STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013453	A. BUILDING: _____ B. WING _____	C 04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLHAVEN SENIOR APARTMENTS LLC	**119 UNION ST RIVER FALLS, WI 54022**

(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 03/27/2024, Surveyor conducted a complaint investigation and abbreviated licensure survey at Wellhaven Senior Apartments LLC. Data was collected through 04/01/2024. The complaint was unsubstantiated. Eight violations were identified. Census: 51 tenants; 49 occupied apartments	U 000		
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 observation, record review, and interview, the provider did not ensure nursing services, specifically medication administration and medication management, were provided.	U 118		

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

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U 118	Continued From page 1 Findings include: DHS 89.13(21) "Medication administration" means giving or assisting tenants in taking prescription and nonprescription medications in the correct dosage, at the proper time and in the specified manner. DHS 89.13(22) "Medication management" means oversight by a nurse, pharmacist or other healthcare professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration. On 03/27/2024 at 10:00 AM, Surveyor interviewed Administrator A. Administrator A shared that 6 of 51 tenants received medication services, which were supervised by Registered Nurse (RN) D. Administrator A stated RN D was traveling outside the state and unavailable during the survey. Administrator A stated RN D was anticipated to return to work on Monday, 04/01/2024. At 12:25 PM, Surveyor interviewed Caregiver E. Caregiver E stated s/he was a long-term staff and a certified nursing assistant. S/he discussed noticing newer staff were making medication documentation errors such as forgetting to document when they administered a medication. Caregiver E stated this made things difficult for the oncoming staff to know if medications were given and when.	U 118		

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U 118	Continued From page 2 At 12:35 PM, Surveyor and Administrator A entered Tenant 2's apartment. Tenant 2 was in the living room and gave permission for Administrator A and Surveyor to review his/her medications, which were stored in a locked box on top of his/her refrigerator. The medications in the lock box were packaged in unit-dose bubble packs. Surveyor observed 2 medication packs that were not sealed properly, causing the tablets or pills from one bubble to fall to another bubble on the card. Administrator A stated this happened often and s/he would have these medication cards sent back to the pharmacy for repackaging. Surveyor reviewed Tenant 2's medication administration record (MAR) and was unable to determine if these medications were administered properly because the MAR did not identify each medication administered to Tenant 2. Instead, staff initialed the MAR if Tenant 2 received his/her "AM," "5PM," and "HS" (evening) medications. Surveyor asked Administrator A about this system, and Administrator A explained staff were expected to go through the medication box and administer all morning scheduled medications during the AM medication pass, then document on the MAR that this AM medication pass was complete. While Surveyor and Administrator A were discussing Tenant 2's medications, Tenant 2 asked if his/her 5:00 PM medication was refilled. Administrator A reviewed Tenant 2's MAR and saw staff documented that a 5:00 PM medication was administered most days in March (the MAR was left blank on 03/08/2024), but Administrator A could not determine what the medication was to check if it had been filled. Tenant 2 stated it was a chemotherapy drug. At approximately 12:40, Surveyor and	U 118		

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U 118	Continued From page 3	U 118		

Administrator A went to the staff and nurse office. Administrator A explained the office was used by all staff to chart, even the ones that did not provide medication services. The office lacked organization. Surveyor observed tall stacks of papers covering all surfaces of RN D's desk and medication cards and medication bottles in various locations throughout the office that were not secured. Administrator A stated staff were supposed to put medications needing to be reordered in a file basket but s/he reviewed the basket and did not find a 5:00 PM medication for Tenant 2. Administrator A reviewed Tenant 2's record for a medication list or medication order that would identify what medication s/he received at 5:00 PM but the medication list was not current and did not include a 5:00 PM medication. Administrator A reviewed the provider's communication log and did not find anything related to Tenant 2's medications.

Administrator A stated medications were delivered from the pharmacy on Monday, Wednesday, and Friday, between 3:00 PM and 5:00 PM, so s/he hoped if Tenant 2 had a 5:00 PM medication, it would be coming today.

