STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016733	A. BUILDING: _____ B. WING _____	07/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE POINTE VILLA ASSISTED LIVING	190 LAKE POINTE DRIVE OSHKOSH, WI 54904

(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 07/09/2024, Surveyors conducted an abbreviated survey at Lakepoint Villa Assisted Living. Additional information was collected through 07/15/2024. Two deficiencies were identified. Census: 19	N 000		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring.	N 247		

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

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N 247	Continued From page 1 Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees reviewed obtained all task specific training. Caregiver A and Wellness Coordinator C who had responsibilities for providing assistance with activities of daily living, did not have training in provision of personal cares prior to assuming these duties. Findings include: On 07/09/2024 at approximately 1:15 PM, Assistant Executive Director D provided Surveyors with training records for Caregiver A hired 11/24/2021 and Wellness Coordinator C hired 05/03/2024. Surveyor reviewed the records for compliance with training requirements and noted the following: Provision of Personal Care The records for Caregiver A and Wellness Coordinator C, did not contain evidence of training or evidence of meeting an exemption for personal care training. During an interview with Assistant Executive	N 247		

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N 247	Continued From page 2 Director D on 07/09/2024 at 2:56 PM, s/he acknowledged Surveyors' review of the record for both staff. S/he stated shortly after Wellness Coordinator C was hired, s/he covered shifts for caregivers and provided direct care to residents. Assistant Executive Director D said s/he may be able to locate additional training records for Wellness Coordinator C and would email them to Surveyor. On 07/10/2024 at 3:57 PM, Assistant Executive Director D sent Surveyors additional training records for Wellness Coordinator C. The records did not include evidence of training in provision of personal cares prior to the onsite visit on 07/09/2024. Attached to the email was a training certificate indicating Wellness Coordinator C completed training in activities of daily living on 07/10/2024.	N 247		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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N 389	Continued From page 3	N 389		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not update Resident 1's individual service plan (ISP) based on assessment and with the involvement of Resident 1 and his/her legal guardian, after Resident 1 experienced an elopement on 01/08/2024.

Findings include:

Prior to conducting the onsite visit, Surveyor reviewed self-reports submitted by the provider. On 01/10/2024, a report was submitted regarding an elopement that occurred on 01/08/2024. The report read in part, "Around 1pm staff went to check on [Resident 1] and was not in their room...looked outside and around the building and was not able to locate." Staff searched a nearby store based on another resident stating that is where Resident 1 said s/he was going, but they did not locate Resident 1. Staff reported Resident 1 missing to police. Approximately 10 minutes later the police informed the facility they located Resident 1 after a citizen called to report Resident 1 flagged them down and asked them to call a cab to take them Madison. The report stated Resident 1 would wear a wander guard to alert if s/he left the facility and concluded, "ISP has been updated."

On 07/09/2024 at 10:57 AM, Surveyors were in the kitchen with Dietary Staff B and Assistant Executive Director D. Surveyors heard door alarms sound in the building. Dietary B disabled the alarms via the central panel located in the kitchen. Dietary B did not alert caregivers or check the doors before or after disabling the alarm. Surveyors asked why the alarm was sounding and Dietary B replied it was probably Resident 1 going outside to smoke. During a tour

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earlier in the morning, Surveyors observed Resident 1's bedroom was at the end of a hallway near an exit door at the opposite end of the building. Assistant Executive Director D subsequently prompted staff to check Resident 1's whereabouts.

At 11:27 AM, Surveyor observed Caregiver H prepare to administer Resident 1's medications. The electronic record keeping system prompted Caregiver H to check if Resident 1 was wearing the wander guard. Caregiver H documented the check but told Surveyor s/he already knew Resident 1 was not wearing the wander guard because Resident 1 had removed it. Surveyor asked how long ago s/he removed it and Caregiver H said s/he was unsure but the last time s/he knew it to be on was 1 week prior. Caregiver H showed Surveyors recent observation notes in the electronic record. Surveyor noted recent entries regarding Resident 1's ongoing elopement risk:

07/02/2024 at 9:30 AM - wander guard that was applied the night before, was found in Resident 1's walker basket. Also the night before cigarettes were removed from Resident 1's room, but more were observed in his/her walker. Author: Caregiver H
07/02/2024 at 7:25 PM - was outside with staff to smoke. Staff explained s/he needs to be with staff while smoking due to him/her walking to a nearby gas station. Thirty minutes, later Resident 1 wanted to go back outside with staff and was informed s/he needed to wait. Resident 1 said, "[Expletive] you no I don't" and exited the building. "staff [sic] stood by the door and watched [him/her] until [s/he] came in." Author: Wellness Coordinator C
07/03/2024 at 7:23 PM - "Resident has cut off

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wander guard and will not put it back on. Resident will not wait for staff to go smoke with [him/her] writer saw [him/her] walk out and [s/he] was sitting under a tree with another resident. Writer heard resident state "that [s/he] can not wait to go home soon." and stated it is coming real soon." [sic - all] Author: Wellness Coordinator C

Caregiver H provided Surveyors with Resident 1's binder during the medication pass and said Resident 1's ISP would be located there. Surveyors did not locate an ISP, however the record included documentation that Resident 1 has a legal guardian and was protectively placed at the facility with an admission date of 12/15/2023.

