| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| APPLE CREEK PLACE I | 5102 N CHERRYVALE AVENUE APPLETON, WI 54913 |

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| {N 000} | Initial Comments<br><br>On 02/13/2024 and 02/20/2024, with additional information gathered through 03/06/2024, Surveyors conducted a verification visit, 6 complaint investigations and a self report review at Apple Creek Place I in Appleton.<br><br>Five (5) of 6 complaints were substantiated.<br><br>As a result of the survey, 13 deficiencies were identified. Nine (9) of 13 deficiencies were repeat violations. See Statements of Deficiency (SOD) DGJM11, dated 02/11/2021, SOD 0NUA11, dated 11/02/2022, and SOD 0NUA12, dated 07/11/2023.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 20 | {N 000} | | |
| N 158 | 83.12(2)(a) Caregiver: Investigating abuse & neglect<br><br>Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar | N 158 | | |

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

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| N 158 | Continued From page 1 | N 158 | | |

days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not conduct an investigation when an allegation of caregiver misappropriation was reported.

Findings include:

On 02/05/2024, the department received complaint information alleging a caregiver had stolen a resident's medications.

On 02/13/2024, Surveyors conducted an onsite visit.

On 02/13/2024 at 11:15 AM, Surveyors interviewed Maintenance Director G who stated s/he observed Caregiver H with Resident 6's medication cards in a brown paper bag in Caregiver H's personal home basement on 01/18/2024. S/he reported s/he saw medications in the bubble packaging and some loose pills in the brown bag. S/he said s/he reported it to Administrator RN B. Maintenance Director G said s/he was told by Administrator RN B that corporate wasn't going to do anything about it. Maintenance Director G stated Caregiver H no longer worked at the facility, but s/he was concerned since Caregiver H worked at a different care facility now.

On 02/15/2024, Surveyor reviewed a document from Administrator RN B which stated:
"February 1, 2024

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| N 158 | Continued From page 2<br><br>Spoke with [Maintenance Director G], [Caregiver H's] former [signficant other]. Just stated that while [Caregiver H] was working at Apple Creek Place, [s/he] had taken removal property of medications. [S/he] is not sure of all the medications or the residents. [S/he] is sure that medications for a former resident named [Resident 6] were in [his/her] possession. [Maintenance Director G] produced pictures, not of a good clarity, but able to see [Resident 6's] name on medication cards.<br>As of this writing, [Maintenance Director G] is no longer dating [Caregiver H]."<br><br>Surveyor reviewed a document from Administrator RN B which stated:<br>"[Caregiver H] medication diversion investigation.<br>01/30/2024<br>Received correspondence from corporate regarding information about [Caregiver H] from Hayden HR. Corporate stated that since [s/he] was no longer working for us, that there is not much they can do."<br><br>On 02/15/2024, Surveyor reviewed the department's provider record and Office of Caregiver Quality's provider record and was unable to find documentation of an investigation of the allegation.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Director A who acknowledged an investigation was not completed. | N 158 | | |
| {N 164} | 83.12(4)(b) Reporting when law enforcement is called.<br><br>A CBRF shall send a written report to the | {N 164} | | |

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| {N 164} | Continued From page 3<br>department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not send a written report to the department within 3 working days after law enforcement personnel were called to the facility as a result of an incident that jeopardized the health, safety and welfare of residents or employees.<br><br>-Law Enforcement was called on 12/25/2023 to the facility due to no staff present in the facility. The provider did not send a written report for this incident to the department.<br><br>-Upon review of Appleton Police Department record location search, the police were involved with incidents that impacted residents at the facility 9 times from 12/01/2023 through 03/06/2024. The provider did not send written reports of these incidents of law enforcement involvement to the department.<br><br>This is a repeat deficiency. See SOD (Statement of Deficiency) 0NUA12 dated 07/11/2023 for additional details.<br><br>Findings Include:<br><br>The facility is licensed to provide care for up to 22 | {N 164} | | |

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| {N 164} | Continued From page 4 | {N 164} | | |

residents who are physically disabled, advanced aged, terminally ill and/or have irreversible dementia or Alzheimer's Disease.

On 12/26/2023, the department received 2 complaints regarding staffing levels on 12/25/2023.

On 02/13/2024, Surveyor reviewed a police report which stated, "...on December 25, 2023 at approximately 1138 hours was working a uniformed patrol shift for the City of Appleton Police Department. I was dispatched to Apple Creek Place building 5102 N. Cherryvale Ave., in the city of Appleton, Outagamie County, State of Wisconsin for a welfare check. An anonymous caller reported that there were no caregivers present at the facility..."

On 02/13/2024 at 1:10 P.M., Surveyor interviewed Resident 2. Resident 2 stated, "The cops did come in on Christmas Day [12/25/2023]...[s/he] took report."

On 02/13/2024 at 3:00 P.M., Surveyor interviewed Resident 1 regarding 12/25/2023. Resident 1 stated, "We were all neglected. No one was here to help us with anything...Somebody called the police...cop came in and asked me questions."

On 02/14/2024 at 9:40 A.M., Surveyor interviewed former Caregiver C. Caregiver C verified s/he was working on 12/25/2023 in the sister facility next door. Former Caregiver C stated the caregiver working in the facility had a medical emergency and left. A resident set off the alarms because there was no staff in the building. Former Caregiver C indicated s/he started to walk to the facility and saw a resident outside yelling

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| {N 164} | Continued From page 5 | {N 164} | | |

that there was no staff in the facility and another resident needed help. Former Caregiver C stated family members were at the facility and they called the police. Former Caregiver C stated the police showed up around 11:00 A.M. and talked with former Caregiver C.

On 02/15/2024 at 9:10 A.M., Surveyor interviewed Caregiver D. Caregiver D stated former Caregiver C called him/her to come in and help on 12/25/2023. Caregiver D stated s/he was unsure of exact time s/he arrived at the facility but police were already there when s/he arrived.

On 02/13/2024 at approximately 11:50 AM, Surveyor interviewed Director A who stated Resident 6 had frequent involvement with law enforcement. Director A indicated law enforcement would complete (welfare) checks or be called to assist with Resident 6's behaviors. Director A indicated Resident 6 was no longer a resident at the facility. Surveyor inquired if law enforcement had been at the facility since Resident 6 was discharged and Director A indicated yes and stated "because residents call them."

On 03/07/2024, Surveyors reviewed police report location searches for the provider's address which listed additional police involvement at the facility with or impacting residents on and for:
12/25/2023 Welfare Check
01/02/2023 Assist
01/13/2024 Assist
01/14/2024 Welfare Check
02/10/2024 Welfare Check
02/20/2024 Welfare Check

Surveyor reviewed the department's provider file and noted no written reports were sent from the

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| {N 164} | Continued From page 6<br>provider from 12/01/2023 to 03/07/2024.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Director A and Regional Director J who verified law enforcement involvement impacting resident health and safety occurred and the incidents were not reported to the department.<br><br>Cross Reference:<br>N0396 DHS 83.36 (1)(a) Adequate Staff to Meet Resident Needs<br>N0454 DHS 83.42 (1) Resident Record Maintained | {N 164} | | |
| N 214 | 83.15(3)(a) Administrator shall supervise daily operation<br><br>The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the administrator did not supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, and physical plant. The administrator did not provide the supervision necessary to ensure that | N 214 | | |

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| N 214 | Continued From page 7 | N 214 | | |

the residents received proper care and treatment, that their health and safety was protected and promoted and that their rights were respected.

Five (5) of 6 complaints investigated from 02/13/2024 through 03/06/2024 were substantiated; and 13 deficiencies were identified, including 9 repeat violations. See Statements of Deficiency (SOD) DGJM11 dated 02/11/2021, SOD 0NUA11 dated 11/02/2022 and SOD 0NUA12 dated 07/11/2023.

This is a repeat deficiency, see SOD 0NUA11, dated 11/02/2022.

Findings include:

The provider is licensed to serve up to 22 residents who may be physically disabled, of advanced age, terminally ill, and/or have Alzheimer's/dementia.

On 02/13/2024 through 03/06/2024, Surveyors conducted a verification visit and 6 complaint investigations and a self-report review related to care and treatment, staffing, medications and environment. As a result of this survey, 5 of 6 complaints were substantiated and the following concerns were identified:

- The provider did not conduct an investigation when an allegation of caregiver misappropriation was reported.
- The provider did not report to the department when law enforcement was called to the facility.
- The provider did not conduct and document caregiver background checks.
- Employees did not receive all required training.
- Residents were not receiving services as outlined in their service plans.

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| N 214 | Continued From page 8 | N 214 | | |

- Resident services plans were updated upon changes in condition.
- The provider did not maintain a proof-of-use record for schedule II drugs, nor did the administrator or designee audit, sign, and date the proof-of-use records on a daily basis.
- Residents did not receive all prescribed medications at dosages prescribed by practitioner.
- The provider did not provide a daily activity program that met the needs and interests of the residents.
- Staff were not provided in sufficient numbers to meet residents' needs.
- The provider did not maintain resident records.
- Facility environment was not kept safe, clean and comfortable.
- The provider did not ensure other evacuation drills were conducted at least semi-annually.

