STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009962	A. BUILDING: _____ B. WING _____	R-C 06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL DEER HAVEN	N26 W26286 QUAIL HOLLOW 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 06/15/2023, Surveyor completed a verification visit at HIL Deer Haven, a CBRF in Pewaukee. Two deficiencies were identified. Both deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
{N 243}	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and	{N 243}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009962	A. BUILDING: _____ B. WING _____	R-C 06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL DEER HAVEN	N26 W26286 QUAIL HOLLOW 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 243}	Continued From page 1 vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 2 of 3 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver F and Caregiver G did not have training in resident rights within 90 days after starting employment. Caregiver F and Caregiver G did not have training in required client groups within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022. Findings include: On 06/14/2023, Surveyor conducted a review of 3	{N 243}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009962	A. BUILDING: _____ B. WING _____	R-C 06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL DEER HAVEN	N26 W26286 QUAIL HOLLOW 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 243}	Continued From page 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Case Manager E for House Manager B, Caregiver F and Caregiver G. Resident Rights The records for Caregiver F, hired 03/02/2023 and Caregiver G, hired 12/29/2022 did not contain evidence of training or evidence of meeting an exemption for resident rights. On 06/14/2023 at approximately 10:15 a.m., Surveyor interviewed House Manager B and asked if Caregiver F and Caregiver G had completed or met an exemption for resident rights training. House Manager B replied, "We tell them all to do the trainings." Case Manager E stated Administrative Assistant H was obtaining training documentation. Administrator A added that some employee hire dates reflected the date they began with the company, but not when they started working at the provider's home so the employees may still be within 90 days of starting employment in the home. Surveyor requested documentation of any change in hire date and trainings by 06/15/2023. On 06/15/2023 at approximately 8:40 a.m., Surveyor received documentation from Administrative Assistant H that indicated Caregiver F and Caregiver G had not completed resident rights training but were scheduled to do so on 06/25/2023, greater than 90 days after their start of employment. Surveyor did not receive documentation of any change in hire date for Caregiver F or Caregiver G. Client Group The facility was licensed to provide care and	{N 243}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009962	A. BUILDING: _____ B. WING _____	R-C 06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL DEER HAVEN	N26 W26286 QUAIL HOLLOW 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 243}	Continued From page 3 services to residents within the client groups of developmentally disabled. The records for Caregiver F, hired 03/02/2023 and Caregiver G, hired 12/29/2022 did not contain evidence of training or evidence of meeting an exemption for client group training. On 06/14/2023, at approximately 10:15 a.m., Surveyor interviewed House Manager B and asked if Caregiver F and Caregiver G had completed or met an exemption for client group training specific to developmentally disabled. House Manager B replied, "We tell them all to do the trainings." Case Manager E stated Administrative Assistant H was obtaining training documentation. Administrator A added that some employee hire dates reflected the date they began with the company, but not when they started working at the provider's home so the employees may still be within 90 days of starting employment in the home. Surveyor requested documentation of any change in hire date and trainings by 06/15/2023. On 06/15/2023 at approximately 8:40 a.m., Surveyor received documentation from Administrative Assistant H that indicated Caregiver F and Caregiver G had not completed client groups training but were scheduled to do so on 06/25/2023, greater than 90 days after their start of employment. Surveyor did not receive documentation of any change in hire date for Caregiver F or Caregiver G.	{N 243}		
{N 432}	83.38(1)(h) Medication administration. 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	{N 432}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009962	A. BUILDING: _____ B. WING _____	R-C 06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL DEER HAVEN	N26 W26286 QUAIL HOLLOW 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 432}	Continued From page 4 arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the CBRF was able to provide medication administration appropriate to 2 of 8 residents reviewed. The provider did not have Polyethylene Glycol available to Resident 1 for administration or Milk of Magnesia available to Resident 2 for administration. This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022. Findings include: On 06/14/2023 at approximately 9:00 a.m., Surveyor reviewed resident records and medications. Example 1 - Resident 1: Resident 1 was admitted to the facility on 02/02/2012. Resident 1's orders included an order for Polyethylene Glycol - Take 17 gm in 8 ounces of liquid daily as needed for constipation (Start Date: 03/17/2023). Surveyor was unable to locate this medication in the provider's medicine cabinet. Surveyor asked Nurse D if the home had Polyethylene Glycol available for Resident 1. Nurse D looked throughout the homes medication supply and responded, "I don't see it." Nurse D stated it was the responsibility of the house	{N 432}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009962	A. BUILDING: _____ B. WING _____	R-C 06/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL DEER HAVEN	N26 W26286 QUAIL HOLLOW 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 432}	Continued From page 5 manager to ensure all medications were available for administration. Example 2 - Resident 2: Resident 2 was admitted to the facility on 11/23/2020. Resident 2's orders included Milk of Magnesia 400 mg/5 ml - Take 30 ml as needed for constipation (Start Date: 06/21/2021). Surveyor was unable to locate this medication in the provider's medicine cabinet. Surveyor then asked Nurse D if the home had Milk of Magnesia available for Resident 2. Nurse D looked throughout the homes medication supply and responded, "Not here." Nurse D stated staff would need to call the pharmacy to obtain the medication. At approximately 10:15 a.m., Surveyor reviewed concern with House Manager B and Case Manager E that Resident 1 and Resident 2 did not have PRN medications available to them. House Manager B stated both residents physicians had discussed discontinuing the medications at prior appointments. Surveyor requested documentation from House Manager B of Resident 1's Polyethylene Glycol and Resident 2's Milk of Magnesia being discontinued. House Manager B was given until 06/15/2023 to provide follow up documentation. As of 06/16/2023, documentation related to Resident 1's Polyethylene Glycol and Resident 2's Milk of Magnesia was not received. The provider did not have Polyethylene Glycol available to Resident 1 for administration or Milk of Magnesia available to Resident 2 for administration.	{N 432}		