STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017768	A. BUILDING: _____ B. WING _____	R-C 06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY OF DEFOREST (THE)	6639 PEDERSON CROSSING BLVD DE FOREST, WI 53532

(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 06/07/2023, with information gathered through 06/16/2023, Surveyor conducted a standard licensure survey and a verification visit at The Legacy of DeForest. Four deficiencies were identified. Two of the 4 deficiencies were repeat violations (see Statement of Deficiency (SOD) 085D11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 20	{N 000}		
{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 observation, record review and interview, the provider did not ensure 5 out of 6 Individual Service Plans (ISP) reviewed were updated annually or when there was a change in condition.	{N 389}		

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

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{N 389}	Continued From page 1 This deficiency was initially issued with Statement of Deficiency (SOD) 085D11 on 01/19/2023. Resident 7's ISP was not updated to include his/her dietary requirements. Resident 8's, Resident 9's and Resident 10's ISPs were not updated annually. Resident 11's ISP was not updated to reflect his/her behaviors. Findings include: Example 1: Resident 7 On 06/07/2023, at approximately 11:55 AM, Surveyor observed Resident Assistant F (RA F) sit down next to Resident 7 at the dining room table and proceeded to break Resident 7's peanut butter and jelly sandwich into bite size pieces. Resident 7 picked up pieces of the sandwich and proceeded to eat them. RA F stated, "Let's cut the crust off this sandwich so it is easier to chew. [Resident 7] are you swallowing your food, show me. Make sure you swallow your food; you cannot store it all in your cheeks." Surveyor observed RA F assist Resident 7 emptying the content of food that was stored in his/her cheeks into a napkin. On 06/07/2023, Surveyor reviewed Resident 7's record. Resident 7 was admitted to the facility, 05/05/21, with diagnoses including diabetes, Alzheimer's disease, and osteoporosis. Resident 7's ISP, undated, documented: "Nutritional Status: Resident's nutritional status to remain stable. Ensure with each meal per Hospice order. Family to provide. Low sugar/carb	{N 389}		

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{N 389}	Continued From page 2	{N 389}		

diet. Mechanical soft foods. Resident to have 3 meals a day with proper fluid intake and 2 snacks. Resident/Staff to alert RN/MD (registered nurse/medical doctor) if concerns/issues."

Surveyor noted that Resident 7's ISP did not provide dietary guidelines related to his/her dietary habits that Surveyor observed during the mealtime.

Example 2: Resident 11

On 06/07/2023, at approximately 12:00 PM, Surveyor observed Resident 11 ambulate with his/her walker to the dining room area for the noon meal. Resident 11 displayed positive behavior and was waying 'hello' to his/her tablemates. Resident 11 was telling his/her table mates that s/he had a 'blessed' life.
On 06/07/2023, at approximately 3:30 PM, Resident 11 was standing in the hallway crying, stating, "I do not want to live." Residents were standing with him/her trying to calm him/her down.

On 06/07/2023, at approximately 3:35 PM, Surveyor interviewed RA X. RA X stated, "[Resident 11] often displayed negative feelings after meals." At approximately 3:37 PM, RA Y spoke with Resident 11 and asked him/her if s/he would like to sit in the dining room and rest his/her legs. Resident 11 proceeded to follow RA Y to the dining room. Resident 11 began to laugh.

On 06/07/2023, Surveyor reviewed Resident 11's record.

