STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525365	A. BUILDING _____ B. WING _____	**08/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PINE VALLEY COMMUNITY VILLAGE	**25951 CIRCLE VIEW LANE RICHLAND CENTER, WI 53581**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0585 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure the following grievance related tasks were completed: written grievance decisions including the date the grievance were received, a summary statement of the concern completed, a statement as to whether the grievance was confirmed or not confirmed completed, corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued for 1 of 4 residents (R1). R1's family expressed concerns and the facility did not document or follow up on the concerns. Findings include: R1 was admitted to the facility on [DATE]. Her most recent MDS (Minimum Data Set) shows a BIMS (Brief Interview for Mental Status) of 8, which indicates R1 was moderately impaired. The facility's formal grievance policy states that the grievance procedure is as follows: 1. The party shall present concerns orally or promptly submit a written statement describing his or her grievance to the administrator/designee. If resident makes a complaint orally, resident must inform facility employee that resident intends the complaint to be investigated under this Grievance Policy and Procedure. The employee will then write down the complaint and forward it to the Administrator/Social Services/Designee. It is helpful and saves time if the written statement contains as many specific facts and details as possible. 2. An investigation will be conducted concerning the grievance and its cause. Facility will ensure that a person authorized to take corrective action is involved in the grievance invest igation and resolution. Any person involved in this investigation will not have been involved in any of the issues leading to the grievance. 3. If the administrator/designee determines that a meeting is needed, the meeting will be scheduled at a time which is convenient for all individuals involved. 4. Within seven (7) days, if possible, a solution to the grievance shall be determined following a review of the results of the investigation and meeting. 5. Pine Valley will provide a written summary of the grievance, findings, conclusion and any action taken to the resident, resident's legal representative and/or the party who filed the grievance. A copy of the written summary will also be placed in the record of the resident involved in the grievance. 6. If the party is not satisfied with the disposition of the grievance, the party may, with three (3) days after being notified as the disposition of the grievance, bring the grievance to the attention of the trustee chair for review. The trustee chair will review all materials in the grievance file and provide a response to the party within a timely manner. The facility does not have a log for grievances, but rather documents resident/representative concerns in the nurse's progress notes. On 8/24/20 at 3:30 PM, Surveyor asked SW C (Social Worker) where any of R1's grievances may have been documented. SW C replied, If there were any concerns or grievances, they're all in the progress notes. Surveyors were unable to find any concerns in R1's progress notes. When asked if R1 or R1's family had had any concerns, SW C stated that R1's APOA (Activated Power of Attorney) had raised a concern around 2/25/20, when R1 had been sent to the hospital. SW C stated that the concern was related to the timing of when the facility sent R1 to the hospital with R1's APOA believing R1 should have been sent sooner. Surveyors requested documentation regarding the APOA's concerns. Neither the facility, nor SW C were able to find any documentation in relation to the concern and SW C stated the concern regarding the 2/25/20 event was the last time he had spoken with R1's APOA. After leaving the facility on 2/25/20, R1 did not return to the facility. The facility was aware of concerns regarding R1 and did not document the concerns or attempt to provide any corrective action.

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