STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017413	A. BUILDING: _____ B. WING _____	C 09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY BLESSED HOME	**7937 W HOLMES AVE GREENFIELD, WI 53220**

(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 09/06/2024, Surveyor concluded a complaint investigation at Serenity Blessed Home. As a result, 5 deficient practices were identified. One complaint was substantiated. Census: 8	N 000		
N 306	83.28(7) Advanced directives. Advanced directives. At the time of admission, the CBRF shall determine if the resident has executed an advanced directive. An advanced directive describes, in writing, the choices about treatments the resident may or may not want and about how health care decisions should be made for the resident if the resident becomes incapacitated and cannot express their wishes. A copy of the document shall be maintained in the resident record as required under s. HFS 83.42(1)(s). A CBRF may not require an advanced directive as a condition of admission or as a condition of receiving any health care service. An advanced directive may be a living will, power of attorney for health care, or a do-not-resuscitate order under chs. 154 or 155, Stats., or other authority as recognized by the courts of this state. This Rule is not met as evidenced by: Based on record review and interview, the provider did not accurately document or maintain a record of Resident 1's executed, advanced directive naming Health Care Power of Attorney (AHCPOA) B as Resident 1's legal decision maker for health care at the time of Resident 1's admission.	N 306		

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

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N 306	Continued From page 1 Findings include: On 09/06/2024 at 11:55 a.m., Surveyor reviewed Resident 1's record. The following was identified: Resident 1 was admitted to the facility on 11/06/2023. Resident 1's diagnosis included hepatic encephalopathy, generalized epilepsy, bipolar disorder, visual hallucinations, and delusional disorder. Resident 1 had an activated health care power of attorney. On 07/07/2023, Resident 1's Managed Care Organizations, Member Centered Plan read, "[AHCPOA B] family member and activated POA-HC, makes healthcare decisions." On 08/08/2023, Resident 1's Managed Care Organizations Member overview read, "POA-Health Care: [AHCPOA B] (Yes-Activated)." On 10/21/2023, Administrator A assessed Resident 1 with Managed Care Organizations, Member Centered Plan dated 07/07/2023. Surveyor observed handwritten notes on the document. Administrator A confirmed using the document for his/her move-in assessment. On 09/05/2024 at 3:35 p.m., Surveyor interviewed Activated Health Care Power of Attorney (AHCPOA) B, who stated the power of attorney document was activated before resident moved into CBRF. On 09/06/2024 at 8:40 a.m., Surveyor interviewed CM C via telephone. CM C confirmed AHCPOA B was activate power of attorney and does actively advocate for Resident 1.	N 306		

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N 306	Continued From page 2 On 09/06/2024 at 1:15 p.m., Surveyor interviewed Administrator A, who stated, "S/He is his/her own person." On 09/06/2024 at 1:35 p.m., Surveyor interviewed Administrator A, who stated, "[AHCPOA B] kept telling me that Resident 1 was his/her own person, and I believed him/her. I made a mistake. It was right here in front of me in my assessment. I do not have the document on file."	N 306		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if	N 310		

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N 310	Continued From page 3	N 310		

security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider did not ensure an admission agreement was signed and dated before or at the time of admission for 1 of 1 resident reviewed (Resident 1).

Findings include:

On 09/06/2024 at 11:55 a.m., Surveyor reviewed Resident 1's record. The following was identified:

Resident 1 was admitted to the facility on 11/06/2023. Resident 1's diagnosis included hepatic encephalopathy, generalized epilepsy, bipolar disorder, visual hallucinations, and delusional disorder. Resident 1 had an activated health care power of attorney.

On 09/06/2024 at 1:15 p.m., Surveyor observed admission agreement signed by Resident 1 dated 11/06/2023. Surveyor asked Administrator A why Health Care Power of Attorney (AHCPOA) B had not signed the admission agreement upon admission. Administrator A stated, "[Resident 1] is not activated. I didn't need the [AHCPOA B's] signature. S/He is his/her own person."

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N 310	Continued From page 4 Surveyor showed Administrator A Resident 1's Managed Care Organizations, Member Centered Plan, dated 07/07/2023. The document read, "[AHCPOA B] family member and activated POA-HC, makes healthcare decisions." On 09/06/2024 at 1:35 p.m., Surveyor interviewed Administrator A, who stated, "[AHCPOA B] kept telling me that Resident 1 was his/her own person, and I believed him/her. I made a mistake. It was right here in front of me in my assessment." Cross Reference N0306 DHS 83.28(7) Advanced Directives	N 310		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident was	N 326		

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served a 30-day written advance notice of discharge. Resident 1 or his/her legal representative was not provided a 30-day written notice of discharge which explained to the resident the need for and possible alternatives to the discharge.

