STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016312	A. BUILDING: _____ B. WING _____	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS IV	N 348 TWINKLING STAR RD WHITEWATER, WI 53190

(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
{M 000}	INITIAL COMMENTS On 08/22/2023, with information gathered through 08/24/2023, Surveyors conducted a verification visit and complaint investigation at Willow Winds IV. Six deficiencies were identified. Two of the 6 deficiencies were a repeat violations (see Statement of Deficiency (SOD) WV7111, SOD WV7112 and SOD UDQY12). Complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department, within 24 hours, a significant change in status for 1 of 1 resident. Resident 6 eloped and her/his whereabouts were unknown for approximately 5 hours. The provider did not notify the Department.	M 134		

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

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M 134	Continued From page 1 Findings include: On 08/22/2023, Surveyor reviewed Resident 6's record. Resident 6's "Resident/Employee/Visitor Incident Report," dated 10/08/2022, documented: "[Resident 6] went out for a cigarette at around 10:PM. Staff saw [Resident 6] come in around 10:30 PM. Staff then fell asleep on the sofa, hears [Resident 6] moving around in [his/her] room. Staff fell asleep and awoken 3:30 am by a call from [Resident 6's] [parent] stating [Resident 6] in [county] jail. Staff attempted to check [his/her] bedroom, door was locked and [his/her] key was missing. Could not open bedroom door." On 08/22/2023, at approximately 9:50 AM, Surveyor interviewed Administrator B. Administrator B stated that all documentation had been submitted. On 08/22/2023, Surveyor reviewed the Department file and did not observe a written report regarding Resident 6's elopement on 10/08/2022.	M 134		
M 218	88.04(2)(b) AWAKE STAFF FOR CONTINUOUS CARE The licensee shall ensure that he or she or a service provider is present and awake at all times if any resident is in need of continuous care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that s/he or a service	M 218		

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M 218	Continued From page 2	M 218		

provider was present and awake for 1 of 1 residents reviewed (Resident 6).

Findings include:

The licensee can serve up to 4 residents within the client groups of traumatic brain injury, emotionally disturbed/mental illness, and developmentally disabled.

On 08/02/2023, the Department received a concern alleging that residents did not receive supervision to deter elopements.

On 08/22/2023, Surveyor reviewed Resident 6's record.

Resident 6's "Resident/Employee/Visitor Incident Report," dated 10/08/2022, documented:
"[Resident 6] went out for a cigarette at around 10:PM. Staff saw [Resident 6] come in around 10:30 PM. Staff then fell asleep on the sofa, hears [Resident 6] moving around in [his/her] room. Staff fell asleep and awoken 3:30 am by a call from [Resident 6's] [parent] stating [Resident 6] in [county] jail. Staff attempted to check [his/her] bedroom, door was locked and [his/her] key was missing. Could not open bedroom door."

Resident 6's police record, dated 10/09/2022, documented:
"On October 09, 2022 at approximately 12:30 AM, I was driving southbound on [street] ... which is located in the [neighboring city]. ... I observed a white mini van operating northbound on [street] passing my squad car. The van did not have functioning head lights but had the amber running lights and tail lights lit. I turned around and activated my emergency lighting at this time to initiate a traffic stop on the vehicle for operating

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M 218	Continued From page 3	M 218		

without required lamps lighted. As I was turning around and attempting to catch up, I observed the vehicle was accelerating heavily as it continued northbound ... During the pursuit the vehicle remained at speeds of 80-100 MPH ... The suspect and driver was verbally identified as [Resident 6] and was later confirmed with a [identification]. ... I read [Resident 6] the Statement of Miranda Rights verbatim. ... The time that occurred was 1:52 a.m. ... [Resident 6] kept repeating [s/he] is in protective custody by the state and I asked [him/her] what he meant by this. [S/He] stated [s/he] has mental disabilities which include bi-polar disorder anxiety and depression and [s/he] currently resides at a group home."

Resident 6's Individual Service Plan, dated 09/16/2022, documented:
"Supervision Needs/Privileges: 24hr - Supervision (Sleep/Awake)"
"I have a history of property destruction and self harm."
"Sleep Routines and Issues: Staff supervision for emergencies."
"History of wandering/elopement? Yes"

On 08/22/2023, at approximately 9:45 AM, Surveyor interviewed Caregiver F. Caregiver F stated that sleep staff are required to be in the common area of the home during sleep hours and that if a resident needs assistance or leaves the home, the sleep staff person would be responsible.

On 08/24/2023 at 11:38 AM, Surveyor emailed Administrator B asking for guidance on what the expectations are for sleep staff when related to resident care. Administrator B stated, "YES we do expect our staff to do two-hour checks on our

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M 218	Continued From page 4 residents through the night and to know when they are leaving the home and returning."	M 218		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a safe, clean, and well-maintained homelike environment for 4 of 4 residents. This is a recite from SOD # WV7112 dated 06/15/2023. Findings include: On 08/22/2023, Surveyors toured the facility. The following was observed on tour of the facility: 1.) Masking tape over a light switch. 2.) Used briefs in the bathroom garbage with no bag in the garbage can. 3.) The kitchen table was badly stained with red and black substance. 4.) The kitchen floor had food debris all over. 5.) Resident 4's room had food debris all over the floor and a used Band-Aid on the floor.	{M 276}		

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{M 276}	Continued From page 5 6.) Resident 4's room had a dried on red substance on the wall and brown matter dried on the wall. 7.) The stairs leading to the basement were badly stained with brown matter dried on the wall going down the stairs. 8.) A smoke detector was missing in the laundry room. 9.) Chair of cloth material in common area showed significant stains where hands rest on arm rest and the seat portion. On 08/22/2023 at approximately 10:45 AM, Surveyors interviewed Caregiver F. Caregiver F stated Administrator B is out sick this week. Caregiver F stated s/he took pictures to send to the administrator because s/he doesn't typically work in the building, but acknowledged the above concerns.	{M 276}		
{M 278}	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free from hazards	{M 278}		

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{M 278}	Continued From page 6	{M 278}		

including a fire exit in disrepair and exposed wires. Toxic chemicals were not stored securely.

