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 07/10/2024

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 07/10/2024, Surveyor conducted a verification visit and standard survey at HIL Deer Haven, a CBRF in Pewaukee. Ten deficiencies were identified. Six deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022, MQKN12, dated 06/14/2023, MQKN13, dated 10/04/2023 and MQKN14, dated 03/01/2024. 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	N 243		

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

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N 243	Continued From page 1 considerations, disease processes, communication skills, nutritional needs, and 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 1 of 1 employees reviewed that was employed by the provider for greater than 90 days obtained all training as required within 90 days after starting employment. Caregiver Q did not have training in resident rights, recognizing, preventing, managing and responding to challenging behaviors and client groups within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022 and MQKN12, dated 06/14/2023. Findings include:	N 243		

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N 243	Continued From page 2 On 07/10/2024 at approximately 9:45 a.m., Surveyor conducted a review of Caregiver Q's record to verify compliance with all employee training requirements. Caregiver Q was hired on 02/26/2024. Resident Rights The record for Caregiver Q did not contain evidence of training or evidence of meeting an exemption for resident rights. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver Q did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to residents within the client group of developmental disability. The record for Caregiver Q did not contain evidence of training or evidence of meeting an exemption for client group training. On 07/10/2024 at approximately 10:45 a.m., Surveyor shared concern with Administrator O and Service Coordinator P that Caregiver Q had not received all employee training as required within 90 days of hire. Administrator O was given until the end of the day to provide any additional trainings or exemptions. On 07/10/2024 at approximately 1:45 p.m., Administrator O updated Surveyor that Caregiver Q had been assigned to complete all employee trainings, but the trainings had yet to be	N 243		

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N 243	Continued From page 3 completed.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation.	N 247		

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N 247	Continued From page 4	N 247		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 employees obtained all task specific training.

Caregiver N, Caregiver Q and Director M, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties.

Caregiver N, Caregiver Q and Director M, who performed dietary duties, did not have training in dietary services prior to assuming these duties.

Findings include:

On 07/10/2024 at approximately 9:45 a.m., Surveyor conducted a review of 3 employees to verify compliance with task specific training requirements. Surveyor requested training records from Administrator O for Caregiver N, Caregiver Q and Director M.

Provision of Personal Care

On 07/10/2024 at approximately 6:30 a.m., Surveyor observed Caregiver N and Director M providing personal care services to residents.

On 07/10/2024 at approximately 9:30 a.m., Administrator O informed Surveyor Caregiver Q worked the overnight shift and was responsible for providing personal cares.

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N 247	Continued From page 5 The record for Caregiver N, hired 05/07/2024, the record for Caregiver Q, hired 02/26/2024, and the record for Director M, hired 04/16/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training. On 07/10/2024 at approximately 10:45 a.m., Surveyor shared concern with Administrator O and Service Coordinator P that Caregiver N, Caregiver Q and Director M's record did not include documentation to indicate they had completed personal care training. Administrator O was given until the end of the day to provide any additional trainings or exemptions. On 07/10/2024 at approximately 1:45 p.m., Administrator O updated Surveyor that Caregiver N, Caregiver Q and Director M had been assigned to complete task specific trainings, but the trainings had yet to be completed. Dietary Training On 07/10/2024 at approximately 8:00 a.m., Surveyor observed Director M perform dietary tasks. On 07/10/2024 at approximately 1:45 p.m., Administrator O informed Surveyor Caregiver N and Caregiver Q were responsible for completing dietary tasks. The record for Caregiver N, hired 05/07/2024, the record for Caregiver Q, hired 02/26/2024, and the record for Director M, hired 04/16/2024, did not contain evidence of training or evidence of meeting an exemption for dietary training. On 07/10/2024 at approximately 10:45 a.m., Surveyor shared concern with Administrator O	N 247		

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N 247	Continued From page 6 and Service Coordinator P that Caregiver N, Caregiver Q and Director M's record did not include documentation to indicate they had completed dietary training. Administrator O was given until the end of the day to provide any additional trainings or exemptions. On 07/10/2024 at approximately 1:45 p.m., Administrator O updated Surveyor that Caregiver N, Caregiver Q and Director M had been assigned to complete task specific trainings, but the trainings had yet to be completed.	N 247		
{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 observation, record review and interview, the provider did not ensure the individual service plan (ISP) of 2 of 3 residents reviewed was followed. Resident 2 did not receive supervision while bathing or eating as indicated on his/her ISP. Resident 1 did not receive fluids or cuing assistance with breakfast as indicated on his/her ISP. This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN14, dated 03/01/2024. Findings include: On 07/10/2024, Surveyor made observations and reviewed resident records, which identified the following concerns: Example 1 - Resident 2:	{N 388}		