Findings include:

On 09/05/2024, the department received complaint information which included concern that a resident and legal representative were not provided a 30-day written notice of discharge which explained to the resident the need for and possible alternatives to the discharge.

On 09/06/2024 at 11:55 a.m., Surveyor reviewed Resident 1's record. The following was identified:

-Resident 1 was admitted to the facility on 11/06/2023. Resident 1's diagnoses included hepatic encephalopathy, generalized epilepsy, bipolar disorder, visual hallucinations, and delusional disorder. Resident 1 had an activated health care power of attorney.
- Resident 1's pre-admission assessment, dated 10/21/2023, did not identify s/he was at risk of serious harm to the health or safety of his/herself, other residents, or employees.
- Resident 1's record did not contain a written 30-day notice of discharge.
- Resident 1's record did not contain evidence s/he was a risk of serious harm to the health or safety of his/herself, other residents, or employees.

On 09/05/2024 at 3:35 p.m., Surveyor interviewed Activated Health Care Power of Attorney (AHCPOA) B, who stated Resident 1 received a 30-day eviction notice from Administrator A at the

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N 326	Continued From page 6	N 326		

end of July 2024. AHCPOA B stated Administrator A sent an email to Managed Care Case Manager (MCCM) C and a text message to him/her. AHCPOA B stated, "I never received a formal 30-day letter."

On 09/06/2024 at 8:35 a.m., Surveyor interviewed MCCM C via telephone. MCCM C confirmed s/he received a 30-day notice of discharge for Resident 1 via email on June 18, 2024, at 9:51 a.m. from Administrator A. MCCM C reviewed his/her case notes from June 16th, 2024, and read to Surveyor. Administrator A reported, "[Resident 1] is a disturbance to other [sic] staff and residents. S/He is not taking his/her medication. S/He refuses medication and hallucinates. S/He's threatening to staff and residents."

On 09/06/2024 at 10:50 a.m., Surveyor interviewed Administrator A, who stated s/he gave Resident 1 a 30-day notice of discharge to MCCM C because, "AHCPOA B feels that I am so abusive, so I just took charge. AHCPOA B feeds too much into [Resident 1's] accusations and hallucinations." Administrator A confirmed s/he texted AHCPOA B 30-day notice of discharge.

On 09/06/2024 at 1:15 p.m., Surveyor interviewed Administrator A, who stated, "I gave him/her a 30-day notice because of his/her behaviors. I can handle him/her. S/He is his/her own person. However, his/her refusing medication doesn't match my values. I can't keep having him/her refuse his/her medication and then having to send him/her to the hospital. That's not care." Surveyor asked Administrator A if s/he reviewed the code before giving the 30-day notice. Administrator A stated, "I just knew it needed to

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N 326	Continued From page 7 be written. I sent the letter to the Managed Care Organization." On 09/06/2024 at 1:39 p.m., Surveyor received a forwarded email from Administrator A, dated 06/18/2024 at 9:51 a.m., reading, " To whom it may concern, [sic] This is a 30-day discharge letter for [Resident 1]. Thank you." Cross Reference N0306 DHS 83.28(7) Advanced Directives	N 326		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a signed statement acknowledging the provider explained resident rights 1 of 1 resident reviewed (Resident 1). Findings include:	N 343		

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N 343	Continued From page 8 On 09/06/2024 at 11:55 a.m., Surveyor reviewed Resident 1's record. The following was identified: Resident 1 was admitted to the facility on 11/06/2023. Resident 1's diagnoses included hepatic encephalopathy, generalized epilepsy, bipolar disorder, visual hallucinations, and delusional disorder. Resident 1 had an activated health care power of attorney. On 09/06/2024 at 1:20 p.m., Surveyor observed a signature page reading, "My signature below as the resident [sic] indicates that I have read, or had read to me, the provisions of this Agreement [sic], Resident [sic] rights, that I enter into this Agreement [sic] voluntarily, that I agree to be bound by all of its terms, and that I have received a copy of this Agreement [sic] for my own records." On resident signature line, Surveyor observed Resident 1 signed his/her first name only and dated the document 11/06/2023. On 09/06/2024 at 1:23 p.m., Surveyor asked Administrator A if upon admission, resident rights were explained to Resident 1 and/or to his/her legal representative. Administrator A stated, "S/He is his/her own person. It is signed." Surveyor showed Administrator A Resident 1's Managed Care Organizations, Member Centered Plan, dated 07/07/2023. The document read, "[AHCPOA B] family member and activated POA-HC, makes healthcare decisions." On 09/06/2024 at 1:35 p.m., Surveyor interviewed Administrator A, who stated, "[AHCPOA B] kept telling me that Resident 1 was his/her own person, and I believed him/her. I made a mistake. It was right here in front of me in my assessment."	N 343		