At approximately 1:15 PM, Caregiver E presented Surveyor and Administrator A with a note that s/he found on RN D's desk. The note was taped to a pharmacy label that appeared to be cut out of a medication card for Tenant 2. The medication on the pharmacy label was acitretin 10mg (a retinoid medication that can be used to prevent skin cancer), take one capsule by mouth daily. The pharmacy label did not indicate the medication was to be administered at 5:00 PM but Caregiver E believed this was the medication Tenant 2 received during the 5PM medication pass. The attached note, written by Caregiver F on

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U 118	Continued From page 4 03/27/2024, questioned if the medication was going to be refilled. Surveyor asked if the provider had a way to determine what medications were administered at each scheduled medication time. Administrator A stated they would look at the pharmacy label on the medication cards or pill bottles. Surveyor asked if they retained these pharmacy labels. Administrator A stated they did not. Administrator A stated there was no way to determine what medications were given to Tenant 2 during the AM, 5PM, or HS medication passes after the medication packages were emptied and discarded. Administrator A discussed needing to re-evaluate provider's medication management and medication administration systems. Administrator A stated s/he wondered how long Tenant 2 would not have received his/her 5:00 PM medication if the issue had not been discovered during the survey process. Administrator A stated the provider was in the process of an ownership change and the new owner planned to implement an electronic MAR, which s/he believed would more effective. Before leaving the facility at 1:25 PM, Surveyor and Administrator A reviewed the remaining items needed to complete the survey, including staff medication training and delegation. As of 04/02/2024, Surveyor had not received evidence that the sampled staff (Caregiver B and Caregiver C) were trained or delegated to administer medications. Cross reference: U0129 DHS 89.23(4)(a)2. Services	U 118		

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U 129	Continued From page 5	U 129		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Caregiver B and Caregiver C) who provided medication services were delegated to provide the nursing task. Findings include: On 03/27/2024 at approximately 11:40 AM, Administrator A verbally provided Surveyor a list of staff that were trained to administer medications to tenants. Surveyor requested to review training and delegation for 2 of these medication-passing staff, Caregiver B and Caregiver C. At 1:25 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would send staff records via email by 10:00 AM the next day. Administrator A stated Registered Nurse (RN) D	U 129		

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U 129	Continued From page 6 was responsible for staff delegation, but RN D was unavailable today. On 03/28/2024 at 9:19 AM, Surveyor received an email from Administrator A with the 2 requested staff records. The records did not include medication training or delegation. At 5:12 PM, Surveyor received an email from Administrator A that read, "I reached out to [RN D] and was finally able to get a hold of [him/her] today. [S/he] is unable to direct me as to where the training for these two staff members is located. I know [s/he] has delegated tasks and assigned tasks that [s/he] has delegated out and trained staff on but I can not [sic] find it to provide to you. I will send it over when [s/he] is back on Monday- when [s/he] finds it. I understand this is not convenient." As of Tuesday 04/02/2024, Surveyor had not received additional information from the provider.	U 129		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights.	U 134		

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U 134	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Caregiver B and Caregiver C) received training on fire safety or first aid. Findings include: On 03/28/2024, Surveyor reviewed 2 employee training records. Caregiver B was hired on 10/01/2023 and Caregiver C was hired on 12/13/2022. Neither record included evidence of training or experience in fire safety or first aid. On 03/28/2024 at 5:12 PM, Surveyor received an email from Administrator A that read, in part, "I reached out to [Registered Nurse (RN) D] and was finally able to get a hold of [him/her] today. [S/he] is unable to direct me as to where the training for these two staff members is located ... I will send it over when [s/he] is back on Monday- when [s/he] finds it. I understand this is not convenient. As far as the Fire Safety Training- I do not see any site specific training that is done. We have our fire policy that is acknowledged by staff and available to them. We have our Natural Disaster and Workplace Emergencies relias [sic]training that does go over fire, but not only specific to fire. [RN D] explains the fire doors and what to do in case of a fire to staff. We do not have any type of fire drills. We do have our monthly fire check to make sure the door and alarms work performed by maintenance staff." As of Tuesday 04/02/2024, Surveyor had not received additional information from the provider.	U 134		