On 02/13/2024, Surveyor reviewed department documents that indicated Administrator/RN (Registered Nurse) B was the Administrator on record of the facility.

On 02/13/2024 and 02/20/2024, Surveyors made an onsite visit to the facility. Director A was present in the facility. Director A indicated Administrator/RN (Registered Nurse) B was unavailable as s/he was out of town working at a sister facility. Surveyor spoke with Administrator RN B on the phone on 02/15/2024 and 02/22/2024, and Administrator RN B indicated s/he was at sister facilities both days.

On 03/06/2024 at approximately 8:30AM, Surveyor conducted exit meeting with Regional Director J, Vice President of Clinical Operations K, Director A and Director of Compliance R. Surveyor asked if Administrator/RN B was going

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| N 214 | Continued From page 9<br>to join the meeting since s/he was the named Administrator on the license. VP of Clinical Operations K stated Administrator/RN B was not the Administrator for the facility. Regional Director J corrected VP of Clinical Operations and verified Administrator/RN B is the Administrator on record for the facility. Administrator/RN B was not involved in the exit meeting. Regional Director J also indicated that Administrator/RN B was at the facility regularly, however, when Surveyor made onsite visit, Administrator/RN B happened to be attending training at corporate headquarters in Minnesota or was at a sister facility out of the area.<br><br>Cross References:<br>N0158 DHS 83.12(2)(a) Caregiver: Investigating Abuse & Neglect<br>N0164 DHS 83.12 (4)(b) Reporting When Law Enforcement is called<br>N0219 DHS 83.17 (1) Licensee Conduct Caregiver Background check<br>N0243 DHS 83.21 (1-3) All Employee Training<br>N0352 DHS 83.32(3)(h) Right of Residents: Receive Medications<br>N0389 DHS 83.35 (3)(d) Service Plans Updated Annually Or On Changes<br>N0396 DHS 83.36 (1)(a) Adequate Staff to Meet Resident Needs<br>N0409 DHS 83.37(1)(i) Proof-of-use Record<br>N0427 DHS 83.38 (1)(c) Leisure Time Activities<br>N0454 DHS 83.42 (1) Resident Record Maintained<br>N0481 DHS 83.43 (1) Environment Safe, Clean, And Comfortable<br>N0526 DHS 83.47(2)(e) Other Evacuation Drills | N 214 | | |
| N 219 | 83.17(1) Licensee conduct caregiver background check | N 219 | | |

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| N 219 | Continued From page 10<br><br>Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not conduct and document a caregiver background check for 1 of 2 (Cook I) employees reviewed.<br><br>Cook I's employee record did not contain a DOJ (Department of Justice) and IBIS (Integrated Background Information Systems) background check.<br><br>Findings Include:<br><br>On 02/13/2024, Surveyors conducted a verification visit and complaint investigation. A sample of employee records were reviewed, including the employee record of Cook I.<br><br>Cook I was hired on 09/13/2023. Cook I's employee record did not contain a DOJ or IBIS background check. | N 219 | | |

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| N 219 | Continued From page 11<br>On 02/13/2024 at 3:00PM, Surveyor interviewed Director A and requested Cook I's DOJ and IBIS background checks.<br><br>On 02/14/2024 at 8:26AM, Surveyor sent Director A, RN (Registered Nurse) B, and RCC (Resident Care Coordinator) E an email requesting Cook I's DOJ and IBIS background checks. Surveyors did not receive the background checks.<br><br>On 02/15/2024 at 6:51PM, Surveyor sent Director A, RN B and RCC E an email indicating we had not received the DOJ or IBIS background checks for Cook I. Director A replied, "...we will resend everything in the morning."<br><br>As of the exit date of the survey, Surveyor had not received Cook I's DOJ and IBIS background checks. | N 219 | | |
| N 243 | 83.21(1)-(3) All employee training.<br><br>The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following:<br>Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment.<br>Client Group. Training shall be specific to the | N 243 | | |

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| N 243 | Continued From page 12<br>client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment.<br>Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group.<br>Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Cook I and Caregiver H received the required all employee trainings in resident rights, client group, and recognizing, preventing, managing and responding to challenging behaviors.<br><br>This is a repeat deficiency, see Statement of Deficiency (SOD) 0NUA11, dated 11/02/2022.<br><br>Findings include: | N 243 | | |

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| N 243 | Continued From page 13<br>The provider is licensed to serve up to 22 residents who may be of advanced age, physically disabled, terminally ill, and/or have dementia/Alzheimers.<br><br>On 01/10/2024, the department received complaint information alleging staff did not have adequate training.<br><br>On 02/13/2024, Surveyors reviewed Cook I and Caregiver H's employee records.<br>Surveyor noted Cook I started on 09/13/2023 and was still an employee of the facility. Surveyor reviewed Cook I's training records and noted s/he did not have documentation of training completed in resident rights, client group, and challenging behaviors.<br><br>Surveyor noted Caregiver H was employed at the facility from 07/24/2023 through 01/02/2024. Surveyor reviewed Caregiver H's training records and noted s/he did not have documentation of training completed in resident rights, client group, and challenging behaviors.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Director A who acknowledged Cook I and Caregiver H did not receive the all employee trainings. | N 243 | | |
| 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 | N 352 | | |

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| N 352 | Continued From page 14<br>is court ordered.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Resident 11 received all prescribed medications in the dosage and at intervals prescribed by the practitioner.<br><br>Findings include:<br><br>On 02/13/2024 and 02/20/2024, Surveyors conducted onsite visits at the facility.<br><br>On 02/29/2024, Surveyor reviewed Resident 11's record and noted Resident 11 was admitted to the facility on 10/09/2023. Resident 11 was his/her own person and able to communicate clearly and make his/her needs known.<br>Surveyor reviewed Resident 11's December 2023 through February 2024 Medication Administration Record (MAR). Surveyor noted Resident 11 did not receive the following medications as prescribed on the following days:<br>-APAP/Codeine #3 (300/30 mg) Tab - Take one tablet by mouth once daily at bedtime for chronic pain (max Acetaminophen 3000 mg/24 hr)<br>12/29/2023 8:00 PM Medication signed out as not administered. "No board"<br>12/30/2023 8:00 PM Medication signed out as not administered. "No pass. Medication board not available.<br>12/31/2023 8:00 PM Medication signed out as not administered. "No board in cart"<br><br>-Hydrocodone Bitartrate and Acetaminophen 5/325 mg - Take 1 tablet every 12 hours for pain<br>01/21/2024 4:00 PM Medication signed out as not administered. "waiting on refill"<br>01/22/2024 4:00 AM Medication signed out as not administered. "Waiting on MD [doctor of | N 352 | | |

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| N 352 | Continued From page 15 | N 352 | | |

medicine] refill"
01/22/2024 4:00 PM Medication signed out as not administered. "supply is out"
01/23/2024 4:00 AM Medication signed out as not administered. "Waiting on MD refill"

-Melatonin 5 mg Tab - Take 1 tablet by mouth once daily at bedtime
02/07/2024 8:00 PM Medication signed out as not administered. "out of medication"
02/08/2024-02/12/2024 8:00 PM Medication signed out as not administered "Waiting on MD refill"

On 03/05/2024 at 10:20AM, Surveyor interviewed Caregiver F. Caregiver F indicated s/he had been working at the company for almost a year and mainly works in this building. Caregiver F did indicate s/he was a medication passer. Caregiver F stated s/he works first shift from 7AM-3PM. Caregiver F verified s/he was familiar with Resident 11 and medications s/he received. Caregiver F stated Resident 11 is to receive Hydrocodone 2 times a day at 4PM and 4AM and has a hard time getting his/her 4AM dose because there is no medication passer at night in this building. Caregiver F stated there is a medication passer next door (sister facility) but they are not coming over. Caregiver F stated Resident 11 has expressed to him/her many times that s/he is not receiving the 4AM dose. Caregiver F stated Resident 11 waits at the front door for Caregiver F to arrive for his/her shift and then Caregiver F gets the medication for Resident 11.

On 02/13/2024 at approximately 9:10 AM, Surveyor interviewed Resident 11 who reported living at the facility for approximately 3 months. S/he said described him/herself as experiencing

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"agonizing pain" in hip and legs. S/he said s/he was supposed to get pain medications every 12 hours. Resident 11 stated today (02/13/2024) s/he did not receive his/her 4:00 AM dose of Hydrocodone until 8:00 AM. Resident 11 said s/he was told that the caregiver who passed medications was in the other building (sister facility next door) and was unable to come over. Surveyor inquired if that had happened before and Resident 11 stated yes, a number of times. Resident 11 was unable to recall the specific dates other than the night prior. Resident 11 said in December, January, and February, there had been issues with the facility getting his/her medications to the facility. S/he stated there was always an excuse, but most commonly was that there was not a medication passer on night shift. Resident 11 stated there was delay with his/her over the counter medication, Melatonin getting to the facility and s/he had not received it in a few days.

