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 05/30/2025

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 05/27/2025, Surveyor conducted a verification visit at Wellhaven Senior Apartments LLC. Data was collected through 05/30/2025. Eight violations were identified and were repeat deficiencies. See Statement of Deficiencies (SOD) YINH12, dated 09/14/2024, and SOD YINH11, dated 04/01/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 53 apartments; 54 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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure nursing	{U 118}		

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

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{U 118}	Continued From page 1	{U 118}		

services, specifically medication management, were provided. The provider did not have a system for the disposition of medications; several medication cards including narcotics, expired medications, and medications prescribed to residents no longer residing in the facility were stockpiled in the housekeeping storage closet in tackle boxes and a 4-drawer file cabinet.

This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH12, dated 09/14/2024, and SOD YINH11, dated 04/01/2024.

Findings include:

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 05/27/2025 at approximately 11:30 AM, Surveyor interviewed Administrator A about changes made with medication systems and management since the last survey. Administrator A stated they implemented an electronic charting system to track medication administration. Surveyor asked Administrator A who was responsible for medication systems, including disposition. Administrator A stated Registered Nurse (RN) D was responsible for destroying medications.

At approximately 12:00 PM, Surveyor observed

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{U 118}	Continued From page 2 RN D's office and asked where medications were stored. RN D informed Surveyor each tenant stored their own medications in a locked tackle box in their apartment. RN D stated there were no other locations where medications were being stored. At approximately 12:30 PM, Surveyor toured the second floor with Caregiver G. Surveyor asked to see what was located in the housekeeping closet located near RN D's office. Caregiver G had a key for the closet and opened the door as requested. Surveyor observed several tackle boxes with locks and a large 4-drawer metal file cabinet that contained a padlock. Surveyor asked Caregiver G to see inside the tackle boxes and file cabinet. Caregiver G instructed Surveyor to ask RN D. At approximately 12:45 PM, Surveyor interviewed RN D and asked to see the contents of the file cabinet and tackle boxes. RN D stated, "There shouldn't be anything in here, they don't have locks." Surveyor asked RN D to open the tackle boxes containing locks. RN D opened both tackle boxes with locks and confirmed there were medications, including narcotic medications that belonged to discharged and/or deceased tenants. RN D then opened the file cabinet. Each of the four drawers were full and contained several medications (cards with oral tablets, syringes, narcotics such as Lorazepam and Morphine, psychotropics, and over the counter medications and supplements) for tenants that were no longer residing in the facility or expired. RN D then informed Surveyor s/he had placed all the medications that needed to be destroyed in the cabinet that only RN D and Administrator A had a key to. Surveyor discussed the concern	{U 118}		

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{U 118}	Continued From page 3 that two caregivers and the maintenance personnel worker were observed to have possession of keys, entering the storage closet where medications to be disposed of were stored. RN D stated, "Staff don't know we have the medications in here." Surveyor asked RN D if s/he had destroyed any medications since the previous survey. RN D stated, "I'm only one person, and haven't gotten around to it. It's a process." Surveyor asked if RN D had a binder to track the disposition and destruction of medications. RN D stated s/he did not have a formal process for tracking medications for disposition/destruction, and no documentation for the destruction of medications was available.	{U 118}		
{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 caregivers who provided medication services were delegated to provide	{U 129}		

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{U 129}	Continued From page 4 the nursing task. This is a repeat deficiency and is being cited for the third time. See Statement of Deficiencies (SOD) YINH12, dated 09/14/2024, and SOD YINH11, dated 04/01/2024. Findings include: On 05/27/2025 at 11:57 AM, Surveyor asked Registered Nurse (RN) D if any changes had been implemented for staff delegation for staff who pass medication. RN D stated, "Staff will follow/shadow staff on meds (medications) and slowly do 1-2 people's meds. Some staff are CBRF (certified based residential facility) certified and have already had the training. I go over how to do the meds; some are in packs and some are in a medi [sic] (medicine) planner that I set up. I watch staff pass a few." Surveyor asked to see documentation of staff delegations. RN D stated, "I have a binder, I'll go look for it." On 05/27/2025 at approximately 12:15 PM, Surveyor asked Caregiver G if s/he would be passing medications. Caregiver G stated s/he had to administer medications to two tenants around 1:00 PM. Surveyor asked Caregiver G if s/he had received a delegation training from RN D related to medication administration. Caregiver G stated s/he had not received training or delegation. On 05/27/2025 at 12:57 PM, Surveyor asked RN D if s/he had conducted any staff delegations since the previous survey, as Surveyor had not received the documentation as previously requested. RN D stated s/he had not completed any delegation to staff and did not have any documentation in place to track delegations. RN	{U 129}		