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U 136	Continued From page 8	U 136		
U 136	89.23(4)(d)2.b. SERVICES PROVIDER QUALIFICATIONS. Staff training. Staff providing residential care apartment complex services to tenants shall have documented training or experience in the following areas: b. The purpose and philosophy of assisted living, including respect for tenant privacy, autonomy and independence. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Caregiver B and Caregiver C) received training on the purpose and philosophy of assisted living, including respect for tenant privacy, autonomy and independence. Findings include: On 03/28/2024, Surveyor reviewed 2 employee training records. Caregiver B was hired on 10/01/2023 and Caregiver C was hired on 12/13/2022. Neither record included evidence of training or experience on the purpose and philosophy of assisted living, including respect for tenant privacy, autonomy and independence. On 03/28/2024 at 5:12 PM, Surveyor received an email from Administrator A that read, in part, "I do not see any specific training with purpose and philosophy of assisted living. I sent an email to see if the corporate office knows if a relias [sic]	U 136		

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U 136	Continued From page 9 training that is assigned to the staff meets this requirement that I am missing."	U 136		
U 171	89.26(4) ANNUAL REVIEW A tenant's capabilities, needs and preferences identified in the comprehensive assessment shall be reviewed at least annually to determine whether there have been changes that would nescessitate a change in the service or risk agreement. The review may be initiated by the facility, the county department designated under sub. (3)(c)2., or at the request of or on the behalf of the tenant. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 2 was assessed annually. Findings include: On 03/27/2024 at 9:30 AM, Surveyor interviewed Administrator A. Administrator A stated Registered Nurse (RN) D was responsible for assessing and creating service plans. Administrator A stated RN D was unavailable today. Surveyor reviewed Tenant 2's record. Tenant 2 was admitted to the facility on 12/01/2017. His/her record did not include a comprehensive assessment. The most current service plan in his/her record was updated on 04/21/2021. At 12:25 PM, Surveyor asked Administrator A if Tenant 2 had a documented assessment.	U 171		

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U 171	Continued From page 10 Administrator A looked through Tenant 2's record and could not locate an assessment. Administrator A stated Tenant 2 probably did have an assessment but s/he could not locate it. Administrator A, who was in RN D's office at the time of the interview, signaled to the large stacks of paper and disorganization that covered RN D's desk. Administrator A stated RN D would be returning on Monday. As of 04/02/2024, Surveyor did not receive additional documentation for Tenant 2.	U 171		
U 188	89.27(4) SERVICE AGREEMENT REVIEW AND UPDATE. The service agreement shall be reviewed when there is a change in the comprehensive assessment or at the request of the facility or at the request or on behalf of the tenant and shall be updated as mutually agreed to by all parties to the agreement. This Rule is not met as evidenced by: Based on interview, observation, and record review, the provider did not enter into a mutually agreed upon service agreement for all tenants receiving services at the facility. Findings include: On 03/27/2024 at 9:30 AM, Surveyor interviewed Administrator A. Administrator A said the provider had 9 assisted living tenants and 42 independent tenants. Administrator A explained the provider had 3 levels of care - independent, independent with supportive services, and assisted living. Administrator A stated all tenants were assessed prior to their move-in date, and all tenants	U 188		

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U 188	Continued From page 11	U 188		

received a call pendant upon admission. Surveyor provided education on the definition of services. Administrator A thanked Surveyor for the information and agreed that all tenants would be considered assisted living tenants at the facility.

At 10:25 AM, Surveyor interviewed Tenant 1 (date of admission 11/01/2023) in his/her apartment. Tenant 1 discussed the services s/he received at the facility. Tenant 1 stated s/he was generally happy with the services but stated s/he did not like that s/he had to pay $15 each time staff delivered him/her a medication. Tenant 1 stated s/he did not have access to his/her medication and staff provided medication services 4 times per day. Surveyor observed a large tackle box on top of Tenant 1's refrigerator with a padlock on it. (At 10:39 AM, Caregiver G informed Surveyor that the observed tackle box contained Tenant 1's medications.)

