

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/04/2025
NAME OF PROVIDER OR SUPPLIER COUNTRY TERRACE TOMAHAWK		STREET ADDRESS, CITY, STATE, ZIP CODE 300 THEILER TOMAHAWK, WI 54487		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 01/30/2025, Surveyor conducted a complaint (x3) investigation at Country Terrace Tomahawk. Data collection continued through 02/04/2025. 3 of three complaints were substantiated. Three deficiencies were identified. One of three deficiencies was a repeat deficiency. See statement of deficiency (SOD) ERU212, dated 02/08/2024 and SOD 5HN212, dated 06/10/2024. Census: 24	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2 received all medications as prescribed. Resident 2 did not receive his/her scheduled Enulose (Lactulose) 10 GM/15 ML Solution. This is a repeat deficiency, cited for the third time. See Statement of Deficiency (SOD) ERU212, dated 02/08/2024, and SOD 5HN212, dated 06/10/2024.	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 352	Continued From page 1 Findings include: The provider is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 01/16/2025, 01/23/2025 and 01/28/2025, the Department received complaints alleging resident care concerns and medication administration errors. On 01/30/2025, at approximately 11:35 AM, Surveyor interviewed Resident 2's guardian, Guardian H. Surveyor asked Guardian H about Resident 2's cares and medication administration. Guardian H stated that Resident 2's bathroom had been an issue with cleanliness but things had gotten a little better. Guardian H reported that Guardian H visited Resident 2 weekly and occasionally found Resident 2 soiled (incontinent of urine and feces) during visits. Guardian H stated that Resident 2 ran out of Enulose for 6 days in December 2024. Guardian H informed Surveyor that Resident 2 took Enulose for constipation and the Enulose helped Resident 2 "drain out toxins because [his/her] liver doesn't function properly." Guardian H reported that Resident 2 had cirrhosis of the liver. On 01/30/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 10/17/2024. Resident 2's diagnoses included: alcoholic cirrhosis of liver and major depressive disorder. According to Resident 2's medication administration record (MAR), Resident 2 was prescribed Enulose (Lactulose) 10 GM/15 ML Solution (three times daily for constipation). Resident 2's MAR indicated Resident 2 did not receive Enulose on the following dates:	N 352			

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N 352	Continued From page 2 12/25/2024, 12/26/2024, 12/27/2024, 12/28/2024, 12/29/2024 and 12/30/2024. On 01/30/2025, at approximately 3:55 PM, Surveyor interviewed Director A. Surveyor asked Director A about Resident 2's cares and medication administration. Director A reported, "[Director G] has been dealing with [Resident 2]." Director A stated that Resident 2 took Lactulose (Enulose) to help with his/her "liver function and constipation." Directed A reported that Resident 2 had "loose BM's (bowel movements) 4 to 5 times per day" and staff had reported Resident 2 refused cares at times. Surveyor asked Director A if Resident 2 went a few days in December 2024 without getting his/her Enulose. Director A indicated that Director A would review Resident 2's MAR and would get back to Surveyor with the information. On 02/03/2025 at approximately 3:10 PM, Surveyor interviewed Field Nurse (FN) I from Resident 1's managed care organization via telephone. Surveyor asked FN I about Resident 2's cares and medication administration. FN I reported that Resident 2 had cirrhosis of the liver and was prescribed Enulose for constipation and the Enulose helped Resident 2's liver function by reducing ammonia build-up in the liver. FN I reported that Resident 2 ran out of his/her Enulose for 6 days in December 2024. On 02/04/2025 at approximately 4:00 PM, Surveyor interviewed Director A via telephone. Surveyor asked Director A about Resident 2's medication administration. Director A verified that Resident 2 was prescribed Lactulose (Enulose) on 10/17/2024. Director A reported that Resident 2 was prescribed Enulose to treat constipation. Director A indicated that Resident 2 was	N 352		

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N 352	Continued From page 3 diagnosed with alcoholic cirrhosis and Enulose helped lower ammonia levels in Resident 2's liver. Director A verified that Resident 2 did not get his/her Enulose as prescribed (three times per day) on 12/25/2024, 12/26/2024, 12/27/2024, 12/28/2024, 12/29/2024 and 12/30/2024. The provider did not ensure Resident 2 received all of his/her prescribed medications.	N 352		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident 's needs. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure Resident 1 received prompt and adequate treatment appropriate to his/her needs. Findings include: The provider is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 01/21/2025, the Department received a complaint about resident care. On 01/30/2025 at approximately 12:25 PM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B about Resident 1's feet.	N 353		