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{U 129}	Continued From page 5 D informed Surveyor s/he did not have a delegation for Caregiver G or Caregiver H. RN D confirmed Caregiver G was scheduled to pass medications on the date of survey and Caregiver H was in charge of checking in medications and assisting RN D with medications. No documentation was available to show staff responsible for passing medications had been delegated by RN D, as RN D did not provide any delegations to staff.	{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 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. This is a repeat deficiency. See Statement of Deficiency (SOD) YINH12, dated 09/14/2024. Findings include: On 10/16/2024, the Department issued Statement of Deficiencies (SOD) YINH12 and a Notice and Order letter indicating the provider had 45 days to achieve compliance for repeat deficiencies initially identified on SOD YINH11, dated 04/01/2024. The most recent Notice and Order letter contained an order to comply which read, in part: "...AS SOON AS PRACTICAL AND WITHOUT DELAY, within 45 days of receipt of this notice, the operator shall achieve and maintain substantial compliance with all requirements. All operational and tenant records required as evidence of compliance with applicable rules will be available to department representatives upon request." Additionally, the Notice and Order letter issued on 10/16/2024 included special orders which read, in part, "1. Pursuant to Wis. Admin. Code DHS 89.56(3)(c), effective immediately, the operator shall ensure each tenant receives proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. WITHIN 45 DAYS of receipt of this notice, the operator shall: 1) Document the	{U 131}		

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{U 131}	Continued From page 7	{U 131}		

corrective actions that will be (or have been) implemented to resolve each deficiency identified in Statement of Deficiency (SOD) YINH12. 2) Provide training to all managers and service providers on the corrective actions taken to resolve each of the deficiencies in SOD YINH12. Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. 3) Ensure 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 medications shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. - When assigned, delegated nursing tasks will be addressed in the RCAC employee's job description and personnel file. The employee's file will include a written plan for RN supervision and direction of delegated nursing acts. (In the supervision and direction of delegated nursing acts an RN shall: a) delegate tasks commensurate with education, preparation, and demonstrated abilities of the person supervised, b) provide direction and assistance to those supervised, c) observe and monitor the activities of those supervised and d) evaluate the effectiveness of acts performed under supervision.) - When submitting the facility's written plan of correction, the licensee will include the name, address, telephone number, and license number for the Registered Nurse (RN) employed by or under contract with the facility to supervise and direct delegated nursing acts.

All documentation required by Order #1 will be made available to department representatives upon request. 2. Pursuant to Wis. Admin. Code § DHS 89.56(3)(c), WITHIN 7 DAYS of receipt of

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{U 131}	Continued From page 8 this notice, the operator shall provide each tenant, or their legal representative, and the case manager (if any) with a copy of Statement of Deficiency YINH12 and a copy of this Notice and Order letter. The operator shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the tenant or legal representative, and case manager. Required evidence will be made available to the department representatives upon request." On 05/27/2025 at 11:30 AM, Surveyor interviewed Administrator A and asked what changes were made since the last survey. Administrator A stated they recently implemented an electronic charting system to help with the medication issues. Surveyor asked what had been done to address the staff training and delegation issues. Administrator A stated Registered Nurse (RN) D was responsible for staff training. RN D stated s/he had a binder printed of training documentation that s/he goes through with new staff including assisted living, care tasks, personal cares and medication training. Surveyor requested to see the binder and RN D stated s/he would try to locate it. Surveyor then asked Administrator A if s/he had documented a plan of correction or mailed the SOD out as ordered. Administrator A stated s/he did not complete any mailings and was not aware of the order to do so. Administrator A stated they did complete each item but did not document what they did to fix each deficiency identified in SOD YINH12. At approximately 3:00 PM, Administrator A stated they had not conducted additional staff training or	{U 131}		

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{U 131}	Continued From page 9 revised systems to correct the deficiencies but thought RN D was addressing them. 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 and did not provide any staff training for new hires. RN D stated s/he had an orientation checklist for new hires to complete upon initial training, however, the checklist did not include training for fire safety, first aid, or delegation for medication administration. During the survey, the following issues were found. All the issues were cited in the previous two SODs issued to the provider: - 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. On 05/27/2025 at approximately 3:40 PM, Surveyor interviewed Administrator A and discussed the concern the above items had not been corrected. Administrator A stated Registered Nurse (RN) D was responsible for training, medications and assessments. Administrator A further stated RN D had communicated the items were being addressed, so s/he 'was under the impression' the items had been corrected. Administrator A stated s/he did not complete	{U 131}		

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{U 131}	Continued From page 10 special orders as s/he did not recall seeing them. 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	{U 131}		
{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. 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 I), received training on fire safety or first aid. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH12, dated 09/14/2024, and SOD YINH11, dated 04/01/2024. Findings include:	{U 134}		

