STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018760	A. BUILDING: _____ B. WING _____	R-C 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - STRATFORD I	213721 LEGION ST STRATFORD, WI 54484

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{N 000}	Initial Comments On 11/06/2025, Surveyor conducted a complaint investigation and verification visit at VitaCare Living - Stratford I. The complaint was substantiated. The deficiency from SOD XWD311, dated 04/29/2025, was corrected. Four deficiencies were identified. One of 4 deficiencies was a repeat deficiency. See SOD X5MU11, dated 06/30/2024. Census: 12 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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

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N 386	Continued From page 1	N 386		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not develop a comprehensive individual service plan (ISP) that included measurable goals for 3 of 3 residents reviewed.

Findings include:

On 08/18/2025, the Department received a complaint related to resident care and services.

On 11/06/2025 at approximately 11:50 a.m., Surveyor requested resident records including their ISP from Administrator A for Resident 1, Resident 2, and Resident 3.

On 11/06/2025, Surveyor reviewed Resident 1, Resident 2, and Resident 3's records.

Resident 1 was admitted to the facility on 03/07/2025 with multiple diagnoses including: Alzheimer's disease, cognitive communication deficit, mood disturbance and anxiety. His/her record contained a document titled, Master Care Plan, dated 07/24/2025, which identified Resident 1's needs. His/her record also contained a document titled, Planned Services, dated 07/30/2025. The Planned Services indicated the service to provide, who and when it was to be provided, and instructions. Neither document indicated measurable goals with specific time limits for attainment.

Resident 2 was admitted to the facility on 07/05/2024 with multiple diagnoses including: dementia, degenerative joint disease, fall risk, osteoporosis and osteoarthritis. Resident 2 had an assessment, dated 04/28/2025, which identified Resident 2's needs. Resident 2's record contained Planned Servies, dated 06/02/2025,

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N 386	Continued From page 2 which identified services to provide, who and when the services were provided, and instructions. There were no measurable goals with specific time limits for attainment identified in Resident 2's service plans. Resident 3 was admitted to the facility on 10/02/2025 with multiple diagnoses including: type 2 diabetes, atherosclerotic heart disease, congestive heart failure, chronic kidney disease, and other psychotic disorder not due to a substance or known physiological condition. Resident 3's record contained a Master Care Plan, dated 09/29/2025, which identified his/her needs. His/her record contained a document titled, Service Plan - 245D Basic, effective date 11/06/2025. This document included services provided, who was to provide the service, and the frequency of the service. There were no instructions on how to provide the service. There were no measurable goals with specific time limits for attainment identified in Resident 3's service plans. On 11/06/2025 at approximately 3:15 p.m., Surveyor interviewed Administrator A. Surveyor asked if there were ISPs with measurable goals for the residents. Administrator A told Surveyor there was not. Administrator A said they were working on getting that done.	N 386		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, interview and record	N 388		

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N 388	Continued From page 3	N 388		

review, the provider did not ensure Resident 1's individual service plan (ISP) was implemented as written.

This is a repeat deficiency. See Statement of Deficiency (SOD) X5MU11, dated 06/03/2024.

Findings include:

On 08/18/2025, the Department received a complaint related to resident care and services.

On 11/06/2025 at approximately 10:30 a.m., Surveyor interviewed House Lead (HL) B. HL B said they had a care conference for Resident 1 on 10/17/2025 that included hospice, the managed care organization, the facility nurse and Resident 1's family. HL B said prior to the care conference they received complaints from Resident 1's family members related to Resident 1's incontinence cares. HL B showed Surveyor documents that staff were recording 2 hour checks for Resident 1. The document read: "2 Hour Checks for [Resident 1] This has to be done and filled out after every check and change. Make sure you document if you changed the resident. Was [s/he] wet? Was [s/he] dry if [s/he] refused please document. And what resident stated." This document indicated staff were to check and change Resident 1 every 2 hours.

On 11/06/2025, Surveyor reviewed Resident 1's record.

Resident 1's Master Care Plan, dated 07/24/2025, read in part: "ADL (activities of daily living) Needs -> Toileting Needs > Needs assistance with incontinence products, specify: - Note: bed change NEW VULNERABILITY ..."

