

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS		STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVAN, WI 53115		
(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 02/07/2024, Surveyors conducted a standard licensure survey and a complaint investigation at Vintage On The Ponds. Three deficiencies were identified. Complaint was unsubstantiated. Census: 53	N 000		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident 's needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on interview and record review, the provider did not complete a comprehensive Individual Service Plan (ISP) for 1 of 1 resident reviewed. Resident 1's ISP was not completed to reflect his/her behaviors. Findings include:	N 386		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS			STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVER, WI 53115		
(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 386	Continued From page 1 On 02/07/2024, at approximately 10:40, Surveyor interviewed Resident 1's Family Member (FM) B. FM B stated s/he had been caring for Resident 1 but it had been too difficult, especially at night, as Resident 1 experienced sun downing due to dementia and could be up all night. On 02/07/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility, 12/12/2023, with diagnoses including ischemic cerebrovascular accident, recurrent falls, dementia, and Parkinson's disease. Resident 1's "Observations" documented: "01/01/2024 5:45 AM - ... poop everywhere all over [him/her] all over [his/her] wheelchair ..." "01/01/2024 11:00 PM - Resident has spent the majority of [his/her] night laying on different areas of [his/her] bedroom floor ... Resident does not want to get up and does not want blankets or pillows." "01/03/2024 10:00 PM - This afternoon resident was admit [sic] that [s/he] was going to go to the "corner gas station to buy cigarettes," that [s/he] was "going home to take a bath," that [s/he] was "going to kill my bitch x [spouse]" that [s/he] was "going to set off the alarms" and that [s/he] was "going to walk around to find my truck" ... resident continued to set the door alarms off. Resident did finally end up outside and refused to come back in for multiple staff. ... after a few minutes, resident decided [s/he] was going to climb the gate to get out. ... Resident is refusing cares ..." "01/04/2024 7:15 AM - Resident refused to go to bed all night and [s/he] sleep in the recliner also refused cares for second shift in third [sic]."	N 386			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS		STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVAN, WI 53115		
(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 386	Continued From page 2 "01/04/2024 2:30 PM - Writer found resident squatting next to [his/her] heater when writer went in to see what was going on writer found resident sitting on [his/her] garbage can taking a poop ..." "01/07/2024 4:15 PM - Writer walked into resident's room to check on the resident and [s/he] was found naked sitting on the ottoman. Resident was being dirty and talking sexual things ..." "01/09/2024 7:00 AM - Tonight resident was looking for [his/her] spouse ... [s/he] stated [s/he] was probably out drinking and whoring around wit this said staff member ... [s/he] was yelling at staff and [s/he] pushed staff and made a fist and was going to hit staff ... [s/he] went back into [his/her] room and came bout out later and staff was a whore and a drug dealer ... [s/he] went back to [his/her] room cursing and finally went to bed." "01/09/2024 10:45 PM - Resident got upset that caregiver wanted resident to sit down in [his/her] wheelchair in order to go to the bathroom. [S/he] refused and pushed the caregiver 4 times, slapped the caregiver once and called the caregiver [explicative words] ..." "01/10/2024 8:45 PM - Resident tried to elope today trying to exit all south door to "get a cig" ... resident pushed a chair up against the back door trying to push the door open once [s/he] got the door cracked and alarm sounded [s/he] backed off and went to bed ... resident then begin getting out of bed to come ask writer to "join [him/her] in bed no one will know" ..." "01/10/2024 9:30 PM - Walked into residents room to resident on the floor kind of stuck between [his/her] wheelchair and end table stand. Resident stated [s/he] put [him/her] self there ..." "01/11/2024 8:15 PM - Resident got upset over caregiver trying to have [him/her] sit down that [s/he] told the caregiver that [s/he] was gonna go	N 386		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS		STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVAN, WI 53115		
(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 386	Continued From page 3 home and "grab [his/her] gun and go pew pew." "01/17/2024 3:00 PM - Resident broke another chair pad alarm." "01/17/2024 6:30 PM - Resident tried to stand up ... resident said [s/he] was going to touch [him/herself]. ..." "01/19/2024 1:30 AM - Residents alarm was going off ... found resident on [his/her] knees next to [his/her] bed, head down on bed, writer tried to get resident on [his/her] bed but [s/he] refused, said [s/he] wanted to stay on the floor and started trying to hit and cursing at writer ..." "01/29/2024 4:15 AM - At around 3am resident decided it was time for a shower ... was already naked with shower hose in hand there was water everywhere ... said he'd get clothes [him/herself], [s/he] been up and down even walking out of [his/her] room with just [his/her] product on ... resident has been up pretty much all night." "01/29/2024 5:45 AM - Resident has been up and down and took [his/her] alarm out of [his/her] bed making it impossible to do cares on others ..." "02/05/2024 7:15 AM - Up all night walking around [s/he] didn't sleep not once" Resident 1's current ISP, undated, documented: "Bathing - Partial Assistance: Warm the shower room and provide as much privacy as possible during bathing. Encourage resident to wash upper body as able. Staff needs to wash resident's lower body, including peri-area and any areas the resident can't reach or wash well." "Dressing - Partial Assistance: Lay clothes out in the order in which they will be needed to dress. Encourage resident to dress themselves to their fullest ability." "Ambulation - Partial Assistance: Resident needs standby assistance of one staff at resident's side to ambulate." "Incontinent of bladder and bowel: Resident is	N 386		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS			STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVER, WI 53115		
