STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015906	A. BUILDING: _____ B. WING _____	C 05/01/2025

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HARBORCHASE OF SHOREWOOD	1111 E CAPITOL DR SHOREWOOD, WI 53211

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N 000	Initial Comments On 05/01/2025, Surveyor concluded a complaint survey at Harborchase of Shorewood. Seven deficiencies were identified. One complaint was unsubstantiated. One complaint was substantiated. Census: 11	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's needs, abilities, and physical and mental condition were assessed at the time of admission for 1 of 3 residents (Resident 1). Findings include: On 04/25/2025, at 3:45 p.m., Surveyor requested	N 381		

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

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N 381	Continued From page 1 Resident 1's, Resident 2's, and Resident 3's records. Interim Executive Director (IED) B reported s/he would have the documentation prepared for additional visit. On 04/29/2025, at 2:00 p.m., Surveyor received resident record. Surveyor reviewed record and identified the following: Resident 1 was admitted to the facility on 07/31/2024 with diagnoses including Alzheimer's, dementia, pneumonia, ulcerative colitis and hypertension. Resident 1's Health Care Power of Attorney was activated on 11/21/2024. Resident 1's record included an assessment dated 10/18/2024. Resident 1's record did not contain an assessment identifying the needs, abilities, and physical and mental condition before admitting Resident 1 to the facility. On 04/29/2025 at 5:20 p.m., Surveyor shared the above findings with Interim Executive director (IED) B. IED B confirmed they were unable to locate assessments. IED B reported the previous management company was terminated and just brought in a new management company to manage the facility and operations. On 05/01/2025 at 3:30 p.m., Surveyor interviewed Resident 1's activated healthcare power of attorney (AHCPOA) R via telephone. AHCPOA R stated, "[Resident 1] moved in at the end of July last summer, from the hospital. I don't remember signing a service agreement. I was not shown an assessment."	N 381		
N 387	83.35(3)(b) Service plan development: parties involved	N 387		

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N 387	Continued From page 2 Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 2 of 3 resident records reviewed (Resident 1 and Resident 3). Findings include: On 04/25/2025, at 3:45 p.m., Surveyor requested Resident 1's, Resident 2's, and Resident 3's records. Interim Executive Director (IED) B reported s/he would have the documentation prepared for additional visit. On 04/29/2025, at 2:00 p.m., Surveyor received	N 387		

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N 387	Continued From page 3	N 387		

Resident 1's, Resident 2's, and Resident 3's records. Surveyor reviewed records and identified the following:

Resident 1

Resident 1 was admitted to the facility on 07/31/2024. Resident 1's Health Care Power of Attorney was activated on 11/21/2024.

Resident 1's individual service plan (ISP), dated 10/24/2024, had no signatures of agreement indicating the date the ISP went into effect. The document was signed by former nurse (FRN) D and dated 10/24/2024.

Resident 3

Resident 3 was admitted to the facility on 07/10/2020. Resident 3's Health Care Power of Attorney was activated on 06/30/2020.

Resident 3's ISP dated 04/07/2023 did not have activated healthcare power of attorney (AHCPOA) U's signature of agreement on the document, indicating the date the ISP went into effect. The document was signed by Former Executive Director (FED) P and Former Health Services Director (FHSD) Q and dated 05/25/2023.

On 04/29/2025 at 3:10 p.m., Surveyor interviewed interim Executive Director (IED) B, who stated, "We have stacks and stacks of paperwork, but we cannot seem to find the service plans that you are looking for."

On 05/01/2025 at 3:35 p.m., Surveyor interviewed activated healthcare power of attorney (AHCPOA) R, who stated, "I don't believe I ever signed an ISP. We signed some paperwork at move in, but

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N 387	Continued From page 4 paperwork detailing his/her care does not sound familiar to me."	N 387		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a daily activity program to meet the interests of the residents. This had the potential to effect 11 of 11 residents that resided at the facility. Findings include: On 04/25/2025, from approximately 11:00 a.m. to 4:30 p.m. and on 04/29/2025 from approximately 9:30 a.m. to 5:00 p.m., Surveyor did not observe activity programs taking place. Surveyor observed 9 residents sitting in the common area room, watching television and/or sleeping in their chairs. On 04/25/2025, at approximately 2:35 p.m.,	N 427		

