

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/15/2023
NAME OF PROVIDER OR SUPPLIER MOUND STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 284 MOUND ST BERLIN, WI 54923		
(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 08/14/2023, Surveyor conducted an abbreviated survey and complaint investigation at Mound Street, a CBRF located in Berlin, WI. As a result of the survey, 3 violations of Chapter DHS 83 were issued. The complaint was not substantiated. Census: 5	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident 's needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident 's legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update the Individual Service Plan annually for 2 of 2 residents reviewed. Provider did not update Resident 1 or Resident 2's ISP annually. Findings include:	N 389		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 389	Continued From page 1 Resident 1 On 08/14/2023 at 10:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted on 07/06/2020. There was no documented ISP found in Resident 1's medical record. On 08/14/2023 at 11:00 AM, Surveyor asked Regional Administrator A (RA-A) if there was a documented ISP for Resident 1. RA-A stated that the ISPs were kept on the computer data system. RA-A stated s/he would email Resident 1's ISP to Surveyor by 08/17/2023. On 08/17/2023 at 12:00 PM, Surveyor received an email from RA-A that contained Resident 1's ISP. Resident 1's ISP was dated as updated on 08/14/2023 which was the date of survey. Resident 2 On 08/14/2023 at 10:00 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted on 11/18/2023. There was no documented ISP found in Resident 2's medical record. On 08/14/2023 at 11:00 AM, Surveyor asked Regional Administrator A (RA-A) if there was a documented ISP for Resident 2. RA-A stated that the ISPs were kept on the computer data system. RA-A stated s/he would email Resident 2's ISP to Surveyor by 08/17/2023. On 08/17/2023 at 3:30 PM, Surveyor requested copies of Resident 1 and Resident 2's ISP prior to 08/14/2023. Surveyor gave RA-A until 08/18/2023 at noon to provide further information. As of noon 08/18/2023, no further information was provided.	N 389		

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N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and comfortable living environment appropriate for residents. There were scuff marks on the walls and doors throughout the facility. Findings include: On 08/14/2023 at 9:00 AM, Surveyor toured the physical environment and observed: The handle of the refrigerator was broken off and missing. There were scuff marks on the wall of the hallway residents use. The scuff marks appeared to be from wheelchairs scraping against the wall. The scrapes measured 4 feet in length. There was a hole in a closet door; the closet was in the hallway residents use. The hole measured approximately 1" x 1". The laundry room door was badly damaged on the lower 1/3 of the door. The damage appeared to be due to being struck by wheelchairs. The damaged area measured approximately 8" x 4."	N 481		

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N 481	Continued From page 3 The bathroom sink cabinet was damaged and appeared to be due to being struck by wheelchairs. There was a rip in the curtain covering the rear exit door. The rip measured approximately 2" x 6." There was a hole in Resident 1's bedroom door. The hole measured 1"x 1". There was a hinge missing from Resident 2's bedroom door. On 08/14/2023 at 12:30 PM, Surveyor discussed the above concerns with Regional Administrator A (RA-A). RA-A acknowledged the the facility was in need of repairs and would notify maintenance as soon as possible.	N 481		
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 ensure all rooms were kept free from odors. Resident 1, 2 and 3's bedrooms had very strong odor detectable from the hallway. Findings include: On 08/14/2023 at 9:15 AM, Surveyor toured the physical environment. During the tour, Surveyor observed a very strong odor in the main hallway where resident	N 489		

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N 489	Continued From page 4 bedrooms were. Surveyor entered Resident 1's bedroom. There was a very strong odor of urine and body odor in Resident 1's bedroom. On 08/14/2023 at 9:20 AM, Surveyor conducted an interview with Resident 1. During the interview, Surveyor asked Resident 1 if s/he receives bathing and laundry assistance. Resident 1 stated s/he does not get showers often and clothes sometime are left soiled for a few days. Surveyor entered Resident 2's bedroom. There was a very strong odor of urine and body odor in Resident 2's bedroom. Resident 2 was nonverbal, but was able to answer yes/no questions by nodding his/her head. Resident 2 indicated s/he did not get showers as often as s/he liked. Surveyor entered Resident 3's bedroom. There was a very strong odor of urine and body odor in Resident 3's bedroom. Resident 3 was not present and was unable to answer questions. On 08/14/2023 at 10:00 AM, Surveyor discussed the above concern with Regional Administrator A (RA-A). RA-A stated that it was possible the odor was coming from the laundry room that was just down the hall from Resident 1, 2 and 3's bedrooms. Surveyor and RA-A walked to the laundry room. RA-A acknowledged the odor was coming from Resident 1, 2 and 3's bedrooms, not the laundry room. RA-A acknowledged improvements were needed to lessen the odor from Resident 1, 2 and 3 bedrooms.	N 489		