STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016352	A. BUILDING: _____ B. WING _____	C 08/23/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 08/23/2024, Surveyor conducted 3 complaint investigations and a self-report review at Care Partners Assisted Living 1. Two deficiencies were identified. Two of 2 deficiencies were repeat violations. See Statement of Deficiency (SOD GCLZ13, dated 09/26/2022, and SOD GCLZ14, dated 03/01/2023. Two complaint are substantiated. One complaint is unsubstantiated. Self-report review resulted in a violation. Census: 14	N 000		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on record review and interview, the provider did not safeguard Resident 1 from environmental hazards which it is likely will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. The provider	N 358		

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
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N 358	Continued From page 1 did not secure toxic substances resulting in Resident 1 having access and observations of cleaning supplies left out during survey. Findings include: Example 1: Resident 1 The facility is licensed to serve up to 20 residents in the client groups of terminally ill, physically disabled, advanced dementia, developmentally disabled, and Irreversible dementia/Alzheimer's. On 05/24/2024, the Department received a complaint alleging a resident ingested a toxic substance. On 08/23/2024, Surveyor conducted a complaint investigation and reviewed resident records. The following was identified: Resident 1 admitted on 06/28/2023 with a diagnosis of Alzheimer's with agitation. Resident 1's individual service plan (ISP) dated 04/10/2024 documented: "24-hour supervision was selected. Capacity for self-direction: Needs assistance, Cannot make needs known. Wandering: [Resident 1] likes to walk around the building. [S/he] likes to exit seek and try to hop the fence to leave. Behavior management plan: Combative threatening staff/residents, insomnia, taking other peoples things. Possible Precipitators-Cares, "sun-downing", confusion. Interventions-Re-directing. Also PRN hydroxyzine as needed. Distract with snack." The ISP was not updated to include new	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 358	Continued From page 2	N 358		

interventions for staff to use in managing Resident 1's behavior of ingesting toxic substances.

Resident 1's incident report dated 05/01/2024 documented:
"Resident was seen inside the kitchen with a spray bottle filled with a cleaning chemical. Resident was pouring liquid onto kitchen floor. Stop, immediately, took action and smelled the chemical in [his/her] breath. Notified position control/director was told to give resident clear liquids."

Resident 1's notification to his/her physician from Administrator A dated 05/03/2024: "Just wanted to update you that on 5.1.24 [Resident 1] climbed into the kitchen and shaking a chemical around, we are unsure if [s/he] drank it. However we did contact poison control and they said [s/he] is not life threatening and the push clear liquids. Took vitals 138/64 P 64. Monitored [him/her] the rest of the day. Informed [his/her] [son/daughter] about it. [S/he] did complaining of [his/her] throat hurting for a few hours after this but then was fine. [S/he] is back to [his/her] normal self and was up all night last night."

Example 2: Toxic substances unsecured

On 08/23/2024 at 11:55 AM, Surveyor observed staff preparing lunch in the dining rom. Surveyor observed many cleaning compounds on top of a housekeeping cart left unattended in the hallway. The housekeeping cart was observed for at least 5 minutes unattended. After Surveyor took a photo of the housekeeping cart, it was at this time the housekeeping cart was moved.

On 08/23/2024 at 1:52 PM, Surveyor conducted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016352	A. BUILDING: _____ B. WING _____	C 08/23/2024

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

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N 358	Continued From page 3 an exit conference and shared findings with Administrator A. Administrator A acknowledged an understanding of the above concerns. Administrator A noted staff should have secured the cleaning cart in a locked closet when not in use. Surveyor expressed concern Resident 1 was able to access a toxic substance through an opened server window that was not monitored by staff. Administrator A stated regarding Resident 1's ingestion incident on 5/1, the provider concluded we do not know if s/he ingested any amount, the staff only smelled the odor of the chemical on his/her breath. Administrator A stated the kitchen door is always locked, so Resident 1 climbed through the kitchen server window to access the cleaning chemical. Administrator A reported this was Resident 1's first time coming into the kitchen area unsupervised but s/he does have a history of attempting to climb the outside fence to elope from the facility. Surveyor asked why Resident 1's ISP was not updated to include new interventions for staff to utilize in managing the risk of ingesting toxic substances. Administrator A stated s/he is in charge of updating ISPs and s/he had forgot to include this information. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 358		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of	N 389		

