STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016973	A. BUILDING: _____ B. WING _____	C 08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLIFDEN COURT EAST	6751 S 68TH ST FRANKLIN, WI 53132

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 08/15/2023, Surveyor completed a complaint investigation at Clifden Court East. One deficiency was identified. One complaint was substantiated. Census: 19	N 000		
N 485	83.43(2)(d) Clean sheets, pillowcases, and towels Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: Clean sheets, pillowcases, towels and washcloths adequate to meet the needs of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident (Resident 1) was provided clean sheets, pillowcases, towels, and washcloths adequate to meet the needs of the resident. Findings include: On 06/14/2023 the department received complaint alleging a resident's bed was often unmade and the bedsheets were dirty. On 08/04/2023, at 11:02 a.m., Surveyor observed Resident 1's bedroom and bathroom. Resident 1's bed did not contain a fitted sheet, top sheet over the mattress, or a pillowcase on the pillow. The comforter was in a bundle on top of the bed (photo 01). Resident 1's bathroom did not contain any clean towels and washcloths adequate to meet the needs of the resident. Surveyor observed one used, blue hand towel hanging up,	N 485		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016973	A. BUILDING: _____ B. WING _____	C 08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLIFDEN COURT EAST	6751 S 68TH ST FRANKLIN, WI 53132

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 485	Continued From page 1	N 485		

one white blanket on the floor in front of the shower and one bunched up green hand towel on the bathroom vanity (Photo 03).

On 08/04/2023 at approximately 11:00 a.m., Surveyor interviewed House Manager (HM) D and Medical Technician (MT) F. HM D confirmed there were no sheets on the bed and did not know why. MT F reported Resident 1 was not incontinent and stated, "the bed should have been remade by now." HM D reported s/he could not tell what linens in the bathroom were clean or dirty. S/He believed they were all dirty but was unsure. HM D reported caregivers were responsible for keeping rooms tidy during their shift, but there was no written cleaning schedule for them to follow.

On 08/09/2023 at 9:28 a.m., Surveyor observed Resident 1's bedroom. Resident 1's bed did not contain a top sheet over the mattress or a pillowcase. There was a fleece blanket over the bed and the comforter was in a bundle on top of the fleece blanket (photo 04).

On 08/09/2023 at 9:50 a.m., Surveyor interviewed MT F. MT F reported caregivers were responsible for keeping residents' bedrooms and bathrooms clean. MT F reported caregivers were responsible for completing rounds and checking rooms at least every two hours, especially if residents were in their rooms. Caregiver should have made beds, emptied trash, put furniture where it belonged, when necessary, and put clothes away. MT F reported s/he tried to keep up with all the tasks and stated, "but I'm only one person."

On 08/09/2023 at 9:50 a.m., Surveyor interviewed Registered Nurse (RN) C, who stated the caregivers have care charting to follow but there

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016973	A. BUILDING: _____ B. WING _____	C 08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLIFDEN COURT EAST	6751 S 68TH ST FRANKLIN, WI 53132

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 485	Continued From page 2 were no housekeeping chores on the charts. The caregivers checked on the residents, but not their rooms. RN C stated caregivers should have been checking resident rooms every shift. On 08/09/2023 at approximately 10:00 a.m., Surveyor interviewed HM D who stated s/he believed caregivers should have been tidying resident's rooms up daily and asks the staff, "How would you want your loved one's apartment to look?" HM D stated s/he was in the process of creating a checklist for the caregiver's housekeeping process.	N 485		