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N 388	Continued From page 4 Resident 1's Planned Services, dated 07/30/2025, instructions for incontinence care read, "Change incontinence pad and provide peri care." A note, dated 08/27/2025, by Administrator A, read: "spoke with [daughter/son] [name] regarding [his/her] [parent]. Concerned with [him/her] being wet and soiled at the 2 hour change time. Did advise resident is wet every 2 hours. Resident is on every 2 hour checks and is changed every 2 hours. [S/he] is wet and soiled within the 2 hour time frame at most checks. Will continue with plan for 2 hour checks. Resident is hard to reposition and has limited ability to assist with turns and picking self up from bed. Plan is for upcoming care conference to discuss resident needs." On 11/06/2025 at 12:08 p.m., Surveyor observed Caregiver C and Caregiver D provide incontinence cares for Resident 1. Resident 1 was incontinent of bowel and urine. After incontinence cares were complete, Caregiver C and Caregiver D assisted Resident 1 into his/her wheelchair using a mechanical lift. Surveyor asked Caregiver C and Caregiver D how often Resident 1 was changed. Caregiver C told Surveyor Resident 1 was changed every 2 hours. Surveyor reviewed records in an area to observe for the next time Resident 1 was provided incontinence cares. Surveyor was able to observe Resident 1's room and the mechanical lift. On 11/06/2025 at 3:14 p.m., Surveyor observed Caregiver E bring the mechanical lift into Resident 1's room. At 3:20 p.m., Surveyor interviewed Caregiver E and asked if that was the first time on his/her shift Resident 1 was	N 388		

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N 388	Continued From page 5 changed. Caregiver E told Surveyor it was. Surveyor asked how often Resident 1 was supposed to be changed. Caregiver E told Surveyor every 2 hours. Surveyor made observations of Resident 1 being changed at 12:08 p.m., the next time staff changed Resident 1 was approximately 3 hours later at 3:14 p.m. Staff did not implement Resident 1's ISP to ensure s/he was checked and changed every 2 hours. Cross Reference: N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	N 388		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. Resident 1 and Resident 2 required assistance of 2 staff and the provider did not ensure there were 2 staff present at all times. Findings include: The provider is licensed to care for up to 15 residents in the client groups of: advanced age, terminally ill, irreversible dementia/Alzheimer's	N 396		

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N 396	Continued From page 6 disease, and physically disabled. On 08/18/2025, the Department received a complaint related to resident care and services. On 11/06/2025 at approximately 10:30 a.m., Surveyor interviewed House Lead (HL) B. HL B told Surveyor s/he was working alone on night shift and had to call in Caregiver E to assist with changing Resident 1. HL B did not identify which night this occurred. HL B told Surveyor they schedule 2 staff for day shift, 2 staff for evening shift and 1 staff for the overnight shift. HL B said they were going to change and start having 2 staff on the overnight shift. On 11/06/2025 at approximately 10:50 a.m., Surveyor interviewed Caregiver C. Caregiver C told Surveyor Resident 1 required 2 staff to assist with transfers and used a mechanical lift. S/he said Resident 2 required 2 staff to assist when they transfer Resident 2 out of bed. On 11/06/2025 at approximately 12:15 p.m., Surveyor observed Caregiver C and Caregiver D transfer Resident 1 from his/her bed to the wheelchair. Caregiver D positioned Resident 1 back in his/her wheelchair while Caregiver C operated the mechanical lift. On 11/06/2025 at approximately 3:15 p.m., Surveyor interviewed Caregiver F on the phone. Caregiver F confirmed s/he worked the overnight shift alone. Caregiver F told Surveyor s/he could change Resident 1 in bed by his/herself. Surveyor asked Caregiver F if Resident 1 wanted to get up if s/he would be able to get him/her out of bed by him/herself. Caregiver F said s/he would not be able to get Resident 1 out of bed by him/herself as Resident 1 required 2 staff to assist with using	N 396		

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N 396	Continued From page 7 a mechanical lift. Surveyor asked Caregiver F about Resident 2. Caregiver F said Resident 2 was a little more difficult to change in bed as Resident 2 would get stiff at times. On 11/06/2025, Surveyor reviewed Resident 1 and Resident 2's records. RESIDENT 1 Resident 1 was admitted to the facility on 03/07/2025. S/he had multiple diagnoses including: Alzheimer's disease, cognitive communication deficit, mood disturbances and anxiety, morbid obesity and muscle weakness. Resident 1's master care plan, dated 07/24/2025, read, in part: "ADL (activities of daily living)) Needs -> Mobility - ambulation > Needs assistance with ambulation, specify: - Note: 2 person [sic] assist with transfers hoyer [sic] lift ... ADL Needs -> Mobility - Bed > Needs assistance with bed mobility, specify: -Note: 2 person [sic] ... ADL Needs -> Mobility - Transfer > Needs assistance with transferring, specify: - Note: 2 persons assist. Has a PRN (as needed) order for sit to stand. hoyer [sic] lift ..." The master care plan indicated Resident 1 was incontinent. Documentation indicated Resident 1 was to be checked and changed every 2 hours. On 08/27/2025, Administrator A documented, in part: ... Resident is on every 2 hour checks and is changed every 2 hours. [S/he] is wet and soiled within the 2 hour time frame at most checks. Will continue with plan for 2 hour checks. Resident is hard to reposition and has limited ability to assist with turns and picking self up from bed ..."	N 396		

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N 396	Continued From page 8	N 396		

RESIDENT 2
Resident 2 was admitted to the facility on 07/05/2024. S/he had multiple diagnoses including: degenerative joint disease, dementia, fall risk, and osteoarthritis.

