| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017132 | A. BUILDING: _____ B. WING _____ | R-C 02/01/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

| (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 |
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| {N 000} | Initial Comments<br><br>On 02/01/2024, Surveyors concluded a verification visit at Ramsey Woods Residence for Statement of Deficiency (SOD) 07GM11 and BKRO11. Four deficiencies were identified. Two of 4 deficiencies were repeat deficiencies identified in the following SODs:<br><br>07GM11, dated 06/20/2023, 0352 was a repeat deficiency.<br><br>BKRO11, dated 04/05/2023, 0386 was a repeat deficiency.<br><br>One complaint was substantiated.<br><br>One complaint was unsubstantiated.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 16 | {N 000} | | |
| {N 352} | 83.32(3)(h) Rights of Residents: Receive medication<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident (Resident 2) received all prescribed medications in the dosages and at intervals prescribed by the practitioner. Resident 2 did not | {N 352} | | |

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| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

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| {N 352} | Continued From page 1<br>receive alprazolam 0.25 milligrams (mg) on 01/06/2024 and 01/07/2024.<br><br>This deficiency is being cited for a second time. See Statement of Deficiency 07GM11, dated 06/20/2023.<br><br>Findings include:<br><br>On 01/24/2024 at 11:40 AM, Surveyors observed the facility's medication cart. Surveyors observed Resident 2's medication card of alprazolam 0.25 mg. Surveyor observed a tablet in the Saturday (01/06/2024) and Monday (01/07/2024) bubble pack.<br><br>On 01/24/2023 at 11:50 AM, Surveyors reviewed Resident 2's record. Resident 2 was admitted on 03/31/2021 with diagnoses including dementia, psychotic disturbance, and anxiety. Resident 2's individual service plan (ISP), dated 08/12/2022, indicated Resident 2 required staff assistance to administer all medications. Surveyors reviewed the facility narcotic count sheet. Surveyors identified the lines for 01/06/2024 and 01/07/2024 narcotic count crossed out with the word "error" written in each line. Surveyors reviewed Resident 2's medication administration record (MAR) for January 2024. Caregiver G's initials were documented on the MAR indicating the medication was administered to Resident 2.<br><br>On 01/24/2024, at 11:55 AM, Surveyors interviewed Caregiver H. Caregiver H confirmed Resident 2 did not receive her/his medication on 01/06/2024 and 01/07/2024. Caregiver H reported the narcotic count sheet was updated to show the error in administration.<br><br>On 01/24/2024, at 12:20 PM, Surveyors | {N 352} | | |

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| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

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| {N 352} | Continued From page 2<br>interviewed Business Office Manager (BOM) I. BOM I confirmed Resident 2 required assistance with medication administration. BOM I reported s/he was unaware Resident 2 did not receive her/his alprazolam on 01/06/2024 and 01/07/2024. BOM I reported staff are to let the nurse know if there was a medication error. BOM I reported the facility nurse worked between 2 different facilities and tried to come by twice a week to complete the medication audits. BOM I was unaware if Resident 2's physician was aware of the medication error. | {N 352} | | |
| N 386 | 83.35(3)(a) Comprehensive Individualized Service Plan<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not develop a comprehensive Individual Service Plan for 1 of 1 resident (Resident 1). Resident 1 required a urostomy (opening in the abdominal wall which | N 386 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

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| N 386 | Continued From page 3<br>urine passes) bag and care guidelines were not documented in her/his comprehensive ISP.<br><br>This deficiency is being cited for a second time. See Statement of Deficiency BKRO11, dated 04/05/2023.<br><br>Findings include:<br><br>On 01/24/2024, at 12:30 PM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 03/23/2021. Resident 1's ISP with a revision date of 08/12/2022, reported Resident 1 received ostomy supplies from 180 Medical. Resident 1's ISP stated, "Bladder/bowel will be able to improve bowel function with assistance. Assistance needed to use toilet and maintain bowel continence ...staff assistance with catheter bag being emptied and cleaned." Surveyors noted the ISP did not document any protocol regarding Resident 1's urostomy pouch care/regimen.<br><br>On 01/24/2024, at 1:00 PM, Surveyors interviewed Business Office Manager (BOM) I. BOM I confirmed Resident 1 utilized a urostomy. BOM I was unaware Resident 1's ISP did not reflect Resident 1 having an urostomy bag care/cleaning protocol. BOM I reported the nurse completed the ISPs. | N 386 | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>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 | N 389 | | |

