STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014167	A. BUILDING: _____ B. WING _____	08/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP ASSISTED LIVING RAVENWOOD	2530 GAYNOR AVE WISCONSIN RAPIDS, WI 54495

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M 000	INITIAL COMMENTS On 08/29/2023, Surveyor conducted an abbreviated survey at Hilltop Assisted Living Ravenwood, an Adult Family Home (AFH) in Wisconsin Rapids, WI. Four deficiencies identified. Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not provide a homelike environment. Findings include: On 08/29/2023, Surveyor conducted an abbreviated survey. As part of the survey, Surveyor conducted a tour. At approximately 10:45 a.m., during the tour Surveyor observed the refrigerator, freezer and cabinets had pad locks on them. Surveyor asked Caregiver A why the refrigerator, freezer and cabinets were locked. Caregiver A stated ever since s/he had been working there, it had always been like that. Caregiver A stated s/he worked at the other house more often than this home. Surveyor asked if there was a resident who had a	M 276		

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

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M 276	Continued From page 1	M 276		

diagnoses that may prohibit them from eating certain foods. Caregiver A stated no but Resident 1 sometimes will go in the refigerator and eat food that isn't his/hers or s/he will consume a lot of soda if not monitored.

Surveyor observed a two drawer plastic cabinet in the kitchen. There were an assortment of snacks in each of the drawers. Surveyor asked Caregiver A about the snacks and why they weren't locked up if the other food was. Caregiver A stated there were two other residents in the home that kept their snacks in the drawers. Surveyor asked if Resident 1 took any of those snacks and Caregiver A stated no, because Resident 1 knew those were not his/hers to take.

At approximately 11:00 a.m., Surveyor observed Caregiver A unlock the refrigerator and freezer to put away food that was brought over by Assistant Director B.

On 08/29/2023, Surveyor requested to review Resident 1's Individual Service Plan (ISP). Surveyor reviewed Resident 1's current ISP dated 08/03/2022. Resident 1's ISP did not indicate any behaviors and/or diagnoses regarding food. Resident 1's ISP also did not indicate food should be locked up from Resident 1. Resident 1's ISP stated the following:
-"[Resident 1] can independently go outside, leave premises, use public transportation. Needs to tell staff when leaving.
-No difficulty following directions and is compliant to following directions
-Needs some supervision"

On 08/29/2023, at approximately 11:15 a.m., Surveyor interviewed Resident 1. Resident 1 stated s/he did not like that the refrigerator and

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M 276	Continued From page 2 freezer was locked. Resident 1 stated s/he would like to be able to get his/her own food and drinks when s/he wanted them instead of having to ask a staff member and/or wait for them to be done with another resident before getting what s/he wanted. At approximately 11:20 a.m., Surveyor interviewed Assistant Manager C about the locked refrigerator, freezer and cabinets. Assistant Manager C stated there was a resident that lived there who would just go into the refrigerator and freezer and eat things that weren't theirs or would eat part of the meal for the day and then the facility wouldn't have enough food for the other residents. Surveyor asked Assistant Manager C if there were other alternatives they could think of instead of locking the refrigerator and freezer so that residents who were independent could have access and not have to ask and wait for staff assistance. Assistant Manger C stated yes because the resident they were concerned about didn't live there anymore. Assistant Manger C stated s/he wasn't sure if the pad locks should have come off because it was like that when s/he started managing the house. On 08/29/2023, at approximately 12:45 p.m., Surveyor shared the above concerns with Assistant Director B and Director D. Both acknowledged the concern and stated the pad locks would be removed from the refrigerator, freezer and cabinets so all residents could access food.	M 276		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE	M 336		

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M 336	Continued From page 3 The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on observation and interview, the facility did not ensure each smoke detector was tested monthly to make sure the detectors were working. Assistant Director B did not have documentation to indicate the provider's smoke detectors were functioning properly for calendar year 2022. Findings include: On 08/29/2023 at approximately 11:00 a.m., Surveyor requested a copy of the provider's smoke detector checks for calendar year 2022 from Assistant Manager C. The monthly checks for calendar year 2022 were all left blank. Surveyor asked Assistant Manager C if they were completed for calendar year 2022. Assistant Manager C stated s/he had recently taken over this position and whomever had it before him/her was in charge of doing these checks and it looked like they weren't completed. On 08/29/2023 at approximately 12:30 p.m., Surveyor interviewed Assistant Director B about monthly smoke detector checks for calendar year 2022. Assistant Director B stated they should have been completed and placed in the state binder that Surveyor reviewed. Surveyor stated	M 336		

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M 336	Continued From page 4 the sheet was left blank in the binder. Assistant Director B stated their maintenance person was in charge of the monthly checks and should have been filled out. Assistant Director B contacted maintenance to see if s/he kept the form somewhere else. Assistant Director B stated maintenance was doing them but never documented them. On 08/29/2023 at approximately 12:45 p.m., Surveyor went over above concern with Assistant Director B and Director D about monthly smoke detector checks for calendar year 2022 not being completed and documented. Assistant Director B and Director D acknowledged the concern and stated moving forward, maintenance would document all monthly smoke detector checks.	M 336		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's guardian was involved with the development of his/her individual service plan (ISP).	M 406		

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M 406	Continued From page 5 Findings include: On 08/29/2023 at approximately 11:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 09/26/2013 with diagnoses including bipolar, tourettes and hyperkinetic. Resident 1 has a legal guardian. Resident 1's current ISP was dated for 08/03/2022 and only signed by Director D. On 08/29/2023 at approximately 11:45 a.m., Surveyor interviewed Assistant Manger C. Assistant Manager C stated the ISP reviewed by Surveyor was the current one and only involved Director D. Assistant Manager C stated the ISP was not signed by Resident 1's guardian and s/he was not involved with the development of Resident 1's ISP.	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever	M 424		

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M 424	Continued From page 6 the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's service plan was reviewed at least once every 6 months by the licensee, the resident, the resident's guardian and the placing agency, to determine the appropriateness of the care plan and to update the care plan as necessary. Findings include: On 08/29/2023 at approximately 11:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 09/26/2013 with diagnoses including bipolar, tourettes and hyperkinetic. Resident 1 has a legal guardian. Resident 1's current ISP was dated for 08/03/2022 and only signed by Director D. On 08/29/2023 at approximately 11:45 a.m., Surveyor interviewed Assistant Manger C. Surveyor asked if there was a more recent ISP for Resident 1 since ISPs were to be reviewed at least once every 6 months and it had been over a year for Resident 1's ISP that Surveyor reviewed. Assistant Manager C stated the current ISP for Resident 1 was 08/03/2022. Assistant Manager C stated s/he was unaware it was every 6 months and moving forward s/he would review them every 6 months.	M 424		

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