STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019309	A. BUILDING: _____ B. WING _____	07/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOUVELLE HOME ONE	7909 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 licensure survey at Nouvelle Home One. Three deficiencies were identified. Census: 7	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not submit a written report to the department within 3 working days after an incident or accident resulting in emergency room treatment for 1 of 3 residents reviewed. Resident 2 had a fall on 02/27/2023 and 03/27/2023, resulting in injuries which resulted in emergency room treatment. There was no evidence the provider reported these incidents to the State Agency. Findings include: Department Records: On 07/07/2023, Surveyor reviewed the provider's self-report history. The department did not receive a self-report for Resident 2's emergency room visits on 02/27/2023 and 03/27/2023, due to falls.	N 165		

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

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N 165	Continued From page 1 Record Review: On 07/12/2023, Surveyor reviewed Resident 2's record. The following was identified: Resident 2 was admitted on 10/11/2021. Resident 2's diagnoses included late onset Alzheimer's dementia with behavioral disturbance, sundowning, major depressive disorder, chronic kidney disease/stage 4, varicose veins of both legs with edema and low back pain. Incident Reports: 02/27/2023: "[Resident 2] stood up for lunch in living room at 12:15 p.m. When s/he was getting his/her things together s/he stumbled backwards and hit his/her head on the floor." 03/27/2023: "Was in kitchen preparing breakfast. Had [Resident 2] in living room. Back was turned and later I heard a loud bump in hallway. S/He was up against the wall making noise like s/he was in pain. Seemed confused this morning before a fall. Noticed a little blood on his/her head hands and hair ... Actions take to prevent reoccurrence: S/He needs to walk with walker and watched a little bit more when s/he is confused and walking in circles. [Resident 2] educated on the need to use walker all the time and caregivers will be encouraging and ensuring that [Resident 2] uses walker for ambulation to ensure safety." Progress Notes: 03/27/2023: "Had fall in morning [sic] was sent	N 165		

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N 165	Continued From page 2	N 165		

out at 8:00 a.m. Came back at noon. Filled out incident report and called the proper people to report when a fall happened. [Health Care Power of Attorney [(HC POA]) E] came to help feed lunch. [Resident 2] needs his/her walker every time s/he gets up."

Nurse Progress Note

03/27/2023: "[Resident 2] discharged from the hospital and returned around noon. [Resident 2] was brought back by HC POA E. The resident utilized wheelchair in the facility to ensure safety and the need to use his/her walker at all times [sic]... Follow up appointment for staple removal ... scheduled for Monday 04/03/2023."

Email Correspondence:

On 02/27/2023 at 2:51 p.m., Licensee A emailed the registered nurse (RN), RN MD F, at physician's office to inform, "[Resident 2] has been discharged and back to facility. Please [sic] when can provider follow up with him/her."

On 02/27/2023 at 3:01 p.m., Licensee A emailed RN MD F to inform, "[Resident 2], have a recommendation to follow up with PCP (primary care physician) to have the staples removed."

Hospital After Visit Summary:

On 03/27/2023, Resident 2 was sent to a hospital emergency department for fall, loss of consciousness and laceration to scalp.

On 07/12/2022 at approximately 1:17 p.m., Surveyor interviewed Licensee A and asked when these incidents were reported to the department. Licensee A stated, "I don't know. Former

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N 165	Continued From page 3 Licensee H was doing most of the paperwork and I was just shadowing." On 07/25/2023, Surveyor interviewed HC POA E who stated, "I took [Resident 1] to the emergency room on 02/27/2023 because s/he had a fall and needed 3-4 staples put in his/her head. On 03/27.2023, s/he had another fall and got a bad cut, but I don't remember if s/he had to get staples again." On 07/26/2022 at 10:28 a.m., Surveyor conducted exit interview with Licensee A who stated, "I knew we were supposed to self-report, but I thought I reported deaths. I didn't know we had to report falls with injuries. I reported the falls to the families, the MCO (managed care organizations) and the physicians, but not the department." Cross Reference: N0383 DHS 83.35(1)(c) Listed Areas for Assessment	N 165		
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	N 310		

