STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016579	A. BUILDING: _____ B. WING _____	C 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR POND HOUSE	1722 DUCKTAIL COURT NEW RICHMOND, WI 54017

(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
M 000	INITIAL COMMENTS On 05/20/2024, Surveyor conducted an abbreviated survey at Windsor Pond House. One violation was identified. Census: 4	M 000		
M 218	88.04(2)(b) AWAKE STAFF FOR CONTINUOUS CARE The licensee shall ensure that he or she or a service provider is present and awake at all times if any resident is in need of continuous care. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure awake staff was provided at night for continuous care residents. Findings include: DHS 88 defines continuous care as "The need for supervision, intervention or services on a 24-hour basis to prevent, control and ameliorate a constant or intermittent mental or physical condition which may break out or become critical during any time of the day or night. Note: Examples of persons who need continuous care are wanderers, persons with irreversible dementia, persons who are self abusive or who become agitated or emotionally upset and persons whose changing or unstable health condition requires monitoring." On 05/20/2024 at 10:50 AM, Caregiver A provided a verbal summary of resident needs. Resident 1 (admitted on 08/01/2018) had diagnoses	M 218		

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
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M 218	Continued From page 1	M 218		

including autism, spectrum disorder, and bipolar disorder. Resident 1 had a history of aggressive behaviors. Within the past 2 months, Resident 1 required police intervention and stabilization after assaulting a staff member. Caregiver A stated Resident 1's behaviors occurred "out of the blue... newer staff will be totally caught off guard."

Caregiver A stated Resident 2 experienced hallucinations to self-harm, so staff needed to keep sharp objects locked up. Caregiver A described Resident 2 as sad and impulsive. Caregiver A stated Resident 2 swallowed a battery about a year ago.

Caregiver A stated 1 staff was scheduled for each of the following shifts between Monday and Friday: 11:00 PM to 7:00 AM, 7:00 AM to 3:00 PM, and 3:00 PM to 11:00 PM. On weekends, staff were scheduled to work a block shift from 11:00 PM Friday to 7:00 AM Monday. Caregiver A said the provider did not have awake staff during the night.

At 11:30 AM, Surveyor interviewed Resident 2. Resident 2 stated s/he did not feel safe at all times because of Resident 1's behaviors.

At 11:45 AM, Surveyor interviewed Resident 3. Resident 3 stated s/he did not feel safe at all times because of Resident 1's behaviors. Resident 3 described Resident 1's behaviors as occurring randomly when s/he did not get his/her way.

Surveyor reviewed the staff schedule provided by Manager B. The schedule confirmed staff were provided in the pattern described by Caregiver A.