

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013145	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/23/2025
NAME OF PROVIDER OR SUPPLIER PEACH AVENUE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 SOUTH PEACH AVENUE MARSHFIELD, WI 54449		
(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 06/18/2025 with additional information gathered through 06/23/2025, Surveyor conducted a standard survey and 2 complaint investigations. As a result one deficiency was identified. Two of 2 complaints were unsubstantiated. Census: 5	N 000		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the facility had enough staff to meet the needs of residents. Resident 1 required assistance of 2 staff for transfers and 2 staff were not always available to meet the needs of the resident. Findings include: The provider is licensed to care for 6 residents in the client groups of traumatic brain injury, emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's disease, advanced aged, and physically disabled. On 06/18/2025, Surveyor and Manager C conducted a review of resident care needs. During this review, Manager C identified Resident 1 required the assistance of two staff for safe transfers.	N 396		

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

TITLE

(X6) DATE

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N 396	Continued From page 1 On 06/18/2025, Surveyor reviewed Resident 1's ISP (Individual Service Plan) which indicated the following: Resident 1 was admitted on 02/01/2024 with diagnoses to include cerebral palsy. The ISP dated 06/18/2025 indicated, Resident 1 was his/her own person and required a Hoyer lift and 2-person transfer. The ISP stated, "[Resident 1] requires total assistance from staff as [s/he] can not ambulate. [Resident 1] does have a power wheelchair in which a Hoyer is used to get in and out of. [Resident 1] is a 2-person transfer uses a Hoyer transfer in and out of bed, as well as in and out of the shower. [Resident 1] has bowel movements in bed and does not utilize a toilet or commode...[Resident 1] showers on Monday, Wednesday and Friday mornings. [Resident 1] will typically ring to get out of bed for the day at 10:30 AM...[Resident 1] will go to bed with a Hoyer lift about 7 PM...[Resident 1] typically does not complain and will not voice concerns..." On 06/23/2025, Surveyor reviewed staff time detail reports for 05/17/2025 through 06/17/2025. The staff time detail reports indicated 1 staff worked during the following days and times: ~05/19/2025- 4 PM until 10 PM ~05/24/2025- 7 AM until 5:30 PM, except 2 staff from 9:30 AM till 10 AM ~05/25/2025- 7 AM until 5:30 PM, except 2 staff from 9:38 AM till 10:11 AM ~05/27/2025- 2 PM until 10 PM ~05/30/2025- 6:37 AM until 2 PM ~06/07/2025- 9:48 AM until 5:53 PM ~06/08/2025- 8:53 AM until 5 PM ~06/09/2025- 5:30 PM until 9 PM ~06/10/2025- 6 AM until 2 PM	N 396		

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N 396	Continued From page 2 ~06/11/2025- 6 PM until 12 AM Interviews On 06/18/2025 at 3:40 PM, Surveyor spoke with Resident 1's Family Member-A. Family Member-A stated Resident 1 requires 2 staff to assist with transfers and showers and the provider has been limiting the staff ratio from 2 staff to 1 staff. On 06/18/2025 at 1:30 PM, Surveyor spoke with Resident 1's MCOR (Managed Care Organization Representative)-B. MCOR-B stated, "Back in February 2025, [Resident 1] was issued a 30-day notice because [s/he] requires a Hoyer lift and 2 staff for all transfers. The provider only wants one staff on verses two staff. I told the provider they cannot issue the 30-day notice because [Resident 1] is a 2-person transfer...I've been making monthly visits to the facility to ensure [Resident 1] is being cared for." On 06/18/2025 at 9:15 AM, Surveyor asked Manager C about the facility's staffing patterns. Manager C indicated they would like to staff the home with two staff during awake hours, but lately the home has been short staffed and only one person is working. Surveyor then asked Manager C about resident care needs. Manager C indicated Resident 1 was the only resident who required 2 staff for all transfer and showers. Manager C stated, "[Resident 1] likes to be up in [his/her] motorized wheelchair throughout the day and requires two staff for all transfers." Manager C went on to say, "There have been multiple days [Resident 1] has to stay in bed all day because there's no staff to get [him/her] up. There also has been multiple days [Resident 1] has to go to bed early because it's shift change and only one	N 396		

