STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019672	A. BUILDING: _____ B. WING _____	C 03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLENS HOME SOUTH	W150 N11127 FOND DU LAC TRAIL GERMANTOWN, WI 53022

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N 000	Initial Comments On 03/08/2024 with information gathered through 03/14/2024, Surveyor conducted a probationary survey and 2 complaint investigations at Ellens Home South. Five deficiencies were identified. Both complaints were substantiated. Census 40	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees obtained training which shall include the following: prevention and reporting of resident abuse, neglect, and misappropriation of resident property; emergency and disaster plan and evacuation procedures; CBRF policies and procedures.	N 230		

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

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N 230	Continued From page 1 Findings include: On 03/12/2024, Surveyor reviewed employee records and identified the following: The record for Caregiver E, hired 10/11/2023, did not contain evidence of orientation topics which included documentation of orientation in: prevention and reporting of resident abuse, neglect, and misappropriation of resident property; emergency and disaster plan and evacuation procedures; and CBRF policies and procedures The record for Caregiver F, hired 09/11/2023, did not contain evidence of orientation topics which included documentation of orientation in: prevention and reporting of resident abuse, neglect, and misappropriation of resident property; emergency and disaster plan and evacuation procedures. The record for Caregiver G, hired 11/20/2023, did not contain evidence of orientation topics which included documentation of orientation in: prevention and reporting of resident abuse, neglect, and misappropriation of resident property; emergency and disaster plan and evacuation procedures. On 03/08/2024 at 2:10 PM, Surveyor interviewed Area Director B and Executive Director C. Area Director B stated all evidence of training was given to the Surveyor. Surveyor shared the provider's orientation checklist was missing information regarding prevention and reporting of abuse and emergency/evacuation procedures. Executive Director C stated the provider was working on updating their forms. No further comment was noted.	N 230		

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N 230	Continued From page 2 Cross Reference: N0243 DHS 83.21(1)-(3) All Employee Training	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable:	N 243		

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N 243	Continued From page 3 elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed completed training in all employee training. Caregiver E and Caregiver F did not have documentation for completion of training in client groups and challenging behaviors. Findings include: On 03/08/2024, Surveyor conducted a review of employee files to verify compliance with all employee training requirements. Surveyor requested training records from Area Director B and Executive Director C. Client Group: The record for Caregiver E, hired 10/11/2023, did not contain evidence of training or evidence of meeting an exemption for client group training. The record for Caregiver F, hired 09/11/2023, did not contain evidence of training or evidence of meeting an exemption for client group training. Recognizing, Preventing, Managing and Responding to Challenging Behaviors:	N 243		

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N 243	Continued From page 4 The record for Caregiver E, hired 10/11/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behavior training. The record for Caregiver F, hired 09/11/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behavior training. On 03/08/2024 at 2:10 PM, Surveyor interviewed Area Director B and Executive Director C. Area Director B stated all evidence of training was given to the Surveyor. On 03/14/2024 at 2:31 PM, Surveyor interviewed Administrator B, Area Director B, Executive Director C, and Director of Operations (DOO) D. The management team acknowledged an understanding of the concern. The management team stated they were upating some of their on-boarding documentation to make sure all CBRF trainings were included. No further comment was noted. Cross Reference: N0230 DHS 83.19 Orientation	N 243		
N 332	83.31(6)(a) Return refunds to resident within 30 days Disbursement of funds. The CBRF shall return all refunds due a resident within 30 days of the date of discharge as required under s. DHS 83.29(3). This Rule is not met as evidenced by: Based on record review and interview, the	N 332		

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provider did not return all refunds due to Resident 1 within 30 days after discharge.

Findings include:

On 02/06/2024, the complaint alleged concerns the provider did not timely refund all money due.

On 03/08/2024, Surveyor reviewed Resident 1's record and identified the following:

Resident 1's admitted to the facility on 01/19/2024 with diagnoses including metabolic encephalopathy and AFIB. Resident 1's facesheet indicated his/her power of attorney for healthcare was activated. Resident 1 had a fall on 02/02/2024, discharged from the facility on 02/05/2024, and passed away at the hospital with hospice services on 02/11/2024.

Resident 1's admission agreement dated 01/16/2024 documented:
"Refund of Monthly Fee. The facility shall return all refunds under the terms of this Admission Agreement within thirty days (30) after the day of discharge."

Resident 1's progress note documented:
"02/02/2024: Received call from staff stating res fell and complained of hip pain this writer advised to call 911 and to also call [Power of Attorney Health Care] [POA HC I] ... ...Writer received call from [POA HC I] stating that [s/he] [Resident 1] will not be returning to the provider and that resident will be receiving hospice care at the hospital ....Notified billing dept of verbal 30-day notice.
02/05/2024: Room has been emptied by family."

Surveyor reviewed the provider's check request

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form dated 02/15/2024 and 02/21/2024. The provider wrote date needed as 03/09/2024 for both refund checks. The checks were issued more than 30 days after discharge.

