STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013514	A. BUILDING: _____ B. WING _____	R-C 11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE SUPERIOR	1915 N 34TH ST SUPERIOR, WI 54880

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{N 000}	Initial Comments On 11/06/2025, Surveyor conducted a standard licensure survey and verification visit at New Perspective Superior. Data was collected through 11/11/2025. Two violations were corrected. Five violations were identified. 1 of five violations was a repeat deficiency. See Statement of Deficiencies (SOD) H0E711, dated 03/17/2021. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 35	{N 000}		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on interview and record review, the licensee did not notify the Department within 7 days of a change in administrator. Findings include: On 11/06/2025, at approximately 10:13 AM, Surveyor requested to speak with the administrator while on-site at the facility. Information the Department had on file from the provider indicated the administrator was Environmental Services Director (ESD) B. When asked if ESD B was on site, Surveyor was told by the receptionist that ESD B no longer worked as the executive director.	N 200		

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

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N 200	Continued From page 1 At approximately 10:48 AM, Surveyor conducted an entrance meeting with Executive Director (ED) A. ED A stated s/he had been working as the administrator at the facility since 06/19/2025. ED A stated the previous administrator was now working as the ESD. On 11/10/2025, Surveyor reviewed the provider's information. On 06/04/2024, the provider notified the Department of an administrator change, naming ESD B as the person assuming the administrator role. The Department did not receive notice of a change in administration after 06/04/2024.	N 200		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 resident care staff received at least 15 hours of continuing education in 2023 and 2024.	N 277		

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N 277	Continued From page 2 This is a repeat violation. See Statement of Deficiencies (SOD) H0E711, dated 03/17/2021. Findings include: On 11/06/2025, Surveyor reviewed training records for Caregiver C, hired 08/06/2015; and Caregiver D, hired 11/22/2022. Caregiver C's training transcript indicated that s/he had received less than 3 hours of training in 2023 and did not include documentation of training in standard precautions or fire safety in 2023. Caregiver C's training transcript did not indicate s/he had received any training relevant to job responsibilities, including any required topics, in 2024. Caregiver D's training transcript indicated s/he had received less than 1 hour of training in 2023 and did not include documentation of training in standard precautions, medications, or fire safety in 2023. Caregiver D's training transcript indicated s/he had received less than 2 hours of training in 2024, and did not include training in standard precautions, resident rights, abuse and neglect, fire safety, or first aid in 2024. On 11/11/2025, at approximately 10:00 AM, Surveyor interviewed Executive Director (ED) A. ED A stated s/he believed Caregiver C and Caregiver D did receive training in 2023 and 2024, but s/he did not think it was recorded or uploaded to their transcripts. ED A stated the provider's management team were all newer, and that tracking employee training had gotten missed during the transition from old management to the new team. The provider did not ensure resident care staff	N 277		

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N 277	Continued From page 3 received 15 hours of continuing education per calendar year.	N 277		
N 357	83.32(3)(m) Rights of Residents: Recording and filming In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Recording, filming, photographing. Not be recorded, filmed or photographed without informed, written consent by the resident or resident ' s legal representative. The CBRF may take a photograph for identification purposes. The department may photograph, record or film a resident pursuant to an inspection or investigation under s. 50.03(2), Stats., without his or her written informed consent. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents had the right not to be recorded and filmed without consent. Findings include: On 11/06/2025 at approximately 12:00 PM, Surveyor observed a security camera feed in the facility's maintenance room. The security feed included live camera views from the following locations: - Chapel (CAM 1) - Dining room (CAM 2) - Entrance/exit (CAM 3) - Recreational area (CAM 4) - Hallway leading to the elevator and maintenance room (CAM 5) - Main entrance lobby and reception (CAM 6)	N 357		

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N 357	Continued From page 4 - Gated area outside (CAM 7) - Entrance/exit and parking lot (CAM 8) Surveyor observed that the hallway, lobby, and dining area were accessible to residents. At approximately 2:00 PM, Surveyor interviewed Executive Director (ED) A and Environmental Services Director (ESD) B. ESD B stated s/he thought the filming of residents was okay as long as resident names and room numbers were not recorded. ESD B stated residents used the recreation area, dining room, and chapel. On 11/11/2025, at approximately 9:00 AM, Surveyor interviewed ESD B, who stated the camera system had been in place for approximately 6 years. ESD B stated there were residents in 8 apartments in the facility who utilized the dining room, recreation room, and chapel being surveilled. ESD B stated the cameras were recording at all times. ESD B stated there was no informed, written consent obtained by any residents or their legal representative to be recorded or filmed by the security system. At approximately 10:00 AM, Surveyor interviewed ED A, who stated the cameras saved recorded footage for 7 days. The provider did not ensure residents had the right to not be recorded and filmed.	N 357		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development	N 439		