At 11:37 AM, Surveyor requested Tenant 1's service agreement from Administrator A. Administrator A stated Tenant 1 was considered independent with supportive services, so s/he did not have a service agreement. Administrator A stated Tenant 1 received medication reminders, shower assistance, and meals. Administrator A explained that Registered Nurse (RN) B created a task sheet for caregivers to follow at each shift. This task sheet included instructions on the care they needed to provide to each tenant during their shift. When staff completed one of the care tasks to an independent tenant, they documented it on a care form that was used to calculate the tenant's monthly bill. Administrator A showed Surveyor Tenant 1's February care forms which showed Tenant 1 received multiple services from staff daily.

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U 189	Continued From page 12	U 189		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on interview and record review, the provider did not enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. Findings include: On 03/27/2024 at 9:30 AM, Surveyor interviewed Administrator A. Administrator A said the provider had 9 assisted living tenants and 42 independent tenants. Administrator A explained the provider had 3 levels of care - independent, independent with supportive services, and assisted living. Administrator A stated all tenants were assessed prior to their move-in date, and all tenants received a call pendant upon admission. Surveyor provided education on the definition of services. Administrator A thanked Surveyor for the information and agreed that all tenants would be considered assisted living tenants at the facility. Surveyor asked if all tenants had a risk agreement on file. Administrator A stated, "Not all tenants have risk agreements... only if we've identified risks or issues." At 11:37 AM, Surveyor requested Tenant 1's and Tenant 2's records from Administrator A.	U 189		

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U 189	Continued From page 13 Tenant 1 was admitted to the facility on 11/01/2023. Tenant 1's record included a blank copy of the provider's negotiated risk agreement form. Tenant 2 was admitted on 12/01/2017. Tenant 2's record did not include a negotiated risk agreement. Tenant 2's record included a service plan, dated 04/21/2021, that identified Tenant 2 as a fall risk. The service plan read, "I [independent] with walker in apt (apartment) should have stand-by assist out of apt but not compliant. See Risk Agreement." At 12:25 PM, Surveyor asked Administrator A if Tenant 2 had a negotiated risk agreement. Administrator A looked through Tenant 2's record and could not locate one. Administrator A stated Tenant 2 probably did have a risk agreement but s/he could not locate it. Administrator A, who was in Registered Nurse (RN) D's office at the time of the interview, signaled to the large stacks of paper and disorganization that covered RN D's desk. Administrator A stated RN D returned on Monday. As of Tuesday 04/02/2024, Surveyor did not receive additional documentation for Tenant 2.	U 189		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity	Z 012		

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Z 012	Continued From page 14 determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make a good faith effort to obtain a criminal history report from all states where the employee resided within 3 years of his/her caregiver background check. Caregiver B and Caregiver C indicated on their initial background information disclosure (BID) that they lived outside Wisconsin within 3 years form their hire date. Findings include: On 03/28/2024, Surveyor reviewed 2 employee training records. Caregiver B was hired on 10/01/2023. Caregiver	Z 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013453	A. BUILDING: _____ B. WING _____	C 04/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLHAVEN SENIOR APARTMENTS LLC	119 UNION ST RIVER FALLS, WI 54022

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Z 012	Continued From page 15 B's record included an undated BID indicating s/he lived outside of Wisconsin in July 2023. Caregiver B did not indicate on the form where s/he lived in July 2023. Caregiver C was hired on 12/13/2022. Caregiver C's record included a BID, dated 12/09/2022, indicating s/he lived in Minnesota in the previous 3 years. On 03/28/2024 at 2:52 PM, Surveyor sent Administrator A an email that read, in part, "Both [Caregiver B] and [Caregiver C] indicated they lived outside WI in the 3 years prior to signing their Background Information Disclosure forms. Did you or anyone else in the company obtain an out-of-state criminal history report from the states they resided in?" Surveyor received an email reply from Administrator A on 03/28/2024 at 5:12 PM, but it did not include a response to the question above. As of 04/02/2024, Surveyor had not received additional information from the provider.	Z 012		