On 02/29/2024 at approximately 12:00 PM, Surveyor interviewed Care Manager (CM) S who reported a number of time where Resident 11 received his/her pain medication late and/or not at all. CM S referenced his/her case notes and noted Resident 11 had called him/her on 01/02/2024 and had complaints about being "in agony" over the weekend due to not having any pain medications at the facility. CM S stated s/he had noted Resident 11 did not receive his/her APAP/Codeine for pain from 12/29/2023-12/31/2023 due to the facility not having the medication at the facility. CM S stated when s/he spoke with Administrator RN B about it, s/he never provided clear information as to how the facility did not have the medications for the weekend. CM S stated on 01/22/2024, Resident 11 reached out to CM S and reported not having

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pain medications at the facility. When CM S connected with Administrator RN B on 01/23/2024, s/he said the medications should be to the facility soon. CM S stated Resident 11 did not receive pain medications for at least 4 doses from 01/21 through 01/23/2024. S/he also reported being aware of numerous times where Resident 11 did not receive his/her medications until the morning as there wasn't a medication passer overnight. CM S could not verify dates, but stated s/he had noted it happening more than twice. CM S stated Resident 11's Melatonin came in a bottle from the VA (veterans affairs) and needed to be repackaged by the pharmacy. CM S stated s/he was not made aware that Resident 11 had not been getting his/her Melatonin because of this.

On 02/13/2024 at approximately 11:35 AM, Surveyor interviewed Resident Care Coordinator (RCC) E who verified Resident 11 did not receive his/her Hydrocodone that was to be administered at 4:00 AM until 8:00 AM that morning. RCC E stated they had been having issues with their night shift staff who was a float. Surveyor inquired if s/he was the only medication passer on night shift, and RCC E stated yes. Surveyor asked if Resident 11 received the Hydrocodone late in the past because of this and RCC E stated yes and that it had happened a few times. Surveyor inquired if this would have been documented differently and RCC E stated no and it would be documented as administered, it would just be administered later than what it was prescribed. S/he stated awareness of delays in Resident 11's hydrocodone, APAP/Codeine, and Melatonin medications not getting to the facility from the pharmacy timely.

On 03/06/2024 at approximately 8:30 AM,

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| N 352 | Continued From page 18<br>Surveyors interviewed Regional Director J who acknowledged Resident 11 did not receive his/her medications as prescribed. | N 352 | | |
| {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 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 review/revise the ISP (individual service plan) when there was a change in resident's needs, abilities or physical or mental condition for 3 of 3 (Resident 3, Resident 11, and Resident 13) residents reviewed.<br><br>Resident 3's smoking assessment indicated Resident 3 was to wear a smoking apron when smoking outside. Resident 3's ISP was not updated to reflect this intervention.<br><br>Resident 11 had a history of chronic pain in his/her hip and accompanying pain diagnoses. Resident 11's ISP was not updated to reflect | {N 389} | | |

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diagnoses, pain and pain interventions, his/her transfer status, fall interventions, and did not reflect an update to his/her mobility status.

Resident 13 had end stage renal disease and attended dialysis three days a week. Resident 13's ISP was not updated to reflect Resident 13's dialysis and appointment and transportation coordination needs.

This requirement is being cited for a third time. See Statements of Deficiency (SOD) DGJM11, dated 02/11/2021, and SOD 0NUA12, dated 07/11/2023.

Findings Include:

On 02/13/2024, Surveyors conducted an onsite visit to the facility. A sample of residents was selected, including the resident record of Resident 3.

RESIDENT 3
Resident 3 was admitted to the facility on 07/08/2022. A smoking assessment dated 02/09/2024 indicated Resident 3 does smoke and has cognitive loss. The assessment continues to indicate Resident 3 is safe to smoke without supervision and needs a smoking apron.

Resident 3's most recent ISP dated 02/14/2024 indicated Resident 3 "requires behavior monitoring due to behaviors with smoking. Resident does require redirection with smoking in room and going to other residents rooms and asking for a cigarette or lighter. Resident has also been taking things from other residents and hiding them in [his/her] room."

On 02/13/2024, Surveyor observed Resident 3

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smoking outside. Upon entering from the outside, Resident 3 was noted to have multiple burn holes all over his/her jacket and gloves. Surveyor interviewed Resident 3. Resident 3 looked down at his/her jacket and stated "isn't it a shame? [referencing the holes in his/her jacket] I just got this too." Surveyor inquired whether s/he had an apron or something to wear over his/her jacket to prevent cigarette holes and burns. Resident 3 stated "I wish."

On 02/15/2024 at 9:10AM, Surveyor interviewed Caregiver D. Caregiver D verified s/he was familiar with Resident 3. Caregiver D stated Resident 3 just got that jacket in November and it is full of burn holes. Caregiver D also stated Resident 3's smoking materials (cigarettes and lighter) are kept in the medication room, however, Resident 3 will take used cigarette butts out of the water cup outside, dry them in Resident 3's room and then go outside to smoke when Resident 3 can get a lighter from another resident. Caregiver D stated Resident 3 also wears gloves because Resident 3 has burned his/her fingers. Caregiver D stated Resident 3 should have a smoking blanket or apron but did not know where one was located. Caregiver D stated the aprons used to be hanging by the door but are not there anymore. Caregiver D also indicated Resident 3 should be supervised while smoking but there is not enough staff.

On 03/06/2024 during exit meeting at approximately 8:30AM, Surveyor interviewed Director A regarding a smoking Resident 3's ISP. Director A confirmed the ISP did not mention a smoking apron.

RESIDENT 11
On 02/13/2024, Surveyor reviewed Resident 11's

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record and noted s/he was admitted to the facility on 10/09/2023. Resident 11's face sheet listed Resident 11 to have diagnoses of peripheral vascular disease, chronic gout, and chronic kidney disease. Resident 11 was his/her own person and able to make his/her needs known. Surveyor reviewed Resident 11's ISP with print date 02/13/2024 and noted "MOBILITY - WHEELCHAIR ...Resident is able to ambulate independently with the use of [his/her] wheelchair ...
Surveyor noted Resident 11 was identified as a fall risk. Surveyor note: Resident 11's ISP did not include information about Resident 11's pain, interventions related to his/her pain, interventions about identified fall risk, and transferring status.

On 03/04/2024, Surveyor reviewed Resident 11's Managed Care Organization - Community Care Inc.'s (CCI) record. Surveyor noted Resident 11 had listed diagnoses of stage 3 kidney disease, gout primary knee, osteoarthritis, synovitis transient hip right, and venous insufficiency. Surveyor reviewed Resident 11's CCI case notes and noted a case note dated 02/20/2024 completed by RN Care Manager U - "Rollator walker; Member [Resident 11] needs and is effectively using rollator walker. Manual wheelchair; [sic] Member has but does not need manual wheelchair at this time."

On 02/13/2024 at approximately 9:10 AM, Surveyor interviewed Resident 11. Surveyor observed Resident 11 walk independently with his/her walker down the hall and sit down on the couch in the common area. Resident 11 was visibly able to ambulate and transfer independently without staff assistance. Resident 11 stated s/he did not get "much" assistance from staff. S/he stated s/he had a wheelchair but did

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| {N 389} | Continued From page 22<br>not use it anymore as s/he could get around with his/her walker. Resident 11 complained of pain in his/her right hip and described his/her pain to be "bone on bone" and agonizing.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Director A who acknowledged Resident 11's ISP did not include his/her transfer status, information about his/her pain, all diagnoses, interventions for falls, and updates to his/her mobility status.<br><br>RESIDENT 13<br>On 02/27/2024, Surveyor reviewed Resident 13's record and noted s/he was admitted to the facility on 05/10/2023 with diagnoses of diabetes with diabetic chronic kidney disease, end stage renal disease, and dependence on renal dialysis. Surveyor reviewed Resident 13's ISP with print date 02/13/2024 and noted s/he was his/her own person and able to make his/her needs known. Surveyor noted Resident 13's ISP did not reflect his/her transportation needs and/or coordination of his/her dialysis appointments.<br><br>On 02/13/2024 at approximately 1:20 PM, Surveyor interviewed Resident 13 who stated s/he had been going to dialysis multiple days a week since residing at the facility. S/he stated the provider used to coordinate his/her transportation to dialysis appointments, but they don't anymore. Resident 13 indicated s/he has to coordinate all appointments and transportation.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Director A who acknowledged Resident 13's ISP did not reflect his/her transportation, appointment, and dialysis needs. | {N 389} | | |

