver H) and 2 other staff (Cook I and Activities Director J) on break outside of the facility. No caregivers

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were present in the facility to listen for resident calls and supervise. At 11:33 AM Surveyor observed Resident 1 was in his/her room laying flat on his/her bed with his/her eyes open attempting to move the blankets off of his/her person to the floor. Resident 1 reached up in a motion that appeared to be indicating s/he wanted assistance in getting up. No hand bell was within Resident 1's reach to ring for assistance nor was a caregiver present in the building to hear if a bell was ringing or a resident was calling out.

On 07/20/2023 at 11:35 AM, Surveyor interviewed Caregiver H while s/he was outside of the facility on break. Caregiver H stated Resident 1 was sleeping as s/he had been all morning and stated Resident 1 did not get up and receive breakfast or his/her am medications. Caregiver H stated if the resident is sleeping they will let him/her continue to sleep. Resident 1 had not been offered to get up for breakfast or his/her medication. Caregiver H stated Resident 1 is on 30-minute checks.

On 07/20/2023 at 11:53 AM, Surveyor observed Resident 1 was still awake and continued to attempt to communicate. Caregiver H ended his/her break, came inside the facility and did not assist Resident 1. Surveyor observed the staff prepare for lunch. At approximately 12:00 PM hospice arrived. Hospice got Resident 1 up and provided cares.

On 07/20/2023 at approximately 10:00 AM, Surveyor interviewed Hospice Supervisor M. Hospice Supervisor M stated Hospice would usually arrive between 12:30 - 2:30 PM to assist Resident 1.

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Y3244	Continued From page 42 On 07/20/2023, Surveyor reviewed Resident 1's hospice notes. The record dated 04/13/2023 notes Resident 1 is a "2 assist with transfers" and a "total assist with bathing" Surveyor noted multiple entries regarding care concerns: 06/22/2023 - "This worker met with [Resident 1] in [his/her] room where [s/he] was lying awake in bed. This worker could not find staff and checked out with staff in the other building ... concerns verbalized to [Caregiver H] about patient not being changed and Hospice is supplemental and [sic] provide cares ..." 06/26/2023- "Patient just getting up with staff at 12:30. Fed patient and [sic] ate 100% of lunch. Per staff [sic] did not get patient up for breakfast ..." 06/30/2023- "Patient in bed when writer arrived. Per staff patient [sic] not been up yet and staff was waiting for assistance so unable to get patient up. Patient was heavily soiled [his/her] clothes wet ... Per staff patient had not yet ate ... Writer provided cares, changed patient and assisted patient to broda chair. [Sic] Brought to dining area and attempted to feed [sic] meal ... Writer spoke with [Caregiver H] and [Assistant Administrator D] about concerns regarding patient not being gotten up for the day ... This writer educated on Hospice being supplemental care and advised patient should still be provided cares if Hospice service is not there ... Staff report staff crisis has been barrier to the facility care ... [Hospice Supervisor M] updated. [POA Q] aware of patient current care concerns as discussed with [POA Q] in recent face to face discussion ..." 07/10/2023- "[Resident 1] in broda in [sic] common area with [sic] nightgown on. Assisted	Y3244		

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Y3244	Continued From page 43 with ADL 's ..." 07/11/2023- "Upon arrival around 1330 [1:30 PM] [hospice aid] was assisting [Resident 1] with feeding lunch. [Hospice aid] stated that [s/he] got [Resident 1] up and ready for the day with no care refusal." 07/14/2023- "[Resident 1] eating lunch with [hospice aid] assisting upon arrival. Spoke with [Regional Supervisor B] regarding care concerns." 07/18/2023- "[Resident 1] awake in bed playing with [his/her] blankets upon arrival. When writer said hello [Resident 1] asked about getting up. Resident was still in [sic] nightgown and [sic] very soiled brief. Chucks underneath [sic] also soiled. Soiled depend found in [sic] bathroom sink. Linens [sic] changed due to BM present on them. ADL 's performed and brought out for lunch. Writer questioned aid working on [sic] reason patient was not changed. Aid stated that [s/he] was changed at 9:00 AM and that [Resident 1] has been tired and wanting to sleep all day ..." Per interview with Hospice Supervisor M on 07/20/2023, the hospice aid arrived at 11:36 AM on 07/18/2023 and stated Resident 1 appeared not to have been changed since the previous evening. On 07/21/2023, Surveyor reviewed Resident 1's observation notes: -05/25/2023 at 11:30 AM, Caregiver T wrote, "Resident needs to be getting up in the morning. [S/he] is not to stay in bed until Hospice comes in and gets [him/her] up. Call someone over for help to get [him/her] up. [Sic] No reason for [him/her]	Y3244		

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Y3244	Continued From page 44 to be missing breakfast at all ..." On 07/06/2023 Surveyor interviewed Assistant Administrator D approximately 1:30 PM. Assistant Administrator D identified 2 residents in each facility (Residents 1 and 2 for Building II and Resident 3 and 4 in Building I) that required 2 assists for cares and transfers. Assistant Administrator D stated s/he would try to schedule a float staff between the campus facilities but that it typically was only 1 caregiver per shift. Assistant Administrator D stated the staff were expected to assist at the sister facility when they would need assistance with a resident who required the assistance of 2 caregivers for cares. Assistant Administrator D stated s/he was aware there was a risk to the resident's safety and unattended care needs when the building was left unattended by a caregiver. Assistant Administrator D stated at times the residents with 2 assists needed would have to wait for care until another caregiver could assist and at times the provider would wait for hospice to arrive to assist Resident 1 with care. During an interview on 07/19/2023 at approximately 1:30 PM Administrator D stated s/he could not recall a day where 2 caregivers were present at each facility during all shifts to meet resident needs and was aware Resident 2 would have to wait for cares until a 2nd caregiver was present to assist. Surveyor noted from April 1, 2023, through July 15, 2023, there were no days when there were consistently 2 caregivers present at the facility to meet resident care needs. Cross Reference: N0230 DHS 83.19Orientation N0387 DHS 83.35(3)(b)Service Plan Development: Parties Involved	Y3244		

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Y3244	Continued From page 45 N0396 DHS 83.36(1)(a)Adequate Staff To Meet Resident Needs N0432 DHS 83.38)(1)(h)Medication Administration Y3098 DHS 50.07Prohibited Acts	Y3244		