STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 000}	INITIAL COMMENTS On 08/31/2023, Surveyor conducted a verification visit, reviewed a self-report and investigated one complaint. Additional information was received through 09/15/2023. The complaint was substantiated. One (1) of 4 previous deficiences was corrected and 5 new deficiencies were identified, including 3 repeat deficiencies. Census: 59 Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed.	{U 000}		
{U 117}	89.23(2)(a)2.b SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: b. Personal services: daily assistance with all activities of daily living which include dressing, eating, bathing, grooming, toileting, transferring and ambulation or mobility. This Rule is not met as evidenced by: Surveyor: Wittman, Vicky	{U 117}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 117}	Continued From page 1	{U 117}		

Surveyor: Hall, Nichole J.

Based on interview and record review, the provider did not ensure all tenants received necessary assistance with activities of daily living. Tenant 1 did not receive assistance with bathing, toileting and repositioning needs and Tenant 2 did not receive assistance with toileting and transferring needs.

This is a repeat deficiency. See Statement of Deficiency (SOD) WJ7111, dated 12/14/2022.

Findings include:

The department received a complaint that alleged tenants did not receive timely assistance with toileting and transferring.

TENANT 1:

Surveyor interviewed Tenant 1 on 08/31/2023 at 10:28 AM. Surveyor observed Tenant 1 was sitting on a Hoyer lift sling, in a recliner. Surveyor asked Tenant 1 how s/he liked living at the facility. Tenant 1 replied, "They could do better care here... I'm supposed to get propped on my side for a couple hours during the day and it won't happen unless I call and ask them... I have sores on my [bottom] which I never had before." Tenant 1 pointed out s/he needs staff assistance with transferring, toileting and all mobility needs including repositioning. Surveyor asked if s/he receives showering assistance and Tenant 1 replied, "They don't have enough personnel here... sometimes I would get them (showers), sometimes I wouldn't." Tenant 1 said s/he was recently convinced by family and Director A to enroll in hospice and since being admitted to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 117}	Continued From page 2	{U 117}		

hospice 2 weeks ago, s/he has been receiving extra care and more help with showers. Tenant 1 commented, "I'm spending enough money in here that I should get the help instead of going on hospice to get the help." Tenant 1 said s/he also had to wait a long time for toileting assistance, sometimes up to 30 minutes. Tenant 1 said, "They need more personnel big time. Especially on weekends."

Surveyor interviewed Certified Nursing Assistant (CNA) C on 08/31/2023 at 10:54 AM. CNA C explained s/he is Tenant 1's family member and s/he "came here (to work) because [Tenant 1] was not getting the care [s/he] needs. I came here strictly because [s/he] needed more eyes on [him/her]." Surveyor asked what care was lacking and CNA C replied, "All of it... on a regular basis if [s/he] doesn't ask, they don't do it. [S/he] had a sore on [his/her] bottom. It was there (over) a month ago... The sore is getting better now because we signed [him/her] on to hospice and I pushed for hospice so that [s/he] would get cares and people would look over [him/her]. There are 2 staff that do things without [him/her] asking, everyone else pretty much doesn't. It's not just [Tenant 1], it's other residents." Surveyor asked which other tenants and CNA C said, "[Tenant 2]" (See example below for Tenant 2.)

Surveyor interviewed Caregiver D on 08/31/2023 at 12:59 PM. When asked to describe Tenant 1's care needs s/he said, "[S/he] is pretty good. Not difficult at all. [S/he] just pages to go to the bathroom normally right after breakfast. Then you won't hear from [him/her] at all." Caregiver D said after breakfast, Tenant 1 is transferred via Hoyer lift to either the recliner or the bed and 1st shift does not need to return to provide routine assistance unless Tenant 1 calls. Caregiver D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 117}	Continued From page 3	{U 117}		

said an appropriate call light response time is 5 minutes but, "on weekends when there are only 2 staff, it can take us 20 minutes to an hour depending on how many are going off... Last weekend was a nightmare. We had 2 falls. Pages got stacked up."

Surveyor interviewed Caregiver E on 09/07/2023 at 4:12 PM. Surveyor asked how s/he liked working at the facility and s/he replied, "We are way, way too understaffed... weekends are pretty bad... A couple of us went to management and told them we need (more staff). They say it's fine... The main thing is we have showers every day... That's the main thing that doesn't get done." Surveyor asked if Tenant 1 had a tendency to refuse weekly showers and s/he said, "No. Never." Caregiver E also stated, 'Pages go on repeat..." Caregiver E explained if a page isn't answered in 3 minutes, it will give a repeat alert. Caregiver E also said some staff assume when Tenant 1 calls it is for toileting assistance and because they don't want to help with the Hoyer lift, they ignore the page. Caregiver E said s/he tells those staff, "You have to go with me. You're not going to make [him/her] hold it. It's not humane at all." Surveyor asked if Tenant 1 had needs for repositioning. S/he replied, "Well now it's supposed to be every 2 hours... It wasn't like that when I first started (per roster hired date 06/02/2023.) We just started the repositioning when [s/he] got on hospice. Before that...if there was, I was never told about it."

On 08/31/2023, Surveyor reviewed portions of Tenant 1's facility file. Tenant 1 was elderly with diagnoses to include myotonic muscular dystrophy and generalized muscle weakness. Tenant 1 was his/her own legal decision maker. His/her record identified the need for "full

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 117}	Continued From page 4	{U 117}		

assistance" with bathing, ambulation and transfers using a mechanical lift.

The July 2023 task administration record (TAR) prompted for full assistance with weekly showers. Surveyor noted one shower was documented:
07/07 - shower documented
07/13 and 07/20 - charting was left blank
07/28 - shower not provided due to "short staff", charted by Caregiver D

The July 2023 TAR also prompted, "Resident needs to be repositioned every two hours, except at night when [s/he] is sleeping then only once at 3am." The care was scheduled every 2 hours from 8am-10pm and at 3:00 am. Surveyor reviewed July 2023 TAR and noted the following:
repositioning was charted 50 of 279 times
196 times the charting was left blank
33 refusals were charted, all by Caregiver D and all 33 times the refusal reason section was left blank

On 08/31/2023, Surveyor reviewed call light logs for Tenant 1 for August 2023. There were 16 occurrences when Tenant 1 experienced wait times of more than 15 minutes. This included wait times of 44 and 52 minutes. Surveyor also noted a 29 minute wait time on Sunday 08/27/2023, consistent with Caregiver D's statement to Surveyor they were short staffed that weekend and tenants experienced longer wait times.

TENANT 2:

During the aforementioned interview with CNA C, s/he gave a recent example of an occurrence when Tenant 2 did not receive necessary toileting assistance. S/he said on 08/27/2023 at 6:15 AM during shift report, 3rd shift Caregiver E reported

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 117}	Continued From page 5	{U 117}		

Tenant 1 "had been paging for over an hour." Caregiver E said s/he couldn't respond to the light because s/he was passing medications. CNA C said s/he was upset by this and called over the walkie for Caregiver G (the other 3rd shift staff), but did not receive a response. CNA C went looking for Caregiver G and found him/her in the CBRF (attached, separately licensed facility), outside smoking with other staff. Caregiver G explained Tenant 3 rang first so s/he cared for Tenant 3 and then went to the CBRF to help their staff transfer a resident. CNA C said s/he informed Caregiver G, "Nobody answered [Tenant 2]. It's now 6:25 AM and [s/he]'s been ringing for over an hour...I have to go in and it's bad on my part, [s/he]'s gonna be upset." CNA C told Surveyor s/he responded to Tenant 2 at 6:27 or 6:28 AM and found him/her incontinent of bowel and "crying hysterically...like gasp crying. [S/he] was just really upset...[Tenant 2] basically said, 'I need to call police...nobody cares, they are trying to get me kicked out.'" CNA C commented, "[S/he] had a bad day all day. You could tell, [s/he] was bothered." CNA C said reported the incident to management via a written statement (see record review below.)