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| {N 389} | Continued From page 23<br>Cross Reference:<br>N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication<br>N0427 DHS 83.38 (1)(c) Leisure Time Activities<br>N0481 DHS 83.43(1) Environment Safe, Clean, And Comfortable | {N 389} | | |
| N 396 | 83.36(1)(a) Adequate staff to meet resident needs.<br><br>The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents.<br><br>The facility was licensed to serve up to 22 residents who were terminally ill, physically disabled, advanced aged and/or have irreversible dementia or Alzheimer's Disease. At the time of the survey, 20 residents resided at the facility. One resident required at least 2 people to assist with transfers, ambulation and/or toileting. December 2023 and January 2024 staffing schedules reflected time periods when no caregivers or only one caregiver was present in the building resulting in meals being served late, medications given late, call lights not answered timely and toileting needs not being met.<br><br>This is a repeat deficiency, see Statement of Deficiency 0NUA11, dated 11/01/2022.<br><br>Findings Include: | N 396 | | |

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| N 396 | Continued From page 24<br>On 12/26/2023 and 01/10/2024, the department received complaint information alleging staffing concerns.<br><br>On 02/13/2024, Surveyor conducted an onsite tour of the facility. Surveyor observed 1 caregiver working in the facility and RCC (Resident Care Coordinator) E helping on the floor. At 9:13AM, Surveyor heard front door alarm going off. Surveyor observed Resident 4 getting into a taxi. The alarm continued to sound until 9:20AM when a hospice staff member entered the facility, entered a code on the alarm panel and the alarm shut off. No facility caregivers or staff members were around until the alarm was shut off. RCC E came out of dining room area with the phone up to his/her ear and continued to talk on the phone and returned to the dining room.<br><br>On 02/13/2024 at 10:10AM, Surveyor interviewed Caregiver F. Caregiver F verified s/he was the only caregiver working on this day. Caregiver F stated it is usually not like this. Caregiver F stated RCC E will come in and help with passing medications, then Caregiver F does meals and cares with the residents. Caregiver F stated s/he likes to work 6 days a week, has Mondays off. Caregiver F stated s/he works the day shift which starts at 7AM and goes to 3PM. Caregiver F indicated s/he comes in at 6AM to help with Resident 5 who is a 2 person assist. Caregiver F stated when night shift left at 7AM, Caregiver F was the only staff working in facility until RCC E came in around 8:00AM.<br><br>On 03/05/2024 at 10:20 AM, Surveyor interviewed Caregiver F again. Caregiver F verified s/he was the only caregiver in the building today. Caregiver F verified Resident 5 was still a resident at the facility. Caregiver F stated s/he | N 396 | | |

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was the only caregiver but that RCC (Resident Care Coordinator) E came in a little after 8am to pass medications. Caregiver F stated s/he will call someone from another facility (next door) to help me with Resident 5 or RCC E will assist with the transfer for Resident 5.

On 02/13/2024 at approximately 10:00 AM, Surveyor interviewed Resident 5 who stated s/he always had to wait a long time for his/her call light to be answered. S/he said s/he most days, s/he didn't even bother pressing it anymore, and just started yelling for help until someone would come assist him/her. Resident 5 stated s/he transferred with a hoyer lift and needed assistance with the transfers from 2 staff. S/he said s/he waited long periods of time, often because there was only 1 staff working. Resident 5 said s/he rarely was bathed because there were not enough staff working. Resident 5 became very tearful during interview and stated s/he was not happy living in the facility.

Surveyor reviewed Resident 5's most recent ISP (individualized care plan). Resident 5 was noted to need total assistance with self-care and required 24 hour supervision. Resident 5's ISP indicates Resident 5 requires staff to provide full assistance with toileting daily at 6AM, 10AM, 2PM, 6PM and 10PM with the "physical assistance of 2 staff using hoyer is [sic] needed to complete toileting every 4 hours during the day to promote incontinence and skin breakdown." The ISP also indicates Resident 5 required a hoyer lift for all transfers, with 2 staff at all times. Lastly, the ISP indicates Resident 5 "needs complete assistance to properly get through evacuation...2 staff needed...staff x2 needed for transfers from Hoyer out of bed to wheelchair...resident will evacuate community safely."

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| N 396 | Continued From page 26<br><br>On 03/06/2024 at 1:20PM, Surveyor interviewed Caregiver V. Caregiver V indicated s/he worked 3rd shift and has been at the facility for 2-3 months. Caregiver V was not working Christmas Day. Caregiver V stated s/he is usually working by him/herself and that "sometimes its hard, sometimes its ok." Caregiver V stated s/he does not pass medications and s/he needs to reach out to one of the other buildings from the medication passer to come over and give the medicatons. Caregiver V stated lately the medication passers haven't been available to come over or they do not know where the medication cart keys are so Resident 2, Resident 8 and Resident 11 do not get medications at night. Caregiver V stated that between the 3 buildings at night, there are 3 caregivers with one of them being the medication passer. Caregiver V stated Resident 5 sits in his/her wheelchair for long periods of time because s/he is a 2 assist with a hoyer and there is only 1 caregiver working.<br><br>On 02/13/2024 at 10:45AM, Surveyor interviewed Director A. Director A indicated they schedule caregivers for 3 shifts. The "AM" shift is from 7AM-3PM and there are usually 2 caregivers working. The "PM" is from 3PM-11PM and there are usually 2 caregivers working. The "night" shift is from 11PM-7AM and there is a caregiver in each building and a float that will go to each building if/when they are needed. Surveyor requested staffing schedules and call light response time logs for December 2023 and January 2024.<br><br>December 24, 2023<br>Surveyor reviewed the December 24, 2023 staffing schedule for Evergreen. The schedule | N 396 | | |

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shows Caregiver L scheduled from 12AM to 8:13AM, Caregiver F scheduled from 6AM to 3PM, Caregiver H scheduled from 7:25AM to 1:26PM, Caregiver P scheduled from 4PM to 10PM, Caregiver O scheduled from 3P to 11P. The schedule does not reflect a caregiver in the building from 11P to 12A (December 25, 2023).

Surveyor reviewed the December 24, 2023 call light response time logs. The following was noted:
-Resident 2's call light went on at 8:11AM and was on for 131 minutes
-Resident 2's call light went on at 12:04PM and was on for 94 minutes
-Resident 2's call light went on at 2:46PM and was on for 56 minutes
-Resident 5's call light went on at 9:16AM and was on for 121 minutes
-Resident 5's call light went on at 1:17PM and was on for 76 minutes
-Resident 7's call light went on at 9:58AM and was on for 72 minutes
-Resident 7's call light went on at 12:45PM and was on for 109 minutes
-Resident 8's call light went on at 1:26PM and was on for 68 minutes
-Resident 9's call light went on at 1:25PM and was on for 71 minutes

In summary, on 12/24/2023 only one caregiver was in the facility from 12AM to 6AM, then from 1:26PM to 4PM, then from 10PM to 11PM. There is no caregiver scheduled from 11PM to 12AM (12/25/2023). During these times, multiple resident call lights went unanswered for multiple hours.

December 25, 2023
Surveyor reviewed the December 25, 2023 staffing schedule for Evergreen. The schedule

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shows Caregiver L scheduled from 12AM to 5:51AM, Caregiver N scheduled 5:36AM to 7:51AM, Caregiver M scheduled from 7AM to 1PM ("no show" written in green ink), Caregiver C scheduled from 12AM to 2:10PM at Linden (sister facility) with 7A to 2:10PM Evergreen written in green ink, Caregiver D scheduled from 3:00P to 11:00P at Linden with 11A-3P Evergreen written in green ink, Director A scheduled from 3:00P to 11:00P, Stat Agency scheduled from 3:00P to 11:00P, Caregiver O scheduled from 7:00P to 11:00P, and Stat Agency scheduled from 11:00P to 7:00A (December 26, 2023).

Surveyor reviewed the December 25, 2023 call light response time logs. The following was noted:
-Resident 1's call light went on at 8:31AM and was on for 237 minutes
-Resident 2's call light went on at 9:01AM and was on for 257 minutes
-Resident 5's call light went on at 7:21AM and was on for 153 minutes
-Resident 5's call light went on at 10:15AM and was on for 106 minutes
-Resident 7's call light went on at 7:46AM and was on for 129 minutes
-Resident 7's call light went on at 11:30AM and was on for 100 minutes
-Resident 8's call light went on at 11:50AM and was on for 85 minutes

Surveyor reviewed MAR (Medication Administration Records) for Residents 1, 2, 5 and 9. The following was noted for 12/25/2023:

Resident 1 - 8am medications which included: Baza Protect cream, clopidogrel 75mg (milligrams), folic acid, cephalexin 500mg, and aquaphor healing ointment were administered at 2:42PM. Hydrochlorothiazide 50mg, loratadine

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10mg, methotrexate 2.5mg, nystatin powder, pantoprazole 20mg, polyethylene glycol, senna s-plus 8.6/50mg, vanlafaxine 37.5mg, vitamin C 500mg, were administered at 2:43PM. Hydrocodone/APAP 5/325mg was administered at 1:35PM by Caregiver N. NOTE: Per Director A's summary of events on 12/25/2023 and the 12/25/2023 staff schedule, Caregiver N worked 5:36AM to 7:51AM and then left the facility due to illness.

