STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011956	A. BUILDING: _____ B. WING _____	C 08/10/2021

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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
U 000	INITIAL COMMENTS On 08/03/2021, with information gathered through 08/10/2021, Surveyor conducted a complaint investigation at Stone Terrace Retirement Living Center. Four deficiencies were identified. The complaint was substantiated. Census: 25	U 000		
U 149	89.24(3)(b)4. HOURS OF SERVICE COMPUTING HOURS OF SERVICE. Method for computing hours of service. 4. Services arranged directly by an individual tenant from a provider other than the residential care apartment complex shall not count toward the limit on the amount of services provided by a facility under sub. (1). This Rule is not met as evidenced by: Based on record review and interview, the provider did not allow Tenant 1 the opportunity to contract for additional services from providers of the tenant's choice, as there are no restriction on the amount or type of service which a tenant may receive from providers other than the facility. Findings Include: On 08/02/2021, the Department received a complaint alleging Tenant 1 had been wrongly discharged. On 08/03/2021, at approximately 1:00 PM,	U 149		

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

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Surveyor reviewed Tenant 1's record.

Tenant 1 moved into the facility, on 08/17/2017, and is his/her own person.
Tenant 1 was hospitalized, on 05/25/2021, due to sepsis (harmful organisms in the bloodstream).
Tenant 1 was referred to a skilled nursing facility for rehabilitation on 06/02/2021.
Tenant 1 was to discharge back to his/her apartment on 07/06/2021.
Tenant 1 was informed, on 07/02/2021, that his/her discharge was being delayed.

As of 8/03/2021, Tenant 1 was still at the skilled nursing facility, despite being cleared to return home.

Tenant 1's progress notes documented:

06/30/2021: "Safety concerns discussed: Spouse continues to work (3) 12 hour NOC (evening) shifts weekly. While spouse is working, multiple video cameras are set up within the apartment to allow [him/her] to visualize resident. There is also capability of verbal communication within this video set up, ... Spouse checks on resident via video at least hourly while working. Resident does have Lifeline with necklace pendant and demonstrated ability to activate unit during this meeting. [Tenant 1] has personal cell phone that [s/he] carries with [him/her] at all times and is able to dial 911. Based on previous incidents within the home, both (tenant) and spouse understand that calling 911 will result in deployment of emergency personnel to apartment even if resident is unable to communicate ...Home Services needs discussed: Spouse looking into private pay caregivers for every morning when resident care needs are greatest. Confirmed with [Administrator-A] that resident

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can have up to 28 hours per week of caregivers in the apartment and that the lift can be used as long as it fits. Home health services set up for therapy 3 times weekly and bath aid twice weekly - services on alternating days. ..."
07/09/2021: " ... [Tenant] asked if [s/he] would be able to return to [facility] if they hired a private duty nurse to stay with [her/him] when [spouse] is working. Writer did speak with Administrator who confirmed that [his/her] level of needed care has not changed and [s/he] would not be eligible for return as [s/he] does not meet the criteria for independent living ..."
07/12/2021: "Spoke with [spouse] and [Tenant 1] this AM. [Tenant 1] inquired if [s/he] were not at home when [spouse] was working, ie staying with [his/her] brother or other friend, could [s/he] return to [facility]. Question posed to Administrator who relayed that [Tenant 1] does not meet the qualifications for independent living with [his/her] current physical limitations. ..."

On 08/09/2021 at 2:00 PM, Surveyor interviewed Administrative Director-B (AD-B). AD-B stated Tenant 1's health has declined since s/he first moved into the facility and it has been determined that s/he cannot be in his/her apartment alone safely. Surveyor requested the documentation that was presented to Tenant 1 for him/her to understand what cares would need to be contracted by a private pay caregiver, which would fall outside of the allowable 28 hours of service hours, if s/he was able to move back into his/her apartment.

On 08/10/2021 at 8:00 AM, AD-B stated Tenant 1 would need Care Assistance (When spouse is at work) equaling 30-40 hours per week and Home Care (Nursing, PT (physical therapy), OT (occupational therapy), Home Aides) equaling 5-6

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U 149	Continued From page 3 hours per week. AD-B stated Tenant 1 required more than 28 hours of service care in a week. Surveyor asked if Tenant 1 was given the option to contract out services, beyond the 28 hours provided by the provider. AD-B stated the regulations state an individual cannot go over 28 hours. As of 08/10/2021 at 4:00 PM, no additional documentation had been provided. Cross Reference: U0237 DHS 89.29(3)(b) Admission & Retention of Tenants	U 149		
U 201	89.28(2)(a)2. RISK AGREEMENT (2) CONTENT. A risk agreement shall idendify and state all of the following: (a) Risk to tenants. 2. The tenant's preference concerning how the situation is to be handled and the possible consequences of acting on that preference. This Rule is not met as evidenced by: Based on record review and interview, the risk agreement did not identify and state all of the risks to tenants or state the tenant's preference concerning how the situation is to be handled and the possible consequences of acting on that preference. Tenant 1's risk agreement did not include the risk of catheter care, choking, communication limitations, physical limitations and medication administration,	U 201		

