STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016630	A. BUILDING: _____ B. WING _____	R-C 10/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK CREST VILLA	8765 W FOREST HOME AVE GREENFIELD, WI 53228

(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 10/13/2022, Surveyors conducted 10 complaint investigations, 2 verification visits (for SOD YQT411 and SOD UXEE11) and a standard survey at Oak Crest Villa in Greenfield. Thirty-seven deficiencies were identified. Thirteen deficiencies were repeat deficiences (See SOD UXEE11, dated 01/16/2020 and SOD YQT411, dated 04/23/2021). Ten of 10 complaints were substantiated. Under statutory provisions of Wis. State. Ch 50, a $200 revisit fee is being assessed. Census: 36	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall	N 158		

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

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N 158	Continued From page 1 maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an investigation was completed and report made to the department when there were allegations of abuse or neglect. On 09/17/2022, Former Caregiver T was intoxicated at work. This was not reported to the department. On 04/17/2022, a caregiver fell asleep during his/her shift. This was not reported to the department. Findings include: Example 1 - Intoxicated Caregiver On 10/13/2022 at approximately 8:00 a.m., Surveyor reviewed a paramedic report, dated 09/17/2022, stating a caregiver (Former Caregiver T) at the provider's facility had reportedly passed out and was acting strange according to another staff member. During questioning from paramedics, Former Caregiver T admitted to consuming alcohol that evening. Former Caregiver T became aggressive with paramedics, denied further assessment or transport, and told paramedics to leave. On 10/13/2022 at approximately 3:15 p.m., Surveyor asked Business Manager A about the incident with Former Caregiver T. Business Office Manager A confirmed Former Caregiver T had admitted to consuming alcohol the day paramedics were called to the facility.	N 158		

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N 158	Continued From page 2 On 10/18/2022 at approximately 12:00 p.m., Surveyor reviewed documentation from the provider indicating 2 caregivers corroborated that Former Caregiver T was at work drunk on 09/17/2022 and terminated on 09/19/2022. Example 2 - Staff Sleeping On 10/14/2022, Surveyor reviewed a police report dated 04/17/2022 that states, "Transport team attempted to drop off a patient and no one was answering. Patient was transported back to [hospital] but would like a welfare check preformed on the caregivers. Contact made with an employee who advised [s/he] fell asleep." On 10/17/2022 at 8:15 a.m., Surveyor confirmed with Caregiver Quality Z that Office of Caregiver Quality (OCQ) had not received any self-reports from the provider in 2022.	N 158		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse.	N 163		

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N 163	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after Resident 14's whereabouts were unknown on 07/03/2022. Findings include: On 10/13/2022, Surveyors conducted a standard survey, 10 complaint investigations and 2 verification visits. After the onsite visit, Surveyor contacted the Greenfield police department for a record of the times in which they responded to the facility. Surveyor reviewed a police report dated 07/03/2022 which documents that an employee called the police to report Resident 14 was physically aggressive, violent, and fled the location. On 10/18/2022 at approximately 9:00 a.m., Surveyor interviewed Administrator A and asked if Resident 14's whereabouts were unknown on 07/03/2022 when s/he fled from the facility. Administrator A stated yes. Surveyor asked if Administrator A submitted a self-report for the incident. Administrator A stated not that time, but s/he has submitted other reports on Resident 14. On 10/18/2022, Surveyor reviewed the provider's electronic facility file and confirmed a self-report was not submitted when Resident 14's whereabouts were unknown on 07/03/2022.	N 163		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the	N 164		

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N 164	Continued From page 4	N 164		

department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not send a written report to the department within 3 working days for 16 of 18 incidences when law enforcement personnel were called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees.

Findings include:

On 10/13/2022, Surveyors conducted a standard survey, 10 complaint investigations and 2 verification visits. After the onsite visit, Surveyor contacted the Greenfield police department for a record of the times in which they responded to the facility.

On 10/18/2022 at approximately 9:00 a.m., Surveyor interviewed Administrator A about the following times that law enforcement was called to the facility and whether s/he submitted a self-report to the department:

-03/19/2022 - Resident reported $110 was taken from his/her room.
Administrator A stated s/he does not recall the situation.
-03/23/2022 - Resident reported that another

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resident at Oak Crest Villa had physically assaulted him/her and a staff member.

Administrator A stated no, a self-report was not submitted but an investigation was done.

-04/17/2022 - Transport team attempted to drop off a resident and no one was answering. The resident was transported back to the hospital and police did a wellness check on staff at the facility who stated s/he was asleep.

Administrator A stated s/he recalls talking to the transportation company but did not report it.

-04/29/2022 - Resident stated his/her roommate was stealing from him/her.

Administrator A stated s/he did an investigation but did not report the incident.

-04/29/2022 - Oak Crest Villa staff report a theft of narcotics from the locked med area sometime since 4/27/2022, states 42 pills of oxycodone are missing.

Administrator A stated s/he thought she reported that one.

-06/04/2022 - Employee of Oak Crest Villa requested assistance in removing an ex-employee who was swearing and refused to leave.

Administrator A stated no, that was not reported.

-06/28/2022 - Employee requested an officer respond to speak with a resident who no longer has a valid driver's license but is continuing to drive.

Administrator A stated no, that was not reported.

-06/28/2022 - Staff called to report a resident s/he believes was deceased and did not want to perform CPR.

Administrator A stated no, it was not reported because staff should have called hospice instead of the police.

-06/29/2022 - Caller stated there was a red

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N 164	Continued From page 6	N 164		

vehicle with its lights on in the rear lot.
Administrator A stated no, it was not reported.
-07/03/2022 - Employee called reporting Resident 14 was physically aggressive, violent, and fled the location.
-07/19/2022 - Employee called reporting Resident 14 was physically aggressive and was attempting to flee and had fallen.
Administrator A stated s/he knows there was a few incidents with Resident 14 and s/he thought s/he had reported one of the times.
-07/24/2022 - Resident requested an officer to respond stating that the facility has not gotten his/her morning medication. S/he was advised s/he had to wait for a med passer to come.
Administrator A stated no, it was not reported.
-07/28/2022 - Staff called to report Resident 14 was running around out in the street.
-08/30/2022 - Resident called to report an employee had threatened him/her for waking him/her up to help a resident. Stated Caregiver Q was asleep and s/he woke him/her up and threatened to beat his/her (expletive).
Administrator A stated that s/he investigated the incident, but did not report it.
-09/12/2022 - Resident called to report elder abuse after s/he was sent to the emergency room. S/he reported Caregiver Q would not clean him/her after s/he defecated. There was bruising on his/her arm which s/he indicated was from staff moving him/her improperly and fell after Caregiver Q tried to take away his/her call button.
Administrator A stated s/he was at the facility and investigated the allegations, but did not report it.
-10/05/2022 - Employee reports a family member of a resident was refusing to leave.
Administrator A stated no, it was not reported.

Surveyor asked Administrator A if s/he was

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N 164	Continued From page 7 familiar with chapter 83 and the reporting requirements. Administrator A stated s/he didn't realize s/he had to report every time the police come to the building. Surveyors clarified that the provider is required to report to the department when law enforcement is called with concerns about the health, safety, or welfare of residents or employees. On 10/18/2022, Surveyor reviewed the provider's electronic facility file and confirmed a self-report was not submitted for the above 16 times law enforcement was called to the facility.	N 164		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, interview and record review, Licensee B did not ensure the CBRF and its operations complied with all laws governing the CBRF. This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020). Findings include: Example 1 On 10/13/2022, Surveyors conducted a standard survey, 10 complaint investigations and 2 verification visits. As a result of this survey 10 complaints were substantiated and 37	N 196		

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N 196	Continued From page 8 deficiencies were identified; 13 of the deficiencies were repeat citations. The deficiencies are as follows: 83.12(a) Caregiver: Investigating Abuse & Neglect 83.12(4)(a) Reporting When Resident's Whereabouts Unknown 83.12(4)(b) Reporting When Law Enforcement Is Called 83.14(2)(a) Licensee Ensures Facility Complies with Laws - Repeat 83.14(2)(k) Other Occupants Not Adversely Affect Resident 83.15(3)(a) Administrator Shall Supervise Daily Operation 83.15(3)(b) Administrator Responsible for Staff Training 83.17(2)(a) Employees Screened for Communicable Disease Screen 83.20(2)(a-d) Department Approved Training Courses 83.21(1)-(3) All Employee Training 83.22(1)-(4) Task Specific Training 83.32(3)(d) Rights of Residents: Freedom from Mistreatment 83.32(3)(h) Rights of Residents: Receive Medications - Repeat 83.32(3)(i) Right of Residents: Adequate Treatment - Repeat 83.35(1) Pre-admission and Ongoing Assessments 83.35(3)(a) Comprehensive Individualized Service Plan 83.35(3)(b) Service Plan Development: Parties Involved 83.35(3)(d) Service Plans Updated Annually or on Changes 83.37(1)(h) Scheduled Psychotropic 83.37(1)(j) Proof-of-Use Record 83.37(2)(d) Documentation Of Medication	N 196		

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N 196	Continued From page 9 Administration 83.37(2)(e) Other Administration Given or Delegated by the RN - Repeat 83.38(1)(b) Supervision 83.38(1)(g) Health Monitoring - Repeat 83.39(3) Hand Washing 83.39(5) Pets Vaccinated 83.41(1)(c) Dishwashing 83.41(3)(b) Food Safety - Repeat 83.42(1) Resident Record Maintained 83.43(1) Environment Safe, Clean, And Comfortable - Repeat 83.43(2)(d) Clean Sheets, Pillowcases, and Towels - Repeat 83.44(1)(c) Clothes Dryers Enclosed And Vented 83.45(3) Toxic Substances - Repeat 83.47(2)(d) Fire Drills - Repeat 83.47(2)(e) Other Evacuation Drills - Repeat 83.59(4)(f) Delayed Egress: Department Approval - Repeat 83.60(1) Total/Openable Window Area - Repeat Example 2 On 10/13/2022 at approximately 1:15 p.m., Surveyors reviewed the following concerns with Licensee B: - The provider had previously received deficiencies due to windows being unable to open from the inside and the facility having delayed egress doors without a waiver from the department and both environmental concerns remained a concern during Surveyor's visit. - Kitchen appliances needed repairs and the facility was in need of housekeeping. - Residents reported concerns with caregivers bringing children to work. - Residents reported concerns about their safety in the facility and reported abuse/mistreatment	N 196		

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from caregivers.
- Caregiver records indicated they had not received required trainings.
- Staff were unable to locate requested resident and employee records while Surveyors were present.

Licensee B informed Surveyors that the above concerns are to be addressed by Administrator A, not Licensee B. Surveyors asked Licensee B if s/he was aware of the regulations the facility was required to follow. Licensee B replied, "Somewhat." Surveyors asked Licensee B if s/he completed any follow up after receiving Statement of Deficiency (SOD) YQT411, dated 04/23/2021 and SOD UXE11, dated 01/16/2020. Licensee B reported s/he thought Administrator A corrected things.

Example 3

On 10/13/2022, at approximately 1:15 p.m., Surveyor informed Licensee B of an allegation that Resident 8 had made during that survey with concerns that Resident 7's coat was stolen from his/her room by a staff member.

On 10/18/2022 at approximately 9:30 a.m., Surveyor asked Licensee B if Resident 7's legal guardian was notified of the allegation or if an investigation was completed after Surveyor made him/her aware of the allegation that Resident 7's coat was stolen by staff on 10/13/2022. Licensee B stated no. Surveyor asked Licensee B to clarify that s/he was made aware of an allegation of misappropriation and s/he took no action. Licensee B stated, "No, I guess not."

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N 206	Continued From page 11	N 206		
N 206	83.14(2)(k) Other occupants not adversely affect resident The licensee shall ensure that the presence of other occupants does not adversely affect the health, safety or welfare of residents. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the presence of other occupants did not adversely affect the health, safety and welfare of residents. The provider allowed caregivers to bring their children to work while on duty, leaving caregivers to divide their attention between their children and residents. Findings include: On 10/13/2022 at approximately 9:15 a.m., Surveyor interviewed Resident 8 who stated second shift staff bring kids to work and then that ties them up and they can't provide care to the residents. At approximately 9:30 a.m., Surveyor interviewed Resident 11. Resident 11 stated caregivers often bring their children to work. Resident 11 stated the children end up running and screaming through the halls, keeping residents up at night when they are trying to sleep and caregivers are left to care for both their children and residents. When asked how long Resident 11 has had to wait for his/her call light to be responded to, Resident 11 responded, "Up to 2 hours." At approximately 10:20 a.m., Surveyor interviewed Resident 9 who stated that staff bring their kids to work too often and it affects resident	N 206		

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care, they're about 6 years old and there is a few of them.

