STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016076	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

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COUNTRY TERRACE BLACK RIVER FALLS II	642 E 3RD ST BLACK RIVER FALLS, WI 54615

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{N 000}	Initial Comments On 02/17/2025, Surveyor conducted a licensure survey, verification visit, and complaint investigation x2 at Country Terrace of Black River Falls II. Twelve deficiencies were identified. Four of the 12 deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) TUWG12, dated 10/10/2024, SOD TUWG11, dated 03/27/2024, SOD 3TW711, dated 07/12/2023, SOD 4EIN12, dated 02/17/2021, and SOD 4EIN11, dated 11/12/2019. One of 2 complaints were substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
{N 214}	83.15(3)(a) Administrator shall supervise daily operation The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. This Rule is not met as evidenced by:	{N 214}		

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

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{N 214}	Continued From page 1 Based on record review and interview, the administrator did not supervise the daily operations, including supervision to ensure proper care and services, that the residents' health and safety were protected and promoted, and that residents' rights were respected. This is a repeat deficiency. See Statement of Deficiency (SOD) TUWG12, dated 10/10/2024, SOD TUWG11, dated 03/27/2024, SOD 4EIN12, dated 02/17/2021, and SOD 4EIN11, dated 11/12/2019. Findings include: On 01/06/2025 and 02/03/2025 the department received complaints alleging resident care needs were not being met. The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. On 02/17/2025, with information gathered through 02/26/2025, Surveyor conducted a verification visit, two complaint investigations, and a licensure survey resulting in 12 deficiencies. One of 2 complaints were substantiated. Four of the 12 violations were repeat violations. The deficiencies were as follows: 83.15(3)(a) Administrator Shall Supervise Daily Operation 83.25 Continuing Education 83.29(2) Admission Agreement Include Services, Charges 83.32(2)(a) Explanation Of Rights, Grievance Procedure. 83.35(1)(a) Pre-Admission And Ongoing	{N 214}		

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{N 214}	Continued From page 2 Assessments. 83.35(3)(a) Comprehensive Individualized Service Plan 83.35(4) Resident Satisfaction Evaluation. 83.35(5)(a) Initial Evaluation Of Evacuation Limitations. 83.37(2)(d) Documentation Of Medication Administration 83.38(1)(c) Leisure Time Activities. 83.43(1) Environment Safe, Clean, And Comfortable 83.47(2)(d) Fire Drills. On 03/03/2025, Surveyor interviewed Administrator B during an exit call. Administrator B acknowledged that things have been disorganized for a while. Administrator B stated that since s/he started employment in early February, s/he had gone through all the employee and resident files and completed audits, organized, and updated information. Administrator B stated s/he was confident moving forward. Administrator B stated s/he cannot help what was done previously but was hopeful things were moving in the right direction.	{N 214}		
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	N 277		

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N 277	Continued From page 3 procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver D completed continuing education requirements in 2023 or 2024. Findings include: On 02/17/2025 at 1:20 PM, Surveyor reviewed Caregiver D's employee file. Caregiver D was hired on 11/16/2022. Caregiver D's file showed no evidence of any continuing education in 2023 or 2024. On 02/17/2025, Surveyor requested additional information from Administrator B to be emailed, including Caregiver D's continuing education. On 02/24/2025 at 8:54 AM, Surveyor received an e-mail from Administrator B with no evidence of Caregiver D's continuing education. Administrator A stated, "I am sorry to report that I had no luck locating the other items."	N 277		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following:	N 310		

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N 310	Continued From page 4 (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a signed and dated admission agreement for 1 of 4 resident records reviewed. (Resident 6). Findings include: On 02/17/2025, Surveyor reviewed resident records. The following was identified:	N 310		

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N 310	Continued From page 5 Resident 6 was admitted on 03/30/2023. Resident 6 had no evidence of a signed and dated admission agreement in his/her record. On 02/17/2025, Surveyor requested additional information from Administrator B to be emailed, including Resident 6's signed admission agreement. On 02/24/2025 at 8:54 AM, Surveyor received an e-mail from Administrator B stating s/he was unable to locate Resident 6's signed admission agreement.	N 310		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a signed statement acknowledging the provider explained resident rights, grievance procedures, and house rules to	N 343		