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U 201	Continued From page 4 Findings include: On 08/02/2021, the Department received a complaint alleging Tenant 1 had been wrongly discharged. On 08/03/2021, at approximately 1:00 PM, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the facility, on 08/04/2017, and is his/her own person. Tenant 1's "Physical Therapy Plan Of Care," dated 06/02/2021, documented Tenant 1 has diagnoses including TKA (total knee arthroplasty), closed head injury, thyroiditis, GERD (Gastroesophageal reflux disease), MVA (motor vehicle accident), seizure disorder, DDD (degenerative disc disease), cervical stenosis (spinal canal is too small for the spinal cord and nerve roots), cervical radiculitis (inflammation of the spinal nerve root), spastic hemiplegia (a condition which impairs movement by impairing the ability of the brain to send the proper nerve signals to the muscles). Risk agreement dated, dated 08/14/2017, signed by Tenant 1 and Registered Nurse-D (RN-D), documented: "Risk to tenants: Any situation or condition which is or should be known to the facility which involves a course of action taken or desired to be taken by the tenant contrary to the practice or advice of the facility and which could put the tenant at risk of harm or injury - N/A (not applicable)" "The tenant's preference concerning how the situation is to be handled and the possible consequences of acting on that preference - N/A"	U 201		

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"What the facility will and will not do to meet the tenant's needs and comply with the tenant's preference relative to the identified course of action - N/A"
"Alternatives offered to reduce the risk or mitigate the consequences relation to the situation or condition - N/A"
"The agreed-upon course of action, including responsibilities of both the tenant and the facility - N/A"
"Unmet needs: Any needs identified in the comprehensive assessment which will not be provided by the facility, either directly or under contract - N/A"

Tenant 1's annual "Tenant Assessment," dated 04/29/2021, signed by RN-C, documented:
"Ambulation - requires an escort"
"Mobility - Requires occasional assist, Requires minimum assist getting to feet, getting into a wheelchair, ..."
"Dining/Eating - Independent - depends on food"
"Bladder Continence - has Foley"
"Toileting - Requires direction/supervision ... - due to catheter"
"Use of Telephone - Independent"
"Difficulty Swallowing - occasionally"
(Surveyor noted hand written comment: "choking last year - usually saliva")
"Difficulty Speaking - improving"
"Medication Responsibility - Self administers and purchases own - Tenant 2 sets up"
"Facility Risk Agreement - There has been no significant change in the information provided"

On 08/03/2021, at approximately 2:00 PM, Surveyor interviewed Administrator-A. Surveyor asked if there were any risk agreements in place with Tenant 1 regarding his/her physical limitations, communication limitations,

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U 201	Continued From page 6 self-administering of medications, choking episodes and catheter care. Administrator-A stated, "No, that is something we will be reviewing." Surveyor asked if s/he assisted Tenant 1 with any cares such as catheter care, dietary or ambulating. Administrator-A stated s/he did not.	U 201		
U 237	89.29(3)(b) ADMISSION & RETENTION OF TENANTS (3) TERMINATION OF CONTRACT. (b) Supplemental services as an alternative to termination. A residential care apartment complex shall not terminate its contract with a tenant for a reson under par. (a) 1. to 3. if the tenant arranges for the needed services from another provider consistent with s.HFS 89.24(2)(b) and any unmet needs or disputes regarding potentially unsafe situations are documented in a risk agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Tenant 1 occupancy agreement was not terminated prior to being allowed the opportunity to provide supplemental services as an alternative to termination and being provided a risk agreement for any unmet needs or disputes regarding potentially unsafe situations. Tenant 1 was discharged from the Residential Care Apartment Complex (RCAC) with the reasoning that s/he was unable to utilize the call	U 237		

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light system or make him/herself clear to emergency personnel.

Tenant 1 wasn't allowed to contract with supplemental services, as an alternative to termination, to provide cares related to activities of daily living (ie: dressing, toileting, transferring, bathing).

Findings include:

On 08/02/2021, the Department received a complaint stating Tenant 1 had been wrongfully discharged from the facility.

On 08/03/2021, Surveyor reviewed Tenant 1's record.

Tenant 1 moved into the facility, on 08/17/2017, and is his/her own person.