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{N 388}	Continued From page 7 On 07/10/2024 at 6:20 a.m., Surveyor observed Resident 2 bathing in the shower near his/her room. Director M and Caregiver N were both present in the home, but tending to other tasks. Approximately 5 minutes later, Surveyor returned to the bathroom and observed Caregiver N assisting Resident 2 in the shower. On 07/10/2024 at 7:11 a.m., Surveyor observed Resident 2 served a bowl of cereal from Director M. Surveyor observed Resident 2 spoon the cereal into his/her mouth with no breaks and eventually lift the bowl up to his/her mouth and finish the cereal. While Resident 2 ate his/her breakfast, Director M and Caregiver N tended to other residents and household tasks throughout the home. Neither Director M, nor Caregiver N provided line of sight supervision while Resident 2 ate. On 07/10/2024 at approximately 8:20 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 11/23/2020 with diagnosis including cerebral palsy and developmental disability. Resident 2's ISP, dated 06/24/2024, stated Resident 2 needed supervision and cues with bathing and line of sight supervision and cues to put utensil down between bites while eating due to Resident 2 being at risk of choking. Example 2 - Resident 1: On 07/10/2024 at approximately 8:10 a.m., Resident 1 was sitting at a dining room table with Administrator O and Surveyor. Resident 1 was heard stating, "I'm hungry." On 07/10/2024 at approximately 8:15 a.m.,	{N 388}		

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{N 388}	Continued From page 8 Director M guided Resident 1 to the other side of the house to have breakfast. Director M was then observed spooning oatmeal into Resident 1's mouth while Resident 1 sat in a wheelchair. In response to the oatmeal, Resident 1 responded, "Too hot." Surveyor observed a transport driver standing in the entry of the home ready to transport 7 of 8 residents, including Resident 1, to day program. Director M was heard stating, "I need like 3 minutes." Surveyor observed Director M put down Resident 1's oatmeal and hand him/her an oat breakfast bar. Resident 1 was then pushed out to the transport van while eating his/her breakfast bar. Resident 1 was not offered a drink or cued while eating. On 07/10/2024 at approximately 8:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 02/02/2012. Resident 1's ISP, dated 06/24/2024, stated, "Eats very slowly. [S/he] often needs reminders to sit up while eating as [s/he] tends to hunch over [his/her] dish ... Needs to have a small step to rest [his/her] feet on while eating at the table so [his/her] feet are resting and [s/he] is in a good position for proper swallowing and digestion ... [Resident 1] should be offered sips of water in between bites of dryer food items and should have [his/her] food cut into bite sized pieces ... At risk of choking due to enlarged tongue ... [S/he] is responsive to staff cues to drink between bites but has not shown [s/he] will do it on [his/her] own." On 07/10/2024 at approximately 10:30 a.m., Surveyor reviewed concern with Administrator O and Service Coordinator P that Resident 2 did not receive supervision while bathing or cuing and supervision while eating and Resident 1 did not receive cuing or fluids while eating. Service	{N 388}		

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{N 388}	Continued From page 9 Coordinator P stated s/he was unsure why Resident 1 was served so late.	{N 388}		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed for initial evacuation assessments was assessed within 3 days of admission to evaluate his/her ability to evacuate the home. Resident 10 was not assessed, using the department's form, to determine his/her ability to evacuate the home without any help or verbal prompting. Findings include: On 07/10/2024 at approximately 8:45 a.m., Surveyor reviewed Resident 10's record. Resident 10 was admitted to the provider's facility on 02/28/2024 with diagnoses including autism, attention deficiency disorder and generalized anxiety. Resident 10's record did not include an	N 393		

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N 393	Continued From page 10 evacuation assessment. On 07/10/2024 at approximately 9:50 a.m., Surveyor asked Administrator O if s/he had an initial evacuation assessment on file for Resident 10. Administrator O checked his/her electronic records and was unable to locate documentation of an evacuation assessment.	N 393		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure a qualified	N 397		

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N 397	Continued From page 11	N 397		

care staff was on duty and awake when residents were present. On 07/10/2024, the facility was staffed by Caregiver N and Director M, who were not fully trained. Caregiver Q, who was not fully trained, was responsible for working overnight shifts by him/herself.

Findings include:

On 07/10/2024 at approximately 6:10 a.m., Surveyor arrived to the home. Caregiver N reported s/he had worked the overnight shift. Caregiver N was the only caregiver present for the 8 residents that resided in the home.

On 07/10/2024 at approximately 6:15 a.m., Director M arrived to the home. Both Caregiver N and Director M began assisting residents with daily cares.

