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 |
|---|---|---|---|
| | 0018616 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **BRUCE ASSISTED LIVING** | **405 BRUCE LAKE RD BRUCE, WI 54819** |

| (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<br><br>On 01/03/2024, Surveyor conducted a complaint investigation at Bruce Assisted Living. Data wwas collected through 01/09/2024.<br><br>The complaint was unsubstantiated.<br><br>One deficiency was identified.<br><br>Census: 3 | M 000 | | |
| M 480 | 88.08 TERMINATION OF PLACEMENT<br><br>TERMINATION OF PLACEMENT. A licensee may terminate a resident's placement only after giving the resident, the resident's guardian, if any, the resident's service coordinator, the placing agency, if any and the designated representative, if any, 30 days written notice. The termination of a placement shall be consistent with the service agreement under s. HSS 88.06(2)(c)7. The 30 day notice is not required for an emergency termination necessary to prevent harm to the resident or the other household members.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider terminated Resident 1's placement without a 30-day written notice.<br><br>Findings include:<br><br>On 01/03/2024 at approximately 2:30 p.m., Surveyor interviewed Caregiver B and asked if there had been any recent discharges. Caregiver B said Resident 1 was at the facility for | M 480 | | |

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

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| M 480 | Continued From page 1<br><br>approximately a month and s/he was recently discharged. Surveyor asked if Resident 1 knew s/he was going to be discharged. Caregiver B told Surveyor Resident 1 knew. S/he explained that Resident 1 packed his/her belongings, and his/her sibling came to pick him/her up.<br><br>On 01/04/2024 at approximately 2:40 p.m., Surveyor interviewed Administrator A and asked about Resident 1's discharge. Administrator A said Resident 1 was discharged due to his/her inability to pay. S/he said they received an email from his/her payee that Resident 1 would not be able to make the weekly payments. Surveyor asked Administrator A if Resident 1 received a written 30-day notice prior to his/her discharge. Administrator A said s/he did not believe so. S/he said Resident 1 and his/her guardian (for health care decisions) did sign a paper when Resident 1 discharged acknowledging they received Resident 1's belongings.<br><br>On 01/08/2024, Administrator A emailed Surveyor Resident 1's discharge notice that Resident 1's guardian signed, acknowledging receipt of Resident 1's belongings, medications, medication administration records and medication lists. This notice read, in part: "This is an immediate discharge notice for [Resident 1] due to nonpayment. We have been made aware that [Resident 1] is unable to continue to pay room / board at Bruce Assisted Living." | M 480 | | |