On 08/31/2023 at 12:59 PM, Surveyor interviewed Caregiver D and asked him/her to describe Tenant 2. S/he replied, "I love [him/her] as a person, but I know [s/he] likes to complain a lot." Caregiver D said there are many staff Tenant 2 doesn't like and "it's gotten to the point almost where I'm the only one that can do [his/her] cares. That gets hard on me sometimes... I can't just stop meds [sic] to do [his/her] cares when [s/he]'s finally ready for the day." Surveyor asked how long Tenant 2 typically has to wait and Caregiver D replied, "Sometimes 20 to 30 minutes...Sometimes the float (caregiver) won't

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 117}	Continued From page 6	{U 117}		

touch [Tenant 2] and [s/he]'s on the pager for a half an hour... At that time s/he gets very upset and has an attitude and won't let you explain to him/her why it took so long. [S/he] gets into that mode where you don't care about me." Caregiver D said when Tenant 2 calls in the morning it's because s/he needs help transferring to the toilet if s/he waits 20-30 minutes sometimes s/he is incontinent of urine. Caregiver D then volunteered, "Last (weekend), it wasn't AM shift's fault, it was [3rd] shift...[Tenant 2] paged at 5:03 AM and [s/he] was still on the pager when [CNA C] and I came in at 6:00 AM...[S/he] felt ashamed, [s/he] had a BM (bowel movement) in [his/her] depends. [S/he] was all upset, kept apologizing to us about (needing to clean the BM)." Caregiver E said Caregiver G was working that night and intentionally avoids answering Tenant 2 's pages.

On 09/07/2023, Surveyor reviewed Tenant 2's facility file. S/he was elderly with diagnoses to include chronic pain syndrome, bilateral primary osteoarthritis and urge incontinence. Resident 1 required staff assistance with transfers via a sit to stand lift, ambulated via a wheelchair or motorized scooter. Tenant 2's service plan current as of 09/07/2023, documented his/her interpersonal relationships were appropriate and s/he had the ability to effectively communicate needs. The service plan also documented Tenant 2 needed assistance from staff to complete toileting tasks. Tenant 2 was his/her own legal decision maker.

On 08/31/2023, Surveyor reviewed call light logs for Tenant 2 for the month of August 2023. There were 18 times when Tenant 2 experienced wait times of more than 15 minute. This included wait times of 35 minutes, 47 minutes, 53 minutes, 55

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 117}	Continued From page 7 minutes and 77 minutes. On 08/27/2023 the call logs corroborated the aforementioned interviews regarding Tenant 2's long wait time. Tenant 2 paged at 5:03 AM and the page was not cleared until 80 minutes later, at 6:24 AM. During those 80 minutes, Tenant 2 pushed the call pendant 11 times. There was a corresponding observation note by Caregiver E that read, "...resident paged and so did another resident and writer went Into that residents room then writer was in that residence room for about 40 mins writer went to cb to get a resident up." [sic - all] Surveyor also reviewed the 08/27/2023 call log for the Tenant 3 and noted s/he did not call before Tenant 2 on 08/27/230. Tenant 3 paged at 5:08 AM and waited 3 minutes for the call to be cleared. On 08/31/2023 at 2:09 PM Surveyor interviewed Tenant 2. S/he recalled the long wait time on 08/27/2023. Tenant 2 explained s/he pressed the call light at 5:03 AM because s/he needed to have a bowel movement. S/he recalled, "Nobody's coming, nobody's coming... now it's an hour and half..." Tenant 2 said by the time CNA C arrived s/he was incontinent of bowel. Tenant 2 explained s/he is frequently incontinent of bladder, but this was the first time s/he was incontinent of bowel and s/he was especially upset because s/he recently had a shower. Tenant 2 became tearful and commented, "It was humiliating." Cross Reference: U0118 DHS 89.23.(2)(a)2.b Services U0131 DHS 89.23(4)(b)1 Services U0229 DHS 89.(3)(a)2 Admission & Retention of Tenants	{U 117}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 117}	Continued From page 8 U0252 DHS 89.34(1) Tenant Rights	{U 117}		
{U 118}	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure all tenants received health monitoring or medication management services appropriate to their needs. Tenant 1 did not ambulate and had history of skin integrity concerns on his/her coccyx (tailbone area). The provider did not ensure caregivers were applying prescribed barrier paste twice daily. Tenant 1 developed open areas on his/her coccyx by mid-July 2023. The facility nurse did not monitor the wounds which progressed to a stage 2 pressure injury. After Tenant 1 began receiving hospice services on 08/17/2023, the provider did	{U 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 9	{U 118}		

not communicate with hospice to ensure their orders to treat the pressure injuries were implemented as intended.

Tenant 4 did not receive appropriate health monitoring on 05/03/2023 after s/he experienced a change in condition which included rapid breathing and low oxygen saturation levels.

This is a repeat deficiency being cited for the third time. See Statement of Deficiency (SOD) WJ7111, dated 12/14/2022 and SOD WT0E12, dated 06/03/2021.

Findings include:

TENANT 1:

On 08/31/2023 at 10:28 AM, Surveyor interviewed Tenant 1. S/he stated s/he was unhappy with the care s/he received at the facility. S/he explained, "There is stuff that's on my MAR (medication administration record) that they don't do....They should pay attention to the MAR better, or if they do read it they don't do it." Tenant 1 described his/her preference to receive repositioning assistance to prevent pressure injuries and commented s/he has a sore on his/her bottom that s/he never had before.

On 08/31/2023 at 12:59 PM, Surveyor interviewed Caregiver D. S/he described Tenant 1 as "not difficult at all." Caregiver D stated the facility is short staffed especially during the morning medication pass. Caregiver D confirmed s/he will leave Tenant 1's medications in his/her room without observing him/her ingest them. Caregiver D acknowledged s/he probably should not do that, but s/he is confident Tenant 1 is capable enough to take them later.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 10 On 08/31/2023, Surveyor reviewed portions of Tenant 1's facility file. Tenant 1 was elderly with diagnoses to include myotonic muscular dystrophy and generalized muscle weakness. Tenant 1 relied on staff assistance for medication administration, daily "wash ups" and all dressing, transferring and repositioning needs. Tenant 1's record did not contain a risk agreement and his/her service plan did not identified a tendency to refuse cares or medications. Tenant 1's record did not contain an order for medications to be left bedside, however Director A subsequently provided Surveyor a copy of an order dated 09/07/2022 for bedside administration from when Tenant 1 was at a sister facility. Tenant 1 began receiving hospice services on 08/17/2023. The file contained forms titled "Admission Assessment Body Check" which were used to monitor skin integrity. Forms completed on 02/24/2023 and 05/23/2023 documented 2 pressure wounds on or near Tenant 1's coccyx. On 07/25/2023 the assessment form read, "Sore on butt is back" and another form completed on 08/11/2023 documented 2 sores on or near Tenant 1's coccyx (tailbone area.) The forms were completed by caregivers and did not include signatures of the facility's nurse. Tenant 1's record did not include evidence his/her medical provider was informed of the change in condition. Note: According to Cleveland Clinic, "Bedsores (also called pressure injuries, pressure wounds or decubitus ulcers) are wounds that occur from prolonged pressure on your skin...Bedsores increase your risk of potentially life-threatening bacterial infections .....There are four stages that describe the severity of bedsores: Stage 1: Your skin looks red or pink, but there isn't an open	{U 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 11	{U 118}		

wound. It may be hard for people with darker skin to see a color change ... Your skin may feel tender to the touch. Or your skin might feel warmer, cooler, softer or firmer. Stage 2: A shallow wound with a pink or red base develops. You may see skin loss, abrasions and blisters. Stage 3: A noticeable wound may go into the skin's fatty layer (the hypodermis). Stage 4: The wound penetrates all three layers of skin, exposing muscles, tendons and bones ... " Source: https://my.clevelandclinic.org/health/diseases/17823-pressure-injuries-bedsores; retrieval date 09/27/2023.

