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 _____	R-C 09/14/2024

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 09/13/2024, Surveyor conducted a verification visit and complaint investigation at Wellhaven Senior Apartments LLC. Data was collected through 09/14/2024. The complaint was substantiated. Nine violations were identified. Eight of 9 violations were repeat deficiencies. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 52 apartments; 56 tenants	{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.	{U 118}		

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

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{U 118}	Continued From page 1 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. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. 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. In May 2024, the Department received a complaint related to the provider's medication services. On 09/13/2024 at approximately 9:25 AM, Surveyor interviewed Caregiver G. Caregiver G provided an overview of the provider's medication system and showed Surveyor how medications were stored. Surveyor observed the nurse/staff office. The office lacked organization and was in a similar state of disarray as the previous survey.	{U 118}		

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{U 118}	Continued From page 2 There were prescription bottles on open shelves behind the nurse's desk. The mini refrigerator and shelves in the office contained medications belonging to Tenant 4, Tenant 5, Tenant 6, and Tenant 7. According to Caregiver G, all of these tenants no longer lived at the facility. Two of the boxes of medication in the refrigerator were sitting in a pool of substance; Surveyor tried to remove the medication boxes, but they were stuck in a congealed substance. Multiple medications in the refrigerator were expired. At 9:54 AM, Surveyor interviewed Caregiver E. Caregiver E showed Surveyor how medications were administered and recorded. The medication administration system had not changed from the previous survey. Tenant medications were stored in a lock box in their apartments. The lock boxes contained unit dose medication cards and a medication administration record (MAR) where staff signed off with 1 initial that all AM, PM, Noon, etc. medications were administered. The MAR did not indicate which medications were administered at each time. Surveyor asked Caregiver E how staff would know if the appropriate medications were given at the appropriate times. Caregiver E stated Registered Nurse (RN) D put the medication cards in the tenant lock boxes and marked them as AM, PM, Noon, etc. Surveyor discussed concern that at the last survey, a tenant stated s/he did not get all of his/her medication during the medication pass, and staff had no way of knowing if that was accurate, but it was later confirmed that a medication was missing from the tenant lock box. Caregiver E stated s/he understood the concern and that there was no way of verifying that the appropriate medications were in the box. At 10:53 AM, Surveyor interviewed RN D and	{U 118}		

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{U 118}	Continued From page 3 Administrator A. Surveyor asked if they changed anything with the medication systems since the last survey. RN D stated s/he had not. Surveyor asked who was responsible for medication systems, including disposition. RN D stated s/he was. RN D stated s/he recorded narcotic destruction in a destruction log. Surveyor asked what medications RN D considered narcotics. RN D stated this included morphine, lorazepam, and oxycodone. Surveyor requested the provider's medication destruction logs from RN D. RN D stated s/he last looked in the mini refrigerator a couple weeks ago. Surveyor asked if s/he was aware a past tenant's (Tenant 5) lorazepam was in the refrigerator. RN D stated s/he was. Surveyor asked when Tenant 4 was discharged. Administrator A stated s/he never met Tenant 4 and Administrator A was hired on 03/17/2022. The provider retained Seroquel 50 mg/ml oral suspension (expired 03/21/2022), prescribed to Tenant 4, for over 2 years. At approximately 1:30 PM, RN D stated s/he could not locate any medication destruction logs for 2024. RN D stated s/he did not retain a record of medications s/he returned to the pharmacy, the police station, or destroyed onsite unless it was a narcotic medication. Surveyor asked how s/he kept track of tenant medication in his/her possession. RN D stated s/he did not have a system for this. Cross reference: U0129 DHS 89.23(4)(a)2. Services	{U 118}		