At approximately 10:20 a.m., Surveyor interviewed Resident 3. Resident 3 stated caregivers bring their children to work, resulting in caregivers providing care to residents and their own children. Resident 3 stated caregivers will respond to his/her call light saying "They'll be right back" but then never return.

At approximately 10:35 a.m., Surveyor interviewed Resident 12. Resident 12 stated caregivers routinely bring their children to work with them, particularly at night.

At approximately 11:15 a.m., Surveyor asked Caregiver P if caregivers bring their children to work. Caregiver P replied, "Yes, but you need approval from management."

At approximately 1:15 p.m., Surveyor interviewed Licensee B regarding caregivers bringing children to work with them. Licensee B stated s/he was aware of for sure 1 caregiver bringing his/her child, but thought Administrator A put a stop to that. Surveyor asked Licensee B if s/he did any follow up to ensure children were no longer coming to work with caregivers after Administrator A "put a stop to it." Licensee B replied "No."

At 2:15 p.m., Surveyor reviewed a text message sent from Administrator A to caregivers on 08/30/2022 stating, " ...Reminders, NO kids are allowed in the communities. I've gotten two complaints in a week and they're threatening to call authorities for child endangerment ...".

At approximately 3:15 p.m., Surveyors

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N 206	Continued From page 13 interviewed Licensee B and Business Office Manager M. Surveyor discussed concern that residents remain concerned with caregivers bringing their children to work with them. Surveyors acknowledged they reviewed a text message sent from management to caregivers indicating children should not be coming to the facility. Neither Licensee B, nor Business Office Manager M were able to comment on any follow up that was done after the 08/30/2022 notice sent to caregivers to ensure children were no longer coming to work with caregivers.	N 206		
N 214	83.15(3)(a) Administrator shall supervise daily operation The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. This Rule is not met as evidenced by: Based on observation, interview and record review, Administrator A did not supervise the daily operation of the CBRF, including resident care and services, personnel, and physical plant. Findings include: On 10/13/2022, Surveyors conducted a standard	N 214		

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	0016630	A. BUILDING: _____ B. WING _____	R-C 10/21/2022

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N 214	Continued From page 14	N 214		

survey, 10 complaint investigations and 2 verification visits. As a result of this survey, 10 complaints were substantiated and 36 deficiencies were identified; 13 of the deficiencies were repeat citations.

At approximately 1:15 p.m., Surveyors reviewed the following concerns with Licensee B:

- The provider had previously received deficiencies due to windows being unable to open from the inside and the facility having delayed egress doors without a waiver from the department and both environmental concerns remained a concern during Surveyor's visit.
- Kitchen appliances needed repairs and the facility needed to be cleaned.
- Residents reported concerns with caregivers bringing children to work.
- Residents reported concerns about their safety in the facility and reported abuse/mistreatment from caregivers.
- Caregiver records indicated they had not received required trainings.
- Staff were unable to locate requested resident and employee records while Surveyors were present.

Licensee B stated the above concerns are the responsibility of Administrator A.

On 10/18/2022 at approximately 1:15 p.m., Surveyors discussed the above concerns with Administrator A. Administrator A stated s/he was unaware s/he could apply for a waiver after the delayed egress doors had already been installed. Administrator A acknowledged allegations of abuse/mistreatment and stated s/he had followed up with investigations but thought reporting the caregivers to OCQ was more of an option after

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N 214	Continued From page 15 staff were found guilty of abuse/mistreatment. S/he was unaware that the provider is to report to the department when the police are called to the CBRF for the safety and welfare of residents and staff. Administrator A stated s/he was unaware of CBRF training requirements for caregivers, but would follow up to change the facility's process. Administrator A apologized for difficulties receiving paperwork while s/he was off on 10/13/2022.	N 214		
N 215	83.15(3)(b) Administrator responsible for staff training The administrator shall be responsible for the training and competency of all employees. This Rule is not met as evidenced by: Based on record review and interview, Administrator A did not ensure training and competency of all employees. Findings include: On 10/13/2022, Surveyor reviewed training records of staff and noted the following: - 3 of 5 employees reviewed had not received all department approved training as required. - 3 of 5 employees reviewed had not received all training as required within 90 days after starting employment. - 3 of 5 employees reviewed had not received all task specific training. On 10/13/2022, at 11:55 a.m., Surveyor interviewed Caregiver P and asked if they were a	N 215		

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N 215	Continued From page 16 certified nursing assistant (CNA). Caregiver P stated no. Surveyor asked Caregiver P if s/he received CBRF training courses. Caregiver P stated no that s/he did not receive any training upon hire, only completed shadow shifts to learn the job. On 10/18/2022 at 9:20 a.m., Surveyor discussed concern with Administrator A that Caregiver P, Caregiver Q and Caregiver R were not on the Community-Based Care and Treatment training registry. Administrator A stated s/he thought the facility could complete trainings themselves. Administrator A was unaware that CBRF trainings needed to be through a department-approved source. Cross Reference: N0239 DHS N0247 83.20(2)(a-d) Department Approved Training Courses N0243 DHS 83.21(1)-(3) All Employee Training N0247 83.22(1)-(4) Task Specific Training	N 215		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification	N 220		

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N 220	Continued From page 17 purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 5 caregivers reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employments. Findings include: On 10/13/2022 at approximately 10:30 a.m., Surveyor reviewed employee records, which documented the following: - Caregiver P, hired 04/05/2021, had a communicable disease screen completed on 04/15/2021 and a tuberculosis test on 04/13/2022. - Caregiver Q, hired 12/10/2021, had a communicable disease screen completed on 12/13/2021 and a tuberculosis test on 04/13/2022. - Caregiver R, hired 08/18/2021, had a communicable disease screen completed on 09/12/2021 and a tuberculosis test on 04/13/2022. At approximately 3:15 p.m., Surveyor interviewed Licensee B and Business Office Manager M regarding the concern that caregivers did not have tuberculosis tests completed within 90 days prior to providing services. Licensee B had no response for Surveyor.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses.	N 239		

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N 239	Continued From page 18 Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 5 employees obtained all department approved training as required. Caregiver P, Caregiver Q and Caregiver R did not have training in fire safety within 90 days after starting employment. Caregiver P, Caregiver Q and Caregiver R did not have training in first aid and choking within 90 days after starting employment.	N 239		

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N 239	Continued From page 19 Caregiver P, Caregiver Q and Caregiver R, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. Findings include: On 10/13/2022, Surveyor conducted a review of 5 employees to verify compliance with department approved training requirements. Surveyor reviewed the employee records of Caregiver P, Caregiver Q and Caregiver R and noted the following concerns: Fire Safety The records for Caregiver P, hired 04/05/2021, Caregiver Q, hired 12/10/2021 and Caregiver R, hired 08/18/2021 (terminated 08/24/2022) did not contain evidence of training or evidence of meeting an exemption for fire safety. On 10/13/2022, at approximately 3:15 p.m., Surveyors interviewed Business Office Manager M and License B. Business Office Manager M confirmed the provider did not have evidence Caregiver P, Caregiver Q or Caregiver R completed or met an exemption for fire safety training. First Aid and Choking The records for Caregiver P, hired 04/05/2021, Caregiver Q, hired 12/10/2021 and Caregiver R, hired 08/18/2021 (terminated 08/24/2022) did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 10/13/2022, at approximately 3:15 p.m., Surveyors interviewed Business Office Manager	N 239		

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M and License B. Business Office Manager M confirmed the provider did not have evidence Caregiver P, Caregiver Q or Caregiver R completed or met an exemption for first aid and choking training.

Standard Precautions

The records for Caregiver P, hired 04/05/2021, Caregiver Q, hired 12/10/2021 and Caregiver R, hired 08/18/2021 (terminated 08/24/2022) did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 10/13/2022, at approximately 3:15 p.m., Surveyors interviewed Business Office Manager M and License B. Business Office Manager M confirmed the provider did not have evidence Caregiver P, Caregiver Q or Caregiver R completed or met an exemption for standard precaution training prior to assuming these job duties.

On 10/13/2022, at 11:55 a.m., Surveyor asked Caregiver P if s/he received any CBRF training courses. Caregiver P stated no.

On 10/14/2022, Surveyor verified Caregiver P, Caregiver Q and Caregiver R were not on the Community-Based Care and Treatment training registry for fire safety, first aid and choking and standard precautions.

Licensee B and Business Office Manager M were given the opportunity to submit any additional evidence of training by 10/15/2022. No documentation related to department approved trainings was received.

On 10/18/2022 at 9:20 a.m., Surveyor discussed concern with Administrator A that Caregiver P,

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N 239	Continued From page 21 Caregiver Q and Caregiver R were not on the Community-Based Care and Treatment training registry. Administrator A stated s/he thought they could complete trainings themselves. Administrator A was unaware trainings must be department-approved. Cross Reference: N0215 DHS 83.15(3)(b) Administrator Responsible for Staff Training N0243 DHS 83.21(1)-(3) All Employee Training N0247 DHS 83.22(1)-(4) Task Specific Training	N 239		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training	N 243		

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N 243	Continued From page 22 shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 5 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver P, Caregiver Q and Caregiver R did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver P, Caregiver Q and Caregiver R did not have training in required client groups within 90 days after starting employment. Findings include: On 10/13/2022, Surveyor conducted a review of 5 employees to verify compliance with all employee training requirements. Surveyor reviewed the	N 243		

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N 243	Continued From page 23 employee records of Caregiver P, Caregiver Q and Caregiver R and noted the following concerns: Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver P, hired 04/05/2021, Caregiver Q, hired 12/10/2021 and Caregiver R, hired 08/18/2021 (terminated 08/24/2022) did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 10/13/2022, at approximately 3:15 p.m., Surveyors interviewed Business Office Manager M and License B. Business Office Manager M confirmed the provider did not have evidence Caregiver P, Caregiver Q or Caregiver R completed or met an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to residents within the client groups of advanced age and irreversible dementia/Alzheimer's. The record for Caregiver P, hired 04/05/2021, Caregiver Q, hired 12/10/2021 and Caregiver R, hired 08/18/2021 (terminated 08/24/2022) did not contain evidence of training or evidence of meeting an exemption for client group training. On 10/13/2022, at approximately 3:15 p.m., Surveyors interviewed Business Office Manager M and License B. Business Office Manager M confirmed the provider did not have evidence Caregiver P, Caregiver Q or Caregiver R completed or met an exemption for client group training specific to advanced age and irreversible dementia/Alzheimer's.	N 243		

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N 243	Continued From page 24 On 10/13/2022, at 11:55 a.m., Surveyor interviewed Caregiver P and asked if they were a certified nursing assistant (CNA). Caregiver P stated no. Licensee B and Business Office Manager M were given the opportunity to submit any additional evidence of training by 10/15/2022. No additional documentation related to employee trainings were received. Cross Reference: N0215 DHS 83.15(3)(b) Administrator Responsible for Staff Training N0239 DHS 83.20(2)(a-d) Department Approved Training Courses N0247 DHS 83.22(1)-(4) Task Specific Training	N 243		
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	N 247		

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N 247	Continued From page 25 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. 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 interview and record review, the provider did not ensure 3 of 5 employees reviewed obtained all task specific training. Caregiver P, Caregiver Q and Caregiver R, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. Caregiver P, who performs dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Findings include: On 10/13/2022, Surveyor conducted a review of 3 employees to verify compliance with task specific	N 247		

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training requirements. Surveyor reviewed the employees of Caregiver P, Caregiver Q and Caregiver R and noted the following concerns:

Provision of Personal Care

On 10/13/2022, Surveyors received the following statements:

- At approximately 8:40 a.m., Caregiver P stated s/he provides resident cares and cooks.
- At approximately 9:30 a.m., Resident 11 stated s/he has observed Caregiver R mistreat a resident while providing cares.
- At approximately 9:00 a.m., Resident 6 stated that Caregiver Q provides personal cares and that s/he does not want Caregiver Q to touch him/her because s/he doesn't feel safe around him/her and that staff have dropped him/her before.

The record for Caregiver P, hired 04/05/2021, Caregiver Q, hired 12/10/2021 and Caregiver R, hired 08/18/2021 (terminated 08/24/2022) did not contain evidence of training or evidence of meeting an exemption for personal care training. On 10/13/2022, at approximately 3:15 p.m., Surveyors interviewed Business Office Manager M and License B. Business Office Manager M confirmed the caregivers are responsible for providing personal cares and that the provider did not have evidence of caregivers reviewed having completed or met an exemption for provision of personal care training prior to assuming these job duties.

