Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011326	A. BUILDING: _____ B. WING _____	R-C 09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLF RIVER CBRF	**N2222 WHITE CEDAR ROAD NEOPIT, WI 54150**

(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 08/28/2025, Surveyor conducted a verification visit at Wolf River CBRF. Additional information was gathered through 09/05/2025. Two previous deficient practices were corrected and one repeat deficient practice was identified. Under statutory provisions, a $200 revisit fee is being assessed for the follow-up licensing visit. Census: 4	{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 the Individual Service Plan (ISP) for Resident 1 was comprehensive to meet his/her behavioral needs. The ISP (dated 08/18/2025) had limited information regarding Resident 1's behavioral needs. The ISP did not comprehensively address resident wants,	{N 386}		

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

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{N 386}	Continued From page 1 identified behaviors, interventions, approaches, or specify goals or measurable outcomes. This is a repeat deficiency. See Statement of Deficiency (SOD) POTJ1J dated 04/09/2025. Findings include: History A complaint investigation was conducted on 04/01/2025-04/09/2025. During the investigation it was discovered Resident 1 had a history of behavioral needs that were not comprehensively addressed in the ISP and, at the time, resulted in the resident receiving a 30-day involuntary discharge that was later rescinded. The SOD POTJ11 dated 04/09/2025 noted Resident 1's ISP from 2020 through 2024 had limited information regarding Resident 1's behavioral needs. The ISP did not list interventions for behavioral management other than staff intervention to redirect the resident with no further directives or resident specific notes. There was no documentation of desired outcomes, frequency/approaches to be used, measurable goals with specific time limits, or clear methods/ interventions for providing care. Director A discussed a provider initiative to increase their documentation of the behaviors and stated a behavioral plan or a detailed assessment within the ISP would be appropriate for the resident. Director A and RN B discussed additional interventions and documentation they stated would be assessed and added to Resident 1's ISP to ensure a comprehensive plan was in place for the future. Interview and Record Review On 08/28/2025, Surveyor reviewed Resident 1's records and noted Resident 1 was admitted to the	{N 386}		

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{N 386}	Continued From page 2 facility on 05/02/2014 with diagnoses including dementia, depressive disorder, and anxiety. On 08/28/2025 at 12:30 PM, Surveyor interviewed Director A. Director A stated an ISP meeting was held on 06/30/2025 with Resident 1's family, and another meeting was held on 07/29/2025 to review the SOD with staff. Surveyor requested to review a copy of Resident 1's current ISP to review the updated care plan and verify corrective action from SOD POTJ11. Director A could not locate the ISP and called RN B. Director A stated RN B had Resident 1's ISP and was "currently working on it from home." Director A and RN B acknowledged the need to update the ISP during the survey on 04/09/2025, received the enforcement letter on 06/23/2025 noting compliance was due no later than 08/18/2025 (actual due date was 08/07/2025), conducted meetings on 06/30/2025 and 07/29/2025, but did not update the ISP as of 08/28/2025. Director A reviewed the letter of enforcement and acknowledged the provider had the opportunity to ask for an extension and acknowledged the order to be in substantial compliance within 45 days had not been met. Surveyor requested Director A send a copy of the updated ISP for review as soon as it was completed. Surveyor received a copy of the updated ISP dated 08/18/2025 on 09/04/2025. Surveyor noted the ISP was dated 08/18/2025 although it was not completed until after 08/28/2025. Surveyor reviewed the ISP and noted a section titled "Specific Behaviors." The section noted different ways Resident 1 would be disruptive and noted the staff were to use redirection and removing the resident from the area/ having the resident go to his/her room to deescalate the situation. No interventions other	{N 386}		

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{N 386}	Continued From page 3	{N 386}		

than staff redirection was noted in the ISP. There was no notation about precursors to the behavior, situational awareness and preventative measures, goals with measurable or specific outcomes or notations about the resident's preferences for redirection activities and approach.

Surveyor reviewed a form filled out titled "Monthly Behavior Monitoring Flowsheet" and noted 6 behaviors handwritten in as "Target Behaviors" included "Verbal Outbursts," "Intruding Upon Others," "Aggression- Verbal/ Physical," "Isolating Self," "Inappropriate Emotional Response," and "Gossiping (About Staff or Residents.)" The behaviors were not detailed, there were not set parameters, goals, or further information. The form listed a standard set of 12 interventions that were not tailored to the individual resident's needs or responses. Surveyor noted 15/ 93 shifts (31 days with 3 shifts per day) in August 2025 were filled out by staff. Of the 15 shifts with completed documentation, only 2 interventions were listed as utilized, intervention "# 2-Redirect" and "#10 Return to room."

On 09/05/2025 at 12:10 PM, Surveyor interviewed Director A with RN B present. Director A recalled describing other interventions the provider may use, including daily talks with the resident, switching out caregivers, and "care in pairs" but could not state why the interventions had not been added to the ISP. Both Director A and RN B acknowledged the ISP contained a list of the resident's behaviors without specific interventions other than redirection and/ or removing the resident to his/her room. RN B stated s/he would revise the ISP to include areas that would address broader interventions, preventative measures, resident preferences,

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{N 386}	Continued From page 4 measurable goals and outcomes and information on the staff's responsibility to manage the behavior other than bringing the resident to his/her room. Director A and RN B stated part of Resident 1's behaviors included self-isolation. Director A and RN B acknowledged if self-isolation was identified as a concerning behavior, then the intervention to bring the resident to his /her room may not be an appropriate or therapeutic intervention for the resident. Director A and RN B reviewed the Monthly Behavioral Monitoring Flowsheet and acknowledged the 6 identified "Target Behaviors" were not clearly addressed and, without clear guidance and parameters, were subjective. Director A and RN B acknowledged "Inappropriate Emotional Response" was vague and varied upon an individual's personal experiences, diagnoses, and staff's interpretation. Director A and RN B acknowledged the resident had the right to "gossip" and that the behavior may be indicative of a need for more social connection and was subjective to staff's interpretation. Director A stated Resident 1 saw a therapist and discussed incorporating their professional determinations into forming a care plan tailored to the resident.	{N 386}		