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N 343	Continued From page 6 residents, for 1 of 4 resident records reviewed. Findings include: On 02/17/2025, Surveyor reviewed resident records. Surveyor identified the following: Resident 6 was admitted on 03/30/2023. Resident 6's record did not include documentation indicating resident rights, grievance procedures, and house rules were explained to or signed by Resident 6 upon admission. On 02/17/2025, Surveyor requested additional information from Administrator B to be emailed, including signed documentation indicating that Resident 6 was informed of resident rights, grievance procedures, and house rules, upon admission. On 02/24/2025 at 8:54 AM, Surveyor received an e-mail from Administrator B stating s/he was unable to locate Resident 6's signed resident rights, grievance procedures, or house rules.	N 343		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.	N 381		

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N 381	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess each resident's needs, abilities, and physical and mental condition, prior to admission. Findings include: On 02/17/2025, Surveyor reviewed resident records. Surveyor identified the following: Resident 5 was admitted to the facility on 12/27/2023. Resident 5's record did not contain a pre-admission assessment. Resident 6 was admitted to the facility on 03/30/2023. Resident 6's record did not contain a pre-admission assessment. On 02/24/2025 at 8:54 AM, Surveyor received an e-mail from Administrator B stating s/he was unable to locate Resident 5's or Resident 6's pre-admission assessment.	N 381		
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.	N 386		

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N 386	Continued From page 8 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 record review and interview, the provider did not develop a comprehensive individual service plan (ISP) for 2 of 4 residents reviewed (Resident 5 and Resident 6), within 30 days of admission. Findings include: On 02/17/2025, Surveyor reviewed resident records. Surveyor identified the following: Resident 5 was admitted to the facility on 12/27/2023. Resident 5's record did not include a comprehensive ISP within 30 days after admission. Resident 6 was admitted to the facility on 03/30/2023. Resident 6's record did not include a comprehensive ISP within 30 days after admission. On 02/24/2025 at 8:54 AM, Surveyor received an e-mail from Administrator B stating s/he was unable to locate Resident 5 or Resident 6's comprehensive ISP within 30 days after admission.	N 386		

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N 392	Continued From page 9	N 392		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide residents and/or their legal representatives an opportunity to complete an evaluation of the resident's level of satisfaction within the community-based residential facility (CBRF) services. Three of 3 residents reviewed, who resided at the CBRF for greater than a year, did not receive a satisfaction survey. Findings include: On 02/17/2025, Surveyor reviewed the records of Resident 1, Resident 5, and Resident 6. Resident 1 was admitted to the facility on 04/20/2016. Surveyor did not locate a satisfaction survey in Resident 1's record. Resident 5 was admitted to the facility on 12/27/2023. Surveyor did not locate a satisfaction survey in Resident 5's record. Resident 6 was admitted to the facility on 03/30/2023. Surveyor did not locate a satisfaction survey in Resident 6's record.	N 392		

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N 392	Continued From page 10 On 02/17/2025, Surveyor requested additional information from Administrator B to be emailed, including the most recent satisfaction surveys for Resident 1, Resident 5, and Resident 6. On 02/24/2025 at 8:54 AM, Surveyor received an e-mail from Administrator B with no satisfaction surveys. Administrator B stated, "I am sorry to report that I had no luck locating the other items."	N 392		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 4 residents (Resident 1, Resident 5, and Resident 6) reviewed, were evaluated within 3 days of admission for evacuation capabilities. Findings include: On 02/17/2025, Surveyor reviewed the records for Resident 1, Resident 5, and Resident 6.	N 393		