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{U 129}	Continued From page 4	{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 3 of 3 caregivers (Caregiver B, Caregiver C, and Caregiver D) who provided medication services, were delegated to provide the nursing task. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. Findings include: On 09/13/2024 at 10:35 AM, Surveyor requested Caregiver B's, Caregiver C's, and Caregiver D's training and delegation records from Administrator A and Registered Nurse (RN) D. RN D confirmed the requested staff all administered medications to tenants. At approximately noon, Surveyor reviewed the staff records provided which indicated Caregiver B was hired on 03/30/2024, Caregiver C was	{U 129}		

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{U 129}	Continued From page 5 hired on 03/29/2024, and Caregiver D was hired on 08/02/2024. None of the records included training on medications or nurse delegation. At 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated s/he had not done training with the sampled caregivers since the last survey. At 12:50 PM, Surveyor interviewed RN D. RN D stated s/he had not done training with the sampled caregivers since the last survey. RN D stated s/he did not have evidence of delegation for Caregiver B, Caregiver C, or Caregiver D.	{U 129}		
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.	U 131		

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U 131	Continued From page 6	U 131		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure a service manager supervised the day-to-day operation to ensure services provided met tenant needs, staff were adequately trained and supervised, and policies were followed.

Findings include:

On 04/11/2024, the Department issued Statement of Deficiencies (SOD) YINH11 and a Notice and Order letter indicating the provider had 45 days to achieve compliance.

On 09/13/2024 at 10:20 AM, Surveyor interviewed Administrator A. Administrator A stated s/he did not review SOD YINH11 or the accompanying Notice and Order letter. Surveyor reviewed the provider's eSOD agreement which indicated the SOD would have gone to 2 addresses. Administrator A stated 1 of the addresses was the licensee's and the second was his/her old address. Administrator A stated his/her email address changed on 04/01/2024 when a new management company took over. Surveyor reminded Administrator A of the provider's responsibility to update the eSOD agreement. Administrator A stated s/he met with Registered Nurse (RN) D and discussed the concerns identified during the survey after Surveyor conducted the exit conference for SOD YINH11, so both managers were aware of the deficiencies.

At 12:15 PM, Administrator A stated they had not conducted additional staff training or revised

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U 131	Continued From page 7 systems to correct the deficiencies yet. Administrator A stated RN D's responsibilities included managing and training caregivers, delegating caregivers, overseeing tenant care and treatment, and assessing tenant needs. Administrator A oversaw the business and human resources department. During the survey, the following issues were found. All the issues were cited in the previous SOD: - Nursing services (medication management and medication administration) were not provided in accordance with standards of practice. - Staff were not delegated to administer nursing tasks (medication administration). - Staff did not complete minimum training requirements related to fire safety, 1st aid and choking, or assisted living purpose/philosophy. - Tenants were not assessed annually. - All tenants were not provided service agreements. - All tenants were not provided risk agreements. - Staff did not have out-of-state criminal history reports. Cross references: U0118 DHS 89.23(2)(a)2.c Services U0129 DHS 89.23(4)(a)2. Services U0134 DHS 89.23(4)(d)1. Services U0136 DHS 89.23(4)(d)2.b. Services U0171 DHS 89.26(4) Annual Review U0188 DHS 89.27(4) Service Agreement U0189 DHS 89.28(1) Risk Agreement Z0012 Wis. Stat. ch. 50.065(2)(bm) Out Of State Background Checks	U 131		
{U 134}	89.23(4)(d)1. SERVICES	{U 134}		

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{U 134}	Continued From page 8 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 caregivers (Caregiver B, Caregiver C, and Caregiver D), received training on fire safety or first aid. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. Findings include: On 09/13/2024, Surveyor reviewed 3 employee training records. Two of these employees (Caregiver B and Caregiver C) were reviewed during the prior survey (see SOD YINH11). Caregiver B was hired on 10/01/2023, Caregiver C was hired on 12/13/2022, and Caregiver D was hired on 08/24/2024. None of the records included evidence of training or experience in fire safety. Caregiver D's record indicated s/he was a certified nurse assistant, meaning s/he had experience in first aid. At 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated s/he had not done training with staff since 04/01/2024. Administrator	{U 134}		