Dietary Training

On 10/13/2022 at approximately 8:40 a.m., Surveyors observed Caregiver P preparing

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N 247	Continued From page 27 breakfast. Caregiver P stated s/he provides cares to residents but also prepares meals. On 10/13/2022, at 11:55 a.m., Surveyor interviewed Caregiver P and asked if s/he was a certified nursing assistant (CNA). Caregiver P stated "No." The record for Caregiver P, hired 04/05/2021, did not contain evidence of training or evidence of meeting an exemption for dietary training. On 10/13/2022, at approximately 3:15 p.m., Surveyor interviewed Licensee B and Business Office Manager M, who confirmed the provider did not have evidence Caregiver P completed or met an exemption for dietary training within 90 days after assuming these job duties. Licensee B and Business Office Manager M were given the opportunity to submit any additional evidence of training by 10/15/2022. No documentation related to employee trainings was received. Cross Reference: N0215 DHS 83.15(3)(b) Administrator Responsible for Staff Training N0239 DHS 83.20(2)(a-d) Department Approved Training Courses N0243 DHS 83.21(1)-(3) All Employee Training N0452 DHS 83.41(3)(b) Food Safety N0425 DHS 83.38(1)(a) Personal Care N0447 DHS 83.41(1)(c) Dishwashing	N 247		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights:	N 348		

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N 348	Continued From page 28 Freedom from mistreatment. Be free from physical, sexual and mental abuse and neglect, and from financial exploitation and misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all residents were free from mistreatment including physical and mental abuse and neglect, and from financial exploitation and misappropriation of property. Findings include: Example 1 On 05/23/2022, the department received a self-report stating, "[Resident 16] had given [his/her] debit card to [Caregiver U] to go to Boost mobile and buy [Resident 16] a phone. [S/he] asked [Caregiver U] to order [his/her] groceries on two occasions. [Resident 16] realized on 05/13/2022 that there were charges on [his/her] card that [s/he] didn't approve. There were several ATM withdrawals and food deliveries." On 10/14/2022, Surveyor reviewed police report number 22-011129, dated 05/16/2022, which stated, "[Resident 16] stated [s/he] had asked one of the caretakers, who was identified as [Caregiver U] to purchase a cell phone for [him/her] so [s/he] could contact [his/her family member]. On 04/22/2022, [Resident 16] authorized [Caregiver U] to purchase this cell phone using [his/her] debit card. The credit card transaction history shows a charge of $380.00 at Boost Mobile on 04/22/22. [Resident 16] stated	N 348		

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[s/he] did receive this phone from [Caregiver U]. Later in the month of April, on approximately 04/27/22, [Resident 16] also gave [Caregiver U] consent to use [his/her] card in order to purchase [him/her] groceries and other food items. A transaction history shows that an $85.22 charge occurred on 04/27/22 at Pick N Save. [Resident 16] also stated a few days later [s/he] allowed [Caregiver U] to purchase groceries for [him/her] again and a charge for $44.51 on Instacart can be seen on bank statements. [Resident 16] called the Greenfield Police Department on 05/16/22 after learning that in addition to the authorized charges, someone had used [his/her] card on various occasions for various transactions, including multiple ATM withdrawals totaling $372.50, a transaction at Wal-Mart for $306.55, an Amazon transaction for $85.42, a Door Dash order from IHOP for $27.07, an order from Big Shark Fish for $70.25, an order from Toppers Pizza for $91.18 as well as an order from Netflix for $16.34. [Resident 16] stated [s/he] did not give anyone consent to make these transactions. While speaking with [Resident 16], [Administrator A] was present. Administrator A informed me [s/he] [his/herself] had done some investigating for this matter which included follow-up at the businesses where the transactions took place. [Administrator A] informed me [s/he] called Toppers Pizza where the $91.18 order was placed on 05/01/22 and spoke with an employee there. [S/he] was able to obtain information regarding that specific order that was placed. Specifically, [s/he] was able to obtain the name the order was placed under which was "still standing". Additionally, there was a phone number associated with the order which [Administrator A] informed me was the same number that [Caregiver U] had provided Oak Crest Villa upon receiving employment there.

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[Administrator A] then informed me [Caregiver U's] Facebook, as well as email, contained the name "still standing." Additionally, the order from Toppers was delivered to [address] which is the same address that [Caregiver U] has listed with the Wisconsin Department of Transportation. I asked [Resident 16] if anyone else would have access to [his/her] card and [s/he] stated no one else would have access to [his/her] card other than [Caregiver U]. [S/he] again stated [s/he] did not give consent to [Caregiver U] to complete any transactions other than those specified above in the report. ... "On 08/30/2022, the suspect, identified as [Caregiver U], was taken into custody. ... During the interview, [Caregiver U] stated the victim, [Resident 16], asked [him/her] to buy a phone and some things from Walmart. [Caregiver U] stated [s/he] then asked [Resident 16] to borrow some money. [Caregiver U] stated [Resident 16] was hesitant because [s/he] was not sure if [Caregiver U] would pay [him/her] back. [Caregiver U] stated when [s/he] asked [Resident 16] about borrowing the money [s/he] did not know if [s/he] was going to pay the money back or not. [Caregiver U] stated [s/he] took [Resident 16]'s card to a gas station and withdrew $200, which [s/he] stated was done with the consent of [Resident 16]. [Caregiver U] stated [s/he] wrote down [Resident 16]'s card information and made "a couple of purchases" [s/he] "wasn't supposed to do." [S/he] stated these purchases included using the card for Netflix and at Big Sharks Fish and Chicken. [Caregiver U] then stated those were the only unauthorized transactions [s/he] made with [Resident 16]'s card. I asked [Caregiver U] if [s/he] made any other unauthorized purchases or withdrawals with [Resident 16]'s card and [s/he] stated "not at all." I asked [Caregiver U] if [Resident 16] ever had [him/her] withdraw money

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on [Resident 16]'s behalf and [s/he] stated [Resident 16] did ask [him/her] to withdraw $200 on [his/her] behalf. [Caregiver U] stated [s/he] made this withdrawal at the same gas station and same time [s/he] withdrew the $200 for [him/herself]. It should be noted the transaction history from [Resident 16]'s card, provided by [his/her] financial institution, does not reflect this. I asked [Caregiver U] if [s/he] ever used [Resident 16]'s card at Landmark Credit Union. [S/he] first stated no, but then, when asked again, stated [Resident 16] asked [him/her] a second time to take out money for [him/her] so [s/he] went to Landmark Credit Union and pulled out approximately $200. I asked [Caregiver U] if the total amount of withdrawals [s/he] completed with [Resident 16]'s card was three, specifying one for [Resident 16] and two for [Caregiver U], and [s/he] stated this was correct. I asked [Caregiver U] if [s/he] had used the card to purchase Topper's, and [s/he] stated [s/he] had not, but it might have been [his/her child]. When asked how [s/he] would have obtained [Resident 16]'s card information [Caregiver U] stated because [s/he] had the card information written down on a piece of paper [s/he] kept in [his/her] purse, and [his/her] kids go through [his/her] purse. I told [Caregiver U] there were separate transactions at done at Landmark Credit Union, one for $100 and one for $400. [Caregiver U] stated the $100 transaction was for [Resident 16]. I then asked [Caregiver U] who the $400 transaction was for and [s/he] stated "me." I asked [Caregiver U] if this was unauthorized and [s/he] confirmed it was unauthorized. I asked [Caregiver U] if [s/he] made any other unauthorized purchased or withdrawals and [s/he] stated [s/he] did not. It should be noted there were multiple other unauthorized transactions completed with [Resident 16]'s card. Please see the detailed list of transactions, which

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is attached to the case, for further information. Please see body cam for further information regarding this interview. Based on previously gathered evidence as well as statements from [Caregiver U], [Caregiver U] was booked for unauthorized use of an individual's personal identifying information or documents."

On 10/18/2022, at 9:30 a.m., Surveyor asked if Administrator A was aware of the above concerns and that Caregiver U was convicted. Administrator A stated that yes, Resident 16 made them aware of the stolen funds and that s/he had done an investigation into the stolen funds including getting the ATM footage and pizza transactions but s/he was unsure of how it turned out. Administrator A stated Caregiver U was let go.

Example 2
On 10/13/2022, Surveyor contacted the Greenfield police department for a record of the times in which they responded to the facility. Surveyor reviewed a police report dated 4/29/2022 that stated:
"Upon arrival, I made contact with [Business Office M] and wanted to report a theft of prescription drugs sometime prior to or on 04/04/2022. [Business Office M] informed me that 42 5MG Oxycodone pills were missing from a patient's medication storage. The patient was identified as [Resident 15].

[Business Office M] informed me that medication is usually kept in the med cart which had two locks on it. According to [Business Office M] approximately seven people have access to this med cart. The reason [Business Office M] knows the medications are missing is that the medications were rationed through 05/04/22, and

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the individual takes six of the 5MG Oxycodone pills a day and that last day there were any med supplies was 04/27/22.

While speaking with [Business Office M], the owner of the facility was also present. [S/he] was identified as [Licensee B]. I asked [Licensee B] and [Business Office M] if anything like this had happened before and things had gone missing, and they said not to their knowledge. When asked if there was a suspected person taking the meds, [Business Office M] and [Licensee B] both informed me that [Caregiver U] is an employee there who there has been talk of stealing medications. It is unknown at this time if [Caregiver U] has been investigated by the Wisconsin Department of Health Services, for theft of medications, in the past. [Business Office M] and [Licensee B] both stated no consent was given to take the patient's medications improperly and they would like to press charges if a suspect is apprehended.

On 05/05/2022 I spoke with [Administrator A], the Executive Director at Oak Crest Villa. [S/he] provided me with an updated record of the dates and times the Oxycodone was given since 04/01/2022 to [Resident 15]. Additionally [Administrator A] stated their internal investigation had not revealed any suspects. [Administrator A] sent me the following information via email.
'an employee who was fired, right before I went on vacation, apparently was in the community on Sunday saying that [s/he] called state. I wouldn't put it past [him/her] to have [his/her family member] [Caregiver V], take the meds so that [s/he] would have something to call state about. [His/her] name is [Caregiver W] and was a full time med passer before [s/he] was fired.'

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Of note, [Caregiver V] was on the list of individuals who had access to the med cart. [Administrator A] had nothing further to report on this investigation at the time."

On 10/13/2022, at 1:45 p.m., Surveyor interviewed Business Office M about the stolen medication. Business Office M stated that s/he called the police but they were unable to identify who took the medications.

Example 3
On 10/13/2022 at 8:53 a.m., Surveyor interviewed Resident 15 who stated:
Caregiver Q threatened me 2 months ago and said s/he would whoop my [expletive] because s/he was sleeping and I woke him/her up. I called the police. No one has done anything. S/he is still working in the facility, s/he worked last night.

At approximately 2:00 p.m., Surveyor observed Resident 15 expressing concerns to Licensee B about Caregiver Q. "I feel threatened anytime I see [him/her], [s/he] was working last night, I don't feel safe here." Licensee did not appear to pay attention to Resident 15 as evidenced by him/her not looking up from his/her phone. Resident 15 yelled, "Do you hear me?" Licensee B told Resident 15 that s/he can tell Administrator A but s/he's away right now. Resident 15 continued, "At the end of the month it will be 2 months I have had to endure this. It hurts me so bad." Licensee B did not respond.

On 10/18/2022, Surveyor reviewed a facility incident report dated 08/30/2022, that documents, "[Administrator A] was notified that police were called by [Resident 15] because [s/he] stated that [Caregiver Q] threatened [him/her]. Police interviewed both parties and determined it was a

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he said she said situation. [Administrator A] spoke with Resident who stated that [Caregiver Q] was sleeping and when [s/he] woke [him/her] up that [s/he] threatened to 'kick [his/her] [expletive]'.

At 9:30 a.m., Surveyor asked if Caregiver Q was still working at the facility. Administrator A stated yes, that they could not prove anything from their investigation and neither could the police. Caregiver Q's shift had ended by the time the police were called and was not working during the time of the investigation. After the investigation, s/he was allowed to come back. Surveyor asked if any safeguards were put into place for Resident 15. Administrator A stated no, they could not prove anything.

Example 4
On 10/13/2022 at approximately 9:00 a.m., Surveyor interviewed Resident 6 who stated: I don't feel safe here. Caregiver Q puts my call light out of reach and shuts the door, I'll call for help but no one can hear me. I wrapped my call light around my arm so Caregiver Q couldn't put it out of reach and s/he yanked my arm and pulled me out of bed. S/he still worked here. I asked that s/he not touch me and I don't feel safe around him/her. Staff have dropped me before. As soon as the staff come in you can hear them fight and they don't start doing anything with residents until 8:30 a.m. Staff will ask for cigarettes from residents. When I report my concerns to Business Office M s/he tries to convince me that the situation didn't happen the way I remember.

On 10/18/2022, Surveyor reviewed a facility incident report dated 09/12/2022, that documents, "[Administrator A] was notified by police that when

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[Resident 6] went out to the hospital after a fall that [s/he] stated that [s/he] was yanked out of [his/her] bed by [Caregiver Q]."