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N 389	Continued From page 4 the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the individual services plan (ISP) was not updated for 2 of 2 residents reviewed when there was a change in resident needs and abilities. Resident 1's ISP was not updated to reflect the risk for ingestion of toxic substances. Resident 2's ISP was not updated to reflect sexual behaviors that were harmful to him/herself and others. This is a repeat deficiency. See Statement of Deficiency (SOD) SOD GCLZ13, dated 09/26/2022 and SOD GCLZ14, dated 03/01/2023. Findings include: On 03/05/2024 and 05/24/2024, the Department received complaints alleging concerns with a resident's risk for ingestion of toxic substances and resident sexual behaviors were not being managed by the provider. On 08/23/2024, Surveyor conducted a complaint investigation and reviewed resident records. The following was identified:	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING I	5031 N FRENCH RD APPLETON, WI 54913

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N 389	Continued From page 5 Example 1: Resident 1 Resident 1 admitted on 06/28/2023 with a diagnosis of Alzheimer's with agitation. Resident 1's individual service plan (ISP) dated 04/10/2024 documented: "24-hour supervision was selected. Capacity for self-direction: Needs assistance, Cannot make needs known. Wandering: [Resident 1] likes to walk around the building. [S/he] likes to exit seek and try to hop the fence to leave. Behavior management plan: Combative threatening staff/residents, insomnia, taking other peoples things. Possible Precipitators-Cares, "sun-downing", confusion. Interventions-Re-directing. Also PRN hydroxyzine as needed. Distract with snack." The ISP was not updated to include new interventions for staff to use in managing Resident 1's risk of ingesting toxic substances. Resident 1's incident report dated 05/01/2024 documented: "Resident was seen inside the kitchen with a spray bottle filled with a cleaning chemical. Resident was pouring liquid onto kitchen floor. Stop, immediately, took action and smelled the chemical in [his/her] breath. Notified position control/director was told to give resident clear liquids." Resident 1's notification to his/her physician from Administrator A dated 05/03/2024: "Just wanted to update you that on 5.1.24 [Resident 1] climbed into the kitchen and shaking a chemical around, we are unsure if [s/he] drank it. However we did contact poison control and they said [s/he] is not	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 389	Continued From page 6	N 389		

life threatening and the push clear liquids. Took vitals 138/64 P 64. Monitored [him/her] the rest of the day. Informed [his/her] [son/daughter] about it. [S/he] did complaining of [his/her] throat hurting for a few hours after this but then was fine. [S/he] is back to [his/her] normal self and was up all night last night."

On 08/23/2024 at 11:55 AM, Surveyor observed staff preparing lunch in the dining room. Surveyor observed many cleaning compounds on top of a housekeeping cart left unattended in the hallway. The housekeeping cart was near the dining room and observed for at least 5 minutes unattended. After Surveyor took a photo of the housekeeping cart, it was at this time the housekeeping cart was moved.

Example 2: Resident 2

A review of the provider's self-report form dated 04/01/2024 documented:
"On Saturday March 30th, 2024, I [Administrator A] was woken up by a text at 4:54 am from my night shift worker [Caregiver C]. Stating that [s/he] found [Resident 2] in [Resident 3's] room naked sitting in [his/her] chair with just a T-shirt on. [Caregiver C] asked [Resident 2] to leave the room, [s/he] refused so [s/he] went and got the other staff member [Caregiver D] that was on to help [him/her]. They both asked [him/her] to get up and leave but [s/he] still refused so they both gently took [him/her] by the underarm of [his/her] shoulders and escorted [him/her] out of [Resident 3's] room. [S/he] became aggressive with the two co-workers trying to grab onto things on [his/her] way out and tried to swing at the two co-workers. They got [him/her] out in the hall and that is far as [s/he] would go. The two co-workers waited outside of [Resident 3's] room until [Resident 2]

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	0016352	A. BUILDING: _____ B. WING _____	C 08/23/2024

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

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N 389	Continued From page 7 went to [his/her] room. They finally got clothes on [him/her]. Once my AM shift [Caregiver E] and [Caregiver F] came in the night shift gave them report and when [Caregiver E] went into [Resident 3's] room to get [him/her] ready for the day, [s/he] was assessed and there was no marks or bruises on [him/her]. [S/he] denied being in pain or discomfort, in [his/her] private area. [Resident 3] stated to [him/her] "that a [man/female] was in [his/her] room and wanted to kiss [him/her] and see [his/her] good stuff." Both [Resident 2's] and [Resident 3's] POA were called. Actions to ensure safety: 15 minute checks." Resident 2 admitted on 03/15/2024 with diagnosis of dementia. Resident 2 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 2's ISP dated 03/31/2024 documented: "Supervision: 24 hour supervision, Wandering: [Resident 2] has a history of wandering through the facility, [s/he] will some times enter resident rooms. Well Being: Resident has some anxiety regarding staying busy and active during the day. Staff will ensure [s/he] is involved in activities. See Behavior Management plan. Aggressive/Combative: [Resident 2] has not shown to be aggressive or combative. Verbal: [Resident 2] does have a history of being verbally aggressive with staff." The ISP did not include new interventions to reflect sexual behaviors. Resident 2' incident reports documented: 03/29/2024-03/30/2024 at 4:30 AM: "Staff was going to do get ups and [Resident 2] was in another resident room in recliner chair. Staff asked resident a couple times to leave and the resident refused every time. Staff by then had to	N 389		

