STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012634	A. BUILDING: _____ B. WING _____	C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLES LANDING	26516 NORDIC RIDGE DR WIND LAKE, WI 53185

(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 09/13/2023, Surveyor completed a standard licensing survey and a complaint investigation at Eagles Landing. Six deficiencies were identified. One complaint was unsubstantiated. Census: 4	M 000		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 4 resident bedrooms' casement windows were capable of being opened and used as ventilation for health and comfort. Resident 1's and Resident 2's bedrooms contained 2 casement windows which required a crank tool to open them. Resident 1 and Resident 2 did not have the crank tool required to open their bedroom windows. Findings include: On 09/08/2023, at 10:10 a.m., Surveyor toured the facility and observed Resident 1's bedroom contained 2 casement windows. The windows did not contain the crank tool required to open them.	M 298		

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

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M 298	Continued From page 1 Surveyor toured Resident 2's bedroom and observed it contained 2 casement windows. The windows did not contain the crank tool required to open them. On 09/08/2023, at 10:10 a.m., Surveyor interviewed Caregiver C regarding the bedroom windows. Caregiver C confirmed s/he was unable to open the windows as the crank tool was missing. Caregiver C stated, "Somebody took them off. I'm not sure." On 09/08/2023, at 11:03 a.m., Surveyor interviewed Licensee A, who reported s/he never noticed that the window cranks were off the windows. Licensee A stated, "I know the residents like the air conditioning, but I will look for the window cranks, so they have a choice." On 09/08/2023, at 11:03 a.m., Surveyor interviewed Resident 3, who stated, "I would love to open the windows, but I do not have cranks on my windows." Resident 3 reported s/he "told someone." Resident 3 reported s/he had not received any crank tools after s/he made the request.	M 298		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.	M 346		

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M 346	Continued From page 2	M 346		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 4 of 4 residents were evaluated annually for evacuation time, using the Department's form (Resident 1, Resident 2, Resident 3, and Resident 4).

Findings include:

On 09/08/2023 at 12:15 p.m., Surveyor reviewed Resident 1, Resident 2, Resident 3 and Resident 4's complete records. The following was identified:
- Resident 1 was admitted to the facility on 02/14/2020. Surveyor observed fire evacuation evaluation form dated 02/15/2020. On the last page of Resident 1's fire evacuation evaluation form, there was a handwritten note dated 02/20/2021 reading, "no issues." Resident 1's record did not contain a fire evacuation evaluation form for 2022.
-Resident 2 was admitted to the home on 08/11/2021. Surveyor observed fire evacuation evaluation form dated 08/13/2021. On the last page of Resident 2's fire evacuation evaluation form there was a handwritten note reading, "no issues." Resident 2's record did not contain a fire evacuation evaluation form for 2022.
-Resident 3 was admitted to the facility on 03/14/2019. Surveyor observed fire evacuation evaluation form dated 03/19/2019. On the last page of Resident 3's fire evacuation evaluation form there were handwritten notes dated 03/20/2020 and 03/22/2021 reading, "no issues." Resident 3's record did not contain a fire evacuation evaluation form for 2022.
-Resident 4 was admitted to the facility on 01/19/2018. Surveyor observed fire evacuation evaluation form dated 01/19/2018. On the last page of Resident 4's fire evacuation evaluation

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M 346	Continued From page 3 form there were handwritten notes dated 08/24/2019, 08/25/2020 and 08/23/2021 reading, "no changes." Resident 4's record did not contain a fire evacuation evaluation form for 2022. On 09/08/2023 at 12:30 p.m., Surveyor interviewed Licensee A. Licensee A confirmed resident records were complete and updated. On 09/08/2023 at 2:12 p.m., Surveyor interviewed Licensee A who reported s/he was aware of the code requirements and Manager B probably just forgot to do the fire evacuation evaluations. Licensee A stated s/he would remind Manager B of the code requirement.	M 346		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' guardians were involved in the development of the individualized service plan (ISP). Resident 2's and Resident 3's ISPs were not signed by their responsible party.	M 406		

