STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017057	A. BUILDING: _____ B. WING _____	C 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE CBRF	5510 RENEE DR EAU CLAIRE, WI 54703

(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 06/23/2025, Surveyor conducted a complaint investigation and self-report review at Milestone Senior Living Renee. Data collection continued through 07/11/2025. The complaint was substantiated. Two deficiencies were identified. Census: 18	N 000		
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 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 Resident 1 was involved in developing the individual service plan (ISP), when the ISP was not signed by the resident and	N 387		

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

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N 387	Continued From page 1 the resident's legal representative, as appropriate, acknowledging their involvement in, understanding of, and agreement with, the plan. Findings include: On 03/13/2025, the Department received a complaint alleging resident care plans were not kept updated. On 06/23/2025 at approximately 2:00 PM, Surveyor reviewed the following ISP: Resident 1 had an admission date of 03/01/2022. The ISP, dated 06/13/2025, was not signed by the resident or the resident's legal representative. On 07/10/2025 at 8:48 AM, Surveyor interviewed Power of Attorney for Health Care (POAHC) G. POAHC G stated s/he had not been contacted or had scheduled meetings to discuss Resident 1's care plan with the provider since his/her admission. On 07/10/2025 at 3:00 PM, Surveyor interviewed CD A and Regional Nurse Specialist (RNS) H. RNS H stated the ISPs were updated at least annually and for any resident changes in condition with the resident's whole care team. CD A stated that usually the nurse updated the ISPs. Surveyor gave CD A until 07/11/2025 at 5:00 PM to produce the last 2 ISP signature pages. On 07/11/2025 at 3:34 PM, Surveyor received an email from CD A which read, in part, "Unfortunately, after thoroughly searching our records, we were unable to locate these documents ...That said, we will be implementing corrective measures beginning next week to ensure improved documentation practices	N 387		

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N 387	Continued From page 2 moving forward. This will include additional internal checks to verify that all required signatures and care documentation are completed and filed appropriately. Our team will also be re-educated on the importance of timely documentation, especially as it pertains to care plan signoffs and hygiene records."	N 387		
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 interview and record review, the provider did not provide personal care services adequate to meet the needs of Resident 1. Findings include: On 03/13/2025, the Department received a complaint alleging residents were not receiving personal care services as indicated on their care	N 425		

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N 425	Continued From page 3	N 425		

plans.

The provider is licensed to care for up to 26 residents in the client groups of advanced aged and irreversible dementia/Alzheimer's disease.

On 06/23/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 03/01/2025. Resident 1 had an activated power of attorney for health care (POAHC). Resident 1 had diagnoses that included unspecified dementia, insomnia, and displaced intertrochanteric fracture of left femur. The individual service plan (ISP), dated 06/13/2025, indicated Resident 1 was hands-on assist with bathing weekly on Wednesday and Saturday. The ISP indicated Resident 1 had a history of being resistive to cares. The ISP indicated that starting on 04/08/2025, Resident 1 was a pivot transfer on his/her left leg only and was non-weight bearing on his/her right leg due to a knee fracture.

On 06/23/2025, Surveyor reviewed Resident 1's monthly task logs from March 2025 to June 2025. The June 2025 task log indicated Resident 1 was scheduled to have a shower weekly on Wednesday during the evening shift from 05/13/2025 to 06/13/2025. The task log indicated the shower schedule was changed, starting on 06/13/2025, to weekly on Wednesday and Saturday during the day shift. The June 2025 task log indicated on 06/04/2025 and 06/11/2025, that "TNC" was charted under bathing. At the end of the task log it indicated "TNC" stood for "Task Not Completed.. The May 2025 task log indicated staff charted "TNC" on 05/14/2025, 05/21/2025, and 05/28/2025, for bathing. The April 2025 task log indicated that on 04/16/2025, staff charted "TNC" for bathing. According to the task logs under bathing from March 2025 to June 2025,

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N 425	Continued From page 4 staff charting indicated Resident 1 went approximately 14 days, from 04/09/2025 to 04/23/2025, without a shower, and approximately 37 days from 05/07/2025 to 06/14/2025, without a shower. On 06/23/2025, Surveyor observed the resident shower schedule in the staff room. The shower schedule indicated Resident 1 was scheduled for a shower only on Wednesdays. On 06/23/2025 at 9:10 AM, Surveyor interviewed Caregiver C. Caregiver C stated their resident census had increased, which was causing concerns with staffing. Caregiver C stated Resident 1 was still in bed and would get up when s/he wanted to. Caregiver C stated Resident 1 would "beat up" staff if they got him/her up before s/he was ready. Caregiver C stated Resident 1 was recently returned from the hospital and was admitted to hospice. On 06/23/2025 at 9:37 AM, Surveyor interviewed Caregiver D. Caregiver D stated it was difficult to get showers done on the day shift. Caregiver D stated that if the day shift was unable to get a resident showered, the evening shift would do it. Caregiver D also brought up concerns with staffing and staff not having enough time on the day shift for quality resident care and spending more time one on one with residents. On 06/23/2025 at 2:52 PM, Surveyor interviewed Caregiver E. Caregiver E stated that getting resident cares done was a struggle when there were 3 showers scheduled, due to some medication passers only passing medications and not helping with resident cares, and 4 residents needing 2-staff assistance with transfers.	N 425		

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N 425	Continued From page 5 On 06/23/2025 at 3:45 PM, Surveyor interviewed Community Director (CD) A and Vice President of Clinical Operations (VPCO) B. CD A stated they had started over hiring and scheduling 3 staff on shifts as able. CD A stated they stack resident cares, including showers, on the days 3 staff are scheduled, and did not schedule showers on the weekends. On 07/08/2025 at 4:15 PM, Surveyor interviewed Caregiver F. Caregiver F stated Resident 1 was a "tough" resident and when s/he said "no," s/he would get upset if pressed further. Caregiver F stated s/he got Resident 1 into the shower 2 weeks ago and s/he had been more willing with cares since his/her recent decline in health. Caregiver F stated staff did help Resident 1 with peri care and this was charted by staff in a different area. On 07/10/2025 at 3:00 PM, Surveyor interviewed CD A and Regional Nurse Specialist (RNS) H about Resident 1's shower charting. RNS H stated they had identified staff were not always completing charting and were now monitoring and conducting audits of staff charting. CD A believed it was a staff charting issue for why staff had charted TNC multiple times for Resident 1's showers. Surveyor gave CD A until 07/11/2025 at 5:00 PM to produce any other shower charting for Resident 1. On 07/11/2025 at 3:34 PM, Surveyor received an email from CD A which read, in part, "Unfortunately, after thoroughly searching our records, we were unable to locate these documents ...That said, we will be implementing corrective measures beginning next week to ensure improved documentation practices moving forward. This will include additional	N 425		

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N 425	Continued From page 6 internal checks to verify that all required signatures and care documentation are completed and filed appropriately. Our team will also be re-educated on the importance of timely documentation, especially as it pertains to care plan signoffs and hygiene records."	N 425		