STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020461	A. BUILDING: _____ B. WING _____	C 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAVA CARE OF GLENDALE I	7325 N PORT WASHINGTON ROAD BAYSIDE, WI 53217

(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 11/12/2024, Surveyors completed 2 complaint investigations at Adava Care of Glendale I. As a result, 4 deficiencies were identified. Two complaints were substantiated. Census: 12	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 record review and staff interviews, the provider did not ensure there was an adequate number of caregivers working on a 24-hour basis to meet the needs of 3 of 4 (Resident 1, Resident 2, and Resident 4) residents reviewed. Resident 4 required 2 staff to complete cares. Resident 1 and Resident 2 experienced long wait times when waiting for staff assistance. Findings include: The provider is licensed to care for residents who are of advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled or has a traumatic brain injury. On 10/15/2024, the Department received a complaint alleging there was not adequate staff to meet resident needs. Example 1 On 11/12/2024, at approximately 10:30 AM, Surveyors reviewed Resident 4's records.	N 396		

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

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N 396	Continued From page 1 Resident 4 was admitted on 07/01/2020 with a diagnosis of dementia. Resident 4's ISP dated 08/12/2024, indicated Resident 4 required 2 staff members to assist with all dressing task, showers, and toileting. Example 2 On 11/12/2024, at 9:40 AM, Surveyors interviewed Resident 2. Resident 2 reported s/he often would have to wait a long time for staff assistance. Resident 2 reported s/he pushed her/his call button, and when s/he put it back on the table, it fell off. Resident 2 reported the call button had been on the floor ever since. On 11/12/2024, at 10:55 AM, Surveyors interviewed Resident 1. Resident 1 reported s/he needed help with getting dressed from the waist down and with showers. Resident 1 reported s/he pushed the button multiple times for help, and no one would come in to see what s/he needed help with. On 11/12/2024, at 11:05 AM, Surveyors interviewed Caregiver C and Caregiver D. Caregiver C reported staff were responsible for resident cares, cooking, medication passes and cleaning when the housekeeper was not there. When Surveyor inquired about breakfast being served at 9:30 AM, Caregiver D reported the food delivery truck showed up and needed to be unloaded, which caused breakfast to be late. Caregiver D reported Resident 5 and Resident 4 required 2 staff to assist with cares and transfers. On 11/12/2024, at 12:30 PM, Surveyors reviewed call light reports and identified the following call times exceeding 20 minutes:	N 396		

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N 396	Continued From page 2 Resident 1 11/11/2024 at 8:01 PM with a response time of 216 minutes 11/10/2024 at 4:01 AM with a response time of 146 minutes 11/07/2024 at 4:26 AM with a response time of 1,057 minutes 11/06/2024 at 8:44 AM with a response time of 310 minutes 11/06/2024 at 2:19 AM with a response time of 45 minutes 11/04/2024 at 5:29 PM with a response time of 816 minutes 11/04/2024 at 6:18 AM with a response time of 135 minutes 11/03/2024 at 1:48 PM with a response time of 228 minutes 11/03/2024 at 5:56 AM with a response time of 447 minutes 11/02/2024 at 5:18 PM with a response time of 34 minutes 11/02/2024 at 2:26 PM with a response time of 63 minutes 11/01/2024 at 6:34 PM with a response time of 52 minutes 11/01/2024 at 4:35 PM with a response time of 90 minutes 11/01/2024 at 2:16 PM with a response time of 52 minutes 11/01/2024 at 7:36 AM with a response time of 46 minutes 10/31/2024 at 4:06 PM with a response time of 155 minutes 10/30/2024 at 5:51 PM with a response time of 26 minutes 10/27/2024 at 12:22 PM with a response time of 292 minutes 10/23/2024 at 7:18 PM with a response time of 127 minutes	N 396		

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N 396	Continued From page 3 10/16/2024 at 2:00 PM with a response time of 26 minutes Resident 2 11/03/2024 at 8:47 AM with a response time of 120 minutes 11/02/2024 at 8:48 AM with a response time of 321 minutes 11/01/2024 at 7:30 PM with a response time of 34 minutes 10/27/2024 at 6:40 PM with a response time of 60 minutes 10/19/2024 at 4:22 AM with a response time of 134 minutes 10/17/2024 at 10:26 AM with a response time of 47 minutes 10/16/2024 at 10:35 AM with a response time of 37 minutes 10/14/2024 at 8:14 PM with a response time of 76 minutes 10/14/2024 at 5:09 PM with a response time of 153 minutes 10/13/2024 at 7:54 AM with a response time of 366 minutes On 11/12/2024, at 12:45 PM, Surveyors interviewed Regional Director (RD) A. RD A acknowledged Surveyors concerns regarding the long wait times. RD A reported there were 2 staff scheduled for 1st shift, 1.5 staff scheduled for 2nd shift and 1 staff scheduled for 3rd shift. RD A reported if a resident were to fall, the protocol was to call 911. When Surveyors inquired about residents requiring 2 staff to complete cares, RD A reported the resident would be required to move as they were not staffed appropriately. Surveyors informed RD A of their findings with Resident 4 required 2 staff for all cares, RD A confirmed Resident 4 required 2 staff and	N 396		

