STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017206	A. BUILDING: _____ B. WING _____	C 05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS EAU CLAIRE WEST	5110 STONEWOOD DR EAU CLAIRE, WI 54703

(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 04/18/2025, Surveyor conducted two complaint investigations and standard survey at Care Partners Eau Claire West. Data collection continued through 05/08/2025. One of 2 complaints were substantiated. Three deficiencies were identified. Two of 3 deficiencies were repeat deficiencies. See Statement of Deficiencies (SOD) PBZQ11, dated 10/24/2022, SOD 861K12, dated 04/26/2023, SOD 861K13, dated 04/26/2023, SOD 861K14, dated 11/06/2023 and SOD 19KX12, dated 04/26/2021. Census: 56	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff sampled	N 277		

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N 277	Continued From page 1 completed at least 15 hours of continuing education requirements in 2024. Findings include: This is a repeat deficiency. See Statement of Deficiency (SOD) 861K14, dated 11/06/2023, SOD 861K13, dated 04/26/2023, and SOD 19KX12, dated 04/26/2021. The provider is licensed to care for 60 residents in the client groups physically disabled, advanced aged, irreversible dementia/Alzheimer's disease, and terminally ill. On 04/18/2025, Surveyor reviewed staff training records. Caregiver C was hired on 06/03/2022. Caregiver C's record included evidence of 10 hours and 30 minutes of training in 2024. Caregiver D was hired on 09/15/2022. Caregiver D's record included evidence of 11 hours and 15 minutes of training in 2024. On 04/18/2025 at 1:05 PM, Surveyor discussed the requirement for continuing education hours with Director B. Director B acknowledged both caregivers did not meet the requirement of 15 hours and informed Surveyor s/he would continue to look for documentation. As of 05/08/2025, Director A informed Surveyor no additional sign-in sheets were available to indicate the training requirement had been met for 2024 for Caregiver C and Caregiver D.	N 277		

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N 355	Continued From page 2	N 355		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents had the right to self-determination when meals were not delivered to rooms and residents were instructed to go to the dining room to retrieve and eat their meals. Findings include: On 04/18/2025 at approximately 9:30 AM, Surveyor observed a caregiver enter the Director's office and stated to Assistant Director (AD) E, "[Resident 2] is upset [s/he] can't get room tray, and stated the kitchen wouldn't give it to [him/her]." AD E informed Surveyor Nurse F had been on site the day prior and informed staff and residents that room trays would no longer be available and stated, "Corporate wants to promote everyone to come down for meals." Surveyor asked if Resident 2 was a choking risk. AD E stated, "[S/he] was not a choking risk. We had 14 people on the assisted living side of the building who wanted room trays." On 04/18/2025 at approximately 9:45 AM, AD E and Caregiver G stated, "[Nurse F] said no room	N 355		

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N 355	Continued From page 3	N 355		

trays unless the resident has a communicable disease, to push everyone to socialize. They're not refusing meals, but they aren't delivering them to their rooms, and residents have to go down to get their meals." Caregiver G further stated, "[Resident 2] said [s/he] is willing to come out but not on the days [s/he] has dialysis, because it's a lot for [him/her] to get ready for the day."

On 04/18/2025 at approximately 10:20 AM, Surveyor interviewed Resident 2, lying in bed in his/her room. Resident 2 reported, "The company stopped doing room trays because 'state' told them they had to ensure they were supervising everyone. I need to eat breakfast before dialysis and can't get down there and back in time to leave. I have heart failure, kidney failure, COPD and I don't get up often. I've been trying to go out for meals but can't do it physically, so I have my own snacks here in my room if I don't want to go down to get my meal since they won't bring it to me. I am open to going out for meals, but I'd like my meal in my room to eat before I go on dialysis days."

On 04/18/2025 at approximately 12:45 PM, Surveyor reviewed Resident 2's individual service plan (ISP), with a review date listed as 02/25/2025. The ISP read, "Eating: Resident is independent with all eating tasks, staff brings [his/her] trays to [his/her] room every meal. [S/he] eats in [his/her] bed with the head of bed elevated." No changes were made or documented on the last review column.

On 04/18/2025 at approximately 2:25 PM, Surveyor interviewed Nurse F via phone. Nurse F stated three concerns were addressed: 1) Seclusion, 2) State Code for Safety, and 3) Socialization. Nurse F informed Surveyor s/he

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N 355	Continued From page 4 directed staff to encourage residents to go eat in the dining room, and spoke to Resident 3 about his/her concerns. Nurse F denied any directive given to refuse meal delivery to their rooms. On 04/18/2025 at approximately 2:40 PM, Surveyor interviewed Resident 3 and asked if s/he had recently had a discussion with Nurse F. Resident 3 stated, "[Nurse F] told me 'Everybody needs to eat in there', (the dining room). I talked to [AD] E about it but like to be alone and want to eat in my room... I'd rather not be here, instead of being told what to do. [Nurse F] told me everybody needs to eat in the dining room. There are others here that wish to eat in their rooms and I can't help but wonder what they're going to take away next. If you refuse, staff make out a refusal slip so what do I do? I was so angry at this situation; I blew my stack! The whole building probably heard me. I talked to [AD] E about it, but I've been going all the way down there to eat because I have to."	N 355		
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.	N 389		

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N 389	Continued From page 5	N 389		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was updated after s/he was assessed to be at risk for falls on 06/08/2024.