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N 427	Continued From page 5 Surveyor observed an approximately 24-inch by 36-inch activity calendar represented with holiday pictures, located on the wall in the hallway across from the common area room. It read Sunday-Saturday with three activities in the morning and three activities in the afternoon. The activities listed for Friday, April 25th, 2025, were morning news, story time circle, sit and be fit, relaxation and meditation, bingo, green thumbs corner and movie crew. Surveyor did not observe any activities with the residents. On 04/29/2025, at approximately 11:45 a.m., Surveyor observed 8 residents sitting in the common area room, watching television and/or sleeping in their chairs. Surveyor did not observe the 11:00 a.m. scheduled 'chair yoga' in progress. On 04/29/2025, at approximately 11:05 a.m., Surveyor interviewed Caregiver L who stated, "Management said State was coming back and we should be on our toes today." On 05/02/2025 at 2:20 p.m., Surveyor interviewed Resident 2's Hospice Nurse (HRN) N, who stated, "When I went to visit [Resident 2] on Monday, April 28th around 10:30-11:00 a.m., the residents were all sitting in a semi-circle in the common area room, watching television. It's like that a lot." On 05/02/2025 at 3:55 p.m., Surveyor interviewed Resident 1's Hospice Nurse (HRN) S, who stated, "I visited [Resident 1] on Tuesday, April 29th around 9:00 a.m. S/He was in his/her chair, in the common area room, watching television with the rest of the residents." HRN S stated s/he did not usually see a lot of activities going on in the memory care unit. HRN S stated, "Things were better when they had former director of memory	N 427		

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N 427	Continued From page 6 care (FDMC) T. But they don't have a lot of activities. The residents are usually just sitting around in that room when I go for my visits."	N 427		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q)	N 454		

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N 454	Continued From page 7 Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's record was maintained for 1 of 3 residents. Resident 2's record did not include a temporary service plan or a comprehensive individualized service plan (ISP). Findings include:	N 454		

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N 454	Continued From page 8 On 04/25/2025, at 3:45 p.m., Surveyor requested Resident 2's record. Interim Executive Director (IED) B reported s/he would have the documentation prepared for additional visit. On 04/29/2025, at 2:00 p.m., Surveyor received Resident 2's record. Surveyor reviewed records and identified the following: -Resident 2 was admitted to the facility on 01/13/2025. Resident 2's Health Care Power of Attorney was activated on 09/29/2021. -Resident 2's record did not contain a temporary service plan or a comprehensive ISP. On 04/29/2025 at 3:10 p.m., Surveyor interviewed interim Executive Director (IED) B, who stated, "We have stacks and stacks of paperwork, but we cannot seem to find the service plans that you are looking for."	N 454		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not make reasonable attempts to keep all rooms free from odors for 9 of 11 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 10) reviewed. The common area television room contained a pungent urine and feces odor. Findings include:	N 489		

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N 489	Continued From page 9 On 04/25/2025, at approximately 2:30 p.m., Surveyor toured the facility and observed the following: Upon entering the facility, Surveyor noted a pungent odor consistent with urine and feces. The urine odor was more pronounced near the common area room, where most activities took place. Surveyor observed Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 10 in the room. On 04/25/2025, at approximately 2:45 p.m., Surveyor toured the facility and the common area room with Caregiver J and Corporate Director of Nursing (CDON) K. Caregiver J and CDON K confirmed a strong odor consistent with urine and feces. On 04/25/2025, at approximately 2:50 p.m., CDON K stated the licensee just received notice from former executive director (FED) A and that they would be looking to hire for his/her position, and the facility licensed practical nurse (LPN) C was out on leave. CDON K stated, "We currently do not have any leadership on this side of the building. It is obviously causing a problem."	N 489		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by:	N 499		