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CARE PARTNERS ASSISTED LIVING I	5031 N FRENCH RD APPLETON, WI 54913

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N 389	Continued From page 8	N 389		

guide resident out of room. Actions Taken-Staff tried to guide resident out of room, resident started swinging on staff and trying to hang on to doors as well."
05/20/2024: "Resident made persistent attempts to enter the rooms of [Resident 4] and [Resident 5] throughout the night in various states of undress. Resident was argumentative and combative with staff member eventually escalating to hitting and punching staff member. Present status: Remained in facility. Request that all residents' doors be locked by second shift as this resident is becoming more problematic."

Surveyor reviewed the providers 15-minute checks documentation regarding Resident 2's incident on 03/30/24. The documentation includes checks completed from 3/30 at PM-4/1 at 6:00 am. The record did not include any other evidence of 15-minute checks being completed.

Resident 2's physician fax form dated 05/13/24 documented:
Facility Comments/Concerns: [Resident 2] has been walking around the facility without pants on. [S/he] refuses to put them on when staff ask. [S/he] will get combative with at time. [S/he] also has been entering [men/women's] rooms and refuses to leave unless the other resident goes with. Can we get a scheduled medication for this? Thanks [Administrator A]."

Resident 2's progress notes documented:
"03/19/2024: Noc-Wandering around into residents rooms refusing to leave when asked.
03/30/2024: AM-Noc staff stated resident was naked going in other [fe/male] rooms and trying to pull on their bottoms and getting into bed with them ....AM-Writer went into [Resident 3's] room and found [his/her] brief ripped off and [him/her]

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	0016352	A. BUILDING: _____ B. WING _____	C 08/23/2024

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CARE PARTNERS ASSISTED LIVING I	5031 N FRENCH RD APPLETON, WI 54913

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N 389	Continued From page 9	N 389		

yelling "that [man/woman] was trying to kiss me and tried to rip off my pants. [S/he] told me I got the good stuff." PM-Resident was walking around building with no pants on. Staff brought resident back to bedroom to bed.
04/01/2024: AM-Resident came out of room naked with a shirt covering [his/her] groin area."

Resident 2's record did not include any other progress notes from 04/08/2024-discharge (approximately end of May 2024).

On 08/23/2024 at 10:30 AM, Surveyor interviewed Caregiver G. Caregiver G reported Resident 2 had sexual behaviors of walking around the facility naked. Surveyor asked if Resident 2's ISP contained strategies for staff to utilize in managing his/her sexual behaviors. Caregiver G stated "no", but staff redirect and attempt to get him/her dressed. Caregiver G stated Resident 2 was aggressive towards staff and residents during his/her admission.

On 08/23/2024 at 1:52 PM, Surveyor conducted an exit conference and shared findings with Administrator A. Administrator A stated regarding Resident 1's ingestion incident on 5/1, the provider concluded we do not know if s/he ingested any amount, the staff only smelled the odor of the chemical on his/her breath. Administrator A stated the kitchen door is always locked, so Resident 1 climbed through the kitchen server window to access the cleaning chemical. Administrator A reported this was Resident 1's first incident coming into the kitchen area unsupervised but s/he does have a history of attempting to climb the outside fence to elope from the facility. Administrator A acknowledged an understanding of the above concerns and stated Resident 1's and Resident 2's ISP's should have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING I	5031 N FRENCH RD APPLETON, WI 54913

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 389	Continued From page 10 been updated with new interventions to manage behaviors safely. Surveyor asked if Resident 2's ISP included a behavior management plan as indicated. Administrator A stated s/he looked over Resident 2's record and could not find a behavior management plan. Surveyor asked why 15-minute checks only lasted until 04/01 as an intervention (per documentation) and documentation of Resident 2's record stops after 04/7. Administrator A did not know why 15 minute checks only lasted 48 hours and lack of documentation in the record. Surveyor expressed concern Resident 2 was able to engage in repeated sexual behaviors from 03/30-05/20 towards other residents, and his/her ISP was not updated. Administrator A noted s/he would update resident ISP's. Cross Reference: N0358 DHS 83.32(3)(n) Rights Of Residents: Safe Environment	N 389		