The July and August 2023 MARs noted Nurse Practitioner O prescribed Boudreaux ' s Butt Paste on 06/16/2023. According to the company ' s website the paste is a "diaper ointment moisture barrier." Nurse Practitioner O ' s instructions were to "apply topically to bilateral upper buttocks twice daily for skin integrity" and it was scheduled on the MAR at 8:00 AM and 8:00 PM. Surveyor noted the following:

July:
The paste was only applied 29 of 62 times. The remainder of the scheduled applications were charted as refusals, "other " or left blank. Surveyor also noted 23 times the medication was not applied; it was during the 8:00 AM medication pass and was charted by Caregiver D.
The MAR prompted caregivers to enter a reason for refusals, but they were all left blank. Reasons were provided twice for times when " other " was charted. Both times the reason was, " will let us know when [s/he] wants it on." Neither the MAR nor other documentation in the record indicated Tenant 1's medical provider was informed the prescribed paste was not routinely being applied.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 12 August: Between 08/01 - 08/23 the paste was only applied 15 of 46 times. The remainder of the times it was documented as "other" or "refused." Six times reasons were documented to include, "not needed," "after [his/her] shower we will put it on" and "will let us know when [s/he] is ready." Neither the MAR nor other documentation in the record indicated Tenant 1's medical provider was informed the prescribed paste was not routinely being applied. Between 08/24 - 08/31, the paste was applied 4 of 16 times on 08/25, 08/28 and 08/29. The remainder of the entries were documented as "refused" or "other." Beginning on 08/24 some refusals had explanations to include, "hospice doesn't want us using it," "do not use per hospice," "per hospice do not use this while other treatment goes on" and "different treatment for now." Surveyor conducted a follow up interview with Tenant 1 on 09/06/2023 at 1:30 PM, and asked about the Boudreaux's paste. S/he said, "They don't administer unless I specifically ask them." Surveyor asked if s/he ever refused or declined to have the paste applied and s/he replied, "No. They say that a lot to cover their ass." Surveyor asked for confirmation the paste was not offered twice daily and tenant 1 said, "No, not even twice a week" and the last time the cream was applied was over a month. Tenant 2 added, "But now hospice is here doing it and they do something else. It's powder, cream and powder again. And it kinda puts like a crusty layer over it. And I'm coming along real good now." A hospice plan of care dated 08/24/2023 was in Tenant 1's facility file which read in part:	{U 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 13 "admitted 8/17 with a primary diagnoses of Myotonic [sic] muscular dystrophy...[family] has been working at the facility as a CNA and continues to have care concerns..." "stage 2 wound to coccyx." "starting 8/17/2023...each visit...crusting technique to buttocks: thin layer of Miconazole powder to buttocks, apply thin layer of Calazime and apply powder over calazime. Do not scrub off..." [sic - all] "skilled nursing...2 visits every week for 13 weeks...to implement current plan of care and nursing process..." The medication list did not include Boudreaux's paste Surveyor interviewed CNA C on 09/08/2023 at 7:38 AM. CNA C said s/he was very unhappy with Tenant 1's care at the facility. S/he recalled during July 2023 while visiting Tenant 1 s/he helped with toileting and discovered a pressure injury on his/her bottom. CNA C said the discovery prompted him/her to apply for employment at the facility so s/he could ensure Tenant 1 was being cared for. (Note: per staff roster hire date 07/11/2023.) CNA C said in July, Tenant 1 had an existing order for Boudreaux's paste, but when Tenant 1 was admitted to hospice on 08/17/2023, a different order was implemented for a crusting procedure using different creams and a powder to treat the wounds. CNA C said s/he has been administering the crusting procedure, but it is not entered on the MAR so there has not been a mechanism to document it. CNA C said some staff were continuing to apply the Boudreaux's paste even after hospice brought in the new creams, so s/he eventually removed it from the medication cart and put it in Tenant 1's dresser. CNA C said Tenant 1 continues to have an open area on his/her coccyx. S/he described it as, "Two	{U 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 14 sores, but kind of connected." Surveyor conducted interviews with Director A and Administrator B about Tenant 1's pressure injuries and related treatments; Surveyor also had follow up email communication. The interviews and emails revealed the managers did not have a good understanding of Tenant 1's current condition or the medications and treatments ordered by hospice. Examples include: During an interview on 09/07/2023 at 1:30 PM, both Director A and Administrator B said they were unaware Tenant 1 had a stage II pressure injury to his/her coccyx and expressed frustration hospice did not share the information. Director A was aware hospice ordered the crusting technique and said it was likely the Boudreaux's paste should have been discontinued. Director A said s/he would try to get clarification from hospice. (Surveyor note: the order for the crusting technique was in the same document that identified the stage II pressure injury) On 09/08/2023 at 8:52 AM, Director A emailed Surveyor and wrote s/he looked at Tenant 1 ' s bottom the previous day and there was not a stage II pressure injury; the coccyx area was only a little red. S/he also explained staff had been applying the crusting technique ordered by hospice and were using the Boudreaux's paste as part of that technique. On 09/11/2023 at 11:24 AM, Director A emailed, "...Skin concern clarification, the area is the top of the coccyx, there is a very small pin needle sized area, not open at this time...I am getting clarification on the "paste" orders...according to the staff they are to be applying the Bouderauxs cream and the Miconazole powder on top of that. Hospice has in theri [sic] notes to use the Calazime cream and top with the Miconazole	{U 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 15 powder..." On 09/12/2023 at 9:29 AM, Surveyor interviewed Director A. S/he said s/he was still unsure what the current orders were and "communication failed" with hospice. S/he explained this was a new hospice provider and s/he discovered they were not leaving visit notes. S/he also acknowledged neither s/he nor Administrator B initiated communication to get updates. Director A confirmed the crusting technique order was documented in a hospice plan of care in Tenant 1 ' s file, but it was never entered on the MAR or the service plan. When discussing his/her own assessment of the wound on 09/07/2023, Director A confirmed s/he is not a nurse and Administrator B who is a registered nurse had not been actively involved in monitoring or assessing the wound. Director A said the hospice nurse was coming to the facility today and commented, " We need to get this figured out. " On 09/13/2023 at 8:45 AM, Surveyor interviewed Director A. S/he said in spite of the meeting with the hospice nurse the previous day, s/he still did not fully understand hospice ' s expectations around the crusting technique, if caregivers were to be administering it, and if so how often. At 9:40 AM Director A emailed Surveyor and wrote, "...Hospice just called. The nurse stated that only Hospice is to be doing the crusting procedure...The Nurse is also obtaining the DC (discontinue) order for the B-cream (Boudreaux's)." [sic - all] Director A subsequently emailed Surveyor an order discontinuing the Boudreaux's paste along with hospice visit notes. The visit notes confirmed the stage II pressure injury was first identified 08/17/2023 measuring 2 cm x 1.5 cm and as of 09/05/2023 remained a stage II wound measuring 2 cm x 1 cm. TENANT 4	{U 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 16	{U 118}		

The department received a self-report from the provider on 05/03/2023, that reported Tenant 4's death.

