Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010062	A. BUILDING: _____ B. WING _____	C 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTS OF HOME ST CROIX FALLS I	343 MCKENNEY ST SAINT CROIX FALLS, WI 54024

(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 08/21/2023, Surveyor conducted a standard survey and complaint investigation at Comforts of Home St. Croix Falls I. Data was collected through 08/28/2023. Four violations were identified. Three complaints were unsubstantiated. Census: 10.	N 000		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure confidentiality of health and personal information when 2 boxes of records were observed sitting in a common area of the program.	N 346		

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

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N 346	Continued From page 1 Findings include: The provider is licensed to care for 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. On 08/21/2023 at approximately 9:40 AM, Surveyor observed 2 cardboard boxes stacked on the floor in an area accessible to residents and visitors. Surveyor observed the following written on both boxes: "2023 Discharged Residents." The first box contained 16 envelopes containing resident information and the second box contained 27 envelopes containing resident information. At 9:41 AM, Surveyor interviewed Manager B. Manager B stated, "I can see leaving the boxes in the common area is an issue because anyone could grab them." At 9:44 AM, Surveyor observed the boxes had not been moved. At 10:39 AM, Surveyor observed the boxes in the same location. Manager B stated s/he was going to move them. The provider did not ensure confidentiality of resident personal information.	N 346		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident	N 404		

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N 404	Continued From page 2 ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an onsite annual medication administration and medication storage system review was completed by a physician, pharmacist, or registered nurse. Findings include: The provider is licensed to care for 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. On 08/21/2023 at approximately 2:00 PM, Surveyor interviewed Quality Assurance Manager (QAM) A. QAM A stated the provider's pharmacy provided individual medication reviews for all residents. QAM A stated s/he was looking for the form used for the onsite review and would be	N 404		

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N 404	Continued From page 3 contacting the pharmacy. Surveyor reviewed 3 documents titled INITIAL MEDICATION REGIMEN REVIEW, dated 04/28/2022 and 06/15/2022. The documents did not include an onsite medication storage system review. On 08/22/2023 at approximately 12:00 PM, QAM A stated the pharmacy reported they were not on site in 2022 for the regimen review. QAM A stated an onsite review had been scheduled for 09/01/2023 at 10:00 AM to complete the 2023 medication regimen and medication cart/medication room review. The provider did not ensure an annual onsite medication administration and medication storage system review was completed.	N 404		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not stored within 3 feet of the furnace. Findings include: The provider is licensed to care for 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. On 08/21/2023 at approximately 1:00 PM,	N 507		

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N 507	Continued From page 4 Manager B showed Surveyor the furnace room. Surveyor observed 2 stacked wooden chairs and multiple cardboard boxes within 3 feet of the furnace. Manager B stated s/he did not think there could be any items stored in the furnace room. At approximately 2:15 PM, Surveyor interviewed Quality Assurance Manager (QAM) A. QAM A stated there was not a lot of storage in the building and maintenance would be directed to move the items found in the furnace room to an outdoor storage shed. QAM A stated no items were to be stored in the furnace room. The provider did not ensure combustible items were not stored within 3 feet of the furnace.	N 507		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there were 2 exits that provided unobstructed travel to the outside of the building. Findings include:	N 631		

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N 631	Continued From page 5 The provider is licensed to care for 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. On 08/21/2023 at approximately 10:00 AM, Surveyor observed Caregiver C let Resident 1 out of the building. Caregiver C entered numbers into a keypad located to the left of the exit door. Caregiver C stated there are 3 exits from the building and all 3 have keypads that require a code to exit. Caregiver C stated staff must enter a code to let a resident outside. On 08/22/2023 at approximately 8:00 AM, Quality Assurance Manager (QAM) A stated there were no residents that had the code for the exit doors. QAM A stated residents notify staff when they want to go outside. QAM A stated the system had been in place for many years. At approximately 1:30 PM, Surveyor interviewed Family E. Family E stated s/he had been given the code to exit the building. On 08/23/2023, from 2:59 PM to 3:43 PM, Surveyor interviewed QAM A and Lead Manager (LM) D. QAM A and LM D stated the 3 door locks automatically unlock when the fire alarm is activated. QAM A thought the system may have been in place since 2003. The provider did not ensure that residents were provided unobstructed travel outside of the building.	N 631		