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N 396	Continued From page 4 reported s/he would have to move. RD A acknowledged Surveyors concerns regarding the long wait times.	N 396		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure dishes, equipment and utensils washed by hand were cleaned using separate steps for pre-washing, washing, rinsing, and sanitizing. This had the potential to affect 12 of 12 residents residing in the facility. Findings include: On 11/12/2024 at approximately 09:55 AM,	N 447		

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N 447	Continued From page 5 Surveyors observed Caregiver C wash dishes by hand in the kitchen sink. There were 2 separate sink compartments. One sink compartment was filled with soapy water. The second sink compartment was empty with running faucet water. Surveyors observed Caregiver C wash the dishes in the soapy water, rinse under running water and place the dishes on the counter on a paper towel. Caregiver C then proceeded to dry the dishes utilizing paper towel. Surveyors did not observe Caregiver C sanitize the dishes. On 11/12/2024 at approximately 10:00 AM, Surveyors interviewed Caregiver C. Caregiver C stated, "I don't think I'm supposed to be washing these dishes like this." Surveyors inquired about the dishwashers; Caregiver C reported the dishwashers were broken. Caregiver C confirmed s/he washed the dishes in soapy water, rinsed and then dried the dishes with a paper towel. Surveyors inquired if Caregiver C was aware the dishes should be sanitized. Caregiver C reported the facility did not have bleach and s/he was not aware that dishes should be sanitized. On 11/12/2024, at approximately 12:45 PM, Surveyors interviewed Regional Director A. Regional Director A reported staff should have used the dishwasher to clean the dishes and if they could not use the dishwasher, they knew they should have been using a sanitizer tablet if they were hand washing dishes. Regional Director A was not aware of the dishwashers being inoperable.	N 447		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare,	N 452		

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N 452	Continued From page 6 distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not properly seal food, maintain labels or dates on opened food, ensure hot food was held at 140° Fahrenheit (F), and cold food was held under 40° F. The facility did not ensure food was stored to prevent food borne illness which had the potential to affect 12 of 12 residents. Findings include: Example 1 On 11/12/2024, at 9:45 AM, Surveyors toured the facility's kitchen and observed the following: - A package of ground beef was on the counter. The ground beef was soft to the touch. - In a cupboard was a plastic container which had	N 452		

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N 452	Continued From page 7 a brownish, yellowish liquid with what appeared to be food particles floating in it. The container was not labeled with what the contents were. Refrigerator - A pork tenderloin was on the bottom shelf of the fridge. The pork tenderloin was wrapped in the plastic wrap from the store but was not contained in a container. On the same shelf was a plastic resealable bag of diced pears in juice, and a plastic resealable bag of sliced cheese. The bags of pears and sliced cheese were not contained in a container. - An open can of peaches. The top part of the can was placed over the open can and appeared to be utilized as a cover, causing the peaches to be exposed to the air. The can was not labeled with an open date. - A plastic bag of sliced ham. The plastic bag was not sealed or labeled. - A bag of rice was not labeled with the date it was prepared. Pantry - An opened bottle of soy sauce which required refrigeration after opening. Cross-contamination is the transfer of harmful bacteria to food from other foods, cutting boards, and utensils and it happens when they are not handled properly. This is especially true when handling raw meat, poultry, eggs, and seafood, so keep these foods and their juices away from already cooked or ready-to-eat foods and fresh product.	N 452		