On 07/10/2024 at approximately 9:45 a.m., Surveyor reviewed 3 resident records, which indicated the following:

- Caregiver N had not received training in resident rights, challenging behaviors, client groups, personal cares or dietary tasks.
- Director M had not received training in challenging behaviors, client groups, personal cares or dietary tasks.
- Caregiver Q had not received training in resident rights, challenging behaviors, client groups, personal cares or dietary tasks.

On 07/10/2024 at approximately 10:45 a.m., Surveyor shared concern with Administrator O and Service Coordinator P that Caregiver N and Director M were observed working at the facility without a fully trained staff member present. Surveyor asked what shift Caregiver Q worked

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N 397	Continued From page 12 and if s/he typically worked alone. Administrator O stated Caregiver Q typically worked 3rd shift alone. Administrator O stated s/he would check for additional trainings for all 3 employees. On 07/10/2024 at approximately 1:45 p.m., Administrator O updated Surveyor that Caregiver N, Caregiver Q and Director M had been assigned to complete necessary trainings, but had yet to complete the trainings. Cross Reference: N0243 DHS 83.21(1)-(3) All Employee Training N0247 DHS 83.22(1-4) Task Specific Training	N 397		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address.	N 404		

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N 404	Continued From page 13 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the CBRF's medication administration and storage system was reviewed by a physician, pharmacist or registered nurse at least annually. The provider had not had a review of the medication storage system since 03/24/2023. Findings include: On 07/10/2024 at approximately 6:45 a.m., Surveyor reviewed the provider's environmental records. Records included a pharmacist review of the provider's medication storage dated 03/10/2022. On 07/10/2024 at approximately 10:45 a.m., Surveyor asked Administrator O and Service Coordinator P if the provider had a review of the medication storage system within the past year. Administrator O replied, "We have to set that up." On 07/10/2024 at approximately 1:00 p.m., Surveyor received documentation that indicated a pharmacist had reviewed the medication storage system on 02/24/2023, greater than 1 year ago. Cross Reference: N0432 DHS 83.38(1)(h) Medication Administration	N 404		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1.	N 407		

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N 407	Continued From page 14 Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed had their scheduled psychotropic medication reassessed by a pharmacist, practitioner or registered nurse at least quarterly for the desired responses and possible side effects of the medications. Resident 10 and Resident 1 did not have their scheduled psychotropic medications reassessed at least quarterly. This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022. Findings include: On 07/10/2024 at approximately 8:45 a.m., Surveyor reviewed resident records and identified the following concerns: Example 1 - Resident 10: Resident 10 was admitted to the provider's facility on 02/28/2024 with a physician order for Sertraline Hcl 100 mg every morning. Resident 10's record did not include a scheduled psychotropic review.	N 407		

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N 407	Continued From page 15 On 07/10/2024 at approximately 8:50 a.m., Surveyor asked Administrator O if Resident 10's Sertraline had been reassessed by a pharmacist, practitioner or registered nurse. Administrator A replied, "No," and explained that Resident 10 had yet to be taken to his/her psychiatrist. Example 2- Resident 1: Resident 1 was admitted to the provider's facility on 02/02/2012. Resident 1's physician orders included Ziprasidone 20 mg every morning and Ziprasidone 40 mg every evening (Start Date: 09/14/2012). Resident 1's record included psychotropic reviews dated 02/11/2013, 01/17/2024, 03/19/2024. On 07/10/2024 at approximately 10:45 a.m., Surveyor shared concern with Administrator O and Service Coordinator P that Resident 1's record did not indicate his/her Ziprasidone was reviewed quarterly. Administrator O replied, "That is no surprise to us." Administrator O explained that s/he was working on getting records into place after becoming manager earlier in the year.	N 407		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis.	N 409		

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N 409	Continued From page 16	N 409		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure all schedule II drugs were audited on a daily basis. Resident 1's Oxycodone scheduled 3 times daily was not audited daily.

This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022.

Findings include:

On 07/10/2024 at approximately 9:30 a.m., Surveyor reviewed the provider's schedule II drugs and daily audits. Resident 1 had orders for the following:

- Oxycodone 5 mg every morning (Start Date: 05/06/2024)
- Oxycodone 5 mg daily at 4:00 p.m. (Start Date: 05/06/2024)
- Oxycodone 2.5 mg daily at bedtime (Start Date: 05/06/2024)

The provider's log of schedule II audits, dated 06/04/2024 to 07/10/2024, indicated each card/scheduled time was counted separately. The audits did not include a daily audit for the following:

- AM Oxycodone was not audited on 06/05/2024 and 07/01/2024 to 07/04/2024.
- 4 p.m. Oxycodone was not audited from 07/02/2024 - 07/04/2024.
- PM Oxycodone was not audited 07/01/2024 - 07/04/2024.