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N 343	Continued From page 9 Cross Reference N0306 DHS 83.28(7) Advanced Directives	N 343		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the comprehensive individual service plan (ISP) included all the resident's needs, program services the provider staff would provide, specific methods for delivering needed care, and who was responsible for delivering the care for 1 of 1 resident reviewed (Resident 1). Resident 1's ISP did not include the program service approaches to personal care the provider staff would provide. The ISP did not identify the Resident 1's behavioral needs and desired outcomes. The ISP did not include identify the	N 386		

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program services, frequency, and approaches to Resident 1's behavioral incident that the staff would provide. The ISP did not include established measurable goals with specific time limits for attainment. The ISP did not include specify methods for delivering needed care and who is responsible for delivering the care. The ISP was not signed by Activated Health Care Power of Attorney (AHCPOA) B.

Findings include:

On 09/06/2024 at 11:55 a.m., Surveyor reviewed Resident 1's record. The following was identified:

-Resident 1 was admitted to the facility on 11/06/2023. Resident 1's diagnosis included hepatic encephalopathy, generalized epilepsy, bipolar disorder, visual hallucinations, and delusional disorder. Resident 1 had an activated health care power of attorney.

-Resident 1's Individual Service Plan (ISP) dated 12/06/2023, indicated the following:

Under the heading, "Nursing Care, Capacity for self-direction."
Makes own decisions, "yes." Needs assistance, "Yes." Makes needs knows, "Yes." Cannot make needs knows, "No."

Under the heading, "Supervision."
Capable of self-supervision, "No."
24-hour supervision, "Yes."

Under the heading, "Capacity for self-care."
Independent, "No."
Needs some assistance, "Yes."
Needs total assistance, "No." Under explain, a handwritten note read, "Very confused [sic]

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unoriented."

Under the heading, "Personal Care." Bathing. Current Status, "total care." Frequency of service and service provided, "Refuses but we're pushing for weekly [sic]." Goal/Outcome, "To stay clean [sic]." Service provider responsibilities, "Carefully assist him/her so s/he's safe in/out shower."

"Personal Care", Toileting: Current Status, "total care [sic] doesn't know when to change depends." Frequency of service and service provided, "every two hours or as needed. Refuses care." Goal/Outcome, "To prevent infections." Service provider responsibilities, "Try to help change his/her depends."

Under the heading, "Behavior Patterns", Destructive [sic] of property or self/physically or mentally abusive: Current Status, "Name calls herself, 's/he's fat'." Frequency of service and service provided, "Once." Goal/Outcome, "Boost his/her confidence." Service provider responsibilities, "Tell her that s/he's beautiful."

The ISP did not include the program service approaches to personal care the provider staff would provide. The ISP did not identify the Resident 1's behavioral needs and desired outcomes. The ISP did not include identify the program services, frequency, and approaches to Resident 1's behavioral incident that the provider staff would provide. The ISP did not include established measurable goals with specific time limits for attainment. The ISP did not include specify methods for delivering needed care and who is responsible for delivering the care.

On 09/06/2024 at 10:35 a.m., Surveyor interviewed Administrator A, who stated s/he

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N 386	Continued From page 12 completed Resident 1's ISP alone, without input from AHCPOA B or Managed Care Case Manager (MCCM) C. Administrator A stated, "I have not read the code on how to do ISPs since I started eight years ago. I do not do ISPs with the residents." Administrator A explained Resident 1 was his/her own person and s/he suffered from hallucinations. Surveyor asked Administrator A where hallucinations were addressed in Resident 1's ISP. Administrator A stated, "I must have got caught up and forgot to add it." Administrator A confirmed there was not a reference to hallucinations or specific methods for delivering needed care when Resident 1 experienced hallucinations. Administrator A stated s/he reviewed Resident 1's ISP and added to, "mental and emotional health, interaction with others." Administrator A added, "Very rude, bossy, spits at residents. Hits staff." Administrator A stated, "I added, under service provider responsibilities, redirect him/her." Surveyor asked where it directed how caregivers should redirect Resident 1. Administrator A stated, "I see what you mean." Administrator A confirmed there were not approaches or specify methods for delivering needed care for Resident 1. Cross Reference N0306 DHS 83.28(7) Advanced Directives	N 386		