STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018398	A. BUILDING: _____ B. WING _____	C 06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERWOOD SENIOR LIVING EAGLES NEST	115 BOWMAN ROAD WISCONSIN DELLS, WI 53965

(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 06/28/2023, Surveyor conducted a complaint investigation at Riverwood Senior Living Eagles Nest. One deficiency was identified. The complaint was substantiated. Census: 31	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider's assessment of Resident 1's abilities was not consistent with documented care needs or interviews from family and caregivers. Findings include: On 06/19/2023, the Department received a complaint alleging concerns with the provider's level of care assessment.	N 381		

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

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N 381	Continued From page 1 On 06/28/2023, Surveyor conducted a complaint investigation and reviewed Resident 1's record. The following was found: On 03/01/2023, a new management company started at the provider requiring all residents to be reassessed. Resident 1 admitted on 06/30/2022 with diagnoses including hypothyroidism, hypercholesteremia, and coronary artery disease. Resident 1 is their own legal decision maker. Resident 1's comprehensive evaluation dated 06/30/2022 documented the following: "Cognitive status: very alert-scored 0-2 errors: Normal mental function No skin concerns, no pain concerns, no concerns with cardiorespiratory status: heart, lungs, no concerns with circulatory status, no concerns with musculoskeletal, neurological status-no concerns with seizures, TIAs, history of a stroke. No concerns with endocrine system, no concerns with fluid/hydration status, no concerns with gastrointestinal status, no concerns with genitourinary status. Physical and Functional Limitation and Capacities: Elimination Status-Bowel: Continent, Assistance Needed-Independent Transfers: Independent, Assisted Devices-Walker, Ambulation/Mobility: Ambulation Status-Independent Falls Risk: Fall history-No history of falls of falls Dressing/Hygiene: Assistance Level-Independent, Shower-2 or more/week Medication Status: Self administers Nutritional Status and Needs: Appetite-good, Dietary needs-General	N 381		

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Easting: Status-Independent, Choking risk-no risk
No concerns with mental, emotional health, and behavior patterns
Daily Functioning: Laundry-will do own, appointments-family arranges, driving/transportation-family arranges
No concerns with social and leisure needs"

Resident 1's admission level of care evaluation dated 06/30/2022 documented
Level 1-Included in monthly rent-A resident who is oriented, independent with medications, and can perform ADL's independently. Minimal assistance with bathing is provided, if needed.

Resident 1's resident evaluation dated 04/19/2023 documented:
"2-1. Is this a change of condition assessment-No
2-17 Physical Disabilities-right hemiparesis due to CVA. Right hand weakness and shaking
2-21 Mental and Emotional Health-Anxious at times. Will have periods of time when resident will call the main phone to the kitchen with multiple requests instead of using pendant to alerting staff of needs. Fixates on heat in room (putting temp up and down).
2-27 Does the resident require behavior monitoring? Yes, anxious at times, Will have periods of time when resident will call the main phone to the kitchen with multiple requests instead of using pendant to alerting staff of needs. Can be demanding/impatient at times.
2-28 Fall History-Any falls or near falls in the past 3 months? High risk for falls due to age, diagnoses, and impaired mobility. Encourage use of assistive devices to prevent falls.
3. Level of Care-Instructions. In each category, determine which column best describes the resident's needs. Overall Care Tier is determined by which level is selected the most. If tied, rate is

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set at the highest level. If dangerous behaviors are current and consistent, Care Tier is automatically Level 5.
3-2 Cognition/Communication: Level 1- Alert and Oriented to person, place, time, and event. Decisions are consistent with person's lifestyle, values, and goals. No communication deficits.
3-3 Continence: Level 1-Continent of bladder and bowel or able to manage incontinence independently.
3-4 ADL's-Level 2-Set up with ADL's and at meals.
3-5 Ambulation and Fall Risk: Level 2-Ambulates independently with or without device or fall/incident history.
3-6 Medication Management: Level 2-Medications administered two or less times per day, and takes medications as directed. May have self-medicating ability.
3-7 Healthcare Management: Level 1-Manages health conditions independently. Independent with transportation needs.
3-8 Characteristics: Level 2-Needs infrequent refocusing for anxious, agitated, disruptive, or exploring characteristics.
3-9=Level 2"

Resident 1's level of care change form documented:
Base rate $5100, New Level rate $500, $200 monthly non-preferred pharmacy fee, effective date=6/1/23.

Resident 1's residency agreement dated 04/20/2023 documented:
Basic program services included in the monthly fee are as follows:
"1. Health monitoring and periodic service plan review
2. Supervision of medication regimen as

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prescribed by physician
5. Three nutritionally balanced meals per day and snacks
9. 24-hour staff on site providing supervision and assistance as needed."