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{U 134}	Continued From page 11 On 05/27/2025, Surveyor requested to review employee records to verify training in fire safety and first aid. Caregiver I was hired on 03/04/2025 and was working on the date of survey. The record did not contain evidence of training or experience in fire safety or first aid. At approximately 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated s/he had not done training with staff as Registered Nurse (RN) D was responsible for staff training. At approximately 1:00 PM, Surveyor interviewed RN D. RN D stated s/he had developed training but had not yet used it to train staff since the last survey. RN D provided Surveyor with the orientation checklist used by new staff but did not update the checklist to include fire safety and first aid training. On 05/29/2025, Surveyor requested training for Caregiver B and Caregiver C; both reviewed during the previous two surveys. Administrator A informed Surveyor Caregiver B had been employed since 10/01/2023, and Caregiver C had been employed since 12/13/2022, but both had a new hire date of 04/01/2024 when the management company "took over." Training documentation received did not include evidence of training or experience in fire safety or first aid training.	{U 134}		
{U 136}	89.23(4)(d)2.b. SERVICES PROVIDER QUALIFICATIONS. Staff training. Staff providing residential care	{U 136}		

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{U 136}	Continued From page 12 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 I) 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) YINH12, dated 09/14/2024, and SOD YINH11, dated 04/01/2024. Findings include: On 10/16/2024, the Department issued a Notice and Order letter with SOD YINH12 that read: "...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	{U 136}		

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{U 136}	Continued From page 13 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 05/27/2025, Surveyor requested to review employee records to verify training. Caregiver I was hired on 03/04/2025 and was working on the date of survey. The record did not contain evidence of training. At approximately 12:15 PM, Surveyor interviewed Administrator A. Administrator A stated s/he had not done training with staff as Registered Nurse (RN) D was responsible for staff training. At approximately 1:00 PM, Surveyor interviewed RN D. RN D stated s/he had developed training but had not yet used it to train staff since the last survey. On 05/29/2025, Surveyor requested training for Caregiver B and Caregiver C; both reviewed during the previous two surveys. Administrator A informed Surveyor Caregiver B had been employed since 10/01/2023 and Caregiver C had been employed since 12/13/2022 but both had a new hire date of 04/01/2024, when the management company "took over." None of the records included evidence of training on the purpose and philosophy of assisted living,	{U 136}		

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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
{U 136}	Continued From page 14 including respect for tenant privacy, autonomy and independence.	{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 observation, record review and interview, the provider did not ensure Tenant 1 and Tenant 2 were assessed annually or upon changes in condition. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH12, dated 09/14/2024, and SOD YINH11, dated 04/01/2024. Findings include: On 05/27/2025, at approximately 1:20 PM, Surveyor observed Caregiver G administer Tenant 1's medications. Surveyor asked Caregiver G what Tenant 1's needs were. Caregiver G stated Tenant 1 recently required staff assistance with changing incontinence products, linens and bedding, and medication administration. Caregiver G stated Tenant 1 had been having accidents and needed more assistance with hygiene. Surveyor observed	{U 171}		

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	0013453	A. BUILDING: _____ B. WING _____	R-C 05/30/2025

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{U 171}	Continued From page 15 Caregiver G retrieve a spoon from the top cupboard to mix supplement with water. When asked why the spoon was located there, Caregiver G informed Surveyor silverware was to be kept out of Tenant 1's reach as s/he has a history of breaking his/her hearing aids. At approximately 1:30 PM, Surveyor observed Caregiver G pull out a piece of paper from his/her pocket and asked what it was. Caregiver G stated staff receive a shift task list print-out every shift that instructs them on what cares to provide to each tenant. The task list instructed staff, in part, do the following: "Meds (Medications)...eye drops and Levothyroxine-10am when hearing aid is put in... When in at 10am, check for soiled pull-ups hanging around the apartment." Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 07/01/2017. Surveyor reviewed an assessment for Tenant 1 provided by Registered Nurse (RN) D titled, "Initial Assessment." The assessment had a date of 12/04/2024. The assessment documented Tenant 1 was independent with toileting and did not reflect the need for staff to keep silverware out of Tenant 1's reach to prevent Tenant 1 from destroying his/her hearing aids. At approximately 2:20 PM, Surveyor observed 6 photos of Tenant 2's legs and feet hanging in RN D's office, with Tenant 2's name, dated 05/05/2025. RN D stated s/he had documented the current condition of Tenant 2's legs and feet: edema, healed lesions, and eczema lesions. Surveyor reviewed Tenant 2's record. Tenant 2 was admitted on 02/08/2025.	{U 171}		