Tenant 1's annual "[Facility]Tenant Assessment," dated 04/29/2021, documented:
"Transfers - Requires regular assist"
"Dressing - Minimal assistance necessary"
"Grooming - Independent"
"Personal Hygiene - Requires assist but participates under direction and supervision"
"Ambulation - requires an escort"
"Mobility - Requires occasional assist, Requires minimum assist ..."
"Dining/Eating - Independent - depends on food"
"Bladder Continence - has Foley"
"Toileting - Requires direction/supervision ... - due to catheter"
"Use of Telephone - Independent"
"Difficulty Swallowing - occasionally"
(Surveyor noted hand written comment: "choking last year - usually saliva")
"Difficulty Speaking - improving"

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"Medication Responsibility - Self administers and purchases own - Tenant 2 sets up"
"Facility Risk Agreement - There has been no significant change in the information provided"

Tenant 1 was hospitalized, on 05/25/2021, due to sepsis (harmful organisms in the bloodstream). Tenant 1 was referred to a skilled nursing facility for rehabilitation on 06/02/2021.

Tenant 1's "Physical Therapy Plan Of Care," dated 06/02/2021, documented:
"Start of Care: 06/0/2021; End of Care: 07/05/2021"
"06/30/2021 - signed by Physical Therapist-E (PT-E) - Attended discharge meeting with resident, spouse, SW (social worker), RN (registered nurse), COTA (certified occupational therapy assistant) and [facility] manager. Instructed all on current functional status, deficits, goals and POC (plan of care). Pt (patient) plans to d/c (discharge) back to [facility] with spouse on 07/06/2021 with LCD (local coverage determination) from PT on 07/05/2021. ... Transported an EZ stand lift to [facility] with trial of getting the EZ stand lift in/out of the bathrooms, bedroom and throughout apartment. EZ stand lift was able to be positioned over the toilet in the hallway bathroom, in/out of bed, and into bedroom bathroom ... talked with spouse regarding possibility of getting a transfer bench/chair to allow getting in/out of shower."

Tenant 1's "OT (Occupational Therapy) - Therapist Progress & Discharge Summary," dated 07/29/2021, documented:
"Impact on Burden of Care / Daily Life: Patient is able to complete upper body bathing with minimal assist and assist to wash back, minimal assist to don clean gown, and set up with grooming.

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Maximum assist needed for lower body cares." "Discharge Plans & Instructions: Discharge OT due to goals met and patient has been instructed on independent HEP (home exercise programs) to complete daily as tolerated without pain free range. Patient has been given information by social services to access continued massage therapy as needed for muscle relaxation and pain management."

Tenant 1's facility progress notes documented: 06/30/2021 at 12:28 PM: "Safety concerns discussed: Spouse continues to work (3) 12 hour NOC (evening) shifts weekly. While spouse is working, multiple video cameras are set up within the apartment to allow [him/her] to visualize resident. There is also capability of verbal communication within this video set up, ... Spouse checks on resident via video at least hourly while working. Resident does have Lifeline with necklace pendant and demonstrated ability to activate unit during this meeting. Resident has personal cell phone that [s/he] carries with [him/her] at all times and is able to dial 911. Based on previous incidents within the home, both resident and spouse understand that calling 911 will result in deployment of emergency personnel to apartment even if resident is unable to communicate ...Home Services needs discussed: Spouse looking into private pay caregivers for every morning when resident care needs are greatest. Confirmed with [Administrator-A] that resident can have up to 28 hours per week of caregivers in the apartment and that the lift can be used as long as it fits. Home health services set up for therapy 3 times weekly and bath aid twice weekly - services on alternating days. ... ...Plan for discharge to [facility] 07/06/2021 at 1300 (1:00 PM)." 07/08/2021 at 7:52 AM: " ...Discussed discharge

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planning conversations ... Current guidelines for Senior Independent living list that a resident must be "mentally and physically able to care for self" and resident current level of care does not allow this, creating an unsafe discharge plan back to [facility]. ..."
07/09/2021 at 4:26 PM: " ... [S/he (Tenant 1] asked if [s/he] would be able to return to [facility] if they hired a private duty nurse to stay with [her/him] when [spouse] is working. Writer did speak with Administrator who confirmed that [his/her] level of needed care has not changed and [s/he] would not be eligible for return as [s/he] does not meet the criteria for independent living ..."
07/12/2021: "Spoke with [spouse] and [Tenant 1] this AM. [Tenant 1] inquired if [s/he] were not at home when [spouse] was working, ie staying with [his/her] brother or other friend, could [s/he] return to [facility]. Question posed to Administrator who relayed that [Tenant 1] does not meet the qualifications for independent living with [his/her] current physical limitations. ..."

