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	0018637	A. BUILDING: _____ B. WING _____	C 10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA WEST	150 BELLA VISTA DRIVE MADISON, WI 53717

(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 10/16/2023, with information gathered through 10/20/2023, Surveyor conducted an abbreviated licensure survey and a self-report review at Vista West. Six deficiencies were identified. Census: 20	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff members (Assistant Executive Director C, Lead Caregiver D and Caregiver E) received at least 15 hours of required continuing education in 2022. Findings include: On 10/16/2023, Surveyor reviewed Assistant Executive Director C's, Lead Caregiver D's, and Caregiver E's record. Assistant Executive Director C was hired on	N 277		

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

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N 277	Continued From page 1 10/27/2021. Assistant Executive Director C's training record did not document any training in 2022. Lead Caregiver D was hired on 11/03/2021. Lead Caregiver D's training record did not document any training in 2022. Caregiver E was hired on 12/01/2021. Caregiver E's training record did not document any training in 2022. On 10/16/2023, at approximately 1:40 PM, Surveyor interviewed Executive Director A. Surveyor stated the staff records did not contain any training in 2022. The records went from 2021 to 2023. Executive Director A stated s/he would contact the organization they contract with to determine why the 2022 training did not show up. As of 10/19/2023 at 5:00 PM, no additional documentation was received.	N 277		
N 426	83.38(1)(b) Supervision. 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: Supervision. The CBRF shall provide supervision appropriate to the resident's needs.	N 426		

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N 426	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange staffing adequate to meet the needs of 1 of 1 resident. Resident 1 eloped from the building and staff were not aware until approximately an hour later, during medication administration. Findings include: On 10/05/2023, the Department received a written report that documented Resident 1 had set off the door alarms, waited for staff to check why the door had alarmed, and slipped out after staff had walked away, while the door was still open. On 10/16/2023, Surveyor reviewed the internal investigation documentation regarding Resident 1's elopement on 10/02/2023 which documented: "10/02/23 7:53 PM, Notified by staff member, (Lead Caregiver (LC) G), that staff could not locate resident on Memory Care (MC) Unit. Staff provided following information: Resident had attempted egress earlier (approx. [approximately] 4 PM) in the day at main entrance MC and was re-directed by staff at that time. Staff reported that resident was last seen at dinner time about 5:30 by staff members. Door alarm main entrance went off about 5:40 PM. Staff checked door, went outside and back into building when they did not see any resident; reset alarm. LC G went to provide medication to resident in (his/her) room (apartment number), at approx. 6:30 PM, and noted that (s/he) was not in (his/her) apartment. Staff began searching immediate areas in memory care unit; notified AED (assistant executive director) and other staff members in building to begin building search.	N 426		

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Staff member, [CL G], started outside perimeter search without results. [CL G] stated (s/he) thought (s/he) had seen resident across the street towards [name] apartment complex and started over to that area to search. Remaining staff in building continued interior spaces including stairwells; common areas; courtyard area; with not results."

"8:40 PM Contacted (city) Police Department to report assistance in locating resident. ... ED (executive director) notified by AED that further review of camera footage indicated that resident had left community property at approximately 5:43 pm via MC Main Entrance Door."

"10:20 PM Notified by (police) that resident had been located on (name) road near (restaurant). Resident had apparently fell and was being transported via ambulance to (hospital). ... Resident was running down embankment towards (resident) lost balance and fell forward onto ground. Resident sustained laceration to upper lip, lower chin, x-ray indicated fracture to lower jaw and upper jaw."

Surveyor noted that Resident 1 had been away from the building for approximately 4 hours and 45 minutes.

On 10/16/2023, at approximately 10:10 AM, Surveyor interviewed ED A. ED A stated that staff did not ensure door was closed behind him/her when s/he reset the door alarm to the MC Unit and Resident 1, who had been standing on the other side of the wall next to the MC Unit door, slipped out when staff walked away, before the door had closed completely. ED A stated, "(Resident 1) understood the routine of staff. If (s/he) set off the door alarm, they would come

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N 426	Continued From page 4	N 426		

clear the door alarm, and there would be a possibility that (s/he) could slip out before the door closed."