Resident 11 was admitted to the facility

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{N 389}	Continued From page 3 02/06/2020. Resident 11's ISP, undated, documented: "Behaviors: [Resident 11] to be behavior free r/t (related to) HTN (hypertension), hypothyroidism, GERD (gastroesophageal reflux disease). Date Initiated: 02/22/2023. Target Date: 05/03/2020." "Behaviors: [Resident 11] has exiting seeking, verbal aggressive to staff and other residents. Staff to redirect, distract, offer snack, offer toileting. If the behavior does not stop staff to alert RN (registered nurse)/MD (medical director). Date Initiated: 05/08/2023" "Communication: [Resident 11] communication to remain stable r/t HTN, hypothyroidism, GERD. Date Initiated: 02/22/2023. Target Date: 05/03/2020." "Communication: Staff to alert RN/MD with questions or concerns" Surveyor noted that Resident 11's ISP did not identify that s/he had varying emotional behaviors based on the time of day and what cares staff should provide at that time. Example 3: Unsigned ISPs On 06/07/2023, Surveyor reviewed Resident 8's record. Resident 8 was admitted to the facility 08/17/2021. Resident 8's ISP, undated, contained a separate signature page dated 08/11/2021 with no signatures. Resident 9 was admitted to the facility 12/06/2021. Resident 9's ISP, undated, contained a separate signature page dated 12/06/2021 with only	{N 389}		

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{N 389}	Continued From page 4 Executive Director A's signature. On 06/07/2023, Surveyor reviewed Resident 10's record. Resident 10 was admitted to the facility 07/01/2022. Resident 10's ISP, undated, did not contain a signature page. On 06/15/2023 at 1:00 PM, Surveyor conducted the exit interview with Chief Operating Officer M (COO M), Health Care Coordinator Q (HCC Q), Vice President of Healthcare W and Community Relations Director T. Surveyor discussed his/her observations of Resident 7 eating his/her noon meal and how staff interacted with him/her, and his/her observations of Resident 11's behaviors/mood swings and how staff interacted with him/her; that these behaviors were not identified in their ISPs. COO M stated s/he had been reviewing the resident's ISPs and noted there were updates that needed to be made and that the ISPs need to be more individualized and signed. COO M stated s/he was the individual who amended ISPs and s/he would be working with HCC Q to update the ISPs as HCC Q knew the residents.	{N 389}		
{N 408}	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication.	{N 408}		

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{N 408}	Continued From page 5 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 9's prescribed PRN (as needed) psychotropic medication mirtazapine (antidepressant) and olanzapine (antipsychotic medication) were documented on the Individualized Service Plan (ISP). The ISP did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration. This deficiency was initially issued with Statement of Deficiency (SOD) 085D11 on 01/19/2023. Findings include: On 06/07/2023, Surveyor reviewed Resident 9's record. Resident 9 was admitted to the facility, 12/21/2021, with diagnosis including Alzheimer's. Resident 9's May and June 2023 MAR (Medication Administration Record), dated 05/21/2023 to 06/07/2023, documented the	{N 408}		

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{N 408}	Continued From page 6 following medications: "Mirtazapine Tablet 15 MG (milligram) Give 7.5 MG by mouth every 12 hours as needed (PRN) for Breakthrough Anxiety, Mood, Insomnia. Start Date: 09/06/2022" "Olanzapine Tablet 2.5 MG Give 2 tablet by mouth every 24 hours as needed for anxiety/insomnia. Start Date: 10/19/2022" The PRN Olanzapine was administered on the following dates: 05/22 16:58 (4:58 PM) - Rationale not documented 05/27 19:11 (7:11 PM) - Rationale not documented 06/01 10:22 - Rationale not documented Resident 9's Individual Service Plan, dated 01/30/2023, documented: "Behaviors: [Resident 9] to take Bupropion, Donepezil, Fluoxetine, Quetiapine and Olanzapine, Mirtazapine as prescribed by PCP (primary care physician) for anxiety, exit seeking and aggressive behavior." Surveyor noted the ISP did not document that Mirtazapine and Olanzapine were also prescribed for insomnia. The ISP did not define any behaviors associated with anxiety or breakthrough anxiety. Surveyor noted Resident 9 is also prescribed Mirtazapine and Olanzapine as a scheduled medication. On 06/15/2023 at 1:00 PM, Surveyor conducted the exit interview with Chief Operating Officer M (COO M), Health Care Coordinator Q, Vice President of Healthcare W and Community Relations Director T. COO M stated s/he would	{N 408}		

