STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019349	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOUVELLE HOME TWO	7911 N 47TH ST BROWN DEER, WI 53223

(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 07/26/2023, Surveyor concluded a standard survey and complaint investigation. As a result, 3 deficient practices were identified. The complaint was unsubstantiated. Census: 7	N 000		
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 1 of 1 resident (Resident 1) had a comprehensive individual service plan (ISP) developed within 30 days after admission. Resident 1's record did not contain evidence of an ISP. Findings include: On 07/19/2023, 11:05 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on	N 386		

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
	0019349	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOUVELLE HOME TWO	7911 N 47TH ST BROWN DEER, WI 53223

(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 386	Continued From page 1 03/08/2023, with diagnoses including coronary artery disease, hyperlipidemia, hypertension, osteoarthritis, diabetes mellitus type II, chronic kidney disease stage 4, benign paroxysmal positional vertigo, and failure to thrive in adult. Resident 1's record did not contain evidence of an ISP. On 07/19/2023, at 12:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed residents were to have an ISP completed within 30 days after admission. Administrator A reported s/he was not the person who admitted Resident 1. Administrator A reported Previous Owner B was assisting with the transition during the time of Resident 1's admission. Administrator A reported Previous Owner B was responsible for completion of Resident 1's ISP. Administrator A reported s/he was unsure if the ISP was completed or where it may have been located.	N 386		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record.	N 393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019349	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOUVELLE HOME TWO	7911 N 47TH ST BROWN DEER, WI 53223

(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 393	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was evaluated, using the form provided by the department, within 3 days of the resident's admission to determine whether the resident was able to evacuate the community based residential facility (CBRF) within 2 minutes. Findings include: On 07/19/2023, 11:05 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 03/08/2023. Resident 1's record contained a blank Resident Evaluation Assessment, DQA Form, F-62373. Resident 1's record did not contain evidence of a completed resident evacuation assessment. On 07/19/2023, at 12:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed the requirement to evaluation residents within 3 days of admission. Administrator A reported Previous Owner B was responsible for completing Resident 1's evaluation assessment. Administrator A reported s/he was unsure why the assessment was not completed. Administrator A reported s/he would ensure the assessment was completed.	N 393		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm.	N 394		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019349	A. BUILDING: _____ B. WING _____	C 07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOUVELLE HOME TWO	7911 N 47TH ST BROWN DEER, WI 53223

(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 394	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident's mental or physical capability to respond to a fire alarm at least annually for 2 of 2 residents. Resident 2 and Resident 3 were not evaluated in 2023. Findings include: On 07/19/2023, at 11:05 AM, Surveyor reviewed resident records and identified the following: Resident 2 was admitted on 03/07/2022. Resident 2's initial evacuation evaluation assessment was completed on 03/09/2022. Resident 2 was due for an annual evacuation evaluation assessment on 03/09/2023. Resident 2's record did not contain evidence Resident 2 was evaluated annually for evacuation evaluation assessment. Resident 3 was admitted on 06/15/2022. Resident 3's initial evacuation evaluation assessment was completed on 06/17/2022. Resident 3 was due for an annual evacuation evaluation assessment on 06/17//2023. Resident 3's record did not contain evidence Resident 3 was evaluated annually for evacuation evaluation assessment. On 07/19/2023, at 12:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed residents were required to be assessed annually for evacuation. Administrator A reported s/he was working on the floor due to staffing issues. Administrator A reported s/he was trying to keep up on the paperwork.	N 394		