Surveyor reviewed Tenant 4's facility file on 09/06/2023. Tenant 4 was admitted to the facility on 07/05/2022 and passed away on 05/03/2023. S/he was elderly and relied on staff for assistance with medication administration. Tenant 4 was considered "full code" and did not have a DNR (do not resuscitate) advanced directive. Surveyor also reviewed a copy of Tenant 4's death certificate which documented the cause of death as non ischemic dilated cardiomyopathy (heart muscle disease).

Tenant 4's observation notes and the provider's self-report documented the following timeline on 05/03/2023, the day of Tenant 4's death:

.
12:51 AM paged
asked to have temperature taken, reported sinuses were giving [him/her] trouble
vitals taken - temp 99.1, oxygen saturation (O2) 88%
administered 2 Tylenol

3:00 AM checked
"in bed sleeping"

5:35 AM paged
vitals taken - temp 97.1, O2 88%.
reported sore throat
experiencing rapid breathing
administered lorazepam at 5:39 AM

7:25 AM paged
found unresponsive, gasping for air, half off the bed and with foam from the mouth

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 17 7:26 AM - 911 called, CPR initiated but not successful Surveyor reviewed call logs and noted a discrepancy with the times in the self-report: 7:09 AM paged and pushed 4 times 7:20 AM call cleared On 09/07/2023, Surveyor reviewed the April and May 2023 medication administration records (MARs). Lorazepam was prescribed as needed (PRN) for "respiratory distress or anxiety" and the medication was administered infrequently: 04/02 for anxiety and shortness of breath - follow up was charted 1 hour later for effectiveness and side effects. 04/03 for anxiety - no follow up documented 05/01 for anxiety - follow up 1 hour later for effectiveness and side effects 05/02 at 5:39 AM for shortness of breath - no follow up documented The observation notes documented a recent hospitalization 04/22/2023 - 04/26/2023 for shortness of breath and low oxygen saturation levels. The 04/22/2023 note read in part, "...paged...complaining that [s/he] can't breath...O2 is in the 80's and 70's...sent to the hospital." The hospital discharge summary dated 04/26/2023 read, "...reports 2 days ago, [s/he] was feeling well in what [s/he] describes as [his/her] normal state of health...shortness of breath in particular brought [him/her] into the emergency department...Hospital Course...Acute respiratory failure with hypoxia; secondary to COPD (chronic obstructive pulmonary disease) exacerbation with underlying HfrHF (heart failure with reduced ejection fraction), severe Aortic [sic] stenosis (heart valve disease) contributing. [S/he] was treated with doxycycline and IV steroids.	{U 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 18 [S/he] did require supplemental oxygen and was weaned to room air...Day of discharge, [s/he] was at baseline and on room air..." Surveyor reviewed the vitals section of Tenant 4's record to determine his/her baseline O2 saturation levels. No documentation of O2 levels were found. Surveyor interviewed Caregiver D on 08/31/2023 at 12:59 PM. S/he recalled working the day before Tenant 4 passed and s/he was "[his/her] normal self... I don't know what happened from when I left until when [s/he] passed... I was surprised." Surveyor interviewed Caregiver L on 08/31/2023 at 9:56 AM. S/he recalled working 1st shift beginning at 6:00 AM on 05/03/2023. Caregiver L said during shift change report, 3rd shift staff did not mention a change in condition for Tenant 4. Caregiver L said s/he was with another tenant when Resident 4 paged. Caregiver L said s/he finished caring for the resident s/he was with and responded to Tenant 4. Caregiver L recalled s/he found Tenant 4 sitting on the side of his/her bed "kind of gasping for breath." Caregiver L said to his/her knowledge, Tenant 4 did have any recent decline in health or hospitalizations preceding his/her passing. On 09/07/2023 at 1:30 PM, Surveyor interviewed Director A and Administrator B. They stated Tenant 4 was a smoker who experienced a health decline and hospital visits for shortness of breath in the months leading up to his/her passing. Director A said s/he thought Tenant 4's baseline O2 levels were 90 or 91%. Administrator B agreed and said "occasionally, a dip to 88." Surveyor inquired if the 2 values of 88% on the	{U 118}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 19	{U 118}		

day of Tenant 4's passing warranted closer monitoring and/or medical intervention. Director A replied, "88% is sort of in range for [him/her], but [staff] should have called the nurse." Administrator B (who is the facility's registered nurse) then stated the 88% reading "definitely warranted a call."

Director A confirmed Surveyor's review of the May MAR which did not offer evidence caregivers monitored Tenant 4 after the 5:39 AM administration of lorazepam. Director A said the expectation was for staff to do so 1 hour after administration to determine if it was effective in resolving the shortness of breath.

Director A also said since Tenant 4's passing, s/he had not followed up with staff to provide re-education on health monitoring specific to low O2 levels or monitoring for effectiveness of PRN medication.

Surveyor asked Director A if s/he had concerns about the approximate 10 minute wait time on 05/03, considering Tenant 4 had been experiencing shortness of breath and low O2 levels for several hours. Director A replied s/he had not reviewed the logs closely but thought the actual wait time was probably closer to 7 minutes because staff did not clear the light immediately upon entering the room.

Upon request on 09/08/2023, Director A sent documentation of Tenant 4's baseline O2 levels. The March and April 2023 documentation included facility observation notes (obs note) and home health (HH), occupational therapy (OT) and physical therapy (PT) visit notes. The documentation revealed the provider was not monitoring Tenant 2's O2 levels after the 04/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 20	{U 118}		

hospital discharge. The levels that were documented by the provider and by other agencies showed his/her levels were consistently in the upper 90s:
03/09 - 97% (obs note) & 98% (obs note)
03/15 - 99% (OT visit note)
03/17 - 99% (obs note)
03/18 - 97% (obs note)
03/22 - 96% (HH nurse visit note)
03/28 - 93% (OT visit note)
04/06 - 97% (PT visit note)

According to Cleveland Clinic, "If you're using an oximeter at home and your oxygen saturation level is 92% or lower, call your healthcare provider. If it's at 88% or lower, get to the nearest emergency room as soon as possible... If you have a chronic lung condition, such as COPD or asthma, you'll likely need to see your healthcare provider regularly to make sure your treatment is working. If you develop concerning symptoms related to your lung condition, call your provider as soon as possible..." Source: https://my.clevelandclinic.org/health/diagnostics/22447-blood-oxygen-level, retrieval date 10/10/2023

On 09/12/2023 at 9:29 AM, Surveyor conducted a follow up interview with Director A. Director A acknowledged Tenant 4's baseline oxygen saturation levels were in the upper 90's. S/he confirmed the facility was not proactively monitoring Tenant 4's O2 levels after the 04/26/2023 hospitalization for breathing difficulties. Director agreed on the day of Tenant 4's passing, the values of 88% warranted closer monitoring and at a minimum, a call to the facility nurse. S/he also acknowledged if staff had completed the 1 hour monitoring check after lorazepam was administered at 5:39 AM, it would

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 118}	Continued From page 21 have offered another opportunity for monitoring and possibly for medical intervention. Cross Reference: U0117 DHS 89.23.(2)(a)2.b Services U0131 DHA 89.23(4)(b)1 Services	{U 118}		
{U 131}	89.23(4)(b)1. SERVICES PROVIDER QUALIFICATIONS. Service manager. Each residential care apartment complex shall have a designated service manager who shall be responsible for day-to-day operation of, including ensuring that the services provided are sufficient to meet tenant needs and are provided by qualified persons; that staff are appropriately trained and supervised; that facility policies and procedures are followed; and that the health, safety and autonomy of the tenants are protected. The service manager shall be capable of managing a multi-disciplinary staff to provide services specified in the service agreements. This Rule is not met as evidenced by: Based on interview and record review, the designated service manager did not ensure staff were appropriately supervised, policies and	{U 131}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 22	{U 131}		

procedures were followed, tenants received necessary services and the health and safety of residents were protected.

