STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017089	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR VIEW COMMUNITIES OF PEWAUKEE	W232N3471 HUNTERS RIDGE RD PEWAUKEE, WI 53072

(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 07/09/2024, Surveyors conducted a verification visit and 2 complaint investigations at Arbor View Communities of Pewaukee. Two deficiencies were identified. Two of the 2 deficiencies were repeat violations (see statement of deficiency (SOD) 4NVT11, dated 02/22/2024). Both complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 16	{N 000}		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the CBRF implemented and followed the individual service plan (ISP) for 3 of 3 residents reviewed. Resident 5's, Resident 6's, and Resident 19's ISP directed staff to monitor their food consumption. From 05/06/2024-07/08/2024, there was 208 occurrences of meal consumption not being monitored by staff. This is a repeat deficiency. See statement of deficiency (SOD) 4NVT11, dated 02/22/2024. Findings include:	N 388		

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

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N 388	Continued From page 1 Example 1- Resident 5 On 07/09/2024, Surveyors reviewed Resident 5's record. Resident 5 was admitted to the provider on 01/03/2024 with a diagnosis of protein-calorie malnutrition. Surveyors reviewed resident's current ISP, dated and signed by power of attorney (POA) on 01/31/2024. Surveyor observed the following: Under the "Consumption Monitoring" heading: "Resident requires staff to monitor food consumption." The schedule was set for monitoring to occur daily at breakfast, lunch, and dinner. Surveyor reviewed charting task history dated 05/06/2024-07/08/2024. This timeframe included 63 days, and 189 meals. Surveyor observed 81 occurrences where there was no evidence of consumption monitoring during that time frame. Example 2 - Resident 6 On 07/09/2024, Surveyor reviewed Resident 6's record. Resident 6 admitted to the facility on 12/27/2016 with diagnosis of dementia, anxiety, and low back pain. Resident 6 had an activated healthcare power of attorney that made decisions on his/her behalf. Surveyor reviewed Resident 6's current ISP with an unknown date documented: "Consumption Monitoring-resident requires staff to monitor food consumption. The schedule was set for monitoring to occur daily at breakfast, lunch, and dinner." Surveyor reviewed Resident 6's charting task history and observation notes dated 05/06/2024-07/08/2024 where staff documented	N 388		

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N 388	Continued From page 2	N 388		

meal consumption. This timeframe included 63 days, and 189 meals. Surveyor observed 61 occurrences where there was no evidence of consumption monitoring during that time frame.

Example 3- Resident 19

On 07/09/2024, Surveyor reviewed Resident 19's record. Resident 19 admitted to the facility on 09/24/2020 with diagnosis of brain damage, asthma, and rheumatoid arthritis. Resident 19 had a guardian that assisted in making decisions on his/her behalf. Surveyors reviewed resident's current ISP, with unknown date of most recent review. Surveyor observed the following:

Under the "Consumption Monitoring" heading: "Resident requires staff to monitor food consumption." The schedule was set for monitoring to occur daily at breakfast, lunch, and dinner.

Surveyor reviewed charting task history dated 05/06/2024-07/08/2024. This timeframe included 63 days, and 189 meals. Surveyor observed 66 occurrences where there was no evidence of consumption monitoring during that time frame.

On 07/09/2024 at 2:16 PM, Surveyors completed exit conference with Executive Director A and Nurse (RN) B. The provider acknowledged Resident 5's, Resident 6's, and Resident 19's ISP's directed staff to record meal consumption three times daily. Executive Director A suggested Resident 5 may have been out of the building for many of the meals that were missed charting. The provider could not provide a status log or documentation to validate this. The provider did not produce a reason why the ISP was not followed.

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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 the environment was safe, clean, and comfortable. This is a repeat deficiency. See statement of deficiency (SOD) 4NVT11, dated 02/22/2024. Findings include: On 07/09/2024, Surveyors toured the facility and observed the following: At 10:08 AM, Surveyor observed Resident 17's room. There was 5 dried white spots to the carpet in the center of the room. In 2 different locations of Resident 17's room there was also a brown substance that had dried to the wall with a drip-like appearance. Surveyor toured Resident 17's room again at 11:52 AM, and 1:58 PM and discovered no change to the conditions. At 10:10 AM, Surveyor observed Resident 18's bathroom. There was feces-like substance dried to the floor in blotches near the center of the room. The toilet had dried feces-like substance on both sides of the seat. Surveyor toured Resident 18's bathroom again at 11:50 AM, and 1:55 PM and discovered no change to the	N 481		

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N 481	Continued From page 4 conditions. At 10:17 AM, Surveyor observed Resident 6's bathroom. The transition strip between the shower and floor was covered in an orange mildew-like appearance. At 10:18 AM, Surveyor observed Resident 16's room. Noted were white discoloration spots to the carpet in the center of the room. Next to Resident 16's bed, there was a fall mat that had brown feces-like substance in blotches across the surface. Surveyor toured Resident 16's room again at 11:47 AM, and 1:50 PM and discovered no change to the conditions. At 10:38 AM, Surveyor observed Resident 5's bathroom. There was a bed bag for a foley catheter in a wash basin that was sitting on the counter by the sink. The bag was sitting in a dark amber colored substance that had dried to the bottom of the wash basin. Surveyor toured Resident 5's room again at 1:42 PM and discovered no change to the conditions. At 11:55 AM, Surveyor observed Resident 2's and Resident 20's bathroom. The transition strip between the shower and floor was covered in an orange mildew-like appearance. On 07/09/2024 at 12:00 PM, Surveyor interviewed Maintenance Director W. Surveyor stated resident rooms had been observed with concerns in the bathroom with transition floor strips. Surveyor noted the same concerns were observed in previous survey in February 2024. Surveyor showed Maintenance Director W Resident 2's and Resident 20's bathroom transition floor strips. Maintenance Director W agreed the transition strip did not have a normal	N 481		

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N 481	Continued From page 5 appearance. Maintenance Director W stated s/he was new to their position and was unaware this was an area of concern. Maintenance Director W noted s/he will work with management to address bathroom transition floor strips. At 12:03 PM, Surveyor observed Resident 15's bathroom. The transition strip between the shower and floor was covered in a brown mildew-like substance. On 07/09/2024 at 2:16 PM, Surveyors conducted an exit conference and shared findings with Executive Director A and Nurse (RN) B. Surveyors shared pictures identified in the above concerns and noted many of the same areas were identified in previous survey from February 2024. Executive Director A acknowledged an understanding of the concerns and stated s/he would work with maintenance.	N 481		