(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 386	Continued From page 4 incontinent of bowel and bladder and wears incontinent products." "Toileting - Partial Assistance: Resident is incontinent but still attempts to use the toilet and needs help with peri-care afterwards. The resident attempts to get to the bathroom but wears a product in case of accidents." "Pain History and Management - Staff Assistance: Resident has a history of back pain. Monitor for signs of pain such as grimacing, moaning, guarding a body area, etc." "Motivation and Attitude: Resident is motivated and has a positive attitude. Monitor for changes and report concerns to the supervisor." "Interaction: Resident interacts with staff and other residents well." "Communication - Independent: Resident is able to effectively communicate needs and wants." On 02/07/2024, at approximately 2:00 PM, Surveyors reviewed Resident 1's ISP and observations with Business Office Assistant A. Business Office Assistant A stated the ISP did not identify Resident 1's behaviors nor provide guidance to the care team on how to address the identified behaviors. Business Office Assistant A stated Resident 1's ISP would be reviewed and updated accordingly.	N 386			
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident 's individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication.	N 408			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS		STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVER, WI 53115		
(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 408	Continued From page 5 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident 's record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not document that 1 of 1 resident (Resident 2) was prescribed PRN (as needed) psychotropic medication Alprazolam and did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration. Findings include: On 02/07/2024, Surveyor reviewed Resident 2's record. Resident 2's January 2024 Medication Administration Record (MAR) documented the following PRN medication administration and rationale: "Alprazolam 0.25 MG (milligram). Take 1 tablet by mouth every 4 hours as needed for anxiety or nausea/vomiting or restlessness or agitation." 01/03 1:50 AM - Restlessness: Is constantly pulling [his/her] light out the wall and will hide it	N 408		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS		STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVER, WI 53115		
(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 408	Continued From page 6 from staff 01/06 9:35 PM - Restlessness: Constant call light use 01/07 11:22 PM - Restlessness: Constantly pulling on [his/her] light, yelling 01/09 8:36 PM - Restlessness: Yelling, constantly pulling call light 01/11 8:02 AM - Resident is restless and anxious 01/11 6:56 PM - Restlessness, Anxiety 01/12 9:19 AM - Very Agitated 01/13 10:47 AM - Resident is restless 01/14 2:18 PM - Agitation: Resident had an episode of agitation and pushed [him/herself] out of [his/her] chair 01/15 4:24 AM - Anxiety 01/16 3:02 PM - Anxiety, Restlessness 01/20 6:41 PM - Agitation, Restlessness: Resident is extremely restless and agitated 01/21 7:04 PM 01/23 8:05 PM - Resident is very anxious 01/26 9:23 PM - Very agitated 01/29 9:53 PM - Restlessness On 02/07/2024, Surveyor reviewed Resident 2's January 2024 progress notes and additional behaviors/rationales were not documented as to why his/her PRN Alprazolam would have been administered. Resident 2's current "Individual Service Plan," undated, documented: "Medication Management - Staff Administer: Med Passer will perform the following tasks: Assist resident to take medications per the physician's orders. Stay with the resident until the medications have been taken, never leaving the medication unattended." "Scheduled Psychotropic Medication: Monitor for efficacy of scheduled psychotropic medications. Quarterly and as needed. See attached "Files"	N 408		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS		STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVER, WI 53115		
(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 408	Continued From page 7 on this care plan item for a list of psychotropic medications, rationale for use and symptoms to monitor. See the "Mental Health" section of the care plan for symptom monitoring and documentation. Notify prescriber regarding concerns about medications." "Mental Illness: Resident has a history of the following health issues for which psychotropic medications are used: depression and dementia. Monitor for symptoms (see attached list of questions) ..." On 02/07/2024, at approximately 2:00 PM, Surveyors reviewed Resident 2's ISP and MAR with Business Office Assistant A. Business Office Assistant A stated Resident 2's ISP should have listed his/her prescribed PRN psychotropics and rationale for use as this is the document that the resident and resident representative review and sign. Business Office Assistant A stated staff would be reminded that a complete rationale had to be documented in the MAR when a PRN psychotropic is administered.	N 408		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area. Findings include:	N 499		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/07/2024
NAME OF PROVIDER OR SUPPLIER VINTAGE ON THE PONDS		STREET ADDRESS, CITY, STATE, ZIP CODE N4901 DAM ROAD DELAVER, WI 53115		
(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 499	Continued From page 8 The facility is licensed as a Class CNA (non-ambulatory) CBRF (community based residential facility) able to serve up to 70 residents within the client groups of advanced age and irreversible dementia/Alzheimer's. On 02/07/2024, at approximately 10:50 AM, Surveyors conducted a tour of the facility, while residents ambulated independently, and observed the following unsecured cleaning compounds: Under the kitchen sink: -Gallon jug of lotionized dish detergent -(3) Gallon jug of industrial laundry bleach/disinfectant/water treatment -32 fluid ounce bottle of lemon scented disinfectant cleaner -Gallon jug of high temperature heavy duty dish machine detergent -Gallon jug of super-dry concentrated rinse additive Resident bathroom: -32 ounce spray bottle of professional surface disinfectant On 02/07/2024, at approximately 2:00 PM, Surveyors Business Office Assistant A. Business Office Assistant A stated s/he would ensure that cleaning compounds were securely stored.	N 499		