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{U 134}	Continued From page 9 A stated RN D was supposed to do training but Administrator A did not believe s/he did it. At 12:50 PM, Surveyor interviewed RN D. RN D stated s/he had not done training with the sampled caregivers since the last survey.	{U 134}		
{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 3 of 3 caregivers (Caregiver B, Caregiver C, and Caregiver D) received training on the purpose and philosophy of assisted living, including respect for tenant privacy, autonomy and independence. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. Findings include: On 04/11/2024, the Department issued a Notice and Order letter with SOD YINH11 that read:	{U 136}		

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{U 136}	Continued From page 10 "...the operator shall develop and implement corrective measures to ensure all current and prospective service providers will have the necessary skills and training to fulfill job duties. WITHIN 45 DAYS of receipt of this notice, the operator shall review the training records for each service provider and ensure staff providing residential care apartment complex services to tenants shall have documented training or experience in the following areas: a. Physical, functional and psychological characteristics associated with aging or likely to be present in the tenant population and their implications for service needs. b. The purpose and philosophy of assisted living, including respect for tenant privacy, autonomy and independence. c. Assigned duties and responsibilities, including the needs and abilities of individual tenants for whom staff will be providing care. The operator shall document that the requirements for provider qualifications have been met. This documentation will be made available to department representatives upon request." On 09/13/2024, Surveyor reviewed 3 employee training records. Two of these employees (Caregiver B and Caregiver C) were reviewed during the prior survey (see SOD YINH11). Caregiver B was hired on 10/01/2023, Caregiver C was hired on 12/13/2022, and Caregiver D was hired on 08/24/2024. None of the records included evidence of training or experience on the purpose and philosophy of assisted living, including respect for tenant privacy, autonomy and independence.	{U 136}		

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{U 136}	Continued From page 11 At 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated s/he had not done training with staff since 04/01/2024. Administrator A stated RN D was supposed to do training, but Administrator A did not believe s/he did it. At 12:50 PM, Surveyor interviewed RN D. RN D stated s/he had not done training with the sampled caregivers since the last survey.	{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 1 or Tenant 2 were assessed annually or upon changes in condition. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. Findings include: At approximately 11:30 AM, Surveyor requested tenant records for review from Administrator A and Registered Nurse (RN) D. Administrator A provided Tenant 1's record and RN D stated s/he would have to locate Tenant 2's record.	{U 171}		

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{U 171}	Continued From page 12 Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 11/01/2023. Tenant 1's record included an assessment, dated 10/19/2023. The assessment indicated Tenant 1 was independent with mobility, eating, and showering. At 12:15 PM, Administrator A stated RN D was responsible for assessing tenants annually and as needed. Administrator A stated Tenant 1 experienced a change in condition since admission, that included increased shakiness and changes in mobility. Administrator A stated staff assisted Tenant 1 with eating because s/he had difficulty getting food to his/her mouth at times. Administrator A said staff were also assisting with showers for a while, but s/he believed Tenant 1 was trying to do this independently again. Surveyor stated Tenant 1's record included 1 assessment dated prior to his/her date of admission. Administrator A stated RN D should have assessed Tenant 1 since admission. At 12:30, Surveyor interviewed RN D. RN D stated s/he had not assessed Tenant 1 since admission. RN D stated, "I've been very disorganized... I don't have resident records to hand over." RN D explained s/he had not maintained tenant records. RN D provided Surveyor with Tenant 2's file, which indicated Tenant 2 was admitted on 02/01/2017 and was last assessed on 04/21/2021. RN D stated s/he updated Tenant 2's care plan on his/her computer on 05/11/2023, so s/he would have assessed Tenant 2 the same day. RN D also stated s/he believed s/he had assessed Tenant 2 since May 2023. RN D stated s/he	{U 171}		

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{U 171}	Continued From page 13 would continue to look through his/her office to find Tenant 2's last assessment and send it via email by the end of the business day. As of 09/14/2024, Surveyor did not receive additional records from the provider.	{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 and record review, the provider did not enter into a mutually agreed upon service agreement for all tenants receiving services at the facility. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. Findings include: On 09/13/2024 at approximately 10:20 AM, Surveyor interviewed Administrator A. Administrator A stated the provider had the same levels of care as s/he discussed in the previous survey: 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. Administrator A stated s/he recalled learning at the last survey exit that all tenants were considered assisted living	{U 188}		

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{U 188}	Continued From page 14	{U 188}		

tenants.