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N 310	Continued From page 4 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 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 interview, the provider did not obtain a signed and dated admission agreement for 3 of 3 resident records reviewed (Resident 1, Resident 2 and Resident 3). The facility went through a change in ownership and was licensed effective 01/13/2023. Seven residents resided under the previous facility license and continued to live in the facility with the new license. Findings include: Record Review On 07/12/2023, Surveyor reviewed resident	N 310		

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N 310	Continued From page 5	N 310		

records. The following was identified:
Resident 1
-Admission date with previous license: 01/13/2022
-Admission date with new license: 01/13/2023
-There was no evidence Resident 1 had completed an admission agreement with the current licensee.

Resident 2
-Admission date with previous license: 10/11/2021
-Admission date with new license: 01/13/2023
-There was no evidence Resident 2 had completed an admission agreement with the current licensee.

Resident 3
-Admission date with previous license: 07/12/2021
-Admission date with new license: 01/13/2023
-There was no evidence Resident 3 had completed an admission agreement with the current licensee.

Interview:

On 07/12/2022 at approximately 9:55 a.m., Surveyor interviewed Licensee A regarding Resident 1's, Resident 2's, and Resident 3's admission agreements. Surveyor clarified how Licensee A communicated the change in ownership to the resident and/or legal representatives. Licensee A explained that emails were sent out to residents and/or legal representatives to inform them of the changes. "No paperwork was done."

On 07/12/2022 at 1:05 p.m., Surveyor interviewed Licensee A and Manager B, requesting copies of

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N 310	Continued From page 6 Resident 1's, Resident 2's, and Resident 3's signed admission agreements. Manager B recalled doing paperwork with the Managed Care Organizations (MCO) and emailed it back to them. Manager B stated, "I think those were our service agreements." On 07/12/2022 at 5:11 p.m., Surveyor interviewed Licensee A and Manager B. Manager B told Surveyor that s/he misunderstood and thought the agreement to have on file was with the MCO. Manager B stated, "No, we did not do new service agreements with the resident's guardians. We didn't know we had to do that. So, we will generate them within the next couple of days." On 07/25/2023, Surveyor interviewed Healthcare Power of Attorney (HC POA) E, who stated, "We received an email from Former Licensee H in February 2023 indicating that paperwork would be solely transitioning." Surveyor described the admission agreement to HC POA E. "I never signed a document outlining those items." On 07/26/2022 at 10:28 a.m., Surveyor conducted exit interview with Licensee A who stated, "Former Licensee H sent an email in February to the families that the transition was happening. We had not followed up on the service agreements."	N 310		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need	N 383		

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N 383	Continued From page 7 for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident (Resident 2) for fall risk. The provider did not assess Resident 2's frequent falls to consider environmental or medical conditions that may have contributed to the falls and did not implement effective services or interventions to prevent continued falls. Resident 2's fall risk was not assessed following her/his falls on 02/25/2023, 03/27/2023, and 05/09/2023. Findings include:	N 383		

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N 383	Continued From page 8 On 07/12/2023 Surveyor reviewed Resident 2's record. The following was identified: Resident 2 was admitted on 10/11/2021. Resident 2's diagnoses included late onset Alzheimer's dementia with behavioral disturbance, sundowning, major depressive disorder, chronic kidney disease/stage 4, varicose veins of both legs with edema and low back pain. Individualized Service Plan (ISP): Resident 2's ISP dated 10/11/2022, indicated s/he required 24-hour supervision and some assistance with personal cares. Adaptive equipment listed "cane". The section identified as Physical Health/Disabilities read, "needs supervision due to high fall." The section identified as Transfer read, "Independent. Minimal assist. Other: Supervision." The section identified as Mobility read, "Independent. Cane. In room and immediate living environment. Independent. Outside of immediate living environment to include outdoors. Assistance." The section identified as Fall Risk Reduction read, "Other. high fall risk. Due to increased weakness and unstable gait, needs reminders to use cane." Progress Notes: 03/27/2023: "Had fall in morning [sic] was sent out at 8:00 a.m. Came back at noon. Filled out incident report and called the proper people to report when a fall happened. Health Care Power of Attorney [HC POA] E came to help feed lunch. Resident 2 needs his/her walker every time s/he gets up." 05/09/2023: "At 1:25 p.m., staff was assisting	N 383		