Director A received multiple complaints that certain caregivers intentionally ignored Tenant 2's call light. Director A did not effectively intervene or investigate the allegations and the condition persisted for over a month, resulting in Tenant 2 experiencing incontinence and distress. In addition, Tenant 2 reported potential caregiver misappropriation on 07/12/2023. Director A did not ensure the allegations were investigated until 08/30/2023.

Director A was informed of concerns about Caregiver L's care and treatment of tenants on 08/31/2023. Director A did not thoroughly investigate the concerns until 09/08/2023. When s/he did investigate, s/he substantiated Caregiver L had been violating tenants' rights by swearing at them, ignoring call lights and not providing cares.

This is a repeat deficiency being cited for the fourth time. See Statement of Deficiencies (SOD):
SOD WJ7111, dated 12/14/2020
SOD WT0E12, dated 06/03/2021
SOD WT0E13, dated 09/20/2021

Findings include:

The department received an allegation caregivers ignored call lights, tenants did not receive appropriate care and misappropriation had occurred at the facility.

Surveyor conducted 6 interviews that identified concerns with facility management and their lack of responsiveness when resident care concerns

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 23 were reported. Tenant 1 On 08/31/2023 at 10:28 AM, Surveyor interviewed Tenant 1. Tenant 1 reported concerns about all 3 management staff. S/he stated Director A and Administrator B were only responsive to concerns 50% of the time. S/he went on to describe how Manager H made mistakes with 3 of his/her recent medical appointments. Tenant 1 said s/he had doubts about Director A's training to effectively oversee and manage the facility. Certified Nursing Assistant (CNA) C On 08/31/2023 at 10:54, AM Surveyor interviewed CNA C who explained s/he is also Tenant 1's family member. CNA C said s/he had serious concerns about Director A and Administrator B and their lack of oversight to ensure Tenant 1 received adequate care. CNA C said s/he and other family members have repeatedly expressed their concerns to both managers and have not seen improvement. S/he stated, "You can report things to them numerous times, things don't get done when you tell them... no matter what you say, it's swept under the rug." CNA C also described concerns about caregivers intentionally ignoring Tenant 2's call lights. S/he described an incident the previous weekend where staff neglected to respond to Tenant 2's call light, s/he waited well over an hour for toileting assistance and was incontinent of bowel as a result. CNA C said s/he sent a text to manager H reporting the concern and wrote a complaint about the incident and put it in Manager H's office on 08/27/2023. As of the date of the interview, nobody from management had followed up with CNA C. CNA C showed Surveyor	{U 131}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 24	{U 131}		

the text and provided Surveyor a copy of the written complaint which read,

"I got (shift) report from [Caregiver F]...6:15 (am)...[S/he] was the only one on RCAC. [S/he] informed me that [Tenant 2] had been paging for over an hour...[Caregiver F] stated that [Tenant 2] had rang first (before) [Tenant 3] however [Caregiver G] answered [Tenant 3] and spent a long time in there...I asked if [Caregiver G] was coming back from CB (CBRF - attached, separately licensed facility) to help [Tenant 2]. [Caregiver F] said [s/he] wasn't sure...I walked over (to the CBRF)...[Caregiver G] (and 3 other staff) were outside...vaping, smoking and chatting...When I went in by [Tenant 2] [s/he] said (s/he) had called a little after 5:00 AM it was now 6:30. [Tenant 2] was bawling. I got [him/her] into the bathroom apologized...and said I would be reporting this incident. [Tenant 2] is very upset." [sic - all]

Caregiver D
On 08/31/2023 at 12:59 PM, Surveyor interviewed Caregiver D. S/he confirmed Tenant 2 experienced a very long wait time on 08/27/2023. S/he also said some staff, including Caregiver G and Caregiver I, intentionally ignore Tenant 2's call light. Caregiver D stated, "[Caregiver G] likes to hide out on CB (CBRF) because [his/her] friend works there." Surveyor asked Caregiver D if s/he reported the concerns to management. S/he replied CNA C reported the 08/27/2023 incident but s/he has reported concerns about a different coworker, Caregiver I "multiple times and the last time was Monday (08/28/2023)... I was fed up with [Caregiver I] on [his/her] phone (and s/he) won't answer pages until [s/he] is done with [his/her] own breakfast... It gets frustrating at times when someone is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 25 sitting and ignoring the pages." Caregiver E On 09/06/2023 at 4:12 PM, Surveyor interviewed Caregiver E. S/he said tenants experience long wait times due to a combination of being short staffed and "some people who pick and choose who they want to answer." S/he said some staff don't like Tenant 2 and they say, "I'm not going to answer [him/her] or help [him/her] get ready." Caregiver E said, "It's our job to help...It's the dumbest thing I've ever heard in my life...No matter what I'm doing I answer [Tenant 2]'s page as fast as I can because no one else will do it." Caregiver E said Caregiver I is one of the staff that ignores pages, and explained it doesn't just happen to Tenant 2. Caregiver E said, "I already went to [Director A] a month ago...I said, '[Caregiver I] sits in the office when [s/he] comes in at 7:00 AM and [s/he] won't answer pages because [s/he]'s eating breakfast and states they can wait.' [Caregiver I] keeps doing the same stuff." Caregiver E also reported concerns about Caregiver L and Tenant 5. S/he said, "[Caregiver L] lies a lot...On 08/23/2023...I asked [Caregiver L] to give [Tenant 5] a shower...[Caregiver L] said [s/he] went in there and [Tenant 5] refused. I looked at [Caregiver L] and said, '[Tenant 5] never refuses [his/her] shower.' I asked [Caregiver L] to try again, [s/he] said [Tenant 5] refused again...later...I asked [Tenant 5], [s/he] said [s/he'd] been waiting for [Caregiver L] all day for a shower...I told [Manager H]...on the 24th..You go to management with your concerns and nothing changes." Tenant 3 Surveyor was unable to interview Tenant 5 about	{U 131}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 26	{U 131}		

showers, however on 08/31/2023 at 1:51 PM, Surveyor interviewed Tenant 3. S/he stated, "Sometimes [Caregiver L] would say that I refused to shower when I never refused to shower. Never, ever, ever. I need my shower. We only get a shower once a week."

Tenant 2:
Surveyor interviewed Tenant 2 on 08/31/2023 at 2:09 PM and 09/06/2023 at 9:00 AM. Tenant 2 was very upset over several aspects of his/her care and treatment at the facility. S/he described frequently waiting so long for toileting assistance that s/he was incontinent. S/he also reported that s/he's been missing several pieces of sentimental jewelry since July 2023, and although s/he's complained to caregivers about it nobody from management talked to him/her about it until recently. Finally, s/he described feeling distraught over Director A's lack of responsiveness to complaints and Director A's decision to issue an involuntary discharge notice. Tenant 2 said the previous day s/he had a meeting with Director A about the discharge and Director A suggested Tenant 2 should be in agreement with the move because s/he's not happy at the facility. Tenant 2 said s/he replied to Director A, "Would you be happy if you sat in your pee for 2 hours?!..All I need is the care I'm supposed to get." Tenant 2 said s/he also told Director A, "Staff complain to you about other workers...[Caregiver I] sits in the break room...And you don't do nothing... [Caregiver I] refuses to come in (to my room.)...You let these people work here that don't want to help me."

Tenant 2 also described an incident on 09/05/2023 when staff were hosting an outdoor Labor Day party, and s/he was left on the toilet for 45 minutes. S/he said to Surveyor, "Isn't that kind

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 27	{U 131}		

of long to sit on the toilet?!...This is crazy. They didn't have enough people to help inside." Tenant 2 further explained s/he paged at about 10:00 AM and staff assisted him/her to the toilet. Then s/he paged to get off the toilet but nobody was responding. Tenant 2 said s/he was yelling for staff and banging on the wall with a can from the bathroom. Tenant 2 said s/he was so upset about the incident s/he called the police department.