At approximately 11:30 AM, Surveyor requested tenant records for review from Administrator A and Registered Nurse (RN) D. Administrator A provided Tenant 1's record and RN D stated s/he would have to locate Tenant 2's record.

Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 11/01/2023. His/her record included a document titled Residency and Services Agreement, dated 11/01/2023. The document indicated Tenant 1 could opt into "RCAC Services" upon request. RCAC Services were defined as "up to twenty-eight (28) hours per week of nursing, personal or supportive health care related services." The document read that prior to receiving RCAC Services, Tenant 1 would be required to enter into a risk agreement and "RCAC Services Addendum." Tenant 1's record did not include either a risk agreement or an additional document (such as a care plan) indicating s/he received any RCAC services.

At 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated Tenant 1 experienced a change in condition since admission that included increased shakiness and changes in mobility. Administrator A stated staff provided feeding assistance, medication reminders, and showering assistance for a while, but s/he believed Tenant 1 was trying to do this independently again.

At 12:30 PM, Surveyor interviewed RN D. RN D stated s/he did not have a care plan for Tenant 1 because s/he was considered independent with supportive services.

RN D stated s/he was still trying to locate Tenant

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 _____	R-C 09/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{U 188}	Continued From page 15 2's service agreement. RN D stated s/he found a care plan on his/her computer for Tenant 2 that was updated on 05/11/2023. RN D stated Tenant 2's services had changed since May 2023, but s/he had not updated the care plan because s/he was told the provider was changing electronic charting programs. Surveyor reviewed Tenant 2's 05/11/2023 care plan with the daily task list staff were provided. According to the daily task list provided to staff on 09/13/2024, Tenant 2 required morning and evening personal cares, assistance with his/her C-pap machine, morning face and scalp washes, and assistance with his/her urinal. None of these services were included on Tenant 2's 05/11/2023 care plan. As of 09/14/2024, Surveyor did not receive additional records from the provider. Cross reference: U0189 DHS 89.28(1) Risk Agreement	{U 188}		
{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	{U 189}		

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{U 189}	Continued From page 16 the date of occupancy. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. Findings include: On 09/13/2024 at approximately 10:20 AM, Surveyor interviewed Administrator A. Administrator A stated the provider had the same levels of care as s/he discussed in the previous survey: 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. Administrator A stated s/he recalled learning at the last survey exit that all tenants were considered assisted living tenants, thus requiring a risk agreement. Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 11/01/2023. Tenant 1's record included a blank risk agreement form. At 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated Tenant 1 experienced a change in condition since admission that included increased shakiness and changes in mobility. Administrator A stated staff provided feeding assistance, medication reminders, and showering assistance for a while, but s/he believed Tenant 1 was trying to do this independently again. At 12:30 PM, Surveyor interviewed Registered Nurse (RN) D. RN D stated s/he did not have a risk agreement for Tenant 1 because s/he was considered independent with supportive services.	{U 189}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{Z 012}	Continued From page 17	{Z 012}		
{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 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	{Z 012}		

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{Z 012}	Continued From page 18 outside of Wisconsin within 3 years form their hire date. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH11, dated 04/01/2024. Findings include: On 09/13/2024, Surveyor reviewed employee records. Caregiver B was hired on 10/01/2023. Caregiver 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. At 12:30 PM, Surveyor interviewed Administrator A. Administrator A stated the provider had not requested an out of state criminal history report for Caregiver B or Caregiver C.	{Z 012}		