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N 499	Continued From page 10 Based on observation and interview, the provider did not ensure cleaning compounds were stored in a secure area. Cleaning supplies were found in the on a cleaning cart, in the hallway of the memory care unit and in front of apartment 23. The cleaning supplies were not securely stored. Findings include: On 04/29/2025 at 11:30 a.m., Surveyor toured the facility and observed the following: On 04/29/2025 at 11:40 a.m., Surveyor observed a cleaning cart in the hallway of the memory care unit, in front of apartment 23. Surveyor observed a bottle of, "Comet cleaner with bleach." The hazard identification tag on the bottle read, "Ingestion: Drink 1 or 2 glasses of water. Do NOT induce vomiting. Get medical attention immediately if symptoms occur." Surveyor observed a stainless-steel cleaner stored on top of the unlocked cleaning cart. Surveyor observed back of bottle, "Warning. Do not swallow ...refer to data safety sheet." On 04/29/2025 at 11:42 a.m., Surveyor interviewed Caregiver L and Caregiver M. Surveyor asked why the cleaning cart was in the hallway. Caregiver L stated, "I'm not sure why it's here. There is no housekeeper working off that cart. It's been here for two days. Management keeps walking past it." On 04/29/2025 at 11:48 a.m., Surveyor observed residents ambulating throughout the facility. Residents had access to the unlocked cleaning cart in the hallway. On 04/29/2025 at 5:55 p.m., Surveyor interviewed Executive Director (ED) B, who confirmed all	N 499		

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N 499	Continued From page 11 cleaning supplies were to be securely stored. Surveyor informed ED B of the findings. ED B stated, "Oh my gosh. I can't believe it. This place is a mess." ED B reported s/he did not know why the chemicals were unsecured. On 05/01/2025, Surveyor reviewed information on health effects of ingested and found, "Ingestion: Gastrointestinal Irritation: Signs/symptoms may include abdominal pain, stomach upset, nausea, vomiting and diarrhea." (Source: 3M, Safety Data Sheet, no date, https://multimedia.3m.com/mws/mediawebserver?mwsId=SSSSSuUn_zu8l00x4xtv5x_Glv70k17zHvu9lxtD7SSSSSS--(retrieval date - May 1, 2025).).	N 499		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	Y3244		

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Y3244	Continued From page 12	Y3244		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 3 of 3 residents received adequate and appropriate care within the capacity of the facility. The provider did not meet Resident 1's, Resident 2's, or Resident 3's needs for complete, hands-on staff assistance with grooming.

Findings include:

On 04/25/2025, the Department received a complaint alleging residence needs were not being met, residents sat in their wheelchairs and were left for long periods of time without cares.
On 04/25/2025, at approximately 2:30 p.m., Surveyor toured the facility and observed the following:

Upon entering the facility, Surveyor observed 9 residents sitting in the common area room, watching television and/or sleeping in their chairs.

Surveyor observed Resident 1 sitting in his/her chair with his/her shirt above the pant-line, exposing his/her stomach. Surveyor observed crumbs and dried food on Resident 1's clothing and under his/her fingernails. Resident 1's fingernails were long and unkept. Resident 1 told Surveyor, "I want to do something with these long nails."

Surveyor observed Resident 2, sitting in his/her chair with his/her pants dirty with food stains and crumbs. Resident 2's hair appeared to be greasy and unwashed. Resident 2's fingernails were unkept, long and dirty with what appeared to be food.

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Y3244	Continued From page 13 Surveyor observed Resident 3, sitting in his/her chair with 8 to 10 long hairs, approximately ½ to ¾ inch long, growing from his/her chin. Surveyor observed dried food around Resident 3's mouth and food stains and crumbs on his/her shirt and pants. On 04/25/2025, at 3:45 p.m., Surveyor requested Resident 1's, Resident 2's, and Resident 3's records. Interim Executive Director (IED) B reported s/he would have the documentation prepared for additional visit. On 04/29/2025, at 2:00 p.m., Surveyor received resident records. Surveyor reviewed records and identified the following: Resident 1 Resident 1 was admitted to the facility on 07/31/2024 with diagnoses including dementia. Resident 1's Health Care Power of Attorney was activated on 11/21/2024. Resident 1's record included an assessment dated 10/18/2024. Under grooming/personal hygiene needed, it read, "Hands on: Resident requires hands on assistance." Resident 1's individual service plan (ISP) dated 10/24/2024, had no signatures of agreement indicating the date the ISP went into effect. The document was signed by former nurse (FRN) D and dated 10/24/2024. The ISP indicated Resident 1 required complete, hands-on staff assistance with grooming. Resident 1's ISP, under grooming, stated resident was hands-on, dependent on others for grooming needs. Resident 1's ISP identified Resident 1was to receive hands on assistance on routine basis.	Y3244		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015906	A. BUILDING: _____ B. WING _____	C 05/01/2025