On 07/10/2024 at approximately 2:30 p.m., Surveyor asked Administrator O why Resident 1's

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N 409	Continued From page 17 Oxycodone was not audited on the above dates. Administrator O stated s/he was told a single auditing sheet was used for auditing all doses. Surveyor did not review a single auditing sheet for the above dates while onsite, Surveyor did not receive documentation of a single auditing sheet from Administrator O and Surveyor noted Resident 1 was prescribed 2 different doses of Oxycodone.	N 409		
{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 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. Resident 2 and Resident 9 did not have all medications prescribed PRN available to them. This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022, MQKN12, dated 06/14/2023, MQKN13, dated 10/04/2023 and MQKN14, dated 03/01/2024.	{N 432}		

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{N 432}	Continued From page 18 Findings include: On 07/10/2024 at approximately 9:40 a.m., Surveyor reviewed physician orders and the facility's medication storage. The following concerns were identified: Example 1 - Resident 2: Resident 2 was admitted to the provider's facility on 11/23/2020. Resident 2's physician orders included the following medications that Surveyor was unable to locate in the medication storage: - Acetaminophen 650 mg Suppository (Start Date: 12/05/2022) - Insert every 4 hours as needed for pain or fever. - Bisacodyl 10 mg Suppository (Start Date: 12/05/2022) - Insert daily as needed for constipation. - Calcium Antacid 400 mg (Start Date: 06/21/2021) - Chew and swallow every 6 hours as needed for stomachache. On 07/10/2024 at approximately 9:40 a.m., Surveyor asked Service Coordinator P if the provider had the above medications stored elsewhere in the facility. Service Coordinator P replied, "No," and explained that the provider was working on getting the above medications discontinued by Resident 2's new physician. Service Coordinator P stated the medications were available at Resident 2's last physician appointment, but discarded since that appointment because the medications were expired. Service Coordinator P did not recall the date the medications were discarded. Example 2 - Resident 9:	{N 432}		

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{N 432}	Continued From page 19 Resident 9 was admitted to the provider's facility on 06/06/2024. Resident 9's physician orders included the following medications that Surveyor was unable to locate in the medication storage: - Mucinex 600 mg (Start Date: 04/05/2022) - Take 1 tablet 2 times daily as needed for congestion. - Saline Mist .65% Spray (Start Date: 01/18/2023) - Instill 1 spray each nostril as needed for congestion. - Albuterol Sulfate (Start Date: 05/18/2023) - Inhale 2 puffs into lungs every 6 hours as needed for asthma. On 07/10/2024 at approximately 9:40 a.m., Surveyor asked Service Coordinator P if the provider had the above medications stored elsewhere in the facility. Service Coordinator P replied, "No," and explained Resident 9 arrived to the facility with some medication expired so the provider was still working on ordering all the medications. Cross Reference: N0404 DHS 83.37(1)(e) Medication Regimen, Administration Review	{N 432}		
{Y3235}	50.09(1)(f) Privacy (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to:	{Y3235}		

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{Y3235}	Continued From page 20	{Y3235}		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 2 of 8 residents observed were provided privacy while caring for personal needs.

This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN14, dated 03/01/2024.

Findings include:

On 07/10/2024, Surveyor conducted a verification visit and standard survey. Surveyor observed the following privacy concerns:

Example 1 - Resident 2:

On 07/10/2024 at approximately 6:15 a.m., Surveyor heard Caregiver N encouraging Resident 2 to get in the shower.

On 07/10/2024 at approximately 6:20 a.m., Surveyor observed Resident 2 nude in the shower with the bathroom door wide open.
*Resident 2's individual service plan (ISP), dated 06/24/2024, stated s/he needed supervision while bathing.

On 07/10/2024 at approximately 6:49 a.m., Surveyor observed Caregiver N assisting Resident 2 with his/her dressing tasks in Resident 2's bedroom with the door wide open.

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{Y3235}	Continued From page 21 Example 2 - Resident 1: On 07/10/2024 at approximately 7:20 a.m., Surveyor observed Resident 1 sitting on the toilet with no clothes on. Caregiver N was sitting on a shower ledge on his/her phone and the bathroom door was wide open, allowing Resident 1 to be viewed from the hallway. From approximately 6:15 a.m. to 8:30 a.m., Resident 6 was observed ambulating throughout the facility independently, including down the hall that led to the bathroom used by Resident 2 and Resident 1. On 07/10/2024 at approximately 10:45 a.m., Surveyor interviewed Administrator O and Service Coordinator P. Surveyor reviewed privacy concerns with Administrator O and Service Coordinator P. Service Coordinator P wrote down Surveyor's concern and nodded his/her head in agreement that privacy should be provided during personal cares.	{Y3235}		