Resident 2 - did not receive 8am medications which included: duloxetine 30mg, gabapentin 300mg, multivitamin and vitamin D3.

Resident 5 - 8am medications which included: menthol 4%(percent) gel, loperamide 2mg, nifedipine extended release 30mg were administered at 2:59PM. Calcium/D3 600mg/10mcg (micrograms) was administered at 3:01PM. Bupropion 150mg was administered at 3:02PM. Resident 5 did not receive levothyroxine 112mcg which is scheduled for 6:00AM. Acetaminophen 500mg and Gabapentin 100mg were administered at 1:38PM by Caregiver N. NOTE: Per Director A's summary of events on 12/25/2023 and 12/25/2023 staff schedule, Caregiver N worked 5:36AM to 7:51AM and then left the facility due to illness.

Resident 9 - 8am medications which included: acetaminophen 500mg, carbidopa/levodopa 25/100mg, escitalopram 20mg, pantoprazole 40mg, quetiapine 50mg, vitamin B1 100mg were administered at 10:02AM by Caregiver N. NOTE: Per Director A's summary of events on 12/25/2023 and 12/25/2023 staff schedule, Caregiver N worked 5:36AM to 7:51AM and then left the facility due to illness.

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| N 396 | Continued From page 30<br><br>On 02/13/2024 at approximately 9:30AM, Surveyor interviewed Resident 1. Resident 1 stated "there is not enough help...have to wait an hour or more for help, doesn't happen every day but it has happened." Resident 1 indicated s/he has toileting problems so it's important that s/he uses the bathroom timely. Resident 1 indicated s/he had soiled him/herself cause his/her call light was not answered in time. Resident 1 stated that on Christmas Day (12/25/2023) there were no caregivers in the building to give the residents breakfast. Resident 1's family member was visiting and provided breakfast and drinks for residents around 12:30PM. Resident 1 indicated that day medications were "very late." Resident 1 said eventually Director A came in and said, "oh, probably not as bad as you think it is." Resident 1 was unsure what time Director A came to facility. Resident 1 stated, "We were all neglected, there was no one here to help us with anything." Resident 1 indicated someone called the police and the police officer came in and asked residents questions.<br><br>On 02/13/2024 at approximately 9:50AM, Surveyor interviewed Resident 2. Resident 2 indicated s/he had been a resident of the facility since November 2023. Resident 2 indicated s/he needs assistance of 1 caregiver to transfer about of bed or wheelchair using a sit-to-stand lift. Resident 2 stated on Christmas Day (12/25/2023) there was no caregiver in the facility. Resident 2 stated s/he did not get out of bed until 1:30PM on Christmas Day, missed breakfast and did not get morning medications until later in the morning. Resident 2 stated s/he finally got food at 3:00PM. Resident 2 stated the call light response times varies, with 1 caregiver working it takes awhile to answer the call light but with 2 caregivers it is quicker. Resident 2 stated, "need at least 2 | N 396 | | |

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caregivers in this home." Resident 2 verified the police did come to the facility on Christmas Day and took report.

On 02/13/2024 at approximately 1:20 PM, Surveyor interviewed Resident 13. Resident 13 stated "they need more staff... they don't get to things timely...they have too much to do." Resident 13 recalled a time where s/he fell and s/he had to yell for help. Resident 13 referenced another resident [later identified as Resident 5] who yelled bloody murder because s/he did not get assistance timely and could not get up by him/herself.
Resident 13 stated Christmas day (12/25/2023) was "a really bad day." S/he said s/he observed a caregiver not "looking good" in the dining room in the morning. S/he said the caregiver said s/he wanted to leave but couldn't because "noone else was here." Resident 13 said the caregiver ended up leaving and going to the hospital and no staff were in the building. Resident 13 said a short time later another resident was visibly "inebriated" (intoxicated) and was yelling. Resident 13 voiced s/he was fearful, so s/he walked around yelling and looking for staff, but there was nobody there. Resident 13 said s/he called the sister facilities next door multiple times without answer, and without call backs from voicemails. Resident 13 then walked over to the sister facility and met Caregiver D half-way as s/he was walking over to the facility. Resident 13 described Caregiver D as being nonchalant about there not being staff in the building. Resident 13 said the paramedics had then arrived to the building and s/he "was very emotional about it." Resident 13 stated "what if I was sick and nobody was here. There are people that yell here. It was scary."

On 02/15/2024 at 9:10AM, Surveyor interviewed

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Caregiver D. Caregiver D verified s/he was a caregiver at the facility. Caregiver D stated on Christmas Day, Caregiver C called him/her to come in to help at the facility. Caregiver D was unsure what time s/he arrived at the facility. Caregiver D stated when s/he arrived, the police were at the facility. Caregiver D stated medications were not passed when s/he arrived. Resident 1's family was at the facility and helped with serving breakfast which was late. Caregiver D indicated s/he stayed the rest of the "AM" shift and then worked "PM" shift. Caregiver D stated Resident 5 is a two assist for everything including transfers and dressing. Caregiver D indicated Resident 5 gets changed in the morning when s/he gets up and when s/he goes to bed, "that's it." Caregiver D stated Resident 5 is "soaked through clothes."

On 02/14/2024 at 9:40AM, Surveyor interviewed Caregiver C. Caregiver C verified s/he was working on Christmas Day. Caregiver C indicated s/he usually works on "PM" or "Night" shifts. Caregiver C stated that on Christmas Eve (12/24/2023) s/he was working "Night" shift at sister facility (Linden) across the street. At 7AM, the caregiver scheduled to work did not show up. Another caregiver covered the shift, however, s/he had a medical emergency and left just after his/her shift started. The caregiver came over to sister facility (Hawthorne) crying and saying s/he needed to leave. Caregiver C stated s/he moved over to Evergreen as there were no additional staff members to help and the facility had no staff in it. Caregiver C stated staff are not to leave at the end of their shift until the next shift shows up. Caregiver C stated s/he was just hanging around because the buildings were not fully staffed. Caregiver C stated around 10AM is when s/he went to Evergreen. Caregiver C stated a resident

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set off the door alarms because no caregivers were in the building. Caregiver C stated when s/he arrived in the building there were family members visiting and they had called the police. Caregiver C stated s/he could not get residents up by him/herself, could not do medication pass, s/he was running between buildings. Caregiver C stated families did help with serving dinner and drinks. Caregiver C stated s/he did not get any residents up, other than Resident 1. Caregiver C stated it had been awhile since s/he worked "AM" shift and had worked another job prior to coming to work at midnight, so had been up for over 24 hours. The police arrived around 11AM and stayed for awhile. Caregiver C stated, "We did what we could." Caregiver C stated s/he called Director A several times and Director A would just say, "You need to figure it out. [Director A] was no help." Caregiver C stated s/he called Caregiver D to come and help. Caregiver C stated when Caregiver D arrived around 1PM, they got Resident 5 changed and out of bed. Caregiver C stated Resident 5 is a 2 person assist. Caregiver C stated Director A arrived around 2PM and told Caregiver C s/he was under investigation and was suspended for not being able to complete medication pass. Caregiver C stated, "They left me in the facility with no help on Christmas Day."

On 02/13/2024, Surveyor interviewed Director A regarding staffing on Christmas Day. Director A indicated s/he would provide a summary of what happened with staffing on Christmas Day. The following was provided to Surveyor: "Christmas Day Follow Up...As far as Christmas day we were sufficiently staffed (not short) going onto [sic] the Holiday. The issue was in the Evergreen building. At 7am we had a staff member who didn't show for [his/her] scheduled shift in Evergreen as [s/he] forgot [s/he] picked that day up for another

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employee. Which left it being with 1 person as we always schedule with 2. Then around 7:30am the staff member that was there got really sick and left to go to the Emergency room. I pulled a staff member who was in the Hawthorn building to go over to Evergreen. [S/he] was dealing with personal issues and decided that [s/he] was leaving. The 3rd shift girl who earlier offered to stay went to Evergreen, but was more worried about complanining than being a team player. I had the cook come in and everyone in ALL buildings were served breakfast. With the cook being in serving breakfast and 1 on the floor could have been easily done until relief came in. The building is very low level of care and only had 3 residents to get up. I was able to get a staff member to come in at 11:30, and [Registered Nurse B] and I came in as well. Second shift was fully staffed as well, and all showed up for their scheduled shift that day. There were no further issues for the continuation of that day, prior nor since. Best, [Director A]"

In summary, on 12/25/2023 only one caregiver was in the facility from 12:00A to 5:36AM, then again from 5:51AM to 7:51AM. While the schedule reflects Caregiver C was in the facility starting at 7AM, the interview with Caregiver C does not confirm this; Caregiver C stated s/he arrived at the facility around 10AM. This would have left the facility with no caregiver from 7:51AM to approximately 10AM. One caregiver was then in the building from 10AM to 11AM when Caregiver D arrived. During this time, multiple resident call lights went unanswered for multiple hours and resident medications were administered late.