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Y3244	Continued From page 14 Resident 2 Resident 2 was admitted to the facility on 01/13/2025 with diagnoses including dementia. Resident 2's Health Care Power of Attorney was activated on 09/29/2021. Resident 2's record included an assessment dated 01/13/2025. Under grooming/personal hygiene needed, it read, "Hands on: Resident requires hands on assistance twice per day." Resident 2's record did not contain an ISP. Resident 3 Resident 3 was admitted to the facility on 07/10/2020 with diagnoses including dementia. Resident 3's Health Care Power of Attorney was activated on 06/30/2020. Resident 3's record included an assessment dated 07/13/2020. Under grooming, hands on assistance were marked for morning and evening, seven days a week, it read, "Resident requires hands on assistance twice per day." Resident 3's ISP dated 04/07/2023 did not have activated healthcare power of attorney (AHCPOA) U's signature of agreement on the document, indicating the date the ISP went into effect. The document was signed by Former Executive Director (FED) P and Former Health Services Director (FHSD) Q and dated 05/25/2023. On 04/25/2025, at approximately 1:00 p.m., Surveyor interviewed Former Executive Director (FED) A, who stated, "I can't continue putting my name on this mess. There is no corporate support. HarborChase stopped calling us when	Y3244		

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Y3244	Continued From page 15	Y3244		

CIEL Senior Living took over. All HarborChase employees just left." FED A continued that all the changes had been a mess, and the residents were the ones who suffered. FED A confirmed that there were no tracking systems for resident cares. FED A stated, "No progress notes for caregivers. Nothing."

On 04/25/2025, at approximately 2:45 p.m., Surveyor toured the facility again with Caregiver J and Corporate Director of Nursing (CDON) K. Caregiver J and CDON K confirmed Resident 1's, Resident 2's and Resident 3's lack of care and grooming.

On 04/25/2025, at approximately 2:50 p.m., CDON K stated the licensee just received notice from former executive director (FED) A and that they would be looking to hire for his/her position, and the facility licensed practical nurse (LPN) C was out on leave. CDON K stated, "We currently do not have any leadership on this side of the building. It is obviously causing a problem."

On 04/25/2025, at 4:45 p.m., Surveyor interviewed Caregiver J. Surveyor asked Caregiver J where the staff tracked the cares that were provided to each resident during a caregiver's shift. Caregiver J stated, "We just look at what's on the bulletin board in the office. We don't write anything down or sign anything out." Surveyor asked if there was any way to find out the times a resident was toileted or showered. Caregiver J confirmed there were no tracking systems for any cares.

On 04/29/2025 at 5:15p.m., Surveyor interviewed interim Executive Director (IED) B, who stated, "I don't know what to tell you. That is why the previous management company was terminated

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Y3244	Continued From page 16 and we were brought in." On 05/02/2025 at 2:20 p.m., Surveyor interviewed Resident 2's Hospice Nurse (HRN) N, who stated, "When I went to visit [Resident 2] on Monday, April 28th around 10:30-11:00 a.m., [Resident 2] was sitting in the common area room. I had to fix his/her shirt, because his/her stomach was exposed. I would like to think the caregivers would clean the residents up and wipe up their faces before taking them to another room. Sometimes the residents still have food around their mouth. The last couple times I visited [Resident 2]; s/he wasn't as well kept." On 05/02/2025 at 3:55 p.m., Surveyor interviewed Resident 1's HRN S, who stated, "I visited [Resident 1] on Tuesday, April 29th around 9:00 a.m. S/He was in his/her chair, in the common area room. I can't tell if the facility is doing showers for him/her. They definitely are not trimming his/her nails. I noticed his/her nails being very long. There are times I come and [Resident 1] has food all over his/her clothing."	Y3244		