At approximately 9:30 a.m., Administrator A provided Surveyor with a statement that documented that Administrator A was also working at that time and s/he didn't believe it would be feasible to tug the resident out of bed.

Example 5
On 10/13/2022, at approximately 9:15 a.m., Surveyor interviewed Resident 8 who stated: I used to live together with my spouse and they separated us. My spouse had a Calvin Klein jacked that went missing about 2 weeks ago. I told Business Office M that it had to be a worker because no one else is allowed in his/her room. I don't feel safe here. You hear residents hollering "help me" all day and night. My spouse fell on the floor and couldn't get up and Former Caregiver W picked him/her up by his/her breast. For hours s/he ranted "that [expletive]". The verbal abuse here is just as bad as the physical.

At 1:45 p.m., Surveyor asked Business Office M about the allegation. Business Office M stated s/he doesn't remember hearing about any of that.

Example 6
On 10/13/2022, at approximately 10:20 a.m., Surveyor interviewed Resident 9 who stated: Staff tell me I need to get up but I don't have a leg and I can't get up on my own. I need help to go to the bathroom but staff don't come so I usually go in my brief. The staff talk to me like I'm an idiot and are really mean. Staff have taken my cigarettes before. Staff have threatened me before and they pull on my leg and hurt my shoulder. It takes weeks to get a shower, I have

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to bother them and keep asking to get one. They keep saying tomorrow but tomorrow never comes. Staff bring their kids in too often and it affects resident care, they're about 6 years old and there is a few of them.

On 10/18/2022, Surveyor reviewed a facility incident report dated 01/02/2022, that documents, "[Resident 9] had asked for assistance from getting from [his/her] wheelchair to [his/her] bed due to recent falls. [Nurse] asked a staff member for help. [Caregiver X] came into the room and immediately started arguing with [him/her], telling [him/her] that [s/he] was capable of getting into bed [him/herself] and that [s/he] was sick of [his/her] 'baby [expletive]'. Resident attempted to pull [him/herself] up from [his/her] wheelchair but was visibly struggling. Resident said that [s/he] was sore from a recent fall and the staff member, [Caregiver X], said that [s/he] was lying about the fall, and continuously called [him/her] a liar in regards to [his/her] falls. Eventually [s/he] did assist member into bed and told [him/her] to stop yelling all the time for help and said that other residents were complaining and threatening [him/her]. The staff member also proceeded to argue with [him/her] over the number of cigarettes [s/he] had smoked that day and said that [s/he] probably has dementia and doesn't remember. [S/he] told Resident that [s/he] has seen people with both legs amputated get into bed and that [s/he] could manage it [him/herself]. Resident then asked for [his/her] wheelchair to be next to [his/her] bed in case [s/he] needs to get up and the staff member replied and said [s/he] doesn't need it..."

At 9:30 a.m., Surveyor asked Administrator A what was done when s/he became aware of the situation. Administrator A stated that Caregiver X

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N 348	Continued From page 38 was immediately suspended and investigated and then subsequently terminated from his/her position. Example 7 On 10/18/2022, Surveyor reviewed a facility incident report without a date, that documented, "[Administrator A] received a call from [guardian] stating that [s/he] overheard [Caregiver R] tell one of [his/her] members to get the [expletive] out of the kitchen." At 9:30 a.m., Administrator A stated that Caregiver R was written up and retrained on resident rights. When Surveyor asked Administrator A if any of the above listed staff was reported to Office of Caregiver Quality s/he stated no, s/he thought it was just an option to report, not a requirement. On 10/17/2022 at 8:15 a.m., Surveyor confirmed with Caregiver Quality Z that Office of Caregiver Quality (OCQ) had not received any self-reports from the provider in 2022.	N 348		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the	N 352		

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	0016630	A. BUILDING: _____ B. WING _____	R-C 10/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK CREST VILLA	8765 W FOREST HOME AVE GREENFIELD, WI 53228

(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 352	Continued From page 39 provider did not ensure residents received medication as prescribed. Resident 11 did not receive his/her Humalog 100 unit/ml as prescribed. Resident 15 did not receive his/her scheduled Oxycodone as prescribed. This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020). Findings include: On 10/13/2022 at approximately 9:30 a.m., Surveyor interviewed Resident 11. Resident 11 stated s/he was a diabetic and that staff did not administer his/her insulin correctly. Example 1 - Resident 11 On 10/18/2022 at approximately 1:00 p.m., Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider's facility on 08/23/2021 with diagnoses including diabetes, depression, bipolar disorder and anxiety. Resident 11's physician order included Humalog 100 unit/ml (Start Date: 08/24/2022) - Inject 3 times daily per sliding scale before meals - <150=12u, 151-199=14u, 200-249=16u, 250-299=18u, 300-349=20u, 350 or more call physician *Prime with 2 units before each use. Resident 11's Medication Administration Record (MAR) documented the following occurrences of Resident 11 not receiving his/her Humalog 100 unit/ml as prescribed: - 09/03/2022 8:52 a.m. Blood Sugar 350 - 20 units administered. Physician not called.	N 352		

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N 352	Continued From page 40	N 352		

- 09/06/2022 12:13 p.m. Blood Sugar 164 - 12 units administered. Per order, 14 units needed.
- 09/13/2022 1:05 p.m. Blood Sugar 136 - 16 units administered. Per order, 12 units needed.
- 09/21/2022 12:26 p.m. Blood Sugar 239 - 15 units administered. Per order, 16 units needed.
- 09/23/2022 5:28 p.m. Blood Sugar 293 - 17 units administered. Per order, 18 units needed.
- 09/24/2022 8:38 a.m. Blood Sugar 238 - 24 units administered. Per order, 20 units needed.

At approximately 1:45 p.m., Surveyor reviewed concern with Administrator A that Resident 11 did not receive his/her Humalog 100 unit/ml as prescribed. Administrator A responded, "Oh" and took note of Surveyor's concern to review in the future.

Example 2 - Resident 15

Surveyor reviewed a police report dated 04/29/2022 that stated:

"Upon arrival, I made contact with [Business Office M] and wanted to report a theft of prescription drugs sometime prior to or on 04/04/2022. [Business Office M] informed me that 42 5MG Oxycodone pills were missing from a patient's medication storage. The patient was identified as [Resident 15].

[Business Office M] informed me that medication is usually kept in the med cart which had two locks on it. According to [Business Office M] approximately seven people have access to this med cart. The reason [Business Office M] knows the medications are missing is that the medications were rationed through 05/04/22, and the individual takes six of the 5MG Oxycodone pills a day and that last day there were any med

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N 352	Continued From page 41 supplies was 04/27/22. While speaking with [Business Office M], the owner of the facility was also present. [S/he] was identified as [Licensee B]. I asked [Licensee B] and [Business Office M] if anything like this had happened before and things had gone missing, and they said not to their knowledge. When asked if there was a suspected person taking the meds, [Business Office M] and [Licensee B] both informed me that [Former Caregiver U] is an employee there who there has been talk of stealing medications. It is unknown at this time if [Former Caregiver U] has been investigated by the Wisconsin Department of Health Services, for theft of medications, in the past. [Business Office M] and [Licensee B] both stated no consent was given to take the patient's medications improperly and they would like to press charges if a suspect is apprehended. On 05/05/2022 I spoke with [Administrator A], the executive director at Oak Crest Villa. [S/he] provided me with an updated record of the dates and times the Oxycodone was given since 04/01/2022 to [Resident 15]. Additionally [Administrator A] stated their internal investigation had not revealed any suspects. [Administrator A] sent me the following information via email. 'an employee who was fired, right before I went on vacation, apparently was in the community on Sunday saying that [s/he] called state. I wouldn't put it past [him/her] to have [his/her family member] [Former Caregiver V], take the meds so that [s/he] would have something to call state about. [His/her] name is [Former Caregiver W] and was a full time med passer before [s/he] was fired.'	N 352		

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N 352	Continued From page 42 Of note, [Former Caregiver V] was on the list of individuals who had access to the med cart. [Administrator A] had nothing further to report on this investigation at the time." On 10/18/2022, at approximately 9:00 a.m., Surveyor asked Administrator A about the above detailed event where Resident 15 did not receive his/her prescribed Oxycodone and asked if Resident 15 had days without his/her prescribed medication. Administrator A stated yes. Surveyor reviewed Resident 15's physician order for Oxycodone 5MG tab to take at 7:00 a.m., 2:00 p.m. and 9:00 p.m. Documentation of April and May 2022's MAR indicate Resident 15 did not receive his/her scheduled Oxycodone from 7:00 a.m. on 04/27/2022 to 7:00 a.m. on 05/04/2022. Cross Reference: N0146 DHS 83.37(2)(e) Other Administration Given Or Delegated By RN	N 352		
{N 353}	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 10 received prompt and adequate treatment when having chest pain. This is a repeat deficiency (See SOD YQT411,	{N 353}		

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{N 353}	Continued From page 43 dated 04/23/2021). Findings include: On 10/13/2022 at approximately 1:35 p.m., Surveyors observed an ambulance at the front entrance of the provider's facility. Surveyors asked Business Office Manager M why the ambulance was there. Business Office Manager M replied, "I don't know. A resident may have called." Surveyor then followed paramedics to Resident 10's room, who was in his/her room by him/herself with no caregivers present. Surveyor asked paramedics what the call was for. Paramedic N stated Resident 10 called 911 him/herself and reported having chest pain. Paramedics then escorted Resident 10 out of the facility via stretcher. At approximately 2:00 p.m., Surveyor interviewed Caregiver O. Surveyor asked Caregiver O if s/he was aware Resident 10 contacted 911 him/herself. Caregiver O relied, "Yeah. [S/he] was having chest pain and asked staff to call 911, but the landline was in use so we told [him/her] to call [him/herself]." Surveyor asked Caregiver O if staff assessed Resident 10 or stayed with Resident 10 while s/he contacted 911 and waited for 911 to respond. Caregiver O replied, "No. No assessment took place." At approximately 2:45 p.m., Business Office Manager M informed Surveyors Resident 10 had a behavior of frequently calling 911 him/herself. Business Office Manager M stated s/he received an update from the local emergency department that Resident 10 was receiving a breathing treatment and would be returning to the facility.	{N 353}		

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{N 353}	Continued From page 44 On 10/16/2022 at 10:00 a.m., Surveyor reviewed Resident 10's record. Resident 10 was admitted to the facility on 08/12/2022 with diagnoses including congestive heart failure, anxiety and Parkinson's Disease. Resident 10's individual service plan (ISP), dated 08/23/2022, did not include any behaviors. On 10/18/2022 at approximately 9:20 a.m., Surveyor interviewed Caregiver E. Caregiver E stated Resident 10 frequently calls 911. Caregiver E estimated Resident 10 calls 911 3-4 times per week, sometimes back to back days, reporting chest pain or shortness of breath. Surveyor asked if Resident 10 has any as needed medications that could be helpful when reporting shortness of breath or chest pain. Caregiver E and Surveyor reviewed Resident 10's Medication Administration Record (MAR), which indicated s/he has orders for Acetaminophen 325 mg - Take 2 tablets every 4 hours as needed for pain and Albuterol - Inhale 2 puffs into lungs every 4 hours as needed for wheezing. The provider did not ensure Resident 10 was assessed or offered as needed medications when reporting chest pain on 10/13/2022. Resident 10 was instructed by staff to call 911 him/herself.	{N 353}		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under	N 381		

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N 381	Continued From page 45 par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess each resident when there was a change in needs, abilities or conditions. Findings include: Example 1 - Resident 14 On 10/13/2022, Surveyor contacted the Greenfield police department for a record of the times in which they responded to the facility. Surveyor reviewed the following police reports involving Resident 14: 07/03/2022 - Employee called reporting Resident 14 was physically aggressive, violent, and fled the location. 07/19/2022 - Employee called reporting Resident 14 was physically aggressive and was attempting to flee and had fallen. 07/28/2022 - Staff called to report Resident 14 was running around out in the street. At approximately 9:15 a.m., Surveyor asked to review any assessments of Resident 14 including aggression and elopement. On 10/18/2022, at approximately 12:00 p.m., Surveyor reviewed an incident report dated 07/19/2022 which documents, "resident left out building after a staff as they was [sic] leaving staff notified us of problem we were trying to get [Resident 14] back into building [s/he] had a fall	N 381		

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outside no injuries notice [sic] at time police were passing by and stop to help they were able to get in contact with [his/her family member] which [s/he] talked to and were willing to go back into building after no other concerns."

The only assessment was Resident 14's admission assessment, dated 07/01/2022, which documents:
"Wandering/Elopement
Provide supervision and redirection to avoid and prevent wandering episodes. If wandering occurs, determine follow-up plan. [Resident 14] can get very confused and want to leave the community.
Destructive/Abusive
Displays no destructive/abusive behaviors.
Aggressive/Combative - Full Intervention
Constantly supervise and assist resident in redirecting aggressive/combative behaviors. Notify appropriate providers if necessary."