January 9, 2024
Surveyor reviewed the January 9, 2024, staffing

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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 |
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| N 396 | Continued From page 35<br>schedule for Evergreen. The schedule shows Caregiver L scheduled from 12AM to 8:34AM, Caregiver F scheduled 6:58AM to 3PM, Stat agency staff scheduled from 7AM to 3PM, Caregiver Q scheduled from 3:00PM to 11:00PM, Stat Agency scheduled from 3:00P to 11:00PM. The schedule does not reflect a caregiver working from 11:00PM to 12AM (1/10/2024).<br><br>Surveyor reviewed the January 9, 2024 call light response time logs. The following was noted:<br>-Resident 1's call light went on at 7:46PM and was on for 71 minutes<br>-Resident 2's call light went on at 8:00AM and was on for 27 minutes<br>-Resident 2's call light went on at 8:28AM and was on for 27 minutes<br>-Resident 2's call light went on at 9:42AM and was on for 70 minutes<br>-Resident 2's call light went on at 4:31PM and was on for 23 minutes<br>-Resident 2's call light went on at 5:04PM and was on for 33 minutes<br>-Resident 2's call light went on at 7:59PM and was on for 59 minutes<br>-Resident 2's call light went on at 9:41PM and was on for 37 minutes<br>-Resident 5's call light went on at 12:29PM and was on for 60 minutes<br>-Resident 5's call light went on at 4:43PM and was on for 46 minutes<br>-Resident 5's call light went on at 6:25PM and was on for 167 minutes<br>-Resident 7's call light went on at 9:37AM and was on for 45 minutes<br>-Resident 7's call light went on at 4:12PM and was on for 76 minutes<br>-Resident 10's call light went on at 9:57AM and was on for 26 minutes<br>-Resident 10's call light went on at 12:20PM and | N 396 | | |

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| N 396 | Continued From page 36<br>was on for 41 minutes<br><br>In summary, on 01/09/2024 only one caregiver was in the facility from 12AM to 6:58AM. Additionally, there was no caregiver scheduled from 11PM to 12AM (01/10/2024). While 2 staff were working throughout most of the day, the call light response time was long for multiple residents.<br><br>January 10, 2024<br>Surveyor reviewed the January 10, 2024, staffing schedule for Evergreen. The schedule shows Caregiver F scheduled 6:00AM to 3PM, Stat agency staff scheduled from 7AM to 3PM, Caregiver Q scheduled from 3:00PM to 11:00PM, Stat Agency scheduled from 3:00P to 11:00PM. The schedule does not reflect a caregiver working from 12AM to 6AM or from 11PM to 12AM (01/11/2024).<br><br>Surveyor reviewed the January 10, 2024 call light response time logs. The following was noted:<br>-Resident 1's call light went on at 12:47PM and was on for 24 minutes<br>-Resident 1's call light went on at 8:54PM and was on for 44 minutes<br>-Resident 1's call light went on at 1:45PM and was on for 25 minutes<br>-Resident 2's call light went on at 7:22AM and was on for 98 minutes<br>-Resident 2's call light went on at 11:18AM and was on for 27 minutes<br>-Resident 2's call light went on at 1:26PM and was on for 25 minutes<br>-Resident 2's call light went on at 4:29PM and was on for 37 minutes<br>-Resident 2's call light went on at 5:37PM and was on for 26 minutes<br>-Resident 2's call light went on at 8:02PM and | N 396 | | |

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| N 396 | Continued From page 37 | N 396 | | |

was on for 60 minutes
-Resident 2's call light went on at 9:17PM and was on for 38 minutes
-Resident 4's call light went on at 8:07PM and was on for 43 minutes
-Resident 5's call light went on at 7:19AM and was on for 98 minutes
-Resident 7's call light went on at 9:10AM and was on for 35 minutes
-Resident 7's call light went on at 6:24PM and was on for 36 minutes
-Resident 8's call light went on at 4:32PM and was on for 33 minutes
-Resident 9's call light went on at 5:51PM and was on for 273 minutes
-Resident 10's call light went on at 6:47AM and was on for 132 minutes
-Resident 10's call light went on at 11:17AM and was on for 33 minutes
-Resident 10's call light went on at 5:23PM and was on for 182 minutes
-Resident 11's call light went on at 6:34AM and was on for 145 minutes
-Resident 11's call light went on at 12:59PM and was on for 42 minutes
-Resident 12's call light went on at 6:45AM and was on for 189 minutes

In summary, on 01/10/2024, there was no caregiver noted to be in the facility from 12AM to 6AM, then only one caregiver was in the facility from 6AM to 7AM. Additionally, there was no caregiver scheduled from 11PM to 12AM (01/11/2024). While 2 staff were working throughout most of the day, the call light response time was long for multiple residents.

The facility did not provide adequate staffing on 12/24/2023, 12/25/2023, 01/09/2024 and 01/10/2024 resulting in medications being late,

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| N 396 | Continued From page 38<br>meals being missed and call light wait times over an hour long. | N 396 | | |
| {N 409} | 83.37(1)(j) Proof-of-use record.<br><br>Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812(c), and Wisconsin's uniform controlled substances act, ch. 961, Stats. The administrator or designee did not audit, sign, and date the proof-of-use records on a daily basis.<br><br>This requirement is being cited for a third time. See Statements of Deficiency (SOD) 0NUA11, dated 11/01/2022, and SOD 0NUA12, dated 07/11/2023.<br><br>Findings include:<br><br>On 02/13/2024, Surveyors conducted a verification visit.<br><br>On 02/14/2024, Surveyor reviewed provider's medication policy and noted "Toward the end of | {N 409} | | |

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| {N 409} | Continued From page 39 | {N 409} | | |

the medication passer's shift, the next shift medication passer will audit the count of the medications of the PRN [as needed] mood altering drugs and the Schedule II drugs to meet company policies. Only at the end of the medication passer's shift and after the audit does the medication passer relinquish the medication key."

On 02/13/2024, Surveyor reviewed a sample proof-of-use record titled "Inventory History," dated 01/13/2024 through 01/31/2024 provided by Director A. Surveyor noted record headers of "Count" as in total on medication card and "Total" as count completed by staff.

Surveyor noted the following discrepancies:
RESIDENT 8
Lorazepam 0.5 mg tab -
01/21/2024 11:00 PM - Count 17, Total 17
01/22/2024 3:00 PM - Count 16, Total 3
01/23/2024 7:00 AM - Count 14, Total 1
There was no evidence of an audit of proof-of-use following this count.

Lorazepam 0.5 mg tab (second card)
There was no evidence of an audit for proof-of-use completed for 01/17/2024 and 01/27/2024.

Hydrocodone/APAP 5/300 mg tab -
01/21/2024 11:00 PM - Count 25, Total 25
01/22/2024 3:00 PM - Count 24, Total 24
01/23/2024 7:00 AM - Count 23, Total 23
Surveyor reviewed Resident 8's January 2024 MAR and noted Resident 8 was administered 2 doses of Hydrocodone/APAP 5/300 mg on 01/22/2024.
Resident 8's proof-of-use record did not account for 2 doses of Hydrocodone/APAP being

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| {N 409} | Continued From page 40<br>administered on 02/22/2024.<br>There was no evidence of an audit for proof-of use completed for 01/27/2024.<br><br>RESIDENT 10<br>Clonazepam 1mg tab -<br>01/26/2024 3:00 PM - Count 7, Total 7<br>01/26/2024 11:30 PM - Count 37, Total 37<br>There was no evidence of an audit for proof-of-use completed for 01/13/2024-01/26/2024, and 01/27/2024.<br><br>RESIDENT 11<br>Hydrocodone Bitartrate and Acetaminophen 5/325 mg tab -<br>01/13/2024 3:00 PM - Count 16, Total 16<br>01/15/2024 11:15 PM - Count 11, Total 11<br>Surveyor reviewed Resident 11's January 2024 MAR and did not find evidence of Resident 11 being administered 5 doses of hydrocodone bitartrate and acetaminophen 5/325 mg. there was no evidence of an audit for proof-of-use completed for 01/14/2024.<br><br>Hydrocodone/APAP 5/325 MG tab -<br>There was no evidence of an audit for proof-of-use completed for 01/27/2024.<br><br>Surveyor noted multiple days where provider staff did not complete an audit of proof-of-use at the end of their shift per provider policy.<br><br>On 02/13/2024 at approximately 11:35 AM, Surveyor interviewed Resident Care Coordinator (RCC) E. Surveyor and RCC E reviewed the sample of proof-of-use records and RCC E verified the count and totals did not match. RCC E reviewed documentation and stated s/he did not know why there were discrepancies. | {N 409} | | |

