STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018485	A. BUILDING: _____ B. WING _____	C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF MOUNT PLEASANT (THE)	6101 16TH ST RACINE, WI 53406

(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 9/16/2024, Surveyors conducted 4 complaint investigations at The Gardens of Mount Pleasant. Three complaints were substantiated. One complaint was unsubstantiated. Two deficiencies were identified. Census: 67	N 000		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure they allowed a resident to increase skills and maintain independence in toileting for 1 of 1 resident. Resident 1 did not have toilet paper and paper towels provided regularly. Findings include:	N 425		

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

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N 425	Continued From page 1 On 08/15/2024, the department received a complaint alleging the provider did not replenish toilet paper and paper towels routinely, and when asked for the supplies, staff did not provide them in a timely manner. On 09/16/2024, at 10:10 AM, Surveyor toured the South Wing with Caregiver E. Resident 1's room did not have evidence of any toilet paper. Resident 1's room had feces in the toilet without tissue present. Resident 1's laundry hamper had a piece of clothing on the top, which was soiled with what appeared to be feces. Resident 1's bathroom did not have paper towels or anything to dry Resident 1's hands after using the bathroom and washing his/her hands. On 09/16/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/02/2023. Resident 1's initial assessment, dated 01/17/2023, identified Resident 1 sometimes wore an incontinent brief during the day but always wore one at nighttime. Resident 1's ISP, dated 09/08/2024, identified Resident 1 toileted independently with staff reminders to change his/her brief. Resident 1 required staff assistance with housekeeping/chores. Staff were responsible for helping Resident 1 keep her room clean by sweeping, mopping, taking out trash, and cleaning all areas of the bathroom. The ISP did not report replenishment of toilet paper or restricting toilet paper and paper towels. On 09/16/2024, at 10:10 AM, Surveyor interviewed Caregiver E regarding Resident 1's room. Caregiver E reported s/he provided toilet paper and paper towels when residents asked him/her for the supplies. Caregiver E did not offer a response when asked what the process was for replenishing supplies when a resident did not	N 425		

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N 425	Continued From page 2	N 425		

communicate their need for the supplies. When Surveyor identified there had been no evidence of toilet paper in the bathroom at all, including no empty toilet paper roll, Caregiver E reported it was not his/her responsibility to oversee the shift before him/her and did not know what they did or why Resident 1 did not have toilet paper or paper towels available in his/her bathroom.

On 09/16/2024, at 11:30 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he had not had toilet paper in his/her room for the past 2 months. S/He reported s/he was unsure why s/he did not get it. S/He reported his/her power of attorney (POA) had requested s/he have toilet paper from the staff and still did not have any.

On 09/16/2024, at 11:44 AM, Surveyor interviewed Caregiver F. Caregiver F reported Resident 1 had clogged the toilet in the past and his/her room flooded. Resident 1 was able to use the bathroom independently. Caregiver F did not know why Resident 1 did not have toilet paper and reported s/he most likely did not have it because staff did not want him/her overflowing his/her toilet. Caregiver F reported they provided toilet paper for residents when they asked for it, but only medication passers had the keys for the supply closet so they would need to wait until they were available to get the supplies.

On 09/16/2024, at approximately 1:00 PM, Surveyors interviewed Licensee A. Licensee A reported they had enough toilet paper and s/he did not have any issues with residents using a lot of toilet paper. Licensee A reported staff were not to restrict the use of any resident's toilet paper usage because it would be considered a need for a meeting to discuss the concerns regarding the

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N 425	Continued From page 3 issue and program planning to follow. Licensee A reported s/he would ensure staff were replenishing the toilet paper routinely without residents needing to ask for it. On 09/16/2024, at 4:30 PM, Surveyor interviewed Resident 1's POA, POA G. POA G reported s/he had visited Resident 1 frequently, and the past 7-8 times s/he visited in the past couple of months, Resident 1 did not have toilet paper supplied in his/her room. POA G reported the need for toilet paper to staff and they did not replenish the toilet paper timely.	N 425		
N 639	83.59(2)(a) One-hand, one-motion door operation All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all doors had latching hardware to permit opening from the inside with a one-hand, one-motion operation. Two of 10 doors on the South Wing did not have one-hand, one-motion operation. Findings include: On 09/16/2024, at 11:44 AM, Surveyor toured the South Wing of the facility. Resident 1's room and Resident 8's room were in the South Wing. Resident 1 utilized a walker for ambulation. Resident 1's and Resident 8's door latching hardware did not have a one-hand, one-motion operation.	N 639		

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N 639	Continued From page 4 On 09/16/2024, at 11:44 AM, Surveyor interviewed Resident 1. Resident 1 reported it was slightly difficult for him/her to unlock his/her door with having to take his/her hands off his/her walker to maneuver the lock on the door to the unlocked position to open it. On 09/16/2024, at approximately 12:30 PM, Surveyors interviewed Licensee A. Licensee A reported s/he did not know the 2 rooms on the South Wing did not have the correct latching hardware. Licensee A reported s/he would have it switched as soon as possible.	N 639		