STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019365	A. BUILDING: _____ B. WING _____	R 05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE REALITY LLC	2792 LEDGEMONT STREET FITCHBURG, WI 53711

(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 05/29/2024, Surveyor conducted a verification visit at Hope Reality LLC, a CBRF in Fitchburg. One deficiency was identified. See Statement of Deficiency (SOD) B8OR11, dated 01/22/2024 and SOD B8OR12, dated 04/16/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{N 000}		
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.	N 397		

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
	0019365	A. BUILDING: _____ B. WING _____	R 05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE REALITY LLC	2792 LEDGEMONT STREET FITCHBURG, WI 53711

(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 397	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least 1 qualified care staff was on duty and awake when at least 1 resident in the CBRF was in need of supervision or intervention on a 24-hour basis for an intermittent mental or physical condition that may occur, including residents who were at risk of elopement, who were self-abusive, who became agitated or emotionally upset or had unstable health conditions that required close monitoring. The facility's live-in caregiver slept during the overnight hours. This is a repeat deficiency. See Statement of Deficiency (SOD) B8OR11, dated 01/22/2024 and B8OR12, dated 04/16/2024. Findings include: The provider is licensed to serve up to 6 residents with diagnoses including irreversible dementia/Alzheimer's, traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, advanced age and terminally ill. The provider's program statement stated, "We have awake staff available 24 hours per day. Our staffing is to always have a minimum of 1 awake staff member on duty." On 05/28/2024 at approximately 8:30 a.m., Surveyor reviewed the provider's staff schedule with Caregiver D. Surveyor noted that Caregiver D was scheduled to work 48 consecutive hours from 04/24/2024 through 04/25/2024 (schedule did not specify times). Surveyor asked Caregiver D if s/he worked 48 consecutive hours. Caregiver D replied, "Yes. I am the live-in." Surveyor asked Caregiver D if s/he remained awake for the entire 48-hour shift or if s/he slept. Caregiver D stated	N 397		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019365	A. BUILDING: _____ B. WING _____	R 05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE REALITY LLC	2792 LEDGEMONT STREET FITCHBURG, WI 53711

(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 397	Continued From page 2	N 397		

s/he slept during the night.

On 05/28/2024 at approximately 8:40 a.m., Surveyor heard Resident 1 state to Administrator A that s/he was suicidal but had told another individual s/he wouldn't do anything.

On 05/28/2024 at approximately 8:45 a.m., Surveyor interviewed Administrator A. Surveyor asked Administrator A for clarification regarding the staffing patterns. Administrator A stated Caregiver D was a live-in caregiver and allowed to sleep during the night. Surveyor shared concern that the facility was not staffed with awake staff as indicated on the program statement and that based on Resident 1's recent comment, s/he may require supervision during the night. Administrator A acknowledged the program statement indicated the facility would have awake staff and stated, "What you put on paper is not always practical." Administrator A stated his/her staff was human and it was fine for them to doze off during the night. Administrator A shared that s/he had been a nurse for many years and it was normal for staff to sleep during the overnight hours because it was a part of nature. Administrator A stated the facility was alarmed, which would wake the caregiver if a resident was exiting. Administrator A stated s/he was not concerned with Resident 1 requiring supervision overnight for his/her mental health because Resident 1's suicidal comment was just something s/he said, but never acted on.

On 05/28/2024 at approximately 9:00 a.m., Surveyor reviewed resident records, which included the following:

- Resident 1 was admitted to the facility on 04/01/2024. Resident 1 had a diagnosis of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019365	A. BUILDING: _____ B. WING _____	R 05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE REALITY LLC	2792 LEDGEMONT STREET FITCHBURG, WI 53711

(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 397	Continued From page 3 schizoaffective disorder. Resident 1's individual service plan (ISP) stated s/he had short-term memory loss, forgetfulness and auditory/visual hallucinations including fear of being kidnapped. Resident 1's caregiver interventions included reassurance form staff, reorienting and educating on how to differentiate reality from hallucinations. - Resident 2 was admitted to the facility on 04/01/2024. Resident 2 had diagnoses of cognitive disfunction, anxiety and depression. Resident 2's ISP indicated s/he was an elopement risk, had a history of exposing him/herself inappropriately to staff and making sexual remarks and was a fall risk. - Resident 3 was admitted to the facility on 10/17/2023 with a diagnosis of dementia. On 05/29/2024 at approximately 9:30 a.m., Surveyor reviewed information documented in resident records regarding diagnoses and/or needs for 3 of 4 residents residing at the facility indicating awake staff should be available with Administrator A. Administrator A reiterated that his/her staff was human and able to doze off at night. Administrator A stated the residents did not require assistance at night and reiterated to Surveyor that should a resident need assistance, the facility was alarmed and would alert the caregiver.	N 397		