On 10/18/2022, at approximately 9:30 a.m., Surveyor requested Administrator A provide any documentation or assessments of Resident 14's behavior.

At approximately 2:00 p.m., Surveyor requested the documentation be provided by 4:00 p.m. that day.

No further documentation has been received.

Example 2 - Resident 8
Resident 8 was admitted to the provider on 05/19/2021 with diagnoses including major depressive disorder, depression, and cognitive deficits.

At 9:15 a.m., Surveyor interviewed Resident 8

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who stated s/he used to live together with his/her spouse and the provider separated them. S/he continued to say the provider makes the rules but doesn't tell me the rules. When Surveyor asked if Resident 8 participated in his/her plan of care, Resident 8 stated, "I don't know anything about a service plan and I have not been involved in my care."

At 11:55 a.m., Surveyor interviewed Caregiver P in regards to Resident 8. Caregiver P stated that Resident 8 is supposed to stay out of Resident 7's room but staff catch him/her in there all the time. Surveyor asked why Resident 8 is not allowed to be in his/her spouse's room. Caregiver P stated because Resident 8 was touching Resident 7's roommate inappropriately and s/he did not like it.

Surveyor interviewed Business Office M at 1:45 p.m. Business Office M stated the rules for Resident 8 and Resident 7 are that s/he cannot go into his/her room. Resident 7's roommate reported that s/he tried touching him/her.

Surveyor reviewed Resident 8's ISP, dated 04/02/2022. The ISP did not state anything about Resident 8 moving out of a room with Resident 7 and/or why s/he is not allowed in Resident 7's room.

On 10/13/2022, at approximately 2:30 p.m., Surveyor requested Business Office M and Licensee B provide any documentation or assessments of Resident 8's inappropriate behavior.

On 10/18/2022, at approximately 9:30 a.m., Surveyor requested Administrator A provide any documentation or assessments of Resident 8's

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N 381	Continued From page 48 inappropriate behavior. At approximately 2:00 p.m., Surveyor requested the documentation be provided by 4:00 p.m. that day. No further documentation has been received. Example 3 - Resident 9 Resident 9 was admitted to the provider on 01/11/2022 with diagnoses including diabetes and schizophrenia. On 10/13/2022, at approximately 10:20 a.m., Surveyor interviewed Resident 9 who stated staff tell him/her s/he needs to get up on his/her own but that s/he doesn't have a leg so s/he can't get up on his/her own and if s/he does, s/he'll fall. On 10/13/2022, at approximately 2:30 p.m., Surveyor requested Business Office M and Licensee B provide any documentation or assessments of Resident 9's falls. On 10/18/2022, at approximately 9:30 a.m., Surveyor requested Administrator A provide any documentation or assessments of Resident 9's falls. Surveyor reviewed the following documentation regarding Resident 9's falls: -An incident report dated 01/02/2022, that documents, "[Resident 9] had asked for assistance from getting from [his/her] wheelchair to [his/her] bed due to recent falls. [Nurse] asked a staff member for help. [Former Caregiver X] came into the room and immediately started arguing with [him/her], telling [him/her] that [s/he] was capable of getting into bed [him/herself] and that [s/he] was sick of [his/her] 'baby [expletive]'.	N 381		

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N 381	Continued From page 49 Resident attempted to pull [him/herself] up from [his/her] wheelchair but was visibly struggling. Resident said that [s/he] was sore from a recent fall and the staff member, [Former Caregiver X], said that [s/he] was lying about the fall, and continuously called [him/her] a liar in regards to [his/her] falls. Eventually [s/he] did assist member into bed and told [him/her] to stop yelling all the time for help and said that other residents were complaining and threatening [him/her]. The staff member also proceeded to argue with [him/her] over the number of cigarettes [s/he] had smoked that day and said that [s/he] probably has dementia and doesn't remember. [S/he] told Resident that [s/he] has seen people with both legs amputated get into bed and that [s/he] could manage it [him/herself]. Resident then asked for [his/her] wheelchair to be next to [his/her] bed in case [s/he] needs to get up and the staff member replied and said [s/he] doesn't need it..." -An incident report dated 01/15/2022, that documents, "I heard [him/her] hollering help so I went over to see that [s/he] was trying to get in bed on [his/her] own and missed the bed so I went to get [caregiver] to help me lift [him/her] up to put [him/her] in bed." -An incident report dated 01/21/2022, that documents, "[Resident 9] stated that if [s/he] don't [sic] get all [his/her] packs of cigarettes [s/he] will continue to make [him/herself] fall out [his/her] chair to ground." On 10/18/2022, at approximately 12:25 p.m., Surveyor asked Caregiver O if Resident 9 has a history of falls. Caregiver O stated yes. At approximately 1:00 p.m., Surveyor asked Business Office M if Resident 9 falls often. Business Office M stated yes.	N 381		

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N 381	Continued From page 50 At approximately 2:00 p.m., Surveyor requested that any documentation of an assessment for Resident 9's falls be provided by 4:00 p.m. that day. No further documentation has been received.	N 381		
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 observation and record review, Resident 12's individual service plan (ISP) did not include his/her needs and method for delivering care. Findings include: On 10/13/2022 at approximately 10:35 a.m., Surveyor interviewed Resident 12 in his/her room. Surveyor observed Resident 12 had a recliner, but no bed on his/her side of the room. Surveyor	N 386		

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N 386	Continued From page 51 asked Resident 12 if s/he had a bed. Resident 12 replied, "No. I sleep in a recliner. I want to. It's better for my legs and easier to get up." At approximately 12:00 p.m., Surveyor observed Resident 12 mobilizing to the dining area via wheelchair. On 10/18/2022 at 4:00 p.m., Surveyor reviewed Resident 12's record. Resident 12 was admitted to the provider's facility on 09/15/2022 with diagnosis including diabetes. Resident 12's ISP, not signed or dated, did not include Resident 12's use of a recliner for sleep or wheelchair for mobility. Cross Reference: N0387 DHS 83.35(3)(b) Service Plan Development: Parties Involved	N 386		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.	N 387		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the resident and resident's legal representative was involved in developing the individual service plan (ISP).

Resident 7 was not aware that s/he had an ISP and the ISP was not signed by his/her guardian.
Resident 8 was not aware that s/he had an ISP and the ISP was not signed by his/her guardian.
Resident 9 was not aware that s/he had an ISP and the ISP was not signed by his/her legal representative.
Resident 12's guardian was not involved with the development of his/her individual service plan (ISP).

Findings include:

Example 1 - Resident 12
On 10/18/2022 at 4:00 p.m., Surveyor reviewed Resident 12's record. Resident 12 was admitted to the provider's facility on 09/15/2022 with diagnosis including diabetes. Resident 12 has a legal guardian. Resident 12's ISP was not signed or dated by his/her legal guardian.

On 10/19/2022 at 8:50 a.m., Surveyor followed up with Administrator A to confirm whether Resident 12's guardian participated in his/her ISP development. Administrator A replied, "[S/he] did not participate in [his/her] ISP."

Example 2 - Resident 7
Resident 7 was admitted to the provider on 05/19/2021 with diagnoses including major depressive disorder, bipolar disorder, and dementia. Resident 8 has a legal guardian.

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N 387	Continued From page 53 Surveyor reviewed Resident 7's ISP, dated 04/02/2022. The ISP was not signed by Resident 7's guardian. Example 3 - Resident 8 Resident 8 was admitted to the provider on 05/19/2021 with diagnoses including major depressive disorder, depression, and cognitive deficits. Resident 8 has a legal guardian. On 10/13/2022 at 09:15 a.m., Surveyor interviewed Resident 8 who stated the provider makes the rules but doesn't tell me the rules. When Surveyor asked if Resident 8 participated in his/her plan of care, Resident 8 stated, "I don't know anything about a service plan and I have not been involved in my care." Surveyor reviewed Resident 8's ISP, dated 04/02/2022. The ISP was not signed by Resident 8's guardian. Example 4 - Resident 9 Resident 9 was admitted to the provider on 01/11/2022 with diagnoses including diabetes and schizophrenia. Resident 9 has a legal representative. On 10/13/2022, at 10:20 a.m., Surveyor interviewed Resident 9 and asked if s/he was involved in his/her plan of care. Resident 9 stated s/he has not been involved in a meeting about cares or seen a care plan. Surveyor reviewed Resident 9's ISP, dated 04/01/2022. The ISP was not signed by Resident 9's legal representative. Cross Reference: N0386 DHS 83.35(3)(a)	N 387		

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N 387	Continued From page 54 Comprehensive Individualized Service Plan	N 387		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 11, Resident 10, Resident 6 and Resident 8 had their individual service plans (ISP) reviewed and revised when there was a change in needs and that the resident and/or legal representative signed the ISP acknowledging understanding of and agreement with plan. Findings include: Example 1 - Resident 11: On 10/13/2022 at approximately 9:30 a.m., Surveyor interviewed Resident 11. Resident 11 stated s/he hadn't received assistance with a shower in 3 weeks and caregivers do not assist	N 389		

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with putting lotion on his/her legs. Surveyor observed Resident 11's legs with dry skin. Resident 11 was sitting in a motorized wheelchair.

On 10/15/2022 at 8:00 a.m., Surveyor reviewed Resident 11's ISP, dated 04/02/2022. The ISP documented Resident 11 was independent with bathing, dressing, eating, oral cares, toileting, mobility and transferring. The ISP did not document Resident 11's use of a wheelchair or need for assistance with personal cares.

On 10/18/2022 at approximately 9:20 a.m., Surveyor interviewed Caregiver E. Surveyor asked Caregiver E what level of assistance Resident 11 requires. Caregiver E stated Resident 11 receives assistance with bathing and receives assistance with dressing as needed. Caregiver E confirmed Resident 11 was using an electric wheelchair the week prior, but was now back to using his/her manual wheelchair for mobility.

Example 2 - Resident 10:

On 10/13/2022 at approximately 1:35 p.m., Surveyors observed an ambulance at the front entrance of the provider's facility. Surveyor then followed paramedics to Resident 10's room, who was in his/her room by him/herself with no caregivers present. Surveyor asked paramedics what the call was for. Paramedic N stated Resident 10 called 911 him/herself and reported having chest pain. Paramedics then escorted Resident 10 out of the facility via stretcher.

At approximately 2:45 p.m., Business Office Manager M informed Surveyors Resident 10 had a behavior of frequently calling 911 him/herself. Business Office Manager M stated s/he received

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an update from the local emergency department that Resident 10 was receiving a breathing treatment and would be returning to the facility.

On 10/16/2022 at 10:00 a.m., Surveyor reviewed Resident 10's record. Resident 10 was admitted to the facility on 08/12/2022 with diagnoses including congestive heart failure, anxiety and Parkinson's Disease. Resident 10's ISP, dated 08/23/2022, did not include documentation of his/her behavior of frequently calling 911.

On 10/18/2022 at approximately 9:20 a.m., Surveyor interviewed Caregiver E. Caregiver E stated Resident 10 frequently calls 911. Caregiver E estimated Resident 10 calls 911 3-4 times per week, sometimes back to back days, reporting chest pain or shortness of breath.

Example 3 - Resident 6

On 10/13/2022 at approximately 9:00 a.m., Surveyor interviewed Resident 6. Resident 6 stated:
Last week I rang the bell and after an hour I rang it again to get changed. My light was on from 2 a.m. to 7 a.m. Sunday or Monday of last week. When I ask to get changed staff state you're going to have to wait, we're busy. Sometimes the staff leave me in bed all day, without even asking if I'd like to get up. I've had diaper rash for 2 months and if they would actually change me it would go away. It's painful and I have open areas, 2 tiny ones on the inside of my thighs. The doctor ordered that I be changed every 2 hours because my skin would not clear up but I'm lucky if I'm changed once each shift. I typically go from 8 p.m. to 8 a.m. without being changed. I don't feel safe here.

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Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider on 01/08/2021 with diagnoses including multiple sclerosis, anxiety, major depressive disorder and dementia.

Surveyor reviewed Resident 6's medical discharge summaries which document:
07/20/2022 was seen for an excoriated rash.
08/12/2022 was seen in the ER for bleeding, bruising and dermatitis.
09/09/2022 was seen for dermatitis with an order to change his/her brief every 2-3 hours due to non-healing/worsening dermatitis.

Resident 6's ISP, dated 04/02/2022, which states: "Resident is independent with all toileting needs. Resident's skin is in good condition."
The ISP does not identify whether or not Resident 6 is incontinent or how often s/he should be toileted.