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N 393	Continued From page 11 Surveyor identified the following: Resident 1 was admitted to the facility on 04/20/2016. Resident 1's record did not contain an initial evaluation of evacuation capabilities. Resident 5 was admitted to the facility on 12/27/2023. Resident 5's record did not contain an initial evaluation of evacuation capabilities. Resident 6 was admitted to the facility on 03/30/2023. Resident 6's record did not contain an initial evaluation of evacuation capabilities. On 02/17/2025, Surveyor requested additional information from Administrator B to be emailed, including initial evaluation of evacuation capabilities for Resident 1, Resident 5, and Resident 6. On 02/24/2025 at 8:54 AM, Surveyor received an e-mail from Administrator B with no initial evaluation of evacuation capabilities for Resident 1, 5, or 6. Administrator B stated, "I am sorry to report that I had no luck locating the other items."	N 393		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any	{N 415}		

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{N 415}	Continued From page 12 PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that at the time of medication administration, the person administering the medication documented in the resident record the name, dosage, date, and time of medication taken, and initial the medication record. This is a repeat deficiency. See Statement of Deficiency (SOD) TUWG11, dated 03/27/2024. Findings include: On 01/06/2025 the department received a complaint alleging medication was not being administered. Resident 1 was admitted on 4/20/2016. The medication administration record (MAR) for December of 2024 through February 2025 indicated the following medications were not charted by staff for each date: Acidophilus-Pectin. Take one capsule by mouth in the morning at 8 am. -1/15/25 8 am -2/5/25 8 am Carb-Levo 25-100mg. Take two tablets by mouth 3 times a day at 8 am, 3 pm, and 8 pm. -12/15/24 8 am, 3 pm -12/16/24 8 pm -1/7/25 8 pm -1/14/25 8 pm	{N 415}		

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{N 415}	Continued From page 13 -1/22/25 8 pm -1/27/25 8 pm Carb-Levo 25-100mg. Take one tablet by mouth at 12 pm -12/15/24 12 pm -12/22/24 12 pm -12/29/24 12 pm -1/1/25 12 pm -2/5/25 8 am -2/6/25 8 pm Docusate sodium 100mg. Take one capsule by mouth twice daily at 8am and 8pm -12/15/24 8 am -2/5/25 8 am Fluoxetine HCL 20mg. Take one capsule by mouth in the morning at 8 am -12/15/24 8 am -2/5/25 8 am Amantadine 100mg. Take one capsule by mouth once daily at noon. -12/15/24 12 pm -12/16/24 12 pm -1/1/25 12 pm -1/19/25 12 pm Atorvastatin 40mg. Take one tablet by mouth at bedtime at 8 pm -1/24/25 8 pm On the back of the MAR, it was noted that on 1/20/25, 1/21/25, and 1/24/25, Resident 1's Linzess was "not available." The MAR did show that it was administered from 1/20-1/29, however, these dates were signed off but also circled. It was also written on the back of the MAR that Resident 1's SMZ-TMP 800-160mg was "out" on	{N 415}		

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(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 415}	Continued From page 14 1/18/25, 1/19/25, and 1/26/25. The MAR showed this medication was not signed off and circled from 1/15/25-1/17/25, 1/20/25-1/24/25 and 1/26/25-1/27/25. There was also a note written in permanent marker saying "dc'd (discontinued) 1-16-25." The MAR indicated it was signed off on 1/25/25 despite being discontinued. On 03/03/2025, Surveyor interviewed Administrator B during an exit call. Administrator B stated that s/he was unaware of what a circle in the MAR meant. Administrator B stated s/he realized when sending over MARs that there were a lot of empty spots and that it was not acceptable. S/he stated that s/he would address these concerns with his/her staff. The provider did not ensure that at the time of medication administration, the person administering the medication documented in the resident record the name, dosage, date, and time of medication taken, and initial the medication administration record, when Resident 1 had multiple medications not charted by staff.	{N 415}		
N 427	83.38(1)(c) Leisure time activities. 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop	N 427		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016076	A. BUILDING: _____ B. WING _____	R-C 03/03/2025