The hospice aide care plan report with a start of care date of 03/05/2025, indicated Resident 2 required 2 people to assist with toileting needs, incontinence care, dressing, and transferring.

Resident 2's assessment, dated 04/28/2025, indicated Resident 2 required 2 staff to assist with toileting and s/he was incontinent of bowel and bladder

Resident 2's planned services, dated 06/02/2025, read, in part: "Two person assist into the wheelchair."

SCHEDULE
On 11/06/2025, Surveyor reviewed the employee schedule from 09/01/2025 - 11/06/2025.

In September 2025, the following dates there was one person scheduled on the evening shift along with one person working 4:00 p.m. - 8:00 p.m.: 09/01, 09/02, 09/04, 09/06, 09/07, 09/08/, 09/09, 09/10, 09/11, 09/12, 09/15, 09/16, 09/17, 09/18, 09/20, 09/21, 09/23, 09/25, 09/26, 09/27, 09/28, 09/29, 09/30.

From 09/01/2025 - 11/06/2025, there was only one person scheduled to work the overnight shift.

The provider did not provide employees in sufficient numbers on a 24-hour basis to meet the needs of Resident 1 and Resident 2.

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N 441	Continued From page 9	N 441		
N 441	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, Caregiver C and Caregiver D did not perform hand hygiene as recommended by the Centers of Disease Control and Prevention (CDC). Findings include: On 08/18/2025, the Department received a complaint related to resident care and services. The CDC recommends performing hand hygiene immediately before touching a patient, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or patient's surroundings, after contact with blood, body fluids, or contaminated surfaces, and immediately after glove removal. (Retrieved 11/12/2025 from https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html). On 11/06/2025 at 12:08 p.m., Surveyor observed Caregiver C and Caregiver D assist Resident 1 with incontinence care. Caregiver C and Caregiver D donned gloves. Caregiver D provided peri-care to the front of Resident 1, and s/he applied a barrier cream to his/her groin. Caregiver D removed 1 glove and rolled Resident 1 on to his/her side. Resident 1 was incontinent of bowels. Caregiver C began cleaning Resident 2's backside. Caregiver D removed the other glove and left the resident's room. Caregiver D did not	N 441		

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N 441	Continued From page 10	N 441		

perform hand hygiene prior to leaving the resident's room. Caregiver D returned with washcloths and disposable cleaning cloths. Caregiver D donned gloves when s/he returned to the room without first performing hand hygiene. After Caregiver C completed washing Resident 1's backside, s/he bagged up the garbage and the dirty washcloths. Caregiver C did not remove gloves or perform hand hygiene. Caregiver C then went into Resident 1's closet and retrieved a clean shirt, adjusted Resident 1's bed with the remote, and positioned the sling under Resident 1. Caregiver C redirected Resident 1's hand from grabbing the lift with direct contact with his/her gloved hand and Resident 1's hand. Caregiver D positioned Resident 1 back into his/her wheelchair. Caregiver C operated the mechanical lift. Caregiver C and Caregiver D assisted with removing the sling from the lift. Caregiver C took the lift and placed it back out in the common area and returned to Resident 1's room. Caregiver C and Caregiver D both removed their gloves. Caregiver C and Caregiver D did not perform hand hygiene. Caregiver D combed Resident 1's hair and pushed Resident 1 out to the dining area. Caregiver C took the bagged up garbage and dirty laundry and carried it to the utility room. Surveyor followed Caregiver C to the utility room and then to the kitchen. Caregiver C and Caregiver D were both present in the kitchen. Surveyor asked Caregiver C and Caregiver D if they washed their hands after providing cares to Resident 1. Caregiver C and Caregiver D both looked at each other and told Surveyor, they have not touched anything. Caregiver D and Caregiver C both went to the kitchen sink and washed their hands with soap and water. The kitchen had only 1 sink and did not have a separate sink for hand washing.

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N 441	Continued From page 11 Caregiver C and Caregiver D did not perform hand hygiene as recommended by the CDC.	N 441		