On 10/16/2023, at approximately 10:40 AM, Surveyor interviewed Registered Nurse B. Registered Nurse B stated staff did not ensure door was closed behind him/her when s/he reset the door alarm to the MC Unit.

On 10/16/2023, at approximately 12:00 PM, Surveyor interviewed LC D and Caregiver F. LC D and Caregiver F stated they were not working when this incident occurred but when they returned to work, they had to read the elopement policies and sign off that they had read them.

On 10/16/2023, at approximately 12:30 PM, Surveyor requested the training that staff had received after Resident 1's elopement from ED A. ED A provided training labeled "Door Alarms and Missing Resident Drill" that included policies "Memory Care: Safe Haven - Drill alarms, response and system failure" and "Missing Resident" that had a hand written note on them stating "You must read and sign that you understand." Surveyor noted the documentation outlined: "When a door alarm sounds a staff member will check the alarm display panel and/or is responsible to proceed immediately to the activated door ... If a resident is redirected at the door or no one was found, the team will immediately conduct a resident head count to determine that all residents are accounted for and safe."

Surveyor noted the training did not outline that staff are to ensure the door has closed completely behind a staff member after the alarm has been reset, prior to doing a head count.

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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. Surveyor observed dishwasher cleaning compounds unsecure in the kitchen area. Surveyor observed food items stored with cleaning compounds and toxic substances. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF (community based residential facility) able to serve up to 36 residents within the client groups of advanced age, terminally ill, physically disabled, developmentally disabled, and irreversible dementia/Alzheimer's. Census on 10/16/2023 was 20. On 10/16/2023, at approximately 11:45 AM, Surveyor conducted a tour of the facility and observed in the open kitchen concept, where residents were able to walk in and out of, the following cleaners next to the dishwasher: gallon jug of commercial grade automatic dishwasher cleaner and commercial grade concentrated rinse additive. Surveyor followed a staff member into the locked room off the kitchen and observed a large flat tray full of individual sliced cake pieces sitting on saucers that were not covered. Surveyor also observed a crate that contained the	N 499		

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N 499	Continued From page 6 following: - 32 fluid ounce bottle of peroxide cleaner - 28 fluid ounce bottle of all-purpose cleaner - 32 fluid ounce bottle of multi-purpose cleaner/degreaser - 22 fluid ounce bottle of laundry stain remover Surveyor observed a basket of open coffee filters sitting next to the crate. Surveyor observed a wire shelving unit that contained a gallon jug of commercial grade concentrated rinse additive with a jar of applesauce sitting next to it. On 10/20/2023 at 8:06 AM, Surveyors emailed Executive Director A outlining the above-mentioned observation. Executive Director A emailed Surveyor at 8:55 AM and did not have a response for the above-mentioned concern.	N 499		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the	N 525		

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N 525	Continued From page 7 residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct quarterly fire drills (including at least one fire evacuation drill simulating the conditions during usual sleeping hours) with both employees and residents in 2023. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF (community based residential facility) able to serve up to 36 residents within the client groups of advanced age, terminally ill, physically disabled, developmentally disabled, and irreversible dementia/Alzheimer's. Census on 10/16/2023 was 20. On 10/16/2023, at approximately 11:30 AM, Surveyor reviewed the facility's fire evacuation drills for 2023 which documented: "09/26/2023 - 6:10 AM: 3rd Shift Fire Drill Simulated (location not listed, completed in 15 seconds) "07/06/2023 - 2:00 PM: 4th Floor Fire (which is located in the adjoining facility) "05/25/2023 - 2:00 PM: Fire Drill 1 & 2 Shift "05/31/2023 - 6:00 AM: Fire Drill 3rd Shift "03/28/2023 - 12:00 PM: Fire Drill Unit 103 (which is located in the adjoining facility) On 10/16/2023, at approximately 11:55 AM, Surveyor interviewed Lead Caregiver D and Caregiver F. Surveyor asked where residents	N 525		

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N 525	Continued From page 8	N 525		

were evacuated to when a fire drill was conducted in the adjoining facility which is a residential care apartment complex (RCAC). Lead Caregiver D and Caregiver F were unsure but assumed residents would be evacuated out the memory care front door.