On 10/13/2022 at approximately 11:55 a.m., Surveyor interviewed Caregiver P and asked if Resident 6 is incontinent and requires assistance from staff to change his/her brief. Caregiver P stated yes, Resident 6 needs full assistance with toileting and changing.

Example 4 - Resident 8
Resident 8 was admitted to the provider on 05/19/2021 with diagnoses including major depressive disorder, depression, and cognitive deficits.

09:15 a.m., Surveyor interviewed Resident 8 who stated s/he used to live together with his/her spouse and the provider separated Them. S/he continued to say the provider makes the rules but doesn't tell me the rules. When Surveyor asked if Resident 8 participated in his/her plan of care,

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N 389	Continued From page 58 Resident 8 stated, "I don't know anything about a service plan and I have not been involved in my care." At 11:55 a.m., Surveyor interviewed Caregiver P in regards to Resident 8. Caregiver P stated that Resident 8 is supposed to stay out of Resident 7's room but staff catch him/her in there all the time. Surveyor asked why Resident 8 is not allowed to be in his/her spouse's room. Caregiver P stated because Resident 8 was touching Resident 7's roommate inappropriately and s/he did not like it. Surveyor interviewed Business Office M at 1:45 p.m. Business Office M stated the rules for Resident 8 and Resident 7 are that s/he cannot go into his/her room. Resident 7's roommate reported that s/he tried touching him/her. Surveyor asked who made the decision to move them. Business Office M stated, "We did for safety." Surveyor reviewed Resident 8's ISP, dated 04/02/2022. The ISP does not state that Resident 8 has been sexually inappropriate with other residents or interventions and does not document that Resident 8 is not allowed in Resident 7's room.	N 389		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the	N 407		

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medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 residents requiring psychotropic medications were assessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired response and possible side effects of the medication.

Findings include:

On 10/13/2022, Surveyor asked to review the records of Resident 8 and 9.

Example 1 - Resident 8

Resident 8 was admitted to the provider on 05/19/2021 with diagnoses including major depressive disorder, depression, and cognitive deficits. Surveyor reviewed physician order for donepezil 10 mg tab to take one tablet daily at bedtime, mirtazapine 30 mg tablet to take one tablet by mouth at bedtime and sertraline 50 mg tab to take one tablet by mouth once daily.

Surveyor reviewed Quarterly Psych Reviews for the above listed medications dated 04/07/2022 and 07/11/2022 and documented as completed by Administrator A.

Example 2 - Resident 9
Resident 9 was admitted to the provider on

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N 407	Continued From page 60 01/11/2022 with diagnoses including diabetes and schizophrenia. Surveyor reviewed physician order for mirtazapine 7.5 mg tab to take one tablet daily and sertraline 50 mg to take one tablet by mouth every morning. Surveyor reviewed a Quarterly Psych Review for the above listed medications dated 10/08/2022 and documented as completed by Administrator A. On 10/18/2022, at approximately 9:30 a.m., Surveyor asked Administrator A what his/her background was. Administrator A stated administration. Surveyor asked Administrator A if s/he was a pharmacist, practitioner or registered nurse. Administrator A stated no. Surveyor asked how long Administrator A has been completing the facility's quarterly psychotropic reviews. Administrator A stated a few years.	N 407		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on record review and interview, the administrator or designee did not audit, sign and date Resident 15's proof-of-use record for	N 409		

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N 409	Continued From page 61 oxycodone. Findings include: On 10/13/2022, Surveyors conducted a standard survey, 10 complaint investigations and 2 verification visits. After the onsite visit, Surveyor contacted the Greenfield police department for a record of the times in which they responded to the facility. Surveyor reviewed a police report dated 4/29/2022 that stated: "Upon arrival, I made contact with [Business Office M] and wanted to report a theft of prescription drugs sometime prior to or on 04/04/2022. [Business Office M] informed me that 42 5MG Oxycodone pills were missing from a patient's medication storage. The patient was identified as [Resident 15]. [Business Office M] informed me that medication is usually kept in the med cart which had two locks on it. According to [Business Office M] approximately seven people have access to this med cart. The reason [Business Office M] knows the medications are missing is that the medications were rationed through 05/04/22, and the individual takes six of the 5MG Oxycodone pills a day and that last day there were any med supplies was 04/27/22. While speaking with [Business Office M], the owner of the facility was also present. [S/he] was identified as [Licensee B]. I asked [Licensee B] and [Business Office M] if anything like this had happened before and things had gone missing, and they said not to their knowledge. When asked if there was a suspected person taking the meds, [Business Office M] and [Licensee B] both	N 409		

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informed me that [Former Caregiver U] is an employee there who there has been talk of stealing medications. It is unknown at this time if [Former Caregiver U] has been investigated by the Wisconsin Department of Health Services, for theft of medications, in the past. [Business Office M] and [Licensee B] both stated no consent was given to take the patient's medications improperly and they would like to press charges if a suspect is apprehended.

On 05/05/2022 I spoke with [Administrator A], the executive director at Oak Crest Villa. [S/he] provided me with an updated record of the dates and times the Oxycodone was given since 04/01/2022 to [Resident 15]. Additionally [Administrator A] stated their internal investigation had not revealed any suspects. [Administrator A] sent me the following information via email.
'an employee who was fired, right before I went on vacation, apparently was in the community on Sunday saying that [s/he] called state. I wouldn't put it past [him/her] to have [his/her family member] [Former Caregiver V], take the meds so that [s/he] would have something to call state about. [His/her] name is [Former Caregiver W] and was a full time med passed before [s/he] was fired.'

Of note, [Former Caregiver V] was on the list of individuals who had access to the med cart. [Administrator A] had nothing further to report on this investigation at the time."

On 10/18/2022, at approximately 12:00 p.m., Surveyor asked Administrator A to review Resident 15's proof-of-use records from April 2022 to current. Surveyor asked Administrator A who is responsible for the daily audit of the proof-of-use records. Administrator A stated that

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N 409	Continued From page 63 each shift should count the narcotic medications together at shift change. Surveyor was provided with Resident 15's proof-of-use record for April and October 2022. Surveyor noted that the documentation shows the administrator or designee did not audit, sign and date Resident 15's proof-of-use record for oxycodone for 14 of 18 days in October and 7 of 30 days in April 2022.	N 409		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure administration of Resident 11's Humalog 100 unit/ml was documented. Findings include: On 10/18/2022 at approximately 1:00 p.m., Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider's facility on	N 415		

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N 415	Continued From page 64 08/23/2021 with diagnoses including diabetes, depression, bipolar disorder and anxiety. Resident 11's physician order included Humalog 100 unit/ml (Start Date: 08/24/2022) Inject 3 times daily per sliding scale before meals - <150=12u, 151-199=14u, 200-249=16u, 250-299=18u, 300-349=20u, 350 or more call physician *Prime with 2 units before each use. Resident 11's Medication Administration Record (MAR), dated 09/01/2022 to 10/18/2022, documented his/her insulin as administered, but not the number of units administered or the blood sugar (BS) reading on the following dates and times: 09/08/2022 12:00 p.m., 09/09/2022 5:00 p.m., 09/10/2022 12:00 p.m., 09/14/2022 12:00 p.m., 10/01/2022 5:00 p.m., 10/02/2022 12:00 p.m., 10/06/2022 12:00 p.m. and 5:00 p.m., 10/11/2022 12:00 p.m., 10/15/2022 8:00 a.m., 10/16/2022 8:00 a.m. and 12:00 p.m., and 10/17/2022 8:00 a.m. On 10/06/2022, 3 blood sugar readings and insulin administrations (8:12 a.m. BS 284 - 18 units administered, 8:14 a.m. BS 297 - 18 units administered, 8:14 a.m. BS 248 - 16 units administered) were documented, leaving it unclear how many units Resident 11 received. At approximately 1:45 p.m., Surveyor reviewed documentation concerns with Administrator A related to Resident 11's diabetic management. Administrator A stated s/he was unaware of the concerns and made note of the concern to review later.	N 415		
N 416	83.37(2)(e) Other administration given or delegated by RN	N 416		

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N 416	Continued From page 65 Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, Nurse Y did not ensure injectables administered by Caregiver E was delegated by him/her within the scope of his/her practice. This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020). Findings include: On 10/13/2022 at approximately 9:30 a.m., Surveyor interviewed Resident 11. Resident 11 stated s/he was a diabetic and that staff did not administer his/her insulin correctly. At approximately 1:15 p.m., Surveyor asked Business Office Manager M who delegates caregivers to administer injectables at the facility. Business Office Manager M identified Nurse Y. Surveyor requested Caregiver E's delegation for administration of injectables from Business Office Manager M. On 10/15/2022 at 8:00 a.m., Surveyor reviewed Caregiver E's medication delegation and noted the delegation did not include injectable medications. Division of Quality Assurance [P-01908 - 11/2016] explains the difference between training and	N 416		

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N 416	Continued From page 66	N 416		

delegation as "Training is the process of providing general health information to others regarding a health skill, condition, injury, medication or procedure. The process of delegation includes instruction regarding the plan of care; administration of medication and/or procedure; direction, assistance, and observation of those supervised; and, evaluation of the effectiveness of the delegated nursing task."

On 10/21/2022 at approximately 8:20 a.m., Surveyor interviewed Nurse Y. Nurse Y confirmed s/he is a nurse at the provider's facility and stated s/he has been there "a couple times." Surveyor asked if Nurse Y has delegated caregivers to administer medications, including injectables. Nurse Y stated s/he has only supervised medication administrations involving oral medications. Nurse Y stated s/he has not observed any caregivers administer injectables, but has had them "talk through the task."

From 10/13/2022 to 10/19/2022, Surveyors reviewed the following medication administration records that indicated caregivers have administered injectables without delegation for the following:

- Resident 11 received Humalog 100 unit/ml 137 times from 09/01/2022 to 10/18/2022.
- Resident 11 received Lantus 100 unit/ml 46 times from 09/01/2022 to 10/18/2022.

Caregivers are administering injectable medications without delegation from a nurse.

Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medications

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N 426	Continued From page 67	N 426		
N 426	83.38(1)(b) Supervision. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure adequate supervision to meet the needs of residents was provided. On 07/19/2022, Resident 14's whereabouts were unknown to the provider and staff. Findings include: On 10/13/2022, Surveyor contacted the Greenfield police department for a record of the times in which they responded to the facility. Surveyor reviewed the following police reports involving Resident 14: 07/03/2022 - Employee called reporting Resident 14 was physically aggressive, violent, and fled the location. 07/19/2022 - Employee called reporting Resident 14 was physically aggressive and was attempting to flee and had fallen. 07/28/2022 - Staff called to report Resident 14 was running around out in the street. On 10/18/2022 at approximately 9:00 a.m.,	N 426		

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N 426	Continued From page 68 Surveyor interviewed Administrator A and asked if Resident 14's whereabouts was unknown on 07/03/2022 when s/he fled from the facility. Administrator A stated yes. At approximately 12:00 p.m., Surveyor reviewed an incident report dated 07/19/2022 which documents, "resident left out building after a staff as they was [sic] leaving staff notified us of problem we were trying to get [Resident 14] back into building [s/he] had a fall outside no injuries notice [sic] at time police were passing by and stop to help they were able to get in contact with [his/her family member] which [s/he] talked to and were willing to go back into building after no other concerns." Resident 14 was admitted to the facility on 07/01/2022 with a diagnoses of unspecified dementia with behavioral disturbances. Resident 14 has an activated power of attorney for health care. Resident 14's initial assessment of needs, dated 07/01/2022, states, "To receive full supervision and redirection from staff to avoid and prevent wandering episodes. [Resident 14] can get very confused and want to leave the community."	N 426		
{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health	{N 431}		

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{N 431}	Continued From page 69 of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of residents was monitored. Resident 13 was hospitalized for constipation 8 times from 02/19/2022 to 07/20/2022 and the provider did not monitor his/her bowel movements or provide as needed medications for constipation. Resident 10 had a physician order for weights to be taken every other day. The facility had 2	{N 431}		

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{N 431}	Continued From page 70 weights on file from 08/12/2022 to 10/18/2022. Resident 6's blood sugar and rash were not monitored as ordered. Resident 11's blood sugars were not monitored as ordered. This is a repeat deficiency (See SOD YQT411, dated 04/23/2021). Findings include: Example 1 - Resident 13: On 10/13/2022 at approximately 10:30 a.m., Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider's facility on 12/28/2021 with diagnoses including schizoaffective disorder with dementia, anxiety and depression. Resident 13 has an activated Health Care Power of Attorney. Resident 13's Individual Service Plan (ISP), dated 04/02/2022, documented s/he was independent with toileting. Resident 13's record documented the following emergency room (ER) visits from 02/19/2022 to 07/14/2022: - 02/19/2022: ER visit for abdominal pain. Diagnosis constipation. - 04/11/2022: ER visit for abdominal pain. Diagnosis constipation. - 05/03/2022: ER visit for constipation. - 06/04/2022: ER visit for constipation. - 06/17/2022: ER visit for constipation. - 07/07/2022: ER visit for constipation. - 07/14/2022: ER visit for constipation. - 07/20/2022: ER visit for constipation. Surveyor reviewed Resident 13's Medication	{N 431}		