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{N 408}	Continued From page 7 be working with Health Care Coordinator Q to individual the resident's ISPs and reviewing PRN medications for clarification as to when they should be administered and the rational for use.	{N 408}		
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 observation, record review, and interview, the provider did not conduct quarterly fire drills (including at least one fire evacuation drill simulating the conditions during usual sleeping hours) with both employees and residents in 2022. Findings include: The provider is licensed to care for a maximum of 25 residents from client groups Irreversible	N 525		

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N 525	Continued From page 8 Dementia/Alzheimer's and Advanced Aged. On 06/07/2023, Surveyor reviewed the 2022 facility fire drills which documented: 03/20/2022 - 2024 (8:24 PM) - Door 6 - (Located in the CBRF (Community Based Residential Facility). 06/28/2022 - 9:57 AM - Room 101 (Surveyor noted Room 101 was in the Residential Care Apartment Complex (RCAC) which adjoins to the CBRF. 08/15/2022 - 7:35 AM - Kitchen (Surveyor noted the kitchen was in the RCAC). 12/28/2022 - 10:10 PM - Kitchen On 06/07/2023, at approximately 12:35 PM, Surveyor interviewed Resident Assistant F (RA F), Resident Assistant U (RA U), and Resident Assistant V (RA V). Surveyor asked each RA if they had participated in a fire drill with the residents. RA F, who was hired in 10/2022, stated s/he had not participated in a fire drill. RA U stated s/he had only been employed about a month and had not participated in a fire drill. RA V, who was hired in 09/2021, stated s/he had not participated in a fire drill but stated staff are trained that the resident bedroom doors are fire resistant, so during a fire, residents would be placed in their bedroom. On 06/15/2023 at 1:00 PM, Surveyor conducted the exit interview with Chief Operating Officer M (COO M), Health Care Coordinator Q, Vice President of Healthcare W and Community Relations Director T. COO M stated s/he understood that during a fire drill, staff and residents need to practice evacuating residents to the other side of the fire door that separates the RCAC from the CBRF so that all residents are	N 525		

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N 525	Continued From page 9 not considered a point-of-rescue.	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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills, such as tornado, flooding or other emergency or disaster, were completed at least semi-annually in 2020 and 2021. Findings include: The provider is licensed to care for a maximum of 25 residents from client groups irreversible dementia/Alzheimer's and advanced aged. On 06/07/2023, Surveyor reviewed the 2022 other evacuation drills which documented on 04/14/2022, during an in-service, a tabletop exercise was completed. On 06/07/2023, at approximately 12:35 PM, Surveyor interviewed Resident Assistant F (RA F), Resident Assistant U (RA U), and Resident Assistant V (RA V). Surveyor asked each RA if they had participated in a tornado or other type of evacuation drill with the residents. RA F, who was hired in 10/2022, stated s/he had not participated in an evacuation drill. RA U stated s/he had only been employed about a month and had not participated in an evacuation drill. RA V, who was hired in 09/2021, stated s/he had participated in a tornado drill. S/he could not	N 526		

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N 526	Continued From page 10 remember the date, but it was due to an actual tornado warning. RA V stated s/he went to the binder in the nurse's station that outlined what a staff member is to do in the event of an emergency. RA V stated s/he directed staff to move residents to their personal bathrooms or to bring residents to a spa room and sit with them. On 06/15/2023 at 1:00 PM, Surveyor conducted the exit interview with Chief Operating Officer M (COO M), Health Care Coordinator Q, Vice President of Healthcare W and Community Relations Director T. COO M stated s/he understood that during a tornado or other evacuation drill, staff and residents need to practice evacuating residents to the designated location. COO M confirmed that the cognitive level of the residents that reside in the facility would not allow them to stay in their bathroom unattended.	N 526		