Resident 1's observation notes dated 03/05/2023-06/27/2023 documented:
"03/04/2023: Resident was having problems figuring out [his/her] tv. No other concerns.
05/15/2023: Was out looking for maintenance, after staff already told resident that would let [him/her] know and wrote it in log. Later resident was complaining to staff, how kitchen doesn't look at [his/her] menu and [s/he] can't eat certain food and they keep giving it to [him/her].
05/15/2023: Writer [Nurse B] spoke with [Family Member C] regarding evaluation completed on Resident 1 on 04/05/2023 as [s/he] had many questions of why [s/he] was a level 2. The following was explained to [Family Member C]:
1. Cognition/communication: Level 1. [S/he] is Alert and Oriented. No confusion noted at time of evaluation.
2. Continence: Level 2. [Resident 1] wears an incontinence pad. This would be considered use of incontinent products. ([Family Member C] states resident only wears this if going out on long trips. Will change to level 1.)
3. ADL's: Level 2. [Resident 1] is set up with [his/her] meals in [his/her] room. Showers are supervised by daughter from my understanding. For safety reasons, [s/he] would be supervised for all showers.
4. Ambulation and Fall risk: Level 2. [S/he] does transfer/ambulate independently. However, [s/he] used different devices (walker, wheelchair, and motorized wheelchair.) If a resident uses a device, that qualifies as level 2.
5. Medication Management: Level 2. Resident

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self-medicates. [S/he] also takes medications at least 2 times per day. Self-medication still requires review from the facility nurse quarterly and annual pharmacy review. We also have to make sure that the meds are secured appropriately.)
6. Healthcare Management: Level 1. Changes this one to level 1. [S/he] manages [his/her] health conditions currently independently.
7. Characteristics: Level 2. [Resident 1] does have anxiety at times regarding TV not working, receiving [his/her] tray in [his/her] room, heat in [his/her] room, ect. [S/he] needs infrequent refocusing for anxious behavior. This was reported by the dining staff, caregiving team, [Administrator A] and prior nurse.
With the evaluation, [Resident 1] is a level 2.
[Family Member C] stated that [s/he] did not think that the facility could charge extra for items that are required by DHS, therefore, [s/he] wanted to call and make a complaint. [S/he] also would speak to [his/her] siblings regarding the resident signing the agreement.
05/19/2023: Writer [Administrator A] went into resident's room to attempt to sign the residency agreement, resident stated [Family Member C] told me not to sign anything. Writer informed resident that this would be taken as a 30 notice for failure to sign a residency agreement. Writer also informed [Resident 1] that on the invoice for this month [s/he] will see the increase on June 2023 bill, including the pharmacy charge.
06/03/2023: Some confusion this am, asking about church coming, resident was informed a few times that it would be next Saturday.
06/06/2023: Resident was upset about dinner because [s/he] got gravy and bread with turkey and [s/he] wasn't supposed to eat that even though that is what [s/he] marked on [his/her] menu."

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N 381	Continued From page 6 Resident 1's progress notes over 4 months include 1 entry for concerns with remote, 1 concern with seeking out maintenance staff, and 1 entry about meal concerns. Resident 1's progress notes do not document infrequent incidents to support a higher level of care under characteristics. Resident 1's progress notes do not support a higher level of care under ADL's. Resident 1 has a family member assist with showers, the facility does not assist. Resident 1 does not require meal set up, the provider brings the tray to Resident 1's room for each meal. On 06/28/2023 at 9:55 AM, Surveyor interviewed Resident 1. Resident 1 confirmed s/he administers his/her own medications. Resident 1 noted his/her son/daughter comes into the facility once a week to assist with showers. Resident 1 stated the staff bring him/her a meal tray to his/her because s/he prefers to eat in their room. Resident 1 noted the staff do not assist with set up of the meals, all they do is drop off the tray and pick it up when done. Resident 1 noted s/he received a 30-day notice because s/he refused to sign documents after a new company came into the facility and is charging him/her up to $700 more/month for services that are the same as before. On 06/28/2023 at 12:15 PM, Surveyor interviewed Caregiver D. Caregiver D stated all that staff do for Resident 1 is bring him/her a meal tray for each meal. Caregiver D confirmed staff do not set up the meal. Caregiver D noted once Resident 1 is done eating staff go in about an hour later to pick up the tray. Caregiver D over the winter months, Resident 1 had requests to assist with the temperature of his/her room and at times s/he will call the kitchen to change his/her	N 381		

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N 381	Continued From page 7 order. Caregiver D noted Resident 1 did not have any anxious behaviors that required staff to provide refocusing or calming interventions. On 06/28/2023 at 12:55 PM, Surveyor interviewed Administrator A and Vice President (VP) E. Surveyor asked if Resident 1 did not have a change in condition, why is s/he considered a level of care 2. VP E stated s/he was not sure if the previous provider did not assess correctly. Administrator E stated Nurse B completed the assessment and met with Family Member C about the changes. Administrator E stated Family Member C was concerned with the change in level of care for Resident 1, when there was not a change in condition. On 06/28/2023 at 1:30 PM, Surveyor conducted an exit conference and shared findings with Administrator A. Surveyor noted after reviewing Resident 1's record and interviewing family and caregivers, the provider's assessment of Resident's abilities was not consistent with documented care needs. Surveyor noted in accordance with the provider's level of care assessment, the overall care tier is determined by which level is selected the most and if Resident 1's assessment was changed in the areas of ADL's-meal set up or characteristics, Resident 1 would qualify as a level of care 1.	N 381		