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N 439	Continued From page 5 and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on observation, interview, and record review, the licensee did not follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection when a caregiver did not adhere to infection control practices during resident personal cares. On 11/06/2025, at approximately 1:16 PM, Surveyor observed Caregiver E administer toileting assistance to Resident 1 in Resident 1's bathroom. Surveyor observed Caregiver E put on a pair of gloves prior to assisting Resident 1. Caregiver E assisted in transferring Resident 1 from his/her wheelchair to the toilet. Surveyor observed that Resident 1's wheelchair was soiled. Surveyor observed Caregiver E remove Resident 1's shoes, soiled pants, and soiled briefs. Surveyor observed Caregiver E put the soiled briefs in a garbage can next to the toilet and set the soiled pants in a bag in direct reach of Resident 1. Caregiver E then exited the bathroom, opened Resident 1's dresser drawer, took a pair of clean pants out of the drawer, and shut the dresser drawer without changing gloves. Caregiver E entered the bathroom again and used toilet paper to wipe up fecal matter which had gotten on the floor. Caregiver E then cleaned the resident and assisted him/her with putting on clean briefs and clean pants. Surveyor observed Caregiver E assist Resident 1 back to his/her wheelchair without cleaning off the soiled	N 439		

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N 439	Continued From page 6	N 439		

wheelchair seat. Surveyor observed that Caregiver E was wearing the same pair of gloves the entire time s/he assisted Resident 1, without changing them or washing his/her hands between touching soiled items, the floor, clean items, and Resident 1. Surveyor observed Caregiver E wash his/her hands only after toileting cares were complete.

At approximately 2:00 PM, Surveyor interviewed Executive Director (ED) A, who stated all employees were trained in standard precautions and infection control. ED A stated employees were trained to change gloves between tasks to prevent cross-contamination and to observe proper hand hygiene.

On 11/10/2025, Surveyor requested to review the provider's infection control program and employee training. ED A provided the department-approved standard precautions curriculum required of all employees. The curriculum read, in part,

"...The term hand hygiene includes both washing with soap and water or using alcohol based hand sanitizers that do not require the use of water...When to Perform Hand Hygiene...Right after:
· Having contact with body fluids (even when gloves are worn)
· Having contact with resident items such as dressings, dirty laundry, dishes or trash...
· Moving from parts of the resident's body that could be contaminated to clean parts of the resident's body...
...Re-apply clean gloves during personal care if hands move from a contaminated body site (perineal area) to a clean body site..."

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N 439	Continued From page 7 The curriculum also included a link to the Wisconsin Department of Health Services (DHS) webpage titled "Healthcare-Associated Infections: Precautions" and read, in part, "Standard Precautions ...Hand hygiene refers to cleaning your hands, either by washing with soap and water, or using alcohol-based hand rub (ABHR). Hand hygiene should be performed: ...Immediately after touching blood, body fluids, non-intact skin, mucous membranes, or contaminated items (even when gloves are worn during contact)... When moving from contaminated body sites to clean body sites while providing care." (Source: Wisconsin Department of Health Services, "Healthcare-Associated Infections: Precautions," Revised June 24, 2025, https://www.dhs.wisconsin.gov/hai/precautions.htm (retrieval date -November 10, 2025). On 11/11/2025, at approximately 10:00 AM, Surveyor interviewed ED A and Director of Nursing (DON) F. DON F stated all employees were trained in the provider's internal infection control program, which included hand washing and glove-use policies. DON F stated employees were trained in infection control procedures upon hire and annually. ED A provided Surveyor with the provider's glove-use and hand washing policy, which stated that gloves should be changed if becoming heavily soiled when continuing to care for a resident, and that hands should be washed after moving from a contaminated body site to a clean body site, as well as after contact with surfaces or equipment in the immediate vicinity of the resident.	N 439		

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N 439	Continued From page 8 The provider did not ensure infection control programs were followed based on current standards of practice.	N 439		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an "other" (other than fire) evacuation drill, at least semi-annually in 2023 and 2024. Findings include: The facility is licensed to provide care to 44 adults from client groups advanced age, terminally ill, irreversible dementia/Alzheimer's disease, and traumatic brain injury. On 11/06/2025, Surveyor reviewed the provider's safety evacuation drill records. In 2023, the provider conducted a water main break drill on 01/19/2023. The drill documentation read, in part: "...Simulated water main break in AL [assisted living] and Memory care side of building. Turned off water at 8:30am [sic] and turned back on at 7pm. Used buckets of water from other side of building to flush toilets thru [sic] the day. Dining ordered pizza for lunch and served cold sandwiches for dinner because with out [sic] water, they couldn't wash dishes. Showers were	N 526		

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N 526	Continued From page 9 pushed to the next day. Handwashing was done in other side of building and hand sanitizer placed throughout the building..." The report did not indicate that there was an evacuation. There were no other emergency evacuation drills documented for 2023. In 2024, the provider conducted an elopement drill on 04/09/2024. The drill documentation did not indicate residents were evacuated. There were no emergency evacuation drills documented for 2024. The provider could not produce any documentation of safety evacuation drills (other than fire) conducted in 2025. At approximately 2:00 PM, Surveyor interviewed Emergency Services Director (ESD) B, who stated whatever documentation had been provided included all drills that had been completed. The provider did not ensure safety evacuation drills (other than fire) were conducted at least semi-annually.	N 526		