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{N 431}	Continued From page 71 Administration Record (MAR), dated 07/01/2022 to 07/31/2022. The MAR indicated Resident 13 had a physician order for Docusate NA 100 mg 1 capsule 2 times daily as needed for constipation (Start Date: 05/04/2022). The MAR documented the medication was given 0 times from 07/01/2022 to 07/31/2022. On 10/18/2022 at approximately 9:00 a.m., Surveyor interviewed Administrator A. Surveyor reviewed concern that Resident 13 had multiple ER visits for constipation. Surveyor asked if the provider monitors Resident 13's bowel movements. Administrator A replied, "No. [S/he]'s independent." Example 2 - Resident 10: On 10/16/2022 at 10:00 a.m., Surveyor reviewed Resident 10's record. Resident 10 was admitted to the facility on 08/12/2022 with diagnoses including congestive heart failure, anxiety and Parkinson's Disease. Resident 10's physician orders included an order to weigh him/her every other day and contact physician if Resident 10 had a weight change of 3 lbs or more in 48 hours or 5 lbs or more in 1 week (Start Date: 08/12/2022). On 10/18/2022 at 8:30 a.m., Surveyor requested Resident 10's record of weight monitoring from 08/12/2022 to present from Administrator A. At approximately 12:30 p.m., Administrator A provided Surveyor with documentation of the following: - 09/11/2022: 192.2 lbs - 10/13/2022 200.8 lbs	{N 431}		

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{N 431}	Continued From page 72 Resident 10's record did not include documentation indicating his/her physician was notified of his/her weight gain from 09/11/2022 to 10/13/2022. Surveyor reviewed physician order with Administrator A requesting that weights be taken every other day. Administrator A was unaware of the order. Example 3 - Resident 6 Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider on 01/08/2021 with diagnoses including multiple sclerosis, anxiety, major depressive disorder, and dementia. Surveyor reviewed a physician order to check blood sugar in the morning with a start date of 06/14/2022. Surveyor reviewed Resident 6's MAR for September and October 2022. Resident 6's blood sugar was not documented for 15 of 30 days in September and 8 of 18 days in October. On 10/13/2022, at approximately 9:00 a.m., Surveyor interviewed Resident 6 who stated, when s/he asks to get changed staff state s/he is going to have to wait, they're busy. Sometimes the staff leave Resident 6 in bed all day, without even asking if s/he'd like to get up. Resident 6 stated s/he has had diaper rash for 2 months and if the staff would actually change him/her it would go away. S/he continued to say it is painful and s/he has open areas, 2 tiny ones on the inside of his/her thighs. "The doctor ordered that I be changed every 2 to 3 hours because my skin would not clear up but I'm lucky if I'm changed once each shift. I typically go from 8 p.m. to 8 a.m. without being changed. I don't feel safe here."	{N 431}		

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{N 431}	Continued From page 73 Surveyor reviewed Resident 6's medical discharge summaries which document: 07/20/2022 was seen for an excoriated rash. 08/12/2022 was seen in the ER for bleeding, bruising and dermatitis. 09/09/2022 was seen for dermatitis with an order to change his/her brief every 2-3 hours due to non-healing/worsening dermatitis. At approximately 9:30 a.m., Surveyor requested any documentation or assessments of Resident 6's rash/dermatitis from July to current. At approximately 2:00 p.m., Surveyor requested the documentation be provided by 4:00 p.m. that day. At 4:44 p.m., Surveyor sent Administrator A and Licensee B and email stating no assessment or documentation of Resident 6's rash had been received and to send it by the end of the day. No further documentation was been received. Example 4 - Resident 11: On 10/13/2022 at approximately 9:30 a.m., Surveyor interviewed Resident 11. Resident 11 stated s/he was a diabetic and that staff did not manage his/her diabetes correctly. Resident 11 stated his/her blood sugars are not consistently read and his/her insulin is not consistently administered. On 10/18/2022 at approximately 1:00 p.m., Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider's facility on 08/23/2021 with diagnoses including diabetes,	{N 431}		

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{N 431}	Continued From page 74 depression, bipolar disorder and anxiety. Resident 11's physician order included Humalog 100 unit/ml (Start Date: 08/24/2022) - Inject 3 times daily per sliding scale before meals - <150=12u, 151-199=14u, 200-249=16u, 250-299=18u, 300-349=20u, 350 or more call physician *Prime with 2 units before each use. Surveyor reviewed Resident 11's MAR and blood sugar readings, which indicated blood sugar readings were not taken on 09/09/2022 at 5:00 p.m., 09/10/2022 at 12:00 p.m., 09/15/2022 at 12:00 p.m., 10/01/2022 at 5:00 p.m., 10/02/2022 at 12:00 p.m., 10/08/2022 at 12:00 p.m. and 5:00 p.m., 10/11/2022 at 12:00 p.m. and 10/15/2022 at 8:00 a.m. At approximately 1:45 p.m., Surveyor reviewed concerns with Administrator A related to Resident 11's diabetic management. Administrator A stated s/he was unaware of the concerns and made note of the concern to review later.	{N 431}		
N 441	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Caregiver E followed hand washing/hand hygiene procedures according to centers for disease control and prevention standards. Caregiver E passed medications to 3 residents without performing hand hygiene and changing his/her gloves between tasks. Findings include:	N 441		

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N 441	Continued From page 75 The Centers for Disease Control (CDC) website instructs health care providers to complete hand hygiene after touching a patient or the patient's immediate environment. On 10/13/2022 at approximately 2:00 p.m., Surveyor observed Caregiver E passing medications in the facility's dining room. Surveyor observed Caregiver E, donning gloves, preparing and passing medications to 3 residents without performing hand hygiene or changing his/her gloves between residents. Caregiver E would deliver medications in a cup, wait for resident to take the medications and then dispose of the used cup. Surveyor did not observe hand sanitizer on the cart and 2 of 2 sanitizer machines observed in the hallways were empty. At approximately 2:30 p.m., Surveyor interviewed Caregiver E. Surveyor shared his/her observation of Caregiver E passing medications to residents without performing hand hygiene in between each resident. Caregiver E looked at Surveyor with no response. Surveyor then asked if s/he had hand sanitizer available to him/her on the cart. Caregiver E stated s/he didn't know.	N 441		
N 443	83.39(5) Pets vaccinated. The CBRF shall ensure that pets are vaccinated against diseases, including rabies, if appropriate. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility cat was vaccinated against diseases, including rabies. Findings include:	N 443		

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N 443	Continued From page 76 On 10/13/2022 at approximately 9:00 a.m., Surveyor reviewed the provider's environmental records. Surveyor reviewed documentation indicating a facility cat had received a rabies vaccination on 07/02/2019 with the next vaccination due on 07/01/2020. Surveyor requested the facility cat's most recent vaccination from Business Office Manager M. The provider was given until 10/15/2022 to provide documentation of the cat's most recent vaccination. No documentation related to a cat's vaccination was received. On 10/18/2022 at 8:30 a.m., Surveyor returned to the facility and requested the cat's most recent vaccination for a 2nd time, this time from Administrator A. Administrator A was given 3 hours to provide documentation. No documentation related to the cat's vaccination was received.	N 443		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing	N 447		

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N 447	Continued From page 77	N 447		

and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a commercial type dishwasher was used for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. The provider was washing dishes by hand.

Findings include:

The provider is licensed to serve up to 42 residents with diagnoses of advanced age and irreversible dementia/Alzheimer's. On 10/13/2022, the census was 36.

On 10/13/2022 at 9:20 a.m., Surveyor observed Caregiver P washing dishes by hand. Caregiver P was using water with dish soap to wash, rinsed with water and set the dishes on a rack to dry. Surveyor observed a dishwasher in the kitchen and asked Caregiver P why s/he wasn't using the dishwasher. Caregiver P responded, "I don't think it works."

At 9:25 a.m., Business Office Manager M was walking through the kitchen and stated, "That machine isn't used. It leaks." Business Office Manager M wasn't sure how long the dishwasher had not been functioning.

At approximately 1:15 p.m., Surveyor interviewed Licensee B and discussed concern that

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OAK CREST VILLA	8765 W FOREST HOME AVE GREENFIELD, WI 53228

(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 447	Continued From page 78 caregivers were washing dishes by hand because the dishwasher was down. Licensee B stated s/he was unaware the dishwasher was not functioning and stated s/he would follow up with repairs. On 10/18/2022 at approximately 10:00 a.m., Surveyor once again observed Caregiver P washing dishes by hand. Surveyor asked Administrator A if the dishwasher had been repaired. Administrator A replied, "It works." Administrator A was unsure why Caregiver P was washing dishes by hand. Cross Reference: N0247 DHS 83.22(1)-(4) Task Specific Training	N 447		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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N 452	Continued From page 79	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure food was properly stored for the prevention of foodborne illnesses. This had the potential to affect 36 residents.

This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020).

Findings include:

On 10/13/2022 at 8:57 a.m., Surveyor observed a large bowl of mandarin oranges sitting on a cart in the facility's kitchen.

At 10:00 a.m., Surveyor observed Caregiver P pouring the mandarin oranges, which had been sitting out since 8:57 a.m., into a storage bag as if s/he was going to store them in the refrigerator to re-serve. Surveyor asked Caregiver P if s/he was saving the mandarin oranges and if they would be safe to re-serve. Caregiver P replied, "Yes. They have only been out for about an hour." Surveyor then took the temperature of the oranges which read 69.4° F.

"Bacteria grow most rapidly in the range of temperatures between 40° F and 140° F ... This range of temperatures is often called the "Danger Zone." ... Keep hot food hot - at or above 140° F. Place cooked food in chafing dishes, preheated steam tables, warming trays and/or slow cookers. Keep cold food cold - at or below 40° F. Place food in containers on ice." (Source: USDA Food and Safety Inspection Service, "Danger Zone," June 28, 2017, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/danger-zone-40f-140f (retrieval date - March 17, 2022).

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N 452	Continued From page 80 At approximately 2:45 p.m., Surveyor opened the facility's refrigerator and observed the mandarin oranges in the storage bag, undated, 2 large bowls covered with tin foil without a label or date and a large block of single slices of cheese that was not labeled, dated and was open to air. Cross Reference: N0247 DHS 83.22(1-4) Task Specific Training	N 452		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved	N 454		

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N 454	Continued From page 81 resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure occurrences of significant	N 454		

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N 454	Continued From page 82	N 454		

incidents and illnesses, including the dates, times and circumstances, were documented in resident records.

Resident 4's record did not include documentation of him/her being sent to the hospital on 07/02/2022.

Resident 10's record did not include documentation of his/her emergency room visit on 10/13/2022.

Resident 14's record did not include documentation of aggression and encounters with law enforcement.

Resident 6's record did not include the hospital record from 05/18/2022, the discharge date or when s/he returned to the facility and if anything about his/her plan of care changed.