Surveyor reviewed Tenant 2's facility file. Tenant 2's service plan indicated s/he had diagnoses to include urge incontinence and needed staff assistance for all transferring and toileting needs. Surveyor noted Tenant 2's record contained a copy of CNA C's written complaint dated 08/27/2023. The record did not include a written response to the complaint.

Surveyor reviewed Tenant 2's call logs and noted the following:
Call times on 09/04/2023 aligned with the timing of the incident as reported by Tenant 2. S/he paged at 9:56 A.M. (4 pushes) - page was cleared at 10:13 AM. S/he paged again at 10:30 AM (12 pushes) - page was cleared at 10:59 AM.
During the month of August 2023, call response times were greater than 15 minutes on 16 occasions.
On 08/27/2023 the log documented a wait time of 80 minutes which aligned with CNA C's complaint

Tenant 2's observation notes during July and August 2023 documented complaints about missing jewelry and about Director A:
07/11 - "...resident noticed 'that table by [his/her] bed was cracked open when it usually isn't.'"
07/12 - "...[s/he] was saying this morning [s/he] thinks somebody went in [his/her] room and stole [his/her] jewelry."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 28 07/13 - " ...is still wondering why [his/her] bedside table was cracked open, when [s/he] is not able to get over there with [his/her] chair." 07/27 - "upset about missing jewelry." 08/15 - "is very upset that they are trying to tell [him/her] [s/he] is a problem and being short staffed isn't the problem. [Tenant 2] said I only need [staff]...to use the bathroom..." 08/30 - "...Writer (Director A)...spoke with resident...stated [s/he] was missing a little blue box with silver ribbon that contained a Camiel pendent, diamond cut pendent of the Polish Eagle 14k gold, a pair of emerald earrings, and an agget angel w/arms around a small child pendent. Resident stated [s/he] felt uneasy when [Caregiver K] would be in [his/her] room and felt [s/he] would have been the one to take [his/her] belongings. Writer advised resident to call the Berlin Police dept. to report the missing items and reminded resident of our valuables policy that is signed upon admission which states not to bring anything of value into the facility, for these reasons." [sic - all] 08/30 - "went into apartment at 11:45pm to get resident ready for bed, resident stated [s/he] was exhausted from the day and upset..." 08/31 - "talked to me about [his/her] conversation with the 'Boss'. [S/he] told me it was pointless because...when [s/he] brought up lazy staff all [Director A] could do was shrug [his/her] shoulders..." Surveyor also reviewed the following emails provided by Director A on 09/11/2023: 08/29/2023 from Director A to MCO (managed care organization - funding source) M - "[Tenant 2]...stated that the reason staff takes so long to answer [his/her] page is because they sit in the South office, and I am the Boss so I need to be reprimanding the staff ...I explained that Staff are	{U 131}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 29	{U 131}		

entitled to taking breaks ...When [Tenant 2] is up and driving around in [his/her] scooter of course [s/he] is going to see someone at some point in time sitting in the office, that is what the office is for, breaks, charting, med storage, ect." [sic - all]
08/29/2023 from MCO M to Director A - "[Tenant 2] had mentioned that [s/he] had noticed on 7/11 that [his/her] jewelry in [his/her] dresser drawer is missing. [S/he] thinks a caregiver that had been fired around that time took it. [Caregiver K] Do you know anything about this?..." Director A replied, "Yes, I will open an investigation and gather some more information ..."
08/30/2023 from Director A to MCO M - " ...talked with [Tenant 2] yesterday. We discussed the missing jewelry. [S/he] said s/he is going to call the Berlin PD sometimes this week. We do have a valuables policy that [s/he] signed upon move in that states not to keep anything of value in the facility for these reasons ...[Tenant 2] said [s/he] reported it to staff, and when I said I didn't hear of it [s/he] seemed very shocked about it. I told [him/her] that this is something that [s/he] should have come and reported to me right away as well."

Officer J:
On 09/12/2023 Surveyor interviewed Berlin Police Officer J. S/he confirmed s/he has had contact with Tenant 2 more than once due to the "timeliness of staff response to the call button." Officer J said while the situations did not rise to a criminal level, it appeared some of the wait times were excessive. Officer J stated based on the information s/he had, "It really comes down to management doing their job and making sure employees are being responsive to the call button and (tenant) complaints are followed on...there seems to be a breakdown with [Director A]."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 30	{U 131}		

Policy/Procedures:
Upon request on 09/07/2023, Director A emailed Surveyor the facility's grievance procedure. It read, "Grievance Procedure Effective: 02/2023 If the resident has a grievance, Patriot Place will attempt to find a reasonable solution. If the grievance persists, a meeting may be called including Patriot Place administration, any appropriate staff, and the resident to attempt to resolve the grievance. If the grievance is not resolved, Patriot Place will assist, if desired, the resident in contacting the state ombudsman. In cases of alleged caregiver misconduct, abuse, neglect or misappropriation of property, the resident may report such allegations to the administrator or any other staff at any time...The facility will conduct an internal investigation and...Please Follow the following steps: - Report issue(s) to the facility administrator: [Administrator B] RN - If Additional assistance is needed contact: [Director A] - A written response to all Grievances will given after each investigation..." [sic - all]

Management Interview:
On 09/07/2023 at 1:30 PM, Surveyor interviewed Director A. S/he confirmed s/he is the lead manager at the facility and works with the assistance of Administrator B and Manager H. Surveyor interviewed Director A about the following topics:

Tenant 2's Missing Jewelry
Director A explained his/her practice is to review observation notes for all tenants every day or two, but s/he was unaware of the July notes about the jewelry until the MCO informed him/her recently. S/he said the caregivers who wrote the notes should have reported the incident to management, but did not. Director A said it is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 31	{U 131}		

his/her responsibility to conduct investigations. Since learning of the allegation, s/he conducted an investigation but it was inconclusive.

Tenant 2's long wait times:
Director's A's explained the expectation of call light response time is "7 minutes or less" but s/he has not had a system to audit call light logs to ensure the expectation was met.
S/he stated Tenant 2 had been complaining about long wait times for approximately 1.5 months and "We talked about [his/her] long wait times. I felt like our RCAC was not able to meet [his/her] needs, we were trying to get more staffing. ...I felt like [s/he] needed a smaller facility, that was able to meet [his/her] needs in a quicker fashion."
Director A confirmed Tenant 2 only calls 3-4 times a day for help which includes toileting and partial help with morning and evening cares.
Director A attributed some of the wait times to staff burn out and said "To be honest, I think they're exhausted. You've talked to [Tenant 2]... [S/he] repeats the same things."
S/he said 2 weeks ago Tenant 2 reported "...[s/he] was being ignored and (caregivers) were just sitting in the nursing station." Director A commented, "Their breaks are paid." Surveyor asked if s/he investigated the allegations. Director A stated s/he checked the staff room and found staff sitting "occasionally...not all the time like [Tenant 2] was implying." Surveyor asked if s/he took other investigative steps, like interviewing other tenants or caregivers. Director A said s/he talked with CNA C because twice in the last week CNA C "confronted me...about issues with Caregiver I" including allegations Caregiver I eats breakfast before tending to tenants. Director A said, "I talked to [Caregiver I], [s/he] denied it" and Director A reminded staff, "you need to put breakfast down and go get that light."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 32	{U 131}		

S/he received Caregiver G's complaint dated 08/27/2023 and it was added to Tenant 2's file. Director A said s/he intended to follow on it, but had not.
Director A was aware of Tenant 2's complaints about a long wait time on Labor Day and said, "I did look into it. [S/he] stated it was going for 45 minutes. It was 24 minutes at the start at our labor day festival." Surveyor informed Director A the call logs s/he provided to Surveyor aligned with Tenant 2's report of being on the toilet for 45 minutes and s/he pushed the pendant 12 times. Director A said s/he did not review the call logs closely enough to notice that and thought Tenant 2 only pushed 1 time.
S/he stated s/he had not provided any written responses to Tenant 2 about any of his/her complaints.
Director A told Surveyor s/he would investigate the concerns.