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| {N 409} | Continued From page 41<br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Director A. Director A verified evidence of days where an audit for proof-of-use of schedule II and controlled drugs was not completed. Director A acknowledged discrepancies in counts and stated s/he would provide verification to discrepancies in count versus totals listed. Director A stated s/he was not aware of any discrepancies and had not completed any investigations regarding missing medications. As of 03/14/2024, no additional documentation regarding proof-of-use records was provided. | {N 409} | | |
| {N 427} | 83.38(1)(c) Leisure time activities.<br><br>As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation and interview, the provider did not ensure a daily activity program was provided to meet the interests and capabilities of the residents. While present at the facility from approximately 9:00AM | {N 427} | | |

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| {N 427} | Continued From page 42<br>to 3:00PM, Surveyors did not observe residents engaged in activities.<br><br>This is a repeat deficiency, see Statement of Deficiency (SOD) 0NUA12, dated 07/11/2023.<br><br>Findings include:<br><br>On 09/06/2023, the department received complaint information alleging the provider did not have activity staff and did not provide activities.<br><br>On 02/13/2024, Surveyors conducted a verification visit at the facility. Surveyors requested a copy of the provider's activity schedule and made observations. Surveyors did not observe any activity programs taking place while present at the facility from approximately 9:00AM to 3:00PM. Surveyors observed residents sitting in the dining room, going outside to smoke cigarettes, walking around the facility and spending time in their own rooms watching television and sleeping. Surveyors noted an activity calendar was not posted and was not provided to Surveyors on 02/13/2024.<br><br>On 02/13/2024 at approximately 9:15AM, Surveyor interviewed Resident 1 who stated there were no activities and nothing to keep them (residents) busy each day. Resident 1 stated s/he sits in his/her room all day.<br><br>On 02/13/2024 at approximately 9:30AM, Surveyors interviewed Resident 7 who shared there were no activities offered, Resident 7 stated, "nothing to do here."<br><br>On 02/13/2024 at approximately 9:10 AM, Surveyor interviewed Resident 11 in the common area. Resident 11 stated there were no activities | {N 427} | | |

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| {N 427} | Continued From page 43 | {N 427} | | |

provided and "nothing to do" at the facility. S/he shared that other residents don't talk amongst themselves and staff do not interact with residents.

On 02/13/2024 at approximately 10:00 AM, Surveyor interviewed Resident 5 and Resident 9. Resident 5 stated there was nothing to do at the facility. Resident 9 said there were no activities provided and an activity calendar had been up at one time, but was gone. Resident 5 and Resident 9 corroborated that they were "bored" at the facility.

On 02/13/2024 at approximately 1:20 PM, Surveyor interviewed Resident 13 who stated there were "not a lot of activities." S/he said there were not enough staff to provide the activities. Resident 13 indicated s/he would participate in activities if they were provided.

On 02/15/2024 at 9:10AM, Surveyor interviewed Caregiver D. Caregiver D verified s/he works at the facility. Caregiver D stated there was no time for activities with residents. Caregiver D stated management was actively seeking an activity person but no one has been hired yet.

03/05/2024 at 10:20 AM, Surveyor interviewed Caregiver F. Caregiver F stated "Activities do not get done. There is a stretch lady in Hawthorne (sister facility next door) but hasn't come over to this building. They want us [caregivers] to do activities too."

On 03/06/2024 at 8:30 AM, Surveyors interviewed Director A who verified an activity calendar was not posted and activities were not provided. Director A stated they were hiring an activity director.

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| {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 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, | {N 454} | | |

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| {N 454} | Continued From page 45<br>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 Resident 6's record at the CBRF.<br><br>Resident 6's record was not maintained to include: admission paperwork, documentation of significant incidents, documentation of injury, assessments, documentation to accurately describe the resident's condition, resident evacuation evaluation, summary of discharge information, physician's orders, and other relevant documents related to Resident 6's care. | {N 454} | | |

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| {N 454} | Continued From page 46<br><br>This requirement is being cited for a third time. See Statements of Deficiency (SOD) 0NUA11, dated 11/02/2022, and SOD 0NUA12, dated 07/11/2023.<br><br>Findings include:<br><br>On 02/13/2024, Surveyors conducted a verification visit.<br><br>On 09/06/2023, the department received complaint information alleging residents were being poisoned.<br><br>On 11/29/2023, the department received self-report information reporting an incident on 11/27/2024 where Resident 6 started a fire in his/her bathroom shower. The fire alarm sounded and Resident 6 and 3 other residents were evacuated. The fire was found to be in a bowl and was extinguished using the shower head. Upon discussion between Former Director T and the fire marshal, it was reported to be "very apparent that it was an intentional fire" created by Resident 6. Self-report document stated "Facility held conference with crisis and MCO [Managed Care Organization] and the next AM resident was placed on a chapter 51 hold ...Resident is receiving psychiatric help."<br><br>On 02/13/2024, Surveyor reviewed Resident 6's paper folder provided from Resident Care Coordinator (RCC) E. Surveyor noted the folder only contained documentation from August 2023. At approximately 2:10 PM, RCC E stated "everything we have for Resident 6 that I could find was in that folder."<br><br>On 02/13/2024 at approximately 11:50 AM, Surveyor interviewed Director A who verified | {N 454} | | |

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| {N 454} | Continued From page 47<br>awareness of the incident involving Resident 6 and the fire on 11/27/2024. Surveyor inquired whether Resident 6 was placed on a psychiatric hold following the incident and Director A stated "no, [Resident 6] was here after the fire." Director A could not recall Resident 6's discharge date. Director A stated s/he would provide Surveyors with Resident 6's additional documentation.<br><br>On 02/16/2024, Surveyors received Resident 6's face sheet, individual service plan, incident report, and observation notes. Surveyor noted Resident 6 resided at the facility from 09/09/2022 through 12/16/2023. Reason for discharge was not identified in the record. The record did not contain any documentation from 11/28/2023 through 12/16/2023. As of 03/06/2024, no additional documentation for Resident 6 was provided to Surveyors.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Director A and Regional Director J who acknowledged Resident 6's record was maintained to include documentation following the incident on 11/27/2023, discharge, assessments, information about poisoning, admission paperwork, and other documentation regarding Resident 6's care during his/her residency. | {N 454} | | |
| N 481 | 83.43(1) Environment safe, clean, and comfortable<br><br>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. | N 481 | | |

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This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not provide a living environment that is safe, clean, comfortable and homelike.

-The door to theback patio had a 1-1 1/2 inch threshold making it difficult for residents to enter from the patio unassisted.
-There was no designated cigarette disposal area and used cigarettes were being disposed of in an overflowing plastic cup of water and cigarettes.
-Resident 3 and Resident 5's rooms had stains on the carpet.
-Resident 5, Resident 11, and Resident 13 required assistance with housekeeping and laundry. Housekeeping and laundry was not completed as scheduled.
-Toxic substances were stored in the unlocked laundry room which was located in a hallway of resident rooms.

Findings Include:

On 09/06/2023 and 01/24/2024, the department received complaint information alleging there was no housekeeper, rooms were unclean, residents had to clean their own rooms, and laundry was not being done.

On 02/13/2024 and 02/20/2024, Surveyor conducted onsite visits to the facility. The following was noted:

02/13/2024 visit
BACK DOOR
-The door going to the patio in the back of the facility had a 1-1 1/2 inch threshold, making it

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difficult for residents entering from the patio to get back in the facility unassisted.
-The door was manual entry without a door closer making it difficult for residents to open the door, hold it, and exit and enter.
-The door frame and walls surrounding the patio door was damaged and had wheelchair like markings and stains.
Surveyors observed Resident 3 and Resident 8, both who were observed self-propelling their wheelchairs, used the door multiple times throughout the day. Resident 3 and Resident 8 asked Surveyors for assistance in order to get over the threshold safely multiple times. Surveyors observed the door slamming shut loudly.
-There was no designated spot to dispose of cigarette butts on the patio outside. Surveyor observed a plastic cup of water with used cigarettes filled to the brim sitting on the table near the back door where residents (and staff) were disposing cigarette butts. Surveyor observed Resident 3 take a burnt out cigarette butt out of the cup and attempt to re-light it.

At approximately 1:20 PM, Surveyor interviewed Resident 13 who stated "I hate that door" and pointed to the back patio door. S/he said s/he doesn't smoke, but s/he watches other residents go in and out all day long and can barely get the door open. Resident 13 stated there was not enough staff to assist residents in and out of the door. S/he said residents visibly struggle getting in and out, and holding the door. S/he referenced the door slamming and it being very loud and annoying.

