STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018219	A. BUILDING: _____ B. WING _____	R-C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE WAUKESHA	1701 EAST BROADWAY WAUKESHA, WI 53186

(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
{U 000}	INITIAL COMMENTS On 10/30/2023, Surveyors conducted a verification visit at New Perspective Waukesha. Two deficiencies were identified. Two of 2 deficiencies were repeat violations (see Statement of Deficiency (SOD) SJ5P11). Census: 35	{U 000}		
{U 124}	89.23(3)(c) SERVICES SERVICE QUALITY. Services to meet both scheduled and unscheduled care needs shall be provided in a timely manner. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services to meet unscheduled care needs of 2 of 2 tenants in a timely manner. This is a repeat deficiency. See Statement of Deficiency (SOD) SJ5P11, dated 04/20/2023. Tenant 1 and Tenant 2, who required assistance with transferring and toileting, pressed the call pendant for assistance and did not receive a response in a timely manner. Findings Include: On 10/30/2023, at approximately 9:55 AM, Surveyor interviewed Tenant 1. Tenant 1 stated staff will not assist him/her when s/he presses his/her call light because s/he has been told s/he	{U 124}		

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

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{U 124}	Continued From page 1	{U 124}		

presses his/her call light too often. Tenant 1 stated s/he had experienced incontinence due to staff not responding when s/he requested assistance with toileting. Surveyor requested Tenant 1's record.

Tenant 1's "Resident Service Agreement," updated 10/24/2023, documented:
"Bladder Cont (continence): Asst (assistance) 4-7x/24hr (4-7 times every 24 hours): Assist resident with toileting needs and provide proper peri-care after all incontinent episodes. Offer toileting when resident first wakes up for the day before and after meals and before going to bed. Effective 04/15/2021."
"Bowel Cont: Assistance Needed. Effective 04/15/2021."

Tenant 1's "Resident Event Report," dated 10/16/2023 to 10/29/2023, documented the following call light responses which were greater than 20 minutes:
10/16 3:46 AM - Response Time 2 hours 6 minutes
10/16 1:39 PM - Response Time 48 minutes
10/16 8:13 PM - Response Time 30 minutes
10/17 7:23 AM - Response Time 29 minutes
10/17 10:05 PM - Response Time 34 minutes
10/18 3:46 AM - Response Time 1 hour 8 minutes
10/19 2:14 AM - Response Time 26 minutes
10/19 2:09 PM - Response Time 32 minutes
10/21 2:11 AM - Response Time 57 minutes
10/22 1:17 PM - Response Time 54 minutes
10/23 10:32 PM - Response Time 29 minutes
10/24 4:10 AM - Response Time 26 minutes
10/26 1:59 PM - Response Time 25 minutes
10/27 12:25 PM - Response Time 1 hour 4 minutes

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{U 124}	Continued From page 2 On 10/30/2023, at approximately 11:00 AM, Surveyor asked Registered Nurse (RN) G which tenants utilized a gait belt for transfers. RG G stated Tenant 1 and Tenant 2. Surveyor requested Tenant 2's record. Tenant 2's "Resident Service Agreement," updated 07/14/2023, documented: "Bladder Cont (continence): Asst (assistance) 4-7x/24hr: Assist resident with toileting needs and provide proper peri-care." Tenant 2's "Resident Event Report," dated 10/16/2023 to 10/29/2023, documented the following call light responses which were greater than 20 minutes: 10/16 4:26 AM - Response Time 1 hour 25 minutes 10/16 6:20 AM - Response Time 1 hour 32 minutes 10/17 5:32 AM - Response Time 32 minutes 10/17 1:28 PM - Response Time 1 hour 10 minutes 10/23 1:47 PM - Response Time 37 minutes 10/27 5:39 AM - Response Time 2 hours 14 minutes On 10/30/2023, at approximately 12:30 PM, Surveyor interviewed Care Team Manager D (CTM D). CTM D stated Tenant 1 had been known to press his/her call light often, but that was not an excuse for staff to not respond in a timely manner. CTM D stated s/he reviewed the call logs and would follow up with tenants who had long wait times to determine if they received the requested service. On 10/30/2023, at approximately 1:30 PM, Surveyor interviewed Executive Director Specialist (EDS) F, who was the acting interim	{U 124}		

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{U 124}	Continued From page 3 administrator. EDS F stated Tenant 1 had been known to press his/her call light often, but s/he would discuss the importance of timely responses with staff. EDS F stated s/he felt that a tenant should not have to wait more than 20 minutes for a call light to be responded to.	{U 124}		
{U 125}	89.23(3)(d) SERVICES SERVICE QUALITY. Services shall be appropriate to the needs, abilities and preferences of tenants as identified in the comprehensive assessment, service agreement and risk agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services were appropriate to the assessed needs and abilities for 1 of 1 tenant. This is a repeat deficiency. See Statement of Deficiency (SOD) SJ5P11, dated 04/20/2023. Tenant 1, who was assessed to be transferred with a gait belt, was transferred without. Findings Include: On 10/30/2023, at approximately 9:55 AM, Surveyor went to interview Tenant 1. Surveyor observed Caregiver E assisting Tenant 1. Surveyor asked Caregiver E if Tenant 1 utilized a gait belt for transfers. Caregiver E asked Tenant	{U 125}		

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{U 125}	Continued From page 4	{U 125}		

1 if s/he had a gait belt and Tenant 1 pointed to where it was at. Caregiver E retrieved the gait belt, set it on the table next to Tenant 1. Tenant 1 stated, "Nobody uses the gait belt." Caregiver E did not respond and informed Tenant 1 s/he would return to check on his/her laundry.
Surveyor asked Tenant 1 if Caregiver E had assisted him/her into his/her recliner with the use of his/her gaitbelt. Tenant 1 stated, "[S/he] helped me transfer into my chair but did not use the gaitbelt." Surveyor asked if s/he felt comfortable transferring when staff did not utilize his/her gait belt. Tenant 1 stated, "Not always."

On 10/30/2023, Surveyor reviewed Tenant 1's record.
Tenant 1 moved into his/her apartment on 10/20/2022 with diagnoses including cerebral infarction due to embolism of right middle cerebral artery (stroke), cerebral infarction due to thrombosis of right middle cerebral artery, dysphasia following cerebral infarction, fibromyalgia, and irritable bowel syndrome.

Tenant 1's "Resident Service Agreement," updated 10/24/2023, documented:
"Mobility: Assistive Device: Wheelchair; requires the assistance of 1 staff member for mobility. [S/he] uses a wheelchair for mobility which is propelled by staff."
Surveyor noted that Tenant 1 now had an electric wheelchair that s/he was able to mobilize him/herself.
"Transfer: Assist of 2: Use a transfer belt when assisting resident to transfer. Remove belt when transfer is completed."

On 10/30/2023, at approximately 12:30 PM, Surveyor interviewed Care Team Manager D (CTM D). Surveyor explained what was observed

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{U 125}	Continued From page 5 when s/he went to Tenant 1's apartment. CTM D stated s/he would discuss with staff again that when a tenant was assessed for a gait belt, it was to be utilized during all transfers. On 10/30/2023, at approximately 1:30 PM, Surveyor interviewed Executive Director Specialist (EDS) F, who was the acting interim administrator. EDS F stated staff should always utilize the gait belt if a tenant had been assessed for one.	{U 125}		