On 03/08/2024 at 2:10 PM, Surveyor interviewed Area Director B and Executive Director C. Area Director B confirmed s/he notified the provider's billing department of Resident 1's 30-day verbal notice on 02/02/2024. Area Director B stated Resident 1's family had his/her belongings moved out on 02/05/2024. Area Director B stated on 02/09/2024, s/he was contacted by POA HC I about refund process as Resident 1 was expected to pass. Surveyor noted per DHS 83 and provider's admission agreement, all refunds due to the resident had to be returned within 30 days of discharge. Surveyor noted if all resident belongings were removed from the facility and notice provided by POA HC I that Resident 1 would not be returning, it should have prompted a refund owed to Resident 1 by 03/05/2024. Area Director B and Executive Director C stated their understanding of the policy would grant the provider 30 days to discharge Resident 1 from their system and at that time 30 days' notice would begin, and any refunds due would not need to be returned until April 2024. Area Director B stated refund checks due to POA HC I would be mailed today.

On 03/14/2024 at 2:31 PM, Surveyor interviewed Administrator B, Area Director B, Executive Director C, and Director of Operations (DOO) D. The management team acknowledged an understanding of the concern, but disagreed that Resident 1 was owed a refund by 03/05/2024. The management team noted they would need additional time to review their admission agreement.

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N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the environment was safeguarded from conditions that are hazardous to residents. The provider continued to have high rodent activity without mitigating risks to residents. Findings include: On 11/21/2023, the Department received a complaint alleging concerns with mice activity within the facility. On 03/08/2024, Surveyor reviewed provider records and identified the following: A review of the provider pest control invoices documented: "12/05/2023: I checked all bait stations found heavy activity. It looks like all of the activity is focused around the back fireplace in area 2. 01/25/2024: Checked all bait stations found heavy activity. Spoke with management about the possible need of replacing attic cancellation (sic)	N 358		

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due to extremely heavy mouse activity ...Manager agreed to have someone come out and attempt to give a quote for replacing attic insulation. At the moment, I recommend no one goes into attic space without respirator due to strong ammonia.

02/28/2024: Followed up inside with manager today. All has been well since last visit and [s/he] had no new concerns to report at this time that need to be addressed and resolved. Interior rodent bait stations that I could locate have been checked and did have some activity on them. Exterior bait boxes also had activity and most of them got fresh baked to better help prevent any future activity."

On 03/08/2024 at 2:10 PM, Surveyor interviewed Area Director B and Executive Director C. Area Director B confirmed s/he was aware of the ongoing mouse activity in the facility and spoke with the technician about replacing the attic insulation in January 2024. Surveyor asked if the provider followed up with a company to have attic insulation replaced after heavy mouse activity found in the area. Area Director B stated s/he would need to follow up with their pest control company to see if they have a quote. Surveyor noted the 01/25 summary of service reads as the provider should hire another company to give quote of replacing attic insulation. Area Director B stated s/he thought their pest control company would have the quote.

On 03/14/2024 at 2:31 PM, Surveyor interviewed Administrator B, Area Director B, Executive Director C, and Director of Operations (DOO) D. Surveyor asked if the provider had evidence of a quote to have attic insulation replaced after heavy mouse activity found in the area. Area Director B stated their pest control company never provided

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N 358	Continued From page 9 a quote. Area Director B stated another company was not called to get quote. The management team acknowledged an understanding of the concern, but stated what's on the summary of service reports is different from what is being told to our maintenance director. DOO D stated when going through change of ownership the facility was inspected and was unaware of ongoing heavy mice activity. DOO D stated s/he would follow up with their pest control company.	N 358		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate documentation of medication administration for 1 of 1 resident reviewed. From 01/01/2024-03/07/2024, staff did not document the dosage of sliding scale insulin administered to Resident 2 across 66 days in which sliding scale insulin was documented as	N 415		

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N 415	Continued From page 10 administered. Findings include: On 03/08/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 08/01/2023 with diagnosis including diabetes. Resident 2 was their own legal decision maker. Resident 2's physician orders included: "Insulin Lispro Kwikpen 100 unit/ML (active from 01/01/2024-03/08/2024)-Inject subcutaneously 3 times a day in morning, noon, and evening-Per the following sliding scale: 61-150=0 units; 151-200=3 units; 201-250=5 units; 251-300=8 units; 301-350=10 units; 351-400=12 units; Greater than 400=15 units and Call MD." Resident 2's individual service plan (ISP) dated 07/02/2023 documented Resident 2 as dependent with medication management. Surveyor reviewed Resident 2's medication administration record (MAR) from 01/01/2024-03/07/2024 and observed 198 missing entries across 66 days. Surveyor observed that staff who administered Resident 2's Insulin Lispro 3x/daily did not document the number of units administered across 66 days that sliding scale insulin was administered. On 03/14/2024 at 2:31 PM, Surveyor interviewed Administrator B, Area Director B, Executive Director C, and Director of Operations (DOO) D. Surveyor asked if staff document the number of sliding scale insulin units administered to Resident 2. Area Director B and Executive Director C stated "no." Area Director B stated s/he did not know this was a requirement. DOO D acknowledged the concern and stated staff would be retrained on documentation in the MAR.	N 415		