Caregiver L -- On 08/31/2023, Surveyor informed Director A of concerns received about Caregiver L's care and treatment of tenants, including reports s/he swore at and/or while talking with tenants and falsely claimed Tenant 3 refused a shower. Surveyors also shared observations of Caregiver L repeatedly calling residents "honey" in the attached CBRF. (Surveyors conducted joint surveys and confirmed Caregiver L works in both facilities.) Director A said s/he would investigate.
Director A stated s/he interviewed Tenant 5 about showers which corroborated the concern Caregiver L was not offering showers and then claiming the tenant refused.
S/he said, "I gave [Caregiver L] a performance correction notice. I also printed off information on...proper staff communication." Surveyor asked if any tenants were interviewed about the way Caregiver L communicates with them. Director A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 33	{U 131}		

replied, "When I was talking with [the CBRF manager] about it, [s/he] feels [Caregiver L] is a loud talker. [S/he] didn't feel that [Caregiver L was] trying to belittle the residents. I said, 'ok we have to ...remain professional,' that was part of the education."
Surveyor then provided Director A more details about information received during interviews about Caregiver L's treatment of Tenant 1 and concerns that Tenant 2's call lights were intentionally being ignored. Surveyor also informed Director A that Surveyor's review of the call light logs (provided by Director A on 08/31/2023) confirmed long wait times for both Tenant 1 and Tenant 2. Director A said s/he would do additional investigation.

On 09/08/2023 and 09/11/2023, Director A emailed Surveyor a copy of his/her investigation documentation. Surveyor noted the following:
The investigation was initiated 09/08/2023.
5 of 5 caregiver interviews and an interview with Tenant 1 corroborated allegations Caregiver L ignored call lights, avoided cares and/or swore at tenants. Caregiver L was issued a termination notice on 09/08/2023 for "ignoring resident pages" and other resident rights violations.
4 caregiver interviews confirmed Caregiver I and other staff "ignore" or "avoid" Tenant 2's call light. Four other caregivers were also alleged to ignore/avoid call lights. The investigation did not include documentation to show call light logs or schedules were reviewed or that other tenants were interviewed to determine the scope of the problem.
No disposition was included for the allegations against Caregiver I or the 08/27/203 allegations against Caregiver H

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
{U 131}	Continued From page 34 Cross Reference: U0117 DHS 89.23.(2)(a)2.b Services U0118 DHS 89.23.(2)(a)2.c Services U0229 DHS 89.(3)(a)2 Admission & Retention of Tenants U0252 DHS 89.34(1) Tenant Rights	{U 131}		
U 229	89.29(3)(a)2. ADMISSION & RETENTION OF TENANTS (3) TERMINATION OF CONTRACT. (a) Reasons. A residential care apartment complex may terminate its contract with a tenant when any of the following conditions apply: 2. Except as provided under par.(b), the time required to provide supportive, personal and nursing services to the tenant exceeds 28 hours per week. This Rule is not met as evidenced by: Based on record review and interview, Director A issued Tenant 2 an involuntary discharge notice on the grounds his/her care exceeded 28 hours, when the tenant's care needs did not actually exceed 28 hours. Findings include: The department received a complaint surrounding the circumstances of an involuntary discharge notice. Record Review: On 09/07/2023, Surveyor reviewed Tenant 2's facility file. Tenant 2 was admitted 09/23/2022	U 229		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
U 229	Continued From page 35	U 229		

with diagnoses to include urge incontinence. Tenant 2 required staff assistance with transfers via a sit to stand lift and ambulated with a wheelchair or motorized scooter. Tenant 2 received staff assistance with medication administration 4 times/day and a shower 1 time/week. Tenant 2's service plan current as of 09/07/2023, noted s/he could effectively communicate needs and was his/her own legal decision maker. The service plan also documented Resident 2's needs for "partial assistance from staff to complete toileting tasks...wants to start a 2 hour, except night, toileting schedule." Surveyor noted this mirrored the language in the only assessment in the file, a preadmission assessment dated 09/08/2022.

The file also contained an involuntary discharge notice dated 8/15/2023 which read in part, "Notice of Eviction ...Dear [Tenant 2] ...An RCAC may terminate its contract with a tenant if any of the following conditions apply: That provides, to a person who resides in the place, not more than 28 hours per week of services that are supportive, personal and nursing services ...This notice is given as Patriot Place is unable to meet the care needs of resident. Resident's care needs go over the 28 hours per week of services that are supportive, personal, and nursing services. Resident is needing CBRF or higher level care."[sic-all]

Interviews:
Surveyor interviewed Caregiver D on 08/31/2023 at 12:59 PM. S/he said Tenant 2 had been complaining "how it's not fair [s/he] is the one getting kicked out." Caregiver D explained Tenant 2 was issued a discharge notice because s/he was over the 28 hours of care per week. Caregiver D said in his/her experience caring for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
U 229	Continued From page 36	U 229		

Tenant 2, s/he did not think cares exceeded 28 hours. Caregiver D said s/he worked 1st shift and Tenant 2 usually only called once for toileting assistance and partial help with morning cares. S/he said the whole process takes about 30 minutes.

Surveyor interviewed CNA C on 09/08/2023 at 7:38 AM and s/he described Tenant 2's care needs.
4-5:30 AM s/he calls for toileting assistance which takes approximately 15 minutes.
10-10:30 AM s/he calls for toileting assistance and partial assistance with morning cares, which takes 30-35 minutes total.
S/he does not call again or need assistance before 2:00 PM when first shift ends.
Medication administration occurs 4 times/day and each medication pass takes 5 minutes or less.
Weekly showers take less than 1 hour.
CNA C added, "The care is not heavy at all... [S/he] is depressed and lonely. So [s/he] talks. And that takes time. It's not the care. [S/he] wants someone to listen to [him/her] and laugh with [him/her]."

On 09/08/2023, Surveyor interviewed Tenant 2 at 2:09 PM. S/he said, "This is their big thing, I need so much cares now. That I need all these cares and you don't have the staff to accommodate me. I'm getting kicked out of here." Tenant 2 said s/he needs assistance with toileting 3-4 times per day and 2 of those times s/he also receives partial assistance with morning and evening cares. Tenant 2 said s/he often waits a long time for staff to respond to the call light when s/he needs toileting assistance and waits so long s/he is incontinent. Tenant 2 pointed out if staff were to respond to his/her call light in a timelier manner, s/he would be incontinent less and staff would

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
U 229	Continued From page 37	U 229		

spend less time providing the care. Tenant 2 explained s/he requires the same level of care as when s/he was admitted a year ago. Tenant 2 described feeling like the notice was retaliation for his/her complaints about long wait times and insufficient numbers of staff and s/he was very distraught.