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|---|---|
| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

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| N 389 | Continued From page 4<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure each resident received updated Individual Service Plans (ISPs) annually for 2 of 3 residents (Resident 1 and Resident 2). Resident 1's and Resident 2's ISPs were not reviewed or updated in 2023.<br><br>Findings include:<br><br>On 01/24/2024, at 12:30 PM, Surveyor reviewed resident records and identified the following:<br><br>Resident 1 was admitted on 03/23/2021. Resident 1's record contained an ISP which identified "Date Initiated 10/21/2019 Revision on 08/12/2022 Target Date 03/22/2023."<br><br>Resident 2 was admitted on 03/31/2021. Resident 2's record contained an ISP which identified "Date Initiated 03/30/2021 Revision on 08/12/2022 Target Date 03/28/2023."<br><br>On 01/24/2024, at 1:00 PM, Surveyors interviewed Business Office Manager (BOM) I. BOM I reported the nurse completed the ISPs.<br><br>On 02/01/2024, at 1:00 PM, Surveyors interviewed Executive Director F. Executive | N 389 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

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| N 389 | Continued From page 5<br>Director F confirmed residents' ISPs were to be updated annually or with changes. Executive Director F reported the facility nurse was to complete the resident ISPs. Executive Director F reported they were currently sharing a nurse with another facility and stated, "things have been chaotic." Executive Director F reported s/he would ensure the ISPs were updated as required by code. | N 389 | | |
| N 454 | 83.42(1) Resident record maintained.<br><br>The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following:<br>(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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|---|---|
| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

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| N 454 | Continued From page 6<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not maintain the record for Resident | N 454 | | |

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| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

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| N 454 | Continued From page 7<br>3. Resident 3's record did not include a hospital discharge summary from when Resident 3 was seen in the hospital on 10/05/2023.<br><br>Findings include:<br><br>On 10/10/2023, the Department received a complaint alleging a resident was seen in the hospital due to a medication error.<br><br>On 01/24/2024, at 12:30 PM, Surveyors reviewed Resident 3's closed file. Resident 3's file did not contain any documentation indicating Resident 3 was seen at the hospital.<br><br>On 01/24/2024, at 1:00 PM, Surveyors interview Business Office Manager (BOM) I. BOM I confirmed Resident 3 went to the hospital. BOM I reported Resident 3 had a change of condition causing Resident 3 to become shaky/tremors. BOM I reported s/he was unsure of where the paperwork from the hospital was. BOM I reported the nurse would have the hospital discharge summary.<br><br>On 01/30/2024, at 11:55 AM, Surveyors received an email from Executive Director F. Executive Director F stated in the email, "I've been trying to gain access to our old PCC (Point Click Care, electronic record keeping system) to get the information requested but unfortunately have had no luck. I know the hospital discharge paperwork was given to the nurse [sic] but s/he doesn't remember where s/he put it. We reached out to the hospital [sic] but they would have to mail us a new copy and it would take over a week for us to get it ..." Surveyors inquired if a new copy had been requested. On 01/30/2024 at 2:02 PM, Executive Director F stated in an email, "We talked to a couple of different people yesterday | N 454 | | |

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| RAMSEY WOODS RESIDENCE | 3210 E RAMSEY AVE CUDAHY, WI 53110 |

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| N 454 | Continued From page 8<br>before getting to their transcripts department, where we left a voicemail stating what record we needed. We haven't heard back from them ...."<br><br>On 02/01/2024, at 1:00 PM, Surveyors interviewed Executive Director F. Executive Director F reported the facility was implementing a new system for record retention. | N 454 | | |