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M 406	Continued From page 4 This is a repeat deficiency. See SOD 4T7F11, dated 01/24/2022. Findings include: On 09/08/2023 at approximately 11:20a.m., Surveyor reviewed resident records. The following was identified: -Resident 2 was admitted on 08/11/2021. Resident 2 had a guardian (Guardian E). Resident 2's ISP, dated 01/23/2022, was missing Guardian E's signature. Resident 2's ISP was signed by Manager B and Resident 2. -Resident 3 was admitted on 03/14/2019. Resident 3 had a guardian (Guardian G). Resident 3's ISP, dated 01/23/2022, was missing Guardian G's signature. Resident 3's ISP was signed by Manager B and Resident 3. On 09/08/2023 at approximately 11:20 a.m., Surveyor interviewed Licensee A, who stated Former Quality Manager D, who left over one year ago, "used to stay on top of stuff like this." Licensee A explained they tried to run their Adult Family Homes (AFH) like Community Based Residential Facilities (CBRF s). "I didn't realize there was a difference in the codes related to the ISPs. I will have our managers look at that."	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated	M 424		

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M 424	Continued From page 5	M 424		

representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure each resident's Individual Service Plans (ISP) was reviewed and updated at least every 6 months for 3 of 4 residents. Resident 1's, Resident 2's, and Resident 3's ISPs were not updated every 6 months after 01/2022. Resident 1's ISP should have been reviewed and updated to include smoking parameters.

Findings include:

On 09/08/2023, at 11:15 a.m., Surveyor observed cigarettes and lighter in locked medication closet. Surveyor observed Caregiver C provide Resident 1 a cigarette from the locked closet. Caregiver C reported to Surveyor Resident 1 received a cigarette from staff and staff lit the cigarette outside because of Resident 1's memory.

On 09/08/2023 at approximately 11:20a.m., Surveyor reviewed resident records. The following was identified:

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M 424	Continued From page 6 -Resident 1 was admitted on 02/14/2020. Resident 1 had guardian listed (Guardian E). Resident 1's last ISP was dated 01/22/2022. Resident 1's record did not contain documentation her/his ISP was reviewed in 07/2022, 01/2023, and 07/2023. -Resident 2 was admitted on 08/11/2021. Resident 2 has a guardian (Guardian F). Resident 2's ISP was dated 01/23/2022. Resident 2's record did not contain documentation her/his ISP was reviewed in 07/2022, 01/2023 and 07/2023. -Resident 3 was admitted on 03/14/2019. Resident 3 had a guardian (Guardian G). Resident 3's ISP was dated 01/23/2022. Resident 2's record did not contain documentation her/his ISP was reviewed in 07/2022, 01/2023 and 07/2023. On 09/08/2023, at 11:20 a.m., Surveyor interviewed Resident 2, who explained staff restricted Resident 1's cigarette smoking. Resident 1 was caught smoking in his/her bedroom, so Manager B put him/her on restriction. On 09/08/2023 at approximately 11:20 a.m., Surveyor interviewed Licensee A. Licensee A reported the responsibility of reviewing and updating resident's ISPs belonged to her/himself and Manager B. Licensee A explained they tried to run their Adult Family Homes (AFH) like Community Based Residential Facilities (CBRF s). "I didn't realize there was a difference in the codes related to the ISPs. I will have our managers look at that." Licensee A confirmed Resident 1's ISP did not include Resident 1's	M 424		

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M 424	Continued From page 7 smoking schedule on her/his current ISP. Licensee A reported s/he would update the ISPs to reflect their needs. On 09/13/2023 at 8:30 a.m. Surveyor interviewed Manager B, who confirmed locking up/limiting Resident 1's cigarettes. "Resident 1 would smoke all the time and in his/her room if we didn't lock the cigarettes up." On 09/15/2023 at 9:05 a.m. Surveyor interviewed Care Manager H, who confirmed s/he was not aware the provider was locking up/limiting Resident 1's cigarettes. On 09/15/2023 at 9:45 a.m. Surveyor interviewed Guardian E, who confirmed s/he was not aware the provider was locking up/limiting Resident 1's cigarettes.	M 424		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared and stored in a sanitary manner for 4 of 4 residents in the home. Staff prepared a meal and touched the food products with their hands and served it to a resident without washing their hands first or wearing gloves. Food in storage containers in the refrigerator were not dated or labeled.	M 474		

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M 474	Continued From page 8	M 474		

Findings include:

Example One: Handwashing/meal preparation

On 09/08/2023, at approximately 11:30 a.m., Surveyor observed Licensee A prepare lunch for Resident 1 without washing his/her hands or putting on gloves on to begin the process of meal preparation. Licensee A opened the loaf of bread and placed the bread on the plate. Licensee A then opened the container of bologna and removed the bologna by hand and placed on the bread to make a sandwich for Resident 1. Surveyor observed liquid hand soap in kitchen next to sink and paper towel on kitchen counter. Surveyor observed Resident 1 eat the sandwich.

