STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016352	A. BUILDING: _____ B. WING _____	C 09/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING I	5031 N FRENCH RD APPLETON, WI 54913

(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 09/21/2023, Surveyors conducted 3 complaint investigations and a standard survey at Care Partners Assisted Living I. Additional information was gathered through 09/23/2023. Six deficiencies were identified. Three of 3 complaints were unsubstantiated. Census: 15	N 000		
N 299	83.28(1) CBRF assess each resident before admission Assessment. The CBRF shall assess each resident before admission as required under s. DHS 83.35(1). This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 2 residents (Resident 1) before admission. Findings include: The provider is licensed as a class CNA (non-ambulatory) community based residential facility (CBRF), able to serve up to 20 residents within the client groups of terminally ill, irreversible dementia/Alzheimer's, physically disabled, advanced age, and developmentally disabled. On 09/21/2023, Surveyor conducted 3 complaint investigations and a standard survey. At approximately 11:00 a.m., Surveyor requested	N 299		

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

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N 299	Continued From page 1 to review Resident 1's record, including admission paperwork from Director A. Director A stated Previous Director C was in charge when Resident 1 was admitted to the facility on 04/07/2023, so s/he was unsure if the proper admissions requirements, including a pre-admission assessment were followed and/or documented. At 11:22 a.m., Director A provided Surveyor with a folder that was labeled with Resident 1's name and contained admissions paperwork. The documentation did not have any information regarding Resident 1 and did not contain a pre-admission assessment. Director A stated s/he did not have anything more for Resident 1's admission paperwork and acknowledged the admissions paperwork in Resident 1's file was left blank.	N 299		
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: (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	N 310		

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N 310	Continued From page 2	N 310		

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 not provide a written admission agreement for 2 of 2 residents before admission. There was no documentation of Resident 1 or Resident 2 or their legal representatives being provided an admission agreement.

Findings include:

On 09/21/2023, Surveyor conducted 3 complaint investigations and a standard survey.

At approximately 11:00 a.m., Surveyor requested to review records for Residents 1 and 2 from Director A. Director A stated that Previous Director C was in charge when Resident 1 and Resident 2 were admitted and s/he was unsure if the proper admissions requirements were

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N 310	Continued From page 3 followed and/or documented. At 11:22 a.m., Director A provided Surveyor with 2 folders; 1 labeled with Resident 1's name and 1 labeled with Resident 2's name. Resident 1's admissions paperwork that did not have any information regarding Resident 1. Director A stated s/he did not have anything for Resident 1's admission paperwork and acknoweledged the admissions paperwork in his/her record was blank. S/he also stated Resident 2's admission documentation was minimal. Surveyor and Director A reviewed both resident records. Resident 1 was admitted on 04/07/2023 and did not have an admission agreement in his/her record. Resident 2 was admitted on 03/31/2023 and did not have an admission agreement in his/her record.	N 310		
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. 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.	N 386		

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N 386	Continued From page 4	N 386		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 residents had a comprehensive individual service plan (ISP) within 30 days after admission. There was no documentation in Resident 1's record to identify his/her current needs and desired outcomes as well as program services, frequency and approaches.

This is a repeat violation from Statement of Deficiency (SOD) GCLZ13, dated 09/26/2022.

Findings include:

The provider is licensed as a class CNA (non-ambulatory) community based residential facility (CBRF), able to serve up to 20 residents within the client groups of terminally ill, irreversible dementia/Alzheimer's, physically disabled, advanced age, and developmentally disabled.

On 09/21/2023, Surveyor conducted 3 complaint investigations and a standard survey.

At approximately 11:00 a.m., Surveyor requested to review Resident 1's record from Director A. Director A stated that Previous Director C was in charge when Resident 1 was admitted and s/he was unsure if the paperwork was completed.

At 11:22 a.m., Director A provided Surveyor with a folder that was labeled with Resident 1's name and stated, "This is everything" s/he had for the record of Resident 1. Surveyor reviewed the record of Resident 1 which documented s/he was

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N 386	Continued From page 5 admitted to the provider on 04/07/2023 with diagnoses including depression, anxiety disorder, and vascular dementia. Surveyor reviewed a Long Term Care screening completed by Resident 1's managed care organization (MCO), dated 02/12/2023 and updated on 02/24/2023 and 03/28/2023, which documented: -"This worker received a referral from Adult Protective Services (APS) worker. [Resident 1] was failing to thrive at home which is why APS got involved, it was determined that Guardianship was needed." -"[Resident 1] is under guardianship. [S/he] is diagnosed with dementia. APS is involved and based on the condition of [his/her] home, there are concerns about [his/her] ability to remain living at home by [him/herself]." -"When asked if [s/he's] had falls in the home [his/her] response was [s/he] has falls "frequently"...[S/he] had dried blood next to [his/her] right eye and on [his/her] right ear from a fall..." -"Due on [sic] cognitive decline from dementia, [Resident 1] requires assistance with 4 ADLs (activities of daily living) and all IADLs (instrumental activities of daily living) as well as overnight supervision/cares and HRS (health and retirement survey). [S/he] is under guardianship. APS is reportedly working on protective placement. [S/he] is currently residing in [his/her] home, but there are concerns about [his/her] living arrangement and [his/her] ability to be safe in the home. [Resident 1] is high risk of falling to obtain nutrition, self-care, or safety adequate to avoid signification negative health outcomes. [His/her] living arrangement right now is fragile and without supports in place, [s/he] will be imminent risk of institutionalization."	N 386		