Findings include:

This is a repeat deficiency. See Statement of Deficiency (SOD) PBZQ11, dated 10/24/2022, SOD 861K12, dated 04/26/2022, and SOD 861K13, dated 04/26/2023.

On 02/06/2025 and 02/07/2025, the Department received two complaints regarding resident care.

On 04/18/2025 at approximately 11:45 AM, Surveyor interviewed Caregiver C about Resident 1's care needs. Caregiver C stated Resident 1 had moved out approximately 1-2 months ago and was independent at first but needed more assistance with dressing, toileting and transfers over time. Caregiver C stated Resident 1 was a fall risk and had a history of falls.

On 04/18/2025, Surveyor requested to review Resident 1's record. Resident 1 had an admission date of 12/08/2023.

On 04/22/2025, Surveyor reviewed the following incident reports received:

-01/02/2025: Resident was found lying face down on the floor in front of recliner attempting to transfer from wheelchair to recliner chair. Resident indicated s/he bumped his/her head. No visible injuries. Staff reminded resident to call for

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N 389	Continued From page 6	N 389		

assistance with transfers.
-08/29/2024: Resident was trying to readjust in wheelchair and lost balance and fell forward. Staff assessed body and head and noted no concerns and documented they would continue to monitor.
-04/20/2024: Resident attempted to reposition self and slid out of wheelchair. 911 contacted for lift assistance. Staff educated resident to ask staff for assistance. Room was picked up.
-03/12/2024: Resident found on back on bathroom floor trying to pull the call light. Resident required 3 staff with gait belt to get up off the floor. Staff instructed resident to use call light so staff can assist with transfers after toileting.

Surveyor reviewed the following staff charting notes, which documented additional falls that occurred with no incident report:

-02/05/2025: "Had a fall in [his/her] bathroom around 10pm. Hit [his/her] head slightly but is feeling normal. Resident changed and vitals taken."
-06/25 (no year indicated on charting): "3:30 AM Resident fell and crawled to call light in bathroom. We check [sic] [him/her] did range of motion and a 72hr check form."
-12/23 (no year indicated on charting): "Resident fell with [his/her] doorway a little after 3:30pm. Staff was called through a family member of different resident while they were walking out. Resident says [s/he] was 'trying to push my wheelchair when I tripped on my boot.' Staff used a gate [sic] belt to help pull [him/her] up and then staff got [him/her] into [his/her] chair. We performed range of motion and took vitals. Resident now is refusing to wear the boot. Family requested for boot to be removed from room, so resident does NOT put back on ..."

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N 389	Continued From page 7 On 05/06/2025, Surveyor requested all assessments for Resident 1 from Director A and Director B via email. Director A asked Surveyor if the facility's "Step Assessment tool" needed to be sent. Surveyor asked Director A what the step assessment tool was used for. Director A stated it was a point system used by the company for financial reasons only and was not used to reflect the health of the resident. Surveyor informed Director A this document did not need to be sent if it did not relate to resident health assessments. On 05/07/2025, Surveyor received Resident 1's assessments via email. Surveyor reviewed the document titled, "Fall Assessment." The assessment form read, "A score of 9 or above indicates a risk of falling. NOTIFY RN, IMPLEMENT INTERVENTIONS, ADDRESS ON ISP." Resident 1 was assessed on the following dates: -12/09/2023: 3 points, history of 1-2 falls prior to assessment -03/08/2024: 7 points, history of 1-2 falls prior to assessment -06/08/2024: 9 points, history of 1-2 falls prior to assessment -09/19/2024: 13 points, history of 1-2 falls prior to assessment -12/09/2024: 16 points, history of multiple falls prior to assessment Resident 1 was assessed as a fall risk on 06/08/2024 and continued to have an increase in points for risk of falling. Surveyor reviewed Resident 1's ISP provided via email on 04/22/2025. The ISP had an annual evaluation date listed as 12/08/2024. The ISP did	N 389		

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N 389	Continued From page 8 not indicate Resident 1 was a fall risk, did not identify interventions for falls, and did not reference Resident 1's history of multiple incidents related to falls. On 05/07/2025 at 4:30 PM, Surveyor discussed the above concern with Director A. Director A had recently begun employment and stated s/he had not cared for Resident 1, but would review the concern.	N 389		