The U.S. Food & Drug Administration Food Safety Meal Prep guide read, "Wash hands with soap and water for at least 20 seconds before preparing food." (Source: The United States Food and Drug Administration website, Food Safe Meal Prep, March 2018, https://www.fda.gov/media/115208/download (retrieval date - 09/13/2023).)

The Center for Disease Control informs "practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. On average, healthcare providers clean their hands less than half of the times they should." (Source: The Center for Disease Control Website, Hand Hygiene in Healthcare Settings, April 28, 2023, https://www.cdc.gov/handhygiene/ (retrieval date - 09/13/2023).)

On 09/13/2023, at approximately 3:20 p.m.,

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M 474	Continued From page 9 Surveyor interviewed Licensee A. Licensee A was unaware s/he needed to wash his/her hands prior to meal preparation. Licensee A stated s/he would review his/her standard precautions trainings. Example Two: Food storage On 09/08/2023, at approximately 10:50 a.m., Surveyor toured facility accompanied by Licensee A. Surveyor observed multiple food items in the upstairs refrigerator that were not labeled or not sealed properly. The basement refrigerator had, what appeared to be a leftover plate of food, wrapped in aluminum foil. Observations of opened items in the upstairs refrigerator: Open hotdogs with four left; no open date. Open lunchmeat with four slices left in package: no open date. Open jar of green olives on top shelf of refrigerator. Half of the olives were gone. No open date. Open spaghetti sauce jar on top shelf of refrigerator. Half of the spaghetti sauce was gone. No open date. Observations of opened items in the basement refrigerator: Pasta, shrimp in white sauce with aluminum foil covering in basement refrigerator, no label and open date. The "Servsafe Coursebook - 7th Edition" documents ready-to-eat foods that need Temperate Control for Safety (TCS) food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower-higher."(Servsafe Coursebook, 7th Ed., 2017, p. 5-11)	M 474		

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M 474	Continued From page 10 According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (Servsafe Coursebook, 7th Ed., 2017, p. 5-23) On 09/08/2023, at approximately 10:50 a.m., Surveyor interviewed Licensee A and asked him/her to identify how old the item wrapped with aluminum foil in refrigerator was. Licensee A told Surveyor, "I don't know. It's not labeled. Without the label, we don't know how old it is. It should be dated. Does an adult family home need to label and date their food? Is that a code?"	M 474		
M 480	88.08 TERMINATION OF PLACEMENT TERMINATION OF PLACEMENT. A licensee may terminate a resident's placement only after giving the resident, the resident's guardian, if any, the resident's service coordinator, the placing agency, if any and the designated representative, if any, 30 days written notice. The termination of a placement shall be consistent with the service agreement under s.	M 480		

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M 480	Continued From page 11 HSS 88.06(2)(c)7. The 30 day notice is not required for an emergency termination necessary to prevent harm to the resident or the other household members. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 30 days' written notice was given when the provider issued a termination of placement for 1 of 1 resident. The provider did not give Resident 1 a 30 days' written notice when issuing a termination of placement. Findings include: On 09/08/2023 at 1:50 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 02/14/2020 with diagnoses including dementia and diabetes mellitus type II. Resident 1 had a guardian. Surveyor did not observe a 30-day written notice in Resident 1's record. Surveyor reviewed provider Admission Agreement, dated 02/14/2020. The document read, "For the above listed services, the per diem rate is $160.00 per day. This rate is subject to change with a 30-day written notice to consumer, case worker, and guardian." On 09/08/2023 at 12:26 p.m., interviewed Licensee A who stated, "We gave [Resident 1] a 30-day notice. S/He is too medically needy and his/her memory is beyond the kind of house this is." Surveyor asked if a written notice was provided to Guardian E. Licensee A told Surveyor s/he did not know, and Surveyor would have to confirm with Manager B. Licensee A stated, "S/He would have taken care of that." On 09/13/2023 at 8:31 a.m. Surveyor interviewed	M 480		

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M 480	Continued From page 12 Manager B, who confirmed Resident 1 did not received 30-day written notice. Manager B stated, "We verbally told the care team and his/her guardian mid-July, but never sent a letter." On 09/15/2023 at 9:05 a.m. Surveyor interviewed Care Manager (CM) H, who confirmed s/he received an e-mail indicating the 30-day notice for Resident 1. CM H notified Guardian E of the notice. CM H concluded, "I'm not seeing an official 30-day written notice in the file or in the notes. We don't seem to have a copy of that. I just received an e-mail." On 09/15/2023 at 9:45 a.m. Surveyor interviewed Guardian E, who confirmed s/he did not receive 30-day written notice to move from the provider.	M 480		