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{U 171}	Continued From page 16 Surveyor reviewed an assessment for Tenant 2 provided by RN D. The assessment was dated 02/18/2025. The assessment read, in part, "Due to history of weeping lymphedema, [Tenant 2] may require dressing changes when legs are in fact weeping." At approximately 2:30 PM, Surveyor interviewed Registered Nurse (RN) D and asked if s/he had completed assessments at least annually or upon changes in condition for Tenant 1 and Tenant 2. RN D stated s/he did not complete or document an assessment for Tenant 1, or for Tenant 2's legs or blisters, but did update the daily task list with instructions for staff to assist. RN D further stated s/he also put a detailed note about Tenant 2's legs in the communication notebook (an internal tool to communicate changes to staff).	{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) YINH12, dated 09/14/2024, and SOD YINH11, dated 04/01/2024.	{U 188}		

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{U 188}	Continued From page 17 Findings include: On 05/27/2025 at approximately 11:30 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 two surveys that all tenants were considered assisted living tenants. On 05/27/2025, at approximately 1:20 PM, Surveyor observed Caregiver G administer Tenant 1's medications. Surveyor asked Caregiver G what Tenant 1's needs were. Caregiver G stated Tenant 1 had a change with increased need for staff to assist with personal cares, as Tenant 1 needed assistance with changing incontinence products, linens and bedding, and medication administration. Surveyor observed Caregiver G retrieve a spoon from the top cupboard. When asked why the spoon was located there, Caregiver G informed Surveyor silverware was to be kept out of Tenant 1's reach as s/he has a history of breaking his/her hearing aids. At approximately 1:30 PM, Surveyor observed Caregiver G pull out a piece of paper from his/her pocket and asked what it was. Caregiver G stated staff receive a shift task list print-out every shift that instructs them on what cares to provide to each tenant. The task list instructed staff, in part, to do the following for Tenant 1: "Meds (Medications)...eye drops and Levothyroxine-10am when hearing aid is put in...	{U 188}		

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{U 188}	Continued From page 18 When in at 10am, check for soiled pull-ups hanging around the apartment." Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 07/01/2017. The service agreement and care plan had not been updated to reflect Tenant 1's change in needs. The care plan did not include the above items listed on the staff task list and was not signed. At approximately 2:20 PM, Surveyor observed 6 photos of Tenant 2's legs and feet hanging in RN D's office, with Tenant 2's name, dated 05/05/2025. RN D stated s/he had documented the current condition of Tenant 2's legs and feet: edema, healed lesions, and eczema lesions as staff had reported a change. Surveyor reviewed Tenant 2's record. Tenant 2 was admitted on 02/08/2025. The service agreement and care plan had not been updated to reflect Tenant 2's change related to skin integrity. The care plan was not signed. At approximately 2:30 PM, RN D informed Surveyor s/he did not typically review the care plan with tenants, and did not require care plans to be signed. RN D stated s/he updated the daily task list to include instructions for staff which updates the care plan automatically when staff report changes. RN D further stated s/he uses the internal communication notebook to communicate changes to staff, but did not update the care plan with the additional information. Cross reference: U0189 DHS 89.28(1) Risk Agreement	{U 188}		

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{U 189}	Continued From page 19	{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. This is a repeat deficiency. See Statement of Deficiencies (SOD) YINH12, dated 09/14/2024, and SOD YINH11, dated 04/01/2024. Findings include: On 05/27/2025 at approximately 11:30 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 07/01/2017. Tenant 1's record did not contain a risk agreement.	{U 189}		

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{U 189}	Continued From page 20 At approximately 1:20 PM, Surveyor observed Caregiver G administer Tenant 1's medications. Surveyor asked Caregiver G what Tenant 1's needs were. Caregiver G stated Tenant 1 was moved to assisted living cares to assist with personal cares and medication administration. Caregiver G retrieved a spoon from the top cupboard. When asked why the spoon was located there, Caregiver G informed Surveyor silverware needs to be out of Tenant 1's reach as s/he has a history of breaking his/her hearing aids. Surveyor reviewed Tenant 2's record. Tenant 2 was admitted on 02/09/2025. Tenant 2's record did not contain a risk agreement. At approximately 1:30 PM, Surveyor observed Caregiver G pull out a piece of paper from his/her pocket and asked what it was. Caregiver G stated staff receive a shift task list print-out every shift that instructs them on what cares to provide to each tenant. Tenant 2's task list read, in part, "Must watch meds (medications) being swallowed. Meds- AM & 2PM, AM-Take old nicotine patch off, put new one on. Blood pressure & pulse 1st Tuesday of the month. Watch to make sure [s/he] is wearing clean clothes and that [s/he]'s showering at least weekly. Weigh the last Tuesday of the month." Caregiver G further stated staff were responsible for monitoring Tenant 2's skin. At approximately 1:40 PM, Surveyor interviewed Registered Nurse (RN) D and requested Tenant 1 and Tenant 2's risk agreements. RN D stated s/he did not have a risk agreement on file for Tenant 1 or Tenant 2 and had not completed a jointly negotiated risk agreement with every tenant admitted to the provider.	{U 189}		

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