On 10/16/2023, at approximately 12:00 PM, Surveyor interviewed Registered Nurse B. Surveyor discussed with him/her the discussion s/he had with Lead Caregiver D and Caregiver F. Surveyor stated that it appeared staff did not know how residents were to be evacuated during a fire drill. Registered Nurse B stated s/he had only been with the provider since April and stated s/he could not confidently answer the question, but assumed the staff members were correct.

On 10/16/2023, at approximately 1:40 PM, Surveyor interviewed Executive Director A. Surveyor stated that based on the documentation, it appeared that residents were not evacuated; the drills did not reflect that staff practiced evacuating residents. Surveyor stated that based on staff interviews, they were not familiar with how fire drills were to be performed. Surveyor explained that if the CBRF and the RCAC were completing their drills at the same time and the simulated fire was in the RCAC, the CBRF would still have to practice evacuating residents; closing the doors between the RCAC and CBRF is not considered an evacuation. Executive Director A stated that improvements could be made on how the fire drills are completed.

Cross Reference: N0527 DHS 83.47(2)(f) Horizontal Evacuation

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N 526	Continued From page 9	N 526		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills, such as tornado, flooding or other emergency or disaster, were completed at least semi-annually in 2022 and 2023. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF (community based residential facility) able to serve up to 36 residents within the client groups of advanced age, terminally ill, physically disabled, developmentally disabled, and irreversible dementia/Alzheimer's. Census on 10/16/2023 was 20. The facility is adjoined with a residential care apartment complex (RCAC). On 10/16/2023, at approximately 11:30 AM, Surveyor reviewed the facility's other evacuation drills for 2022 and 2023. Surveyor noted there was no documentation for other evacuation drills. Surveyor asked Executive Director A (ED A) if the documentation was in another location. ED A stated that other evacuation drills were conducted but they may have not been documented properly.	N 526		

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N 527	Continued From page 10	N 527		
N 527	83.47(2)(f) Horizontal evacuation. Horizontal evacuation. The CBRF shall have approval from the department before including horizontal evacuation in the emergency and disaster plan. CBRFs using horizontal evacuation shall document the total evacuation time of the fire zone evacuated. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain Department approval before including horizontal evacuation in the emergency disaster plan. The Community-Based Residential Facility (CBRF) residents are evacuated to their rooms which are equipped with fire-rated doors or moved to the other side of the facility fire doors. The provider did not obtain Department approval prior to implementing horizontal evacuation. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF (community based residential facility) able to serve up to 36 residents within the client groups of advanced age, terminally ill, physically disabled, developmentally disabled, and irreversible dementia/Alzheimer's. Census on 10/16/2023 was 20. On 10/16/2023, Surveyor reviewed the fire drill records. Surveyor identified through Executive Director A (ED A) interviews and a review of the fire drill evacuation records; the provider was utilizing a horizontal evacuation process for the facility.	N 527		

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N 527	Continued From page 11 The fire drills conducted in 2021 and 2022 were not conducted in a manner where staff and residents participated in a drill of evacuating residents. On 10/16/2023, at approximately 11:00 AM, Surveyor interviewed ED A. ED A explained that during a mock fire drill, staff are to determine where the fire is, and which resident(s) would need to be evacuated. ED A explained that if a resident is in the kitchen area, the resident would be moved to the other side of the fire doors or into their room, which contain fire-rated doors. Surveyor asked ED A if the Department had been granted approval of the horizontal evacuation procedure before it was incorporated into the facility's emergency plan. ED A stated s/he was not aware of any documentation. ED A was not aware that evacuating residents behind their fire-rated doors was considered a horizontal evacuation. Surveyor discussed with ED A that the process that the provider had implemented, where no residents are evacuated to another zone of the building, would place all residents as a point-of-rescue. On 10/19/2023, Surveyor reviewed the Department records and did not see evidence that a waiver had been approved for the use of horizontal evacuation. Cross Reference: N0525 DHS 83.47(2)(d) Fire Drills	N 527		