RESIDENT 11
On 02/13/2024, Surveyor reviewed Resident 11's individual service plan (ISP) with print date

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02/13/2024. Surveyor noted Resident 11 was his/her own person and able to make his/her needs known.
Surveyor noted: "HOUSEKEEPING - DAILY ...Staff to assist resident with daily housekeeping: Ensure garbage's [sic] are taken out. Any dishes are removed from room. Bed is made and blinds are open. Clean up any garbage or items out of place in room and bathroom ...
LAUNDRY SERVICE ...Provide laundry needs. Gather dirty/soiled clothes/linen and wash/dry/fold and put away properly."

On 03/04/2024, Surveyor reviewed Resident 11's Community Care (CCI)'s case notes and noted a case note date 02/20/2024 completed by CCI Care Manager S, "Discussed concerns with housekeeping ...[s/he] has started to leave notes on [his/her] laundry in order to prompt staff attention and request completion."

On 02/13/2024 at approximately 9:10 AM, Surveyor interviewed Resident 11. Resident 11 stated s/he cleaned his/her own room and "had to teach [him/herself] how to tuck in a fitted sheet" as staff never made his/her bed. Surveyor inquired whether making his/her bed or housekeeping caused increased pain since Resident 11 shared s/he had hip and leg pain. Resident 11 indicated yes and stated "I have to do it ...otherwise my family will have to do it and I don't want them to have to do it." Resident 11 stated it took quite some time for laundry to be completed and s/he would have to ask for staff to do it before it would be done. Surveyor went to Resident 11's room and observed it to be clean and tidy, with the exception of debris on the carpeting.

On 02/13/2024 at approximately 10:40 AM,

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| N 481 | Continued From page 51<br><br>Surveyor interviewed Caregiver F who stated s/he didn't know when Resident 11's room was last cleaned. S/he said staff do not have time to clean rooms daily and did not always get to laundry when needed.<br><br>RESIDENT 13<br>On 02/13/2024 at approximately 1:20 PM, Surveyor interviewed Resident 13. Resident 13 was his/her own person and able to make his/her needs known. Resident 13 stated s/he needs assistance with doing laundry as it "sucks the energy out of [him/her]." S/he stated laundry was supposed to be completed by staff on our (resident) shower days and indicated his/her shower and laundry days were supposed to be Thursdays and Sundays. Resident 13 stated s/he would put his/her laundry outside his/her door in the hallway, so staff would grab it. S/he said his/her dirty laundry would sit outside his/her door for days at times, even if s/he would remind or ask staff to wash his/her clothes. Surveyor went to Resident 13's room and observed a full laundry basket. Resident 13 indicated the clothes were dirty and ready to be taken to be washed.<br><br>02/20/2024 visit<br>FRONT DOOR<br>At approximately 9:30 AM, Surveyors observed the entrance to the building. A coffee-like colored, dried substance appeared to have spilled and stained; it spanned from the bottom of the window, down the siding, and to the entrance pathway.<br><br>RESIDENT 3<br>-Resident 3's room was observed to have a large red stain on the carpet by Resident 3's bed and another large red stain by Resident 3's | N 481 | | |

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refrigerator. Under Resident 3's bed there were multiple items including papers, a flashlight, a hat and a bottle of "Snuggle" laundry detergent.
At 9:10AM, Surveyor interviewed Resident 3. Resident 3 stated s/he had "spilled a drink a few weeks ago" and that is where the red stains came from. Resident 3 also indicated s/he bumped into a table by the door and knocked over some flower pots and that is why there is dirt on the floor. Resident 3 stated, "they vacuum once in a blue moon."

RESIDENT 5
At approximately 9:10 AM, Surveyor toured Resident 5's room and noted it to have a urine-like odor upon entry. Surveyor noted Resident 5's door was open and the room appeared visible unclean and disheveled from the hallway. Surveyor observed the following:
-his/her closet had a box on the floor with personal items overflowing from it with an uncovered pillow and multiple clothing items on top of it and on the floor; clothes were falling off hangers in the closet or were partially hung; the shelf had an unfolded bedsheet, purses, unfolded clothes, a hat, and other personal items appearing to have been thrown up on the shelf without order
-approximately 4 - 4" diameter circle stains and 1 - 8" diameter circle stain on the carpeting of the room
-debris, crumbs, and garbage on the carpet
-a clean and folder basket of laundry, unput away
-an empty Styrofoam cup and an empty pill cup were sitting on a chair
-his/her bed was unmade without a top sheet or blanket; a top sheet was covering his/her mattress instead of a fitted sheet and there was no mattress protector; a soiled fabric chux pad and a towel was on his/her bed

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-a pile of dirty laundry was piled on the floor to include slippers, multiple soiled fabric chux pads, clothing, and ted hose stockings
-2 boxes of personal items was on the floor and items were overflowing out of it
-the garbage can did not have a garbage bag in it
-a used bed pan was on the floor with urine and loose feces in it
-the bathroom had 2 soiled chux pads, a towel, and soiled clothes on the shower floor
-the shower chair had a used, dry wash cloth, cleaning basins, and a folded shower curtain liner on it
-the shower floor had a 4" diameter circle of what looked like dried feces on it
-the toilet had urine and feces in it and urine was splattered on the toilet seat
-new shampoo bottles were on the bathroom floor
-debris and garbage was on the floor

On 02/13/2024 at approximately 10:00 AM, Surveyor interviewed Resident 5 who stated his/her room was never cleaned by staff. Resident 5 indicated s/he needed full assistance with cleaning his/her room and bathroom as s/he was confined to a wheelchair, used a bedpan and not the toilet, and was immobile. Resident 5 stated staff did not clean up after themselves.

LAUNDRY ROOM
At approximately 9:14 AM, Surveyor observed an unlocked laundry room located in Resident 3 and Resident 5's resident hallway. Surveyor noted a handwritten sign on the door "Residents, please keep this door shut. Thank you!" Next to the sign, was a window where the Surveyor observed approximately 6 bottles of toxic substances from the hallway.
Inside the laundry room, Surveyor observed the following unsecured toxic substances:

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-a housekeeping cart that had a bottle of furniture polish, a bottle of disinfecting acid bathroom cleaner, a can of Comet bleach powder, a spray can of ant killer, a bottle of hard surface sanitizer, a bottle of soft scrub cleanser with bleach, a bottle of neutral disinfectant, a jug of pre-treat carpet cleaner, 2 bottles of glass and multi-surface cleaner (with DANGER Keep out of Reach of Children labels), and a jug of floor sanitizer
-on the shelves above the washing machines, 4 bottles of deodorizer, a jug of bleach, a jug of laundry detergent, 2 jugs of hard surface sanitizer, and a bottle of toilet bowl cleaner.
Surveyor observed 3 towels, a broken cardboard box, debris, used dryer sheets, lint, and other garbage behind the dryers.

On 02/19/2024, Surveyors reviewed the facility "WEEKLY SHOWER SCHEDULE" with no date, which stated, "ALL DEEP CLEANS TO BE COMPLETED ON SHOWER DAY."
Resident 3's shower was noted to be on Tuesday mornings.
Resident 5's shower was noted to be on Thursday evenings.
Resident 11's shower was noted to be on Monday evenings.
Resident 13's shower was noted to be on Sunday evenings.

On 03/05/2024 at 10:20 AM, Surveyor interviewed Caregiver F. Caregiver F stated, "I try to do housekeeping. We had a housekeeper but not sure what happened." Caregiver F stated "they want us [caregivers] to do everything and then housekeeping on top of it." Caregiver F indicated s/he is able to empty resident garbage cans on a daily basis but that is probably the only s/he can get too. Caregiver F stated, "I can't

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| N 481 | Continued From page 55<br>clean, hand out medications, and make/serve breakfast and lunch...I don't understand how they want me to do everything."<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Regional Director J who acknowledged concerns with housekeeping and laundry services and the facility not being safe, clean, and homelike. | N 481 | | |
| {N 526} | 83.47(2)(e) Other evacuation drills.<br><br>Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure other evacuation drills were conducted at least semi-annually in 2023.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) 0NUA12, dated 07/11/2023.<br><br>Findings include:<br><br>On 02/13/2024, Surveyors conducted a verification visit.<br><br>On 02/13/2023, Surveyor reviewed provider's most recent emergency drills and noted there were not any drills for other evacuation, such as tornado, flooding, or other emergency or disaster evacuation.<br><br>On 02/13/2024 at approximately 11:15 AM, Surveyors interviewed Maintenance Director G who stated s/he did not know what the other | {N 526} | | |

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| {N 526} | Continued From page 56<br>evacuation drills were. Maintenance Director G said s/he did not complete any since the previous survey and did not have plans to complete any as s/he did not know what they were.<br><br>On 03/07/2024 at approximately 8:30 AM, Surveyors interviewed Regional Director J who acknowledged other evacuation drills were not conducted. | {N 526} | | |