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N 386	Continued From page 6 Surveyor reviewed a Circuit Court Petition for Protective Placement order for Resident 1 dated 04/27/2023, which documented: -"The individual needs protective placement and meets the standards for protective placement specified in 55.08(1), Wis, Stats., as follows: as a result of a degenerative brain disorder." -"[Resident 1] has severe memory impairments due to vascular dementia. [S/he] lacks insight into [his/her] medication conditions. [S/he] is unable to properly care for [him/herself] at home. [Resident 1] was having falls within [his/her] home. [S/he] requires 24-hour supervision to ensure [his/her] medical, nutritional and safety needs are being met." Surveyor reviewed a Circuit Court Comprehensive Evaluation in the matter of the guardianship and protective placement, dated 06/08/2023, and documents: -"The director (Previous Director C) shared that [Resident 1] refuses to wear briefs for incontinence. [S/he] also refused to have a protector sheet on [his/her] bed." -"[Resident 1] requires assistance with showering. [Resident 1] has made sexually inappropriate comments to staff during showers." -"Some of the behaviors exhibited were yelling at other residents, throwing things at other residents, calling other resident's names and sexual behaviors." The record did not have an ISP for Resident 1 to identify his/her needs, services, frequency and approaches in regards to his/her verbal aggression, physical aggression, continence, personal cares and sexual behaviors. At 1:50 p.m., Director A confirmed that the	N 386		

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N 386	Continued From page 7 provider did not have a comprehensive ISP for Resident 1 and stated that s/he is working on ensuring each resident has a current ISP. Cross Reference N0299 DHS 83.28(1) Cbrf Assess Each Resident Before Admission	N 386		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the furnace was inspected every 3 years. There was no documented furnace inspection. Findings include: On 09/21/2023, at approximately 11:00 a.m., Surveyor requested the facility's most recent furnace inspection documentation from Director A. Director A stated s/he was unable to find the facility's most recent furnace inspection by the	N 504		

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N 504	Continued From page 8 time Surveyor exited at 1:50 p.m. and was not aware of a recent furnace inspection being done. Surveyor gave Director A until 04/22/2023 at noon to provide the furnace inspection. As of 09/29/2023, no further information was provided.	N 504		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct fire evacuation drills at least quarterly in 2022 and 2023. Findings include: The provider is licensed as a class CNA	N 525		

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N 525	Continued From page 9 (non-ambulatory) community based residential facility (CBRF), able to serve up to 20 residents within the client groups of terminally ill, irreversible dementia/Alzheimer's, physically disabled, advanced age, and developmentally disabled. On 09/21/2023, Surveyor conducted 3 complaint investigations and a standard survey. At approximately 11:00 a.m., Surveyor requested the facility's 2022 and 2023 fire drills from Director A. Surveyor reviewed the following fire drills provided: 08/28/2023 at 9:00 p.m. 06/30/2023 at 1:30 p.m. At 11:22 a.m., Surveyor asked Director A if there was documentation of any other fire drills that the provider conducted in 2022 or 2023. Director A stated that whatever drills s/he provided to the Surveyor is all s/he had and that the last director did not appear to be doing them.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual tornado, flooding, or other emergency or disaster evacuation drills in 2022 and 2023.	N 526		

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N 526	Continued From page 10 Findings include: The provider is licensed as a class CNA (non-ambulatory) community based residential facility (CBRF), able to serve up to 20 residents within the client groups of terminally ill, irreversible dementia/Alzheimer's, physically disabled, advanced age, and developmentally disabled. On 09/21/2023, Surveyor conducted 3 complaint investigations and a standard survey. At approximately 11:00 a.m., Surveyor requested the facility's 2022 and 2023 severe weather or other evacuation drills from Director A. Surveyor reviewed a tornado drill conducted on 07/20/2023. At 11:22 a.m., Surveyor asked Director A if there was documentation of any other severe weather or other evacuation drills that the provider conducted in 2022 or 2023. Director A stated that whatever drills s/he provided to the Surveyor was all s/he had and that the last director did not appear to be doing them.	N 526		