Tenant 1's care plan, prepared by the nursing facility where resident was receiving rehabilitative care, documented:
"06/02/2021 - ...My speech can be difficult to understand, but just give me time and I can get my words out"
"06/16/2021 - Transfer me AM shift with 1 assist, with EZ stand (sit-to-stand lift), ... holds on with left hand only. Transfer me PM shift with 1 assist, with EZ stand, ... holds on with left hand only. Transfer me NOC shift with 1 assist, with EZ stand, ... holds on with left hand only."

Tenant 1's "Nurses Notes" documented by the nursing facility:
07/10/2021 - " ... enjoys talking with staff ... CNA

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(certified nursing assistant) assisting resident from bed to chair using EZ stand. ..."
07/11/2021 - " ...Resident did get up to go to the bathroom and utilized EZ-stand without any further issues with leg spasm ... Good body alignment ..."
07/12/2021 - " ...Good body alignment maintained ..."

On 08/04/2021, at approximately 2:00 PM, Surveyor interviewed Administrator-A, Registered Nurse-C (RN-C) and Administrative Director-B (AD-B). AD-B stated Tenant 1 could not be safely discharged back to the facility. AD-B stated Tenant 1 is unable to utilize the call light system in the facility, as it is a pull string system and s/he is unable to pull the string. AD-B stated Tenant 1 has a life alert system and is capable of calling 911, but that is not considered reliable, as Tenant 1 is difficult to understand. RN-C stated that Tenant 1 also doesn't have the strength to utilize an EZ Stand, but is utilizing one during his/her rehab. AD-B stated Tenant 1's spouse works 3 twelve hour shifts a week and s/he cannot be allowed to stay in the apartment alone, as it is not considered a safe discharge. When asked about allowing Tenant 1 the opportunity to provide supplement services, AD-B repeated that Tenant 1 could not be safely discharged.

On 08/04/2021, at approximately 2:30 PM, Surveyor interviewed Tenant 1. Tenant 1 explained that s/he doesn't understand why s/he can't move back to his/her apartment. Tenant 1 is difficult to understand, but s/he can make his/her needs known.

Cross Reference: U0149 DHS 89.24(3)(b)4 Hours of Service
Cross Reference: U0201 DHS 89.28(2)(a)(2)

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U 237	Continued From page 12 Risk Agreement	U 237		
U 238	89.29(3)(c)1.a. ADMISSION & RETENTION OF TENANTS (3) TERMINATION OF CONTRACT. (c) Procedures for termination. 1.a. Except as provided under subd. 2., a residential care apartment complex shall provide 30 days advance notice of termination to the tenant and the tenant's designated representative, if any. If there is no designated representative, the facility shall notify the county department of social or human services under s. 46.21, 46.22 or 46.23, Stats. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure that a 30-day written notice of termination of a lease with the Residential Care Apartment Complex (RCAC) was issued to Tenant 1 prior to or as of the date the facility stated that Tenant 1 could not return to the RCAC. Findings include: Facility is a registered RCAC serving up to 30 tenants. On 08/02/2021, the Department received a complaint stating Tenant 1 had been wrongfully discharged from the facility.	U 238		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011956	A. BUILDING: _____ B. WING _____	C 08/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE TERRACE RETIREMENT LIV CTR	819 S UNIVERSITY AVENUE BEAVER DAM, WI 53916

(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
U 238	Continued From page 13 On 08/03/2021, Surveyor reviewed Tenant 1's record. Tenant 1 moved into the facility, on 08/17/2017, and is his/her own person. Tenant 1 was hospitalized, on 05/25/2021, due to sepsis (harmful organisms in the bloodstream). Tenant 1 was referred to a skilled nursing facility for rehabilitation on 06/02/2021. Tenant 1's "General Condition Report," documented: 06/30/2021 at 12:28 PM: " ...Plan for discharge to [facility] 07/06/2021 at 1300 (1:00 PM)." 07/08/2021 at 7:52 AM: " ...Discussed discharge planning conversations ... Current guidelines for Senior Independent living list that a resident must be "mentally and physically able to care for self" and resident current level of care does not allow this, creating an unsafe discharge plan back to [facility]. ..." On 08/03/2021, at approximately 2:00 PM, Surveyor asked Administrator-A if Tenant 1 had been given a 30 day notice when it was determined that Tenant 1 could not safely discharge back to the facility. Administrator-A stated, "No, I knew [s/he] would not be coming back after [his/her] hospitalization." Surveyor stated Tenant 1 had been hospitalized for other reasons in the past, prior to the 05/25/2021 hospitalization; how was this hospitalization different, as s/he had just been assessed competent for RCAC living on 04/29/2021. Administrator-A stated, "I knew s/he wouldn't be coming back and his/her spouse is still living in the apartment, so I did not know I would need to send him/her a 30-day notice."	U 238		