This is a repeat deficiency. See Statement of Deficiency (SOD) WV7111 dated 01/26/2023, SOD WV7112 dated 06/15/2023, and SOD UDQY12 dated 07/29/2021.

Findings include:

The licensee can serve up to 4 residents within the client groups of traumatic brain injury, emotionally disturbed/mental illness, and developmentally disabled. The facility census was 4 residents who were able to ambulate through the home without assistance.

On 08/22/2023, from approximately 9:30 AM to 10:45 AM, Surveyors toured the facility and observed the following:

1.) The dryer vent had a sock, squeegee and a sponge on top of the vent.

2.) The railing on the rear deck, which is marked as a fire exit, was missing one of the wood rails leaving an approximate 8 inch gap between the house and the stairs creating a fall hazard.

3.) In the living room there was a floor vent that was sticking up approximately 2 inches with cables running underneath the vent so it could not be properly pushed down.

4.) The laundry room door was unlocked and the following cleaning compounds were observed:
-32 pack of dishwasher pods
-A blue bucket of 20 loose what appeared to be dishwasher pods
-32 ounce spray bottle of multi-surface cleaner

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{M 278}	Continued From page 7 -Gallon jug of low-splash bleach -32 ounce spray bottle of glass cleaner -32 ounce bottle of pine scented multi-surface cleaner 5.) Upon entrance to the home, Surveyors noted the smell of burning plastic in the air and observed a fire pit that had debris of plastic and metal food containers that were still in the state of being burned. On 08/22/2023 at approximately 10:48 AM, Surveyor interviewed Caregiver F. Caregiver F confirmed the above concerns and took pictures to forward to Administrator B who was ill during the time of survey.	{M 278}		
M 328	88.05(3)(n)2 CLEAN BEDDING AND LINENS Appropriate bedding and linens that are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 5's bed linen was maintained in a clean condition. Findings include: On 08/22/2023, at approximately 10:15 AM, Surveyors observed Resident 5's bedroom with Caregiver F. Surveyors and Caregiver F immediately recognized the scent of what appeared to be urine. Surveyor removed	M 328		

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M 328	Continued From page 8 blankets from Resident 5's bed and noted the bed sheets to have a crease appearance created by dampness. Surveyor touched the bed linens which were damp. Surveyors observed a laundry basket that also contained soiled linens. On 08/22/2023, Surveyor reviewed Resident 5's record. Resident 5's individual service plan, dated 02/13/2023, documented: "Activities of Daily Living: Bathing, Toileting, Other." Surveyor noted these areas were listed on the plan but did not contain any documented guidance. Surveyor noted laundry was not identified on the plan. On 08/22/2023 at approximately 10:20 AM, Surveyor interviewed Caregiver F. Caregiver F confirmed the above concerns and stated, "This is not acceptable," and took pictures to forward to Administrator B who was ill during the time of survey.	M 328		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community. This Rule is not met as evidenced by: Based on record review and interview the provider did not identify the level of supervision required for 3 of 4 resident records (Resident 3, Resident 4, Resident 7) reviewed. On 08/22/2023, Surveyors reviewed Resident 3's	M 414		

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Resident 4's and Resident 7's facility file.

Example 1: Resident 4
Surveyor reviewed Resident 4's Individual Service Plan (ISP) that was written 05/2/2023. The ISP had an area identified for supervision needs and it was left blank for Resident 4. The ISP did indicate Resident 4 needs staff assistance in the kitchen and at night in the bathroom or getting food.

On 08/22/2023, at approximately 9:25 AM, upon arrival to the home, Surveyor observed Resident 4 at the facility with no staff member present.

On 08/22/2023 at approximately 10:45 AM, Surveyor interviewed Caregiver F. Caregiver F stated about two weeks ago two of the houses had went to independent status during the day. Caregiver F stated the houses are staffed during 2nd shift and have sleeping staff during the NOC shift hours. Caregiver F stated s/he does not typically work at this facility so is unsure how mealtime is addressed during the day when there is no staff present.

Example 2: Resident 3

Surveyor reviewed Resident 3's ISP that was written 07/13/2023. The ISP had an area identified for supervision needs and it documented, "24hr - Supervision (Sleep/Awake)"

On 08/22/2023, at approximately 9:25 AM, upon arrival to the home, Surveyor observed Resident 3 walking with Caregiver F to the home. Caregiver F stated that the home was considered an independent home and was not staffed until 2nd shift. Caregiver F explained that Resident 3

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M 414	Continued From page 10 would stay with staff at the sister facilities until staffing returned to his/her home. Example 3: Resident 7 Surveyor reviewed Resident 7's ISP that was written 08/12/2023. The ISP had an area identified for supervision needs and it documented, "Supervision in the community, eye site supervision when interacting with [fe/males]." On 08/22/2023, at approximately 9:25 AM, upon arrival to the home, Surveyor observed Resident 7 and Resident 4 at the facility with no staff member present. On 08/22/2023, at approximately 9:25 AM, upon arrival to the home Caregiver F stated that the home was considered an independent home and was not staffed until 2nd shift.	M 414		