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Resident 2 in restroom when Resident 2 lost his/her balance and fell backward. Staff called non-emergency ambulance and Resident 2 was taken to the hospital."
05/09/2023: "Resident 2 was at hospital when staff came in. Resident 2's HC POA E brought him/her back at 4:45 PM from the hospital. "

Nurse Progress Note:

03/27/2023: "[Resident 2] discharged from the hospital and returned around noon. [Resident 2] was brought back by Health Care Power of Attorney [HC POA] E. The resident utilized wheelchair in the facility to ensure safety and the need to use his/her walker at all times [sic] ... Follow up appointment for staple removal ... scheduled for Monday 04/03/2023.

Email Correspondence:

On 02/27/2023 at 2:51 p.m., Licensee A emailed the registered nurse (RN), RN MD F, at physician's office to inform, "[Resident 2] has been discharged and back to facility. Please [sic] when can provider follow up with him/her."

On 02/27/2023 at 3:01 p.m., Licensee A emailed RN MD F to inform, "[Resident 2], have a recommendation to follow up with PCP (primary care physician) to have the staples removed."

On 05/09/2023 at 1:34 p.m., Licensee A emailed RN MD F to inform, "[Resident 2] had a fall and hit his/her head on the wall. S/He is being sent to the hospital for clearance."

On 05/10/2023 at 2:53 p.m., Licensee A emailed Family Care Case Manager [FC CM] C to report, "I wanted to let you know that [Resident 2] had a

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fall yesterday. The caregiver said s/he was with him/her in the bathroom when it happened, and s/he was not able to catch him/her. S/He was sent to the hospital and the hospital did all assessments including CT scan and cleared him/her with no head injury. S/He returned to the facility yesterday. Family is involved and the MD is aware as well. We are monitoring him/her for any changes."

Hospital After Visit Summary:

On 03/27/2023, Resident 2 was sent to hospital emergency department for fall, loss of consciousness, and laceration to scalp. Resident 2's record did not include documentation of a fall risk assessment following her/his falls on 02/25/2023, 03/27/2023 and 05/09/2023. Resident 2's record did not contain an annual fall risk assessment.

On 07/12/2022 at approximately 3:10 p.m., Surveyor interviewed Caregiver (CG) G who stated, "[Resident 2] uses a walker, but we have to remind him/her often." CG G explained that Resident 2 had several falls where s/he was sent out to the emergency room. CG G reported Licensee A did not implement new services or interventions to prevent continued falls to his/her knowledge.

On 07/12/2022 at approximately 5:28 p.m., Surveyor interviewed Licensee A and asked if Resident 2 had been assessed after her/his falls. Licensee A explained when residents had falls, s/he tried to think of interventions and tell caregivers, but s/he did not do written plans. Licensee A explained residents were always sent out and when they arrive home, caregivers were told to check on the residents every two hours

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N 383	Continued From page 11 and to monitor them. Licensee A stated no interventions to prevent continued falls went into Resident 2 's ISP, but the recommendations were put in the caregiver communication log. On 07/25/2023, Surveyor interviewed HC POA E who stated, "I took [Resident 2] to the emergency room on 02/27/2023 because s/he had a fall and needed 3-4 staples put in his/her head. On 03/27/2023, s/he had another fall and got a bad cut, but I don't remember if s/he had to get staples again." On 07/26/2022 at 10:28 a.m., Surveyor conducted exit interview with Licensee A who stated, "I knew that I was supposed to reassess, I just didn't follow the process that the code requires. I did not write up documentation including interventions." Cross Reference: N0165 DHS 83.12(4)(c) Reporting Incidents with Serious Injury	N 383		