STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008984	A. BUILDING: _____ B. WING _____	R-C 08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABBEY MANOR	7840 W BARNARD AVE GREENFIELD, WI 53220

(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
{M 000}	INITIAL COMMENTS On 08/20/2024, Surveyor completed a verification visit and complaint investigation at Abbey Manor. As a result, 3 of the previous 4 deficiencies were corrected, 1 deficiency was recited, and 3 new deficiencies were identified, for a total of 4 deficiencies. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department, within 24 hours, when 1 (Resident 4) of 1 resident reviewed experienced an accident, resulting in a serious injury. Resident 4 experienced a fall and was sent to the emergency room for evaluation and treatment.	M 134		

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

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M 134	Continued From page 1	M 134		

Resident 4 was found to have a right arm fracture.

Findings include:

Record Review

On 08/05/2024, at 7:15 AM, Surveyor completed a review of the Department facility folder. Surveyor did not observe any self-reports submitted to the Department in 2024.

On 08/05/2024, at 1:45 PM, Surveyor reviewed Resident 4's record. Resident 4 was admitted on 04/22/2022. Resident 4 was diagnosed with chronic respiratory failure with hypoxia, type 2 diabetes with neuropathy, chronic pulmonary disorder, and arthritis. Resident 4 is her/his own person.

On 08/14/2024, at 10:00 AM, Surveyor reviewed an incident report, dated 05/06/2024 at 11:10 PM. The incident report stated, "11:10 PM I heard big [sic] noise in [Resident 4's] [sic] so I went to check and [s/he] was on the floor. I did [sic] protocol and [s/he] said [s/he] cannot feel [her/his] right arm and requested to go to the hospital so I called the ambulance. The ambulance came and got [her/him] @ [sic] 11:16 PM." Surveyor reviewed Resident 4's after visit summary (AVS), dated 05/06/2024. The diagnosis listed on the AVS was "closed displaced oblique fracture of shaft of right humerus, initial encounter."

Interviews

On 08/08/2024, at 10:41 PM, Surveyor interviewed Office Manager E. Office Manager reported s/he did not report the incident to the Department. Office Manager E reported the

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M 134	Continued From page 2 managed care organization was notified. Office Manager E confirmed the accident should have been reported.	M 134		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 2 exits from the home were ramped to grade. The rear exit of the home contained a 1 and ¾ inch rise between the interior floor and the threshold of the door. Findings include:	M 262		

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M 262	Continued From page 3 The facility was licensed on 02/07/2001, to serve up to 4 residents in the following client groups, advanced aged, physically disabled, developmentally disabled, traumatic brain injury, and emotionally disturbed/mental illness. On 08/05/2024, at 1:30 PM, Surveyor observed Resident 2 in her/his room. Resident 2 was in a wheelchair. Surveyor observed Resident 3 in her/his room. Resident 3 was in bed. Surveyor observed a wheelchair in Resident 3's room. On 08/05/2024, at 2:00 PM, Surveyor observed the rear exit. The rear exit of the home contained a 1 and ¾ inch rise between the interior floor and the threshold of the door. The posted floor plan identified the rear exit as an emergency exit. On 08/05/2024, at 2:10 PM, Surveyor interviewed Caregiver D. Caregiver D confirmed Resident 2 and Resident 3 required wheelchairs for mobility. On 08/20/2024, at 2:00 PM, Surveyor interviewed Director A. Director A reported s/he was unaware of the rear exit not being ramp to grade from the door threshold to the floor. Director A reported s/he would ensure this is fixed.	M 262		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 4	M 458		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 2 of 4 residents' (Resident 2 and Resident 4) prescription medication was securely stored. Resident 2's prescription medication was located on the counter. Resident 4's prescription medications were located on the kitchen table.

Findings include:

On 08/05/2024, at 1:15 PM, Surveyor entered the home. Surveyor observed the following:

On the kitchen counter, was a bottle of guaifenesin oral solution. The medication was prescribed to Resident 2.

On the kitchen table was a plastic bag of Resident 4's prescription medication. The plastic bag contained budesonide inhaler, fluticasone spray and Biotene dry mouth oral gel.

Surveyor observed Resident 4 ambulating around the facility freely.

On 08/05/2024, at 1:56 PM, Surveyor reviewed residents' medications administration record (MAR) and identified the following:

- Resident 2 was prescribed guaifenesin 100 milligrams (mg)/5 milliliters (mL) with instructions

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M 458	Continued From page 5 to take 10mL by mouth every 4 hours as needed. - Resident 4 was prescribed budesonide inhaler with instructions to inhale 2 puffs by mouth twice daily, fluticasone spray with instructions to instill 2 sprays in each nostril once a day, and Biotene dry mouth oral gel with instructions to use 3 times daily as needed. On 08/20/2024, at 2:00 PM, Surveyor interviewed Director A. Director A confirmed all resident prescription medication should be securely stored.	M 458		
{M 570}	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 1 of 1 resident bathroom. The hot water temperature in the resident bathroom was 126.7° Fahrenheit (F).	{M 570}		

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{M 570}	Continued From page 6 This is a repeat deficiency. See Statement of Deficiency (SOD) 0E8412, dated 01/30/2024. Findings include: On 08/05/2024, at 1:40 PM, Surveyors tested the water temperature in the resident's bathroom sink faucet. The water temperature was 126.7°F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 08/20/2024, at 2:00 PM, Surveyor interviewed Director A. Director A confirmed the requirement for water temperature. Director A reported the hot water is tested monthly. Director A reported the hot water has had to be tweaked a couple of times. Director A reported the bathroom does not have a basement under it and is unsure if it was due to a plumbing issue. Director A reported s/he would have a plumber look at it.	{M 570}		