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N 396	Continued From page 3 staff is working." Surveyor questioned how Manager C responds when the home has only one staff working to ensure resident care needs are met. Manager C stated, "I call scheduling, but scheduling tells us to figure it out. I've called DA (Division Administrator)-E and told [her/him] we're working short, and nothing happens." Manager C went on to say, "About three months ago I was told by management if the home is short staffed [Resident 1] can have a "Rest Day." Surveyor asked what a "Rest Day" was. Manager C stated, "[Resident 1] can stay in bed all day and all [his/her] cares can be done in bed...[Resident 1] does not like "Rest Days" because [s/he] wants to be out of [his/her] bed. I've personally have had to do "Rest Days" with [Resident 1] because there's no other staff working, especially on the weekends...Recently on 06/15/2025, DSP (Direct Support Professional)-I] had to work alone because the second staff ([DSP-H]) was pulled over to a sister facility to work because the home had no staff." On 06/18/2025 at 10:00 AM, Surveyor interviewed DSP-D. DSP-D verified Resident 1 required 2 staff for all transfers and showers. DSP-D confirmed s/he has worked alone in the home multiple times. DSP-D stated, "When I'm alone, I can't get [Resident 1] in or out of bed without a second staff. I would like to be able to get [Resident 1] up because [s/he] likes to be up in [his/her] motorized wheelchair throughout the day." DSP-D went on to say, "I worked alone on 06/07/2025 and 06/08/2025 and was unable to transfer [Resident 1] in and out of bed." Surveyor then asked DSP-D how s/he responds when s/he is the only staff working. DSP-D stated, "I've been told if I need help with a shower or transfer, I can call another home to get a second staff to come and help, but when I call another house,	N 396		

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N 396	Continued From page 4 they don't have staff to send over." Surveyor then asked DSP-D about given [Resident 1] "Rest Days". DSP-D verified s/he has been told to give Resident 1 a "Rest Day" if s/he's the only staff working. DSP-D stated, "[Resident 1] does not like "Rest Days" because [s/he] prefers to be out of bed." On 06/18/2025 at 12:00 PM, Surveyor interviewed DA-E. DA-E indicated Resident 1 requires 2 staff for transfers and showers. DA-E stated, "We can't always staff with 2 people...Staffing has been difficult over the last 3 months, but recently we've been able to staff the home. Surveyor asked if the home used a staffing agency. DA-E verified a staffing agency was not utilized and stated, "We have four sister facilities nearby we can pull from." Surveyor questioned if [DSP-H] was pulled from the home to work at a sister facility on 06/15/2025, leaving only one staff in the home. DA-E verified DSP-H was pulled from the home, leaving only one staff in the home and stated, "[DSP-H] was pulled to a sister facility because the sister facility had no staff working. We had a lot of call-ins, and we were unable to find replacements." On 06/19/2025 at 3:00 PM, Surveyor interviewed VPO (Vice President of Operations)-G and CMD (Care Management Director)-F. VPO-G and CMD-F stated Resident 1 was the only resident that required assistance of 2 staff for transfers and showers. VPO-G and CMD-F verified Resident 1 was a Hoyer lift requiring 2 staff for all transfers. Surveyor then asked VPO-G and CMD-F if they were aware staff were directed to give Resident 1 a "Rest Day" when only one staff was working. VPO-G and CMD-F verified they were not aware and did not direct staff to give Resident 1 "Rest Days." VPO-G and CMD-F	N 396		

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N 396	Continued From page 5 indicated they would be talking with staff. Surveyor discussed concern with VPO-G and CMD-F the home was left without an adequate number of staff to meet Resident 1's needs to ensure services were available and provided at all times. VPO-G and CMD-F stated they understood.	N 396		