On 09/11/2023, Director A provided Surveyor a copy of an email regarding the decision to discharge that s/he sent to Tenant 2's funding source on 08/29/2023. The email read in part, "I spoke with [Tenant 2] ...[S/he] asked me what is going on, why am I trying to get rid of [him/her], what part of [his/her] care has changed ...[s/he] was quite angry with me ...I explained ...[s/he] was admitted here before I came over to this facility. I have looked at the page times, and the wait times, and it is concerning. [S/he] jumped in with 'Staffing shortage is not an excuse!' I replied, 'You are correct, it is not an excuse because we do not have a staffing issue currently ...I went on to explain that on average [s/he] is 9.1 hours of care a week, just for toileting [him/her] 3x a day. Add in the time staff spends in the room for showers, ADL's, and personal (Talking) [s/he] would be well over the 28 hours of care a week ... [S/he] is a lot at times, and the staff are burnt out from all the emotional conversations with [him/her] ..."

Surveyor interviewed Director A on 09/07/2023 at 1:30 PM. Director A confirmed Tenant 2 calls approximately 4 times per day for toileting assistance and 2 of those times s/he also receives partial assistance with morning and evening cares. Director A said staff spend an average of "26-32 minutes per toileting session." Director A also said Tenant 2 receives assistance with showers 1 time/week which takes 45- 60

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
U 229	Continued From page 38	U 229		

minutes. Surveyor pointed out based on that information, Tenant 2's weekly care is approximately 15 hours/week and even with adding medication administration and some other care tasks, s/he is not close to the 28 hours. Surveyor asked Director A if s/he had a formal process for calculating hours of care and s/he said s/he did not. Surveyor asked if Tenant 2's needs had changed since admission and Director A said the needs had been "pretty consistent." Director A said they had not completed any new assessments since admission and had not made any changes to Tenant 2's service plan regarding care needs.

Director A explained preceding the discharge notice, Tenant 2 complained about long wait times. Director A said, "I felt like [s/he] needed a smaller facility that was able to meet [his/her] needs in a quicker fashion...[S/he] was very upset, cried a lot, started blaming me. I was ok letting [him/her] do that, better me than the staff....The goal was to get [him/her] to a place that was able to meet [his/her] care needs." Surveyor asked Director A if s/he investigated the root cause of the long wait times, reassessed Tenant 2 to determine if needs had changed or made changes to Tenant 2's service plan. Director A said s/he had not. Surveyor noted Tenant 2's service plan documented the need for a 2 hour toileting scheduled. Director A confirmed but stated the scheduled was not implemented to his/her knowledge.

On 09/11/2023 at 3:15 PM, Director A emailed Surveyor an updated service plan which broke down the time required for cares. Surveyor noted the times were longer than reported in previous interviews. For example, showers were documented as taking 1.5 hours weekly when

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
U 229	Continued From page 39	U 229		

previous interviews indicated they took 1 hour or less. With the aforementioned new calculations in addition to medication administration, housekeeping and laundry, the total weekly hours of care documented on the service plan were 28.5.

Surveyor replied to Director A's email on 09/12/2023 at 7:19 AM, and wrote, "I see you included computations for hours of service in the Care Plan...I have a question about the calculations. I have 2 interviews that state mid-morning [s/he] pages for assistance with transfer out of [his/her] recliner, morning ADLs (activities of daily living) and toileting which takes about 30 minutes. Are you calculating that process takes 1 hour and 10 minutes? Also, are you also calculating 40 minutes each time [s/he]'s transferred for toileting assistance? (Surveyor the summarized Director A's new calculations)
15 min wash up + 15 min partial dressing assistance + 20 min transfer + 20 min toileting = 1 hour 10 minutes
20 min transfer + 20 min toileting = 40 minutes"

On 09/12/2023 at 9:29 AM, Surveyor conducted an interview with Director A. Director A said upon further review s/he inadvertently miscalculated the time including counting 6 toileting/transferring episodes each day instead of 4. Upon further review, s/he determined Tenant 2 was below the 28 hour threshold. Director A said s/he would be rescinding the 30 day discharge notice, reassessing Tenant 2 and conducting a care team meeting to ensure Tenant 2's needs were being met.

On 09/14/2023 at 10:39 AM, Director A emailed Surveyor a copy of a notice given to Tenant 2 which read in part, "Retraction Notice of Eviction

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
U 229	Continued From page 40 ...Dear [Tenant 2], After further review of your care plan, services provided, and staffing patterns, we have decided to retract your original 30-day eviction notice. We will be working to increase the staffing patterns ...The goal will be to decrease wait times and provide the services in a timely manner ..." Cross Reference: U011y DHS 89.23.(2)(a)2.b Services U0131 DHA 89.23(4)(b)1 Services	U 229		
U 252	89.34(1) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (1) COURTESY AND RESPECT. To be treated with courtesy, respect and full recognition of the tenant's dignity and individuality by all employes of the facility and all employes of service providers under contract to the facility. This Rule is not met as evidenced by: Based on interview and record review, Tenant 1 was not treated with courtesy, respect and dignity by Caregiver L. Caregiver L would swear at Tenant 1 and admonish him/her for using the call pendant for toileting assistance.	U 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
U 252	Continued From page 41 Findings include: Certified Nursing Assistant (CNA) C On 08/31/2023 at 10:54 AM, Surveyor interviewed CNA C. S/he volunteered s/he had concerns about Caregiver L and stated, "The way [s/he] talks to [tenants] is not appropriate." CNA C said Tenant 1 relies on the assistance of 2 staff and a Hoyer lift for transfers. Caregiver L has said to Tenant 1, "You already paged once today to take a [expletive for bowel movement (BM)]. I don't want to see your name on the pager." Caregiver D On 08/31/2023 at 12:58 PM, Surveyor interviewed Caregiver D. S/he said, "[Caregiver L] likes to swear a lot. [S/he]'s very up front and blunt. In my opinion, [s/he] shouldn't be here. The way she talks to some of the [tenants], it's kind of uncalled for. And when certain people page [s/he'll] be like, 'Are you [expletive] kidding me?' They'll page again and [s/he] has a bad attitude in general about it...[S/he] has swore at [Tenant 1]...acted like [s/he] was joking...would...say, 'Are you [expletive] kidding me? You're paging again? What, do we gotta take a [expletive for BM]?'...I think it's inappropriate...I don't know about anyone else (s/he swears at) because usually [Tenant 1] is the only one I go with because [s/he]'s a 2 assist." Tenant 1 On 09/06/2023 at 1:30 PM, Surveyor interviewed Tenant 1 and asked about staff treatment. S/he replied, "There's one that's pretty snippy... [Caregiver L]...There's a lot of things [s/he] says that I don't even want to repeat. It's pretty foul. The other aid will yell, '[Caregiver L!]' (meaning stop)...[s/he] gets a lot of F words in there. It's	U 252		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016746	A. BUILDING: _____ B. WING _____	R-C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE RCAC	609 BROADWAY STREET BERLIN, WI 54923

(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
U 252	Continued From page 42 foul. [S/he] always goes, 'Ugh' when [s/he] gets another page...It's not just me that [s/he] does it with. I tell the other aids [s/he]'s in the wrong line of work." Provider's investigation On 09/07/2023, Surveyor informed Director A of the allegations against Caregiver L. Director A said s/he would investigate. On 09/08/2023 and 09/11/2023, Director A emailed Surveyor documentation of his/her investigation. This included interviews with 2 more staff (Caregiver I and Caregiver N) that corroborated the allegations of swearing and talking disrespectfully towards tenants. Director A also sent documentation of a termination notice for Caregiver L dated 09/08/2023. The incident descriptions prompting termination included, "Several witnesses to staff looking at pager, putting back in pocket, and saying inappropriate comments regarding [tenant] that was paging...Telling [Tenant 1], 'Now that you [expletive for BM] today, I better not see your name on my pager again.'" The "Employee Comments" on the notice indicated Caregiver L acknowledged making the comments to Tenant 1 but said s/he was joking. Cross Reference: U0131 DHS 89.23(4)(b)1 Services	U 252		