Findings include:

Example 1 - Resident 4

On 10/18/2022 at approximately 1:00 p.m., Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider's facility on 03/25/2022. The record indicated Resident 4 was discharged on 10/06/2022. Surveyor reviewed the following progress notes, dated 05/02/2022 to 10/06/2022:

- 05/02/2022: Another aide assisted with all cares as well as assisted with laying resident down at 1 p.m. No other concerns to report.
No progress notes between 05/02/2022 to 07/06/2022
- 07/06/2022: Called hospital for report. Resident was intubated on Saturday. Admitted to hospital

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N 454	Continued From page 83 with respiratory failure, congestive heart failure, urinary tract infection and altered mental status. Family is undecided what they are going to do. Resident may need a trach put in. 07/12/2022: Sedated and had a trach placed at the hospital. Trach will be long-term. May go to [long term acute care hospital]. 10/06/2022: Discharged from the system . At approximately 1:00 p.m., Surveyor reviewed Resident 4's record with Administrator A. Surveyor asked what event led up to Resident 4 being hospitalized on 07/06/2022. Administrator A stated Resident 4 had complained of having issues with his/her hand on 07/01/2022, which the provider was going to have looked at on the following Monday. Administrator A stated that Saturday, 07/02/2022, Resident 4 wasn't feeling or looking well, so s/he was sent to the hospital. Surveyor asked if the residents change in condition and admission to the hospital was documented anywhere in his/her record. Administrator A replied, "No. It should have been in [his/her] progress notes." Example 2 - Resident 10 On 10/13/2022 at approximately 1:35 p.m., paramedics responded to the facility and escorted Resident 10 out of the facility via stretcher for a complaint of chest pain. At approximately 2:45 p.m., Business Office Manager M informed Surveyors Resident 10 had a behavior of frequently calling 911 him/herself. Business Office Manager M stated s/he received an update from the local emergency department that Resident 10 was receiving a breathing treatment and would be returning to the facility.	N 454		

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N 454	Continued From page 84 On 10/16/2022 at 10:00 a.m., Surveyor reviewed Resident 10's record. Resident 10 was admitted to the facility on 08/12/2022 with diagnoses including congestive heart failure, anxiety and Parkinson's Disease. Resident 10's individual service plan (ISP), dated 08/23/2022, did not include any behaviors. On 10/18/2022 at 4:00 p.m., Surveyor reviewed Resident 10's updated record. Surveyor noted Resident 10's record did not include any documentation of his/her emergency room visit on 10/13/2022. Example 3 - Resident 14 On 10/13/2022, Surveyor contacted the Greenfield police department for a record of the times in which they responded to the facility. Surveyor reviewed the following police reports involving Resident 14: 07/03/2022 - Employee called reporting Resident 14 was physically aggressive, violent, and fled the location. 07/19/2022 - Employee called reporting Resident 14 was physically aggressive and was attempting to flee and had fallen. 07/28/2022 - Staff called to report Resident 14 was running around out in the street. 10/18/2022 at approximately 9:30 a.m., Surveyor asked Administrator A if the above events were documented in Resident 14's record. Administrator A provided Surveyor with an incident report dated 07/19/2022 which documents, "resident left out building after a staff as they was [sic] leaving staff notified us of problem we were trying to get [Resident 14] back into building [s/he] had a fall outside no injuries notice [sic] at time police were passing by and	N 454		

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N 454	Continued From page 85 stop to help they were able to get in contact with [his/her family member] which [s/he] talked to and were willing to go back into building after no other concerns." No other police interactions were documented in Resident 14's record. Example 4 - Resident 6 On 10/13/2022, Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider on 01/08/2021 with diagnoses including multiple sclerosis, anxiety, major depressive disorder, and dementia. Surveyor reviewed observation notes for Resident 6. An entry dated 05/18/2022 states, "Resident went out to hospital this evening complaining of chest pains and stomach. Nurse called at 9:50 p.m. from [hospital] to give updated [s/he] has a blood clot in [sic] pulmonary embolism area and is being transfer [sic] to a hospital looking into putting [him/her] in icu (intensive care unit). Nurse will call back to let staff know what hospital [s/he] will be at no other concerns at this moment. An entry dated 05/19/2022 states, "Called and spoke with [nurse] at [hospital] ICU. [Resident 6] is on a heparin drop. [S/he] is getting a [sic] echo of [his/her] heart done. [S/he] is on 2 liters of oxygen. No d/c plans." Resident 6's record did not include the hospital record from the admission on 05/18/2022, the discharge date or when Resident 6 returned to the facility and if anything about his/her plan of care changed.	N 454		
N 481	83.43(1) Environment safe, clean, and comfortable	N 481		

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N 481	Continued From page 86	N 481		

Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the environment was safe, clean, comfortable and homelike.

This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020).

Findings include:

On 10/13/2022, Surveyors toured the provider's facility and noted the following concerns:

Kitchen

At approximately 8:40 a.m., Surveyor toured the provider's kitchen. Surveyor observed the following:

- A freezer had frost built up and a brown substance frozen on the shelf.
- A stove had food remnants scattered across the surface and grease stains covering the splash guard.
- One of 2 refrigerators was not functioning.
- The refrigerator that was functioning had food remnants hardened on the shelves.
- Several flies as well as an insect light.

At approximately 9:00 a.m., Surveyor asked Caregiver P who was responsible for ensuring the kitchen appliances are kept clean. Caregiver P

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N 481	Continued From page 87 replied, "I think [Licensee B] recently did that." Resident Bedrooms and Bathrooms At approximately 8:40 a.m., Surveyors toured resident bedrooms and bathrooms and noted the following concerns: - The heat detector in Resident 3's room was hanging by a wire. When asked how long the heat detector had been dangling, Resident 3 stated, "It's been like that forever." - Bowel movement was on a toilet seat in a bathroom used by more than 1 resident. - Carpeting in resident rooms was stained and torn. - Room 1 had soiled sheets, 3 empty pop cans and pieces of toilet paper on the floor and there was a strong odor. - Several resident room doors and door frames were scuffed. - Resident 9's room had soiled sheets with dried blood and urine stains as well as several flies in the room. - Resident 12's room had a fly trap hanging by the window. Hallway At approximately 8:40 a.m., Surveyors observed the facility hallways and noted the following concerns: - The wall across from room 28 had patches of paint missing and drip marks running down the wall. - There was tacks, staples and tape on the wall and windows outside of the activity area. - Broken vent outside of room 10. - Hole in the door across from room 18.	N 481		

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N 481	Continued From page 88 At approximately 1:15 p.m., Surveyor reviewed overall maintenance and housekeeping concerns of the facility with Licensee B. Licensee B replied, "I'm about 30 hours short on housekeeping each week." On 10/18/2022 at approximately 8:30 a.m., Surveyor walked from the entrance of the facility down the hallway to the right of the courtyard with Administrator A. Surveyor noted the hallway smelt like smoke and asked Administrator A about the odor. Administrator A replied, "Yeah. The door going out to the courtyard where residents smoke is broken. [Licensee B] is aware."	N 481		
N 485	83.43(2)(d) Clean sheets, pillowcases, and towels Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: Clean sheets, pillowcases, towels and washcloths adequate to meet the needs of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all residents had clean sheets and pillowcases. This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020). Findings include: On 10/13/2022, at approximately 8:40 a.m., Surveyors toured resident bedrooms and bathrooms and noted the following concerns: - Resident 19 had soiled sheets with a strong	N 485		

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N 485	Continued From page 89 odor. - Resident 9's sheets were soiled with dried blood and urine stains. At approximately 10:20 a.m., Surveyor asked Resident 9 about his/her soiled sheets who stated they are always dirty, no one washes them. Surveyor toured the facility again at approximately 3:00 p.m. and observed the bedding had not been changed.	N 485		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 dryers had a rigid venting system. Findings include: On 10/13/2022 at approximately 1:15 p.m., Surveyor toured the facility's laundry room with Licensee B. Surveyor observed 2 of 2 dryers had a flexible venting system that was covered in lint. Surveyor pointed out concern that the venting systems were not rigid and the tubing was covered in lint. Licensee B responded, "I think we just got those in January."	N 488		

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N 499	Continued From page 90	N 499		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all cleaning compounds and toxic substances were stored in a secure area. The provider's basement, which stored cleaning compounds, was unlocked and accessible to residents. This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020). Findings include: On 10/13/2022 from approximately 8:30 a.m. to 3:00 p.m., Surveyors observed caregivers entering and exiting the facility's basement without the use of key and residents ambulating past the basement door. At approximately 1:15 p.m., Surveyor toured the facility's basement with Licensee B. Licensee B entered the door without the use of a key. Surveyor then observed cleaning compounds/toxic chemicals stored in the basement. Surveyor asked Licensee B if the basement door is always unlocked. Licensee B replied, "Yes." Surveyor shared concern that toxic chemicals are stored in the unlocked basement, leaving them accessible to residents. Licensee B replied, "It's never been a problem before."	N 499		

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(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 525	Continued From page 91	N 525		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills documented any residents having an evacuation time greater than 4 minutes or the type of assistance needed for evacuation. This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020). Findings include On 10/13/2022 at 9:00 a.m., Surveyor reviewed the provider's documentation of fire drills for 2021 and 2022, which documented the following: - 10/05/2022 at 6:32 p.m. - Fire drill taking 11 minutes to complete.	N 525		

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	0016630	A. BUILDING: _____ B. WING _____	R-C 10/21/2022

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N 525	Continued From page 92 - 06/30/2022 at 10:03 a.m. - Fire drill taking 10 minutes to complete. - 03/22/2022 at 2:30 a.m. - Fire drill taking 14 minutes to complete. - 12/28/2021 at 7:27 a.m. - Fire drill taking 12 minutes to complete. - 09/16/2021 at 4:01 p.m. - Fire drill taking 11 minutes to complete. - 06/11/2021 at 10:33 a.m. - Fire drill taking 16 minutes to complete. - 03/16/2021 at 8:11 p.m. - Fire drill taking 17 minutes to complete. Surveyor noted none of the fire drills documented the residents requiring an evacuation time of greater than 4 minutes or the type of assistance needed. At approximately 1:15 p.m., Surveyor interviewed Licensee B and asked if s/he knew about fire drills or other evacuations being completed at the facility. Licensee B stated Administrator A, who was currently out of the office, was responsible for ensuring drills were completed. At approximately 3:15 p.m., Surveyor reviewed concern with Licensee B and Business Office Manager M that fire drills did not identify residents requiring greater than 4 minutes to evacuate or the type of assistance needed. Licensee B gave no response.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.	N 526		

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N 526	Continued From page 93	N 526		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure other evacuation drills, such as tornado, flooding, or other emergency or disaster, were conducted semi-annually. The provider did not conduct semi-annual drills in 2021.

This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020).

Findings include:

On 10/13/2022 at 9:00 a.m., Surveyor reviewed the provider's documentation of drills for 2021 and 2022. Surveyor was only able to locate fire drills. Documentation did not include other drills, such as tornado, flooding or other emergency or disaster drills.

At approximately 1:15 p.m., Surveyor interviewed Licensee B and asked if s/he knew about other evacuation drills being completed at the facility. Licensee B stated Administrator A, who was currently out of the office, was responsible for ensuring drills were completed.

At approximately 3:15 p.m., Surveyor reviewed concern with Licensee B and Business Office Manager M that documentation of their evacuation drills indicated only fire drills have been completed. No other evacuation drills had been completed. Business Office Manager M stated s/he would check further facility records because residents had just participated in a tornado warning the day prior.

Licensee B and Business Office Manager M were given until 10/15/2022 to provide follow up documentation. No documentation of other

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N 526	Continued From page 94 evacuation drills was received.	N 526		
N 654	83.59(4)(f) Delayed egress: department approval Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: To obtain department approval, the CBRF shall demonstrate that delayed egress equipment is necessary to ensure the safety of residents served by the CBRF, specifically persons at risk of elopement due to behavioral concerns, cognitive impairments or dementia, including Alzheimer ' s disease. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure approval from the department was received for the 6 delayed egress doors in the facility This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020). Findings include: On 10/13/2022 at approximately 8:00 a.m., Surveyor reviewed Statement of Deficiency (SOD) UXEE11, dated 01/16/2020, which documented the facility had delayed egress doors without the department's approval. Surveyor checked department records and was unable to locate a waiver. At approximately 9:00 a.m., Surveyor toured the exits of the provider's facility and observed 6 delayed egress doors. Surveyor asked Business	N 654		

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N 654	Continued From page 95 Office Manager M if the facility received department approval for the delayed egress doors. Business Office Manager M stated s/he was unsure. At approximately 1:15 p.m., Surveyor asked Licensee B if the facility received department approval for the delayed egress doors. Licensee B replied, "[Administrator A] would have been the one to do it if [s/he] did it at all." Surveyor stated s/he was unable to locate a waiver on file with the department and gave Licensee B until 10/15/2022 to provide any follow up documentation. No documentation related to a waiver for delayed egress was received. On 10/18/2022 at approximately 8:30 a.m., Surveyors interviewed Administrator A and asked if s/he requested a waiver from the department regarding the facility's delayed egress doors after receiving SOD UXEE11, dated 01/16/2020. Administrator A replied, "No. We already had the doors installed. I didn't know we could submit a wavier after. I can do that though."	N 654		
N 668	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room.	N 668		

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N 668	Continued From page 96 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every habitable room had at least 1 window capable of opening from the inside without the use of tools or keys. This is a repeat deficiency (See SOD UXEE11, dated 01/16/2020). Findings include: On 10/13/2022 at approximately 10:30 a.m., Surveyor observed 4 rooms which had windows incapable of opening to the outside. The windows were missing the cranks that would enable a person to open the window. While noticing the window with missing cranks in Resident 12's room, Resident 12 stated the window hadn't had a crank since s/he admitted to the facility. Resident 12 stated, "This place is like a jail. They don't want us out." At approximately 1:15 p.m., Surveyor discussed concern with Licensee B that there were several windows missing cranks, leaving residents unable to open their window from the inside. Licensee B was unaware there were currently windows incapable of opening. Licensee B stated s/he purchases and replaces the cranks all the time, but they go missing. Surveyor requested receipts of Licensee B's purchases related to window repairs. Licensee B was given until 10/15/2022 to provide follow up documentation. No documentation related to window repairs was received.	N 668		