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N 427	Continued From page 15 and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a daily activity program to meet the interests and capabilities of the residents and did not develop or post an activity schedule in an area available to residents. Findings include: On 02/17/2025 at approximately 10:20 AM, Administrator A explained to Surveyor that it was Activity Director (AD) C's first day and s/he was spending the day organizing the activity supplies. On 02/17/2025 at approximately 10:45 AM, Surveyor toured the facility and did not observe an activity calendar posted. At 12:35 PM, Surveyor interviewed Assistant Director (AD) D about their activity schedule. AD D stated they have Bingo "once in a while." AD D stated that they have not had an activities director in a while, so they do not have daily activities right now. On 02/18/2025 at 10:52 AM, Surveyor asked Administrator B how long they had been without an activity director or had an activity schedule. Administrator B stated, "Here is what has been here for activities prior to me being here and during: coffee clutch daily, current events daily, movie time daily, Thursdays 1pm church, and weekly Bingo." Surveyor did not observe any of the daily activities being performed when on site between 10:15 AM - 2:30 PM.	N 427		

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N 427	Continued From page 16 On 02/24/2025 at 8:47 AM, Surveyor received an e-mail from Administrator B that stated, "As far as the activities go, there was no schedule. The cook did his/her best to offer these things daily." The provider did not ensure a daily activity program to meet the interests and capabilities of the residents and did not develop or post the activity schedule.	N 427		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide an environment that was safe, clean, comfortable, and homelike. This is a repeat deficiency. See Statement of Deficiency (SOD) TUQG11, dated 03/27/2024, and SOD TUQG12, dated 10/10/2024. On 02/17/2025, Surveyor interviewed Administrator B. Administrator B stated they do not have a designated housekeeper and that everyone "tackles" the housekeeping tasks. At approximately 10:50 AM, Surveyor observed the carpeting in the library area. The carpet had frayed strings in two separate sections along a	{N 481}		

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{N 481}	Continued From page 17	{N 481}		

rubber transition strip that separated the carpet from the vinyl flooring in the hallway. Administrator B stated, "The stuff is here to fix it, I think they were just waiting until they (maintenance) came to do the remodel."

At approximately 12:05 PM, Surveyor observed Resident 5's room. Resident 5's room had a strong smell of urine upon entry. Surveyor observed a large spot of brown substance on the floor by Resident 3's window. The light switch by the room entryway had a brownish/red discoloration all over it.

At approximately 12:15PM, Surveyor interviewed Resident 3 in his/her room. The room had a strong urine-like smell upon entry. Resident 3 explained that s/he will always have incontinence due to chronic back pain issues and not getting to the bathroom fast enough. Resident 3 stated s/he knows his/her room smells and it was because they have never shampooed the carpet. S/he stated that when his/her grandchildren come to visit, they can't take their shoes off because their socks would be brown by the time they left. Resident 3 stated that staff did vacuum but that doesn't take away the urine smell. Resident 3 stated that his/her bathroom rarely gets deep cleaned so it often smells bad. Surveyor observed an incontinence pad on Resident 3's wheelchair that was full of urine streaks.

At approximately 12:25 PM, Surveyor observed Resident 2's room. The room smelled of urine upon entry. Surveyor also observed white pieces of debris on the carpet scattered throughout Resident 2's room.

Surveyor observed Resident 1's room. The only furniture left in Resident 1's room was a recliner

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{N 481}	Continued From page 18 chair. This chair had stains all over the seat. Resident 1's room also had significant stains all over the carpet as well. On 02/17/2025, Surveyor discussed environmental concerns with Administrator B. Administrator B acknowledged concerns with these specific resident rooms. Administrator B stated they had given Resident 5 a 30-day notice recently due to some of these concerns. Administrator B stated the brown spot on the floor by the window in Resident 3's room was from his/her coffee grounds. Administrator B expressed that s/he wished they had a housekeeper.	{N 481}		
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 residents ' normal sleeping hours.	N 525		

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N 525	Continued From page 19 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly in 2024. This is a repeat deficiency. See Statement of Deficiency (SOD) 3TW711, dated 07/12/2023. Findings include: On 02/17/2025, Surveyor requested to review fire drills for 2023 and 2024. There was no evidence of any fire drills completed in 2024. On 02/17/2025, Surveyor interviewed Administrator B about the missing fire drills for 2024. Administrator B acknowledged there was no documented fire drills for 2024. Administrator B stated, "all I can do is what I am doing now." Administrator B stated s/he doesn't know what the previous administrator did.	N 525		