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N 452	Continued From page 8 (https://www.fsis.usda.gov/news-events/events-meetings/food-safety-education-month-preventing-cross-contamination) (Retrieval date November 18th, 2024) Example 2 On 11/12/2024, at 11:35 AM, Surveyors observed a pot with aluminum foil covering it on the stove. At 11:55 AM, Surveyors observed Caregiver C serve lunch. Lunch consisted of spaghetti with meat sauce and garlic bread. Surveyors requested a sampling of spaghetti. Surveyors temped the spaghetti at 131.9 ° F. Leaving food out too long at room temperature can cause bacteria (such as Staphylococcus aureus, Salmonella Enteritidis, Escherichia coli O157:H7, and Campylobacter) to grow to dangerous levels that can cause illness. Bacteria grow most rapidly in the range of temperatures between 40 °F and 140 °F, doubling in number in as little as 20 minutes. This range of temperatures is often called the 'Danger Zone.' Never leave food out of refrigeration over 2 hours. If the temperature is above 90 °F, food should not be left out more than 1 hour. Keep hot food hot at or above 140 °F. Place cooked food in chafing dishes, preheated steam tables, warming trays, and/or slow cookers. (https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/danger-zone-40f-140f) (Retrieval date November 18th, 2024) At 12:00 PM, Surveyors interviewed Caregiver C and Caregiver D. Caregiver C and Caregiver D denied knowing the temperature hot foods should be held at prior to service.	N 452		

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N 452	Continued From page 9 At 12:50 PM, Surveyors interviewed Regional Director (RD) A. RD A confirmed the code requirement for ensuring food safety. RD A reported s/he would ensure staff were following safe food practices.	N 452		
N 502	83.46(1)(a) Comfortable and safe temperatures A CBRF shall maintain comfortable and safe temperatures. The CBRF shall provide tempered air at all times to eliminate cold air drafts. The heating system shall be capable of maintaining temperatures of 74º F. in areas occupied by residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a comfortable and safe temperature was maintained in the facility for 3 of 3 residents. The facility did not maintain a temperature of 74 degrees Fahrenheit (F) in areas occupied by residents. Findings include: On 10/25/2024, the department received a complaint alleging concerns of the furnace not working. On 11/12/2024, at approximately 9:00 AM, Surveyors conducted a tour of the facility. Surveyors toured the northwest hall of the building. Surveyors noted the temperature in the northwest hall was cooler than the other parts of the building. Surveyors temped the hallway	N 502		

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N 502	Continued From page 10	N 502		

between Resident 3's bedroom and Resident 6's bedroom to be 68.7° F. Surveyors observed 2 thermostats in the northeast hall. The thermostats read 71° F and 72° F.

On 11/12/2024, at approximately 9:39 AM, Surveyors interviewed Resident 2. Resident 2 reported the heater was not working and it had been very cold in the facility, especially at night. Resident 2 stated, "Last night I almost froze to death. I haven't heard the heat come on all day." Resident 2 reported at times the heat would come on for 2 minutes and then go off.

On 11/12/2024, at approximately 9:59 AM, Surveyors interviewed Resident 1. Resident 1 reported feeling cold air in his/her room and bathroom. Surveyors observed cold air blowing from the ceiling vent in the bathroom and Resident 1's room to be very cold. Resident 1 reported overnight caregivers provided him/her with two blankets on the night of 11/11/2024. Resident 1 reported there was no heat for the entire month of October and s/he called the police to obtain a resource number for help due to his/her room being significantly cold.

On 11/12/2024, at approximately 10:20 AM, Surveyors interviewed Licensee B. Licensee B stated the furnace was serviced last week Thursday by 2 Heating Ventilation and Air Conditioning (HVAC) technicians. Licensee B reported there were no issues discovered with the furnace. Licensee B reported another certified HVAC technician was on site during the survey. Licensee B reported it was discovered the furnace was on a schedule, which caused the furnace temperature to lower at night. Licensee B reported s/he had stopped the schedule.

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N 502	Continued From page 11 On 11/12/2024, at approximately 11:40 AM, Surveyors interviewed Resident 3. Resident 3 reported that his/her hands were cold and asked Surveyors to hold her hand. Surveyors observed Resident 3's hand to be cold. Resident 3 was observed to have two blankets covering his/her lap. Surveyors used a thermometer in Resident 3's room and obtained a temperature of 69.1°F. Surveyors felt cold air coming out of the vents. On 11/12/2024, at approximately 11:50 AM, Surveyors interviewed Licensee B. Surveyors took Licensee B to Resident 3's bedroom and reported on the concerns of the cold air coming through the vents. Licensee B reported s/he would have the HVAC technician come back out. On 11/12/2024, at approximately 12:45 PM, Surveyors interviewed Regional Director A. Regional Director A reported s/he was aware of the heating issue. Regional Director A explained the concern was communicated to Licensee B and Licensee B contacted the HVAC team to address the issue.	N 502		