During an interview at 2:56 PM, Assistant Executive Director D explained the door alarms sound every time the front or back doors are opened and acknowledged that happens frequently throughout the day as visitors and residents come and go. S/he said there is a different alarm that sounds when a wander guard passes through the doorway and should alert staff to respond differently. Assistant Executive Director D agreed Resident 1 was an elopement risk but was not wearing the wander guard because s/he removed it. Assistant Executive Director D provided Surveyors with Resident 1's current ISP and an assessment dated 06/14/2024. Surveyors noted the following:

ISP section "Wellness/Safety" read, "Has a wandergaurd. [sic] Date Initiated: 01/09/2024." There was no reference to the recent elopement. On 06/14/2024, Wellness Coordinator C made a revision which read, "WELLNESS/SAFETY CHECK." Surveyor noted the frequency of the safety checks was not specified.

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N 389	Continued From page 6 ISP section titled, "Activities and Socialization" documented Resident 1's cigarettes are kept in the locked medication cart with a daily smoking schedule. It also read, "resident is to be supervised while smoking." Revision date: 07/01/2024. The ISP was not signed by Resident 1 or his/her guardian, acknowledging their involvement in or agreement with the plan. The 06/14/2024 assessment completed by Wellness Coordinator C was silent to risks associated with smoking or elopement. On 07/09/2024 at 2:56 PM, during an interview with Assistant Executive Director D, Surveyors reviewed the information in the ISP and expressed concern it did not clearly identify Resident 1's elopement risk or the limited effectiveness of the wander guard as an intervention due to Resident 1's resistance to wearing it. Assistant Executive Director D agreed to review and revise Resident 1's ISP based on assessment and involvement of Resident 1 and the care team. Assistant Executive Director D said s/he would send the revised ISP to Surveyor. On 07/10/2024 at 8:04 AM, Surveyor sent a follow up email to Assistant Executive Director D and also requested documentation of a current elopement risk assessment. On 07/10/2024 at 3:57 PM, Assistant Executive Director D sent Surveyor an email with a revised ISP for Resident 1. An elopement risk assessment was not included. Surveyor noted the following: ISP section "Wellness/Safety" read, "Has a wander guard check each shift to ensure [Resident 1] is wearing it. [S/he] does not enjoy wearing it and will try to rip it off." Revised by	N 389		

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Wellness Director G on 07/10/2024. The ISP was silent to the intervention if Resident 1 removes the wander guard. "Routine planned frequent checks for safety." Initiated 07/10/2024. The ISP did not offer specificity as to the the frequency of the checks or if they varied depending on whether or not Resident 1 was wearing the wander guard.
ISP section titled, "Activities and Socialization" was revised with added language that smoking supervision was necessary "due to trying to leave the community." This was also updated on 07/10/2024 by Wellness Director G.
ISP section "Behavior Care" read in part, "known triggers for...trying to leave community are being told not to leave community, being told no more cigarettes...de-escalated by redirections, taking a walk with staff around property, reading, watching tv." Revised 07/10/2024 by Wellness Director G.
The ISP was not signed by Resident 1 or his/her guardian.

On 07/11/2024 at 12:50 PM, Surveyor emailed Assistant Executive Director D and requested Resident 1's most recent signed ISP. On 07/12/2024 at 1:11 PM, Assistant Executive Director D emailed Surveyor the ISP, signed by Resident 1's guardian on 07/12/2024.

On 07/15/2024 at 10:00 AM, Surveyors conducted an interview with Wellness Director G, Assistant Executive Director D and Executive Director F.
Executive Director F recalled when Resident 1 was admitted, s/he was not a known risk for elopement and this was a change after the 01/08/2024 incident. Surveyor noted the update to the ISP after the incident consisted of identifying use of the wander guard and the ISP was silent to increased supervision needs until 07/01/2024 when smoking supervision was

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N 389	Continued From page 8 added. Executive Director F acknowledged Surveyor's review of the ISP. When asked about the frequent checks identified in the 07/10/2024 revised ISP, Executive Director F said staff complete 2 hour checks for safety on all residents. The only additional checks for Resident 1 are "if you're going down the hall to do the laundry, walk by [Resident 1]'s room to make sure [s/he]'s doing OK. Peek your head in there." Executive Director F said the frequency of checks did not change even if Resident 1 was not wearing the wander guard. Wellness Director G said s/he completed the ISP revisions on 07/10/2024, but explained s/he is not primarily assigned to this building and was covering for the Wellness Coordinator C who has been on vacation. Wellness Director G said, "I'm going to be honest, I don't know [Resident 1] that well, so I talked to staff. And I talked to the guardian about the part about smoking...to make sure that is what [s/he] said (about a smoking schedule.)" Wellness Director G said s/he did not complete an elopement risk assessment, s/he was unfamiliar with the details of the gas station incident referenced in the 07/02/2024 observation note and did not involve Resident 1 in the development of the ISP. In addition, Wellness Director G said s/he did not located an ISP in the file that was signed by Resident 1 or his/her guardian anytime after admission in December 2023.	N 389		