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N 353	Continued From page 4 Caregiver B stated that Resident 1's toenails were long and curved and Resident 1's feet were black, blue and swollen. Caregiver B reported that Resident 1's feet "were like this when [s/he] moved in and we told [Former Director (FD) F] a 'million times' about [Resident 1's] feet." Surveyor asked Caregiver B if Resident 1 was seen by a podiatrist and/or had nail care since moving in. Caregiver B stated Resident 1 never had an appointment and Resident 1 would refuse care at times and did not like staff touching his/her feet. Caregiver B stated, "[Resident 1] complains about feet pain. I worry about infection and [him/her] losing [his/her] feet - they don't look good. We did what we could; [S/He] does not like us to touch [his/her] feet." Caregiver B stated that Resident 1 needed to be seen by a doctor and was wearing slippers because his/her feet did not fit into shoes. On 01/30/2025, at approximately 12:45 PM, Surveyor interviewed Resident 1. Resident 1 was outside sitting in a wheelchair smoking a cigarette. Surveyor asked Resident 1 if s/he had any concerns. Resident 1 stated that his/her feet were "not good." Surveyor asked Resident 1 if s/he had pain in his/her feet. Resident 1 responded, "Sometimes." Resident 1 commented, "I need to see the doctor." Surveyor asked Resident 1 if Surveyor could look at Resident 1's feet. Resident 1 responded that s/he did not like people looking at his/her feet. On 01/30/2025, at approximately 2:00 PM, Surveyor interviewed Caregiver C. Surveyor asked Caregiver C about Resident 1's feet. Caregiver C stated, "[His/Her] feet have been bad for a long time - since [s/he] came here. [S/he] complains about [his/her] feet; [S/he] doesn't wear shoes sometimes because it hurts; [His/her]	N 353		

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N 353	Continued From page 5 feet are black and blue. I mentioned sending [him/her] to the ER (emergency room) a few months ago when [FD F] was the director (and) to my knowledge, [s/he] had not been seen." Caregiver C reported that Resident 1 had a podiatry appointment scheduled for some time next week. On 01/30/2025, at approximately 2:45 PM, Surveyor interviewed Caregiver D. Surveyor asked Caregiver D about Resident 1's feet. Caregiver D stated, "We knew about [his/her] feet for a while - over a month. Staff brought concerns to [FD F]. We were under the impression that [FD F] was taking care of it." Caregiver D reported that Resident 1 wore slippers because shoes hurt [his/her] feet. Caregiver D commented that staff had been concerned about Resident 1's feet and "something should have been done a long time ago." On 01/30/2025, at approximately 3:55 PM, Surveyor interviewed Director A. Surveyor asked Director A about Resident 1's feet. Director A stated that Director G, took a picture of Resident 1's feet on 01/08/2025. Director A reported that Director G scheduled an appointment with a podiatrist on 02/03/2025. Director A reported that FD F sent a referral for Resident 1 to have his/her feet looked at in November 2024, but there was no follow through. Surveyor asked Director A about Director A's thoughts on the condition of Resident 1's feet. Director A commented, "It looks like no one is caring for [his/her] feet." On 01/30/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/07/2024. Resident 1 had a guardian. According to a Shower Day Worksheet/Body Audit, dated 12/12/2024, staff noted that Resident 1 had	N 353		

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N 353	Continued From page 6 ingrown nails and bunions on both feet. Staff wrote, "No concerns, other than feet." A Shower Day Worksheet/Body Audit, dated 01/13/2025, indicated Resident 1's feet were "swollen and puffy." A Shower Day Worksheet/Body Audit, dated 01/24/2025, noted that Resident 1's feet were red and swollen and Resident 1 was waiting for a referral. Nurses' notes, dated 01/28/2025, noted, "Resident was assisted with cares and was changed into new clothes. Resident c/o (complained of) [his/her] feet causing pain. Writer reminded [him/her] [s/he] has an appointment on Feb. 3rd, 2025, at 12:45 PM regarding [his/her] feet. Writer offered Tylenol and resident said no thanks." On 02/03/2025, at approximately 9:35 AM, Surveyor interviewed Resident 1's guardian, Guardian (G) E, via telephone. Surveyor asked G E if G E had any concerns about Resident 1's care (specific to foot care). G E stated, "They were supposed to set up an appointment with the podiatrist when [s/he] moved in. I talked to the director (FD F) at the time. They were supposed to pick a doctor. To my knowledge, they did not set up a podiatry appointment. This should have been taken care of a while ago." On 02/04/2025, at approximately 4:00 PM, Surveyor interviewed Director A via telephone. Director A reported that Resident 1 attended a podiatry appointment on 02/03/2025 and Resident 1 would not let the podiatrist look at his/her feet. The provider did not ensure prompt and adequate treatment for Resident 1's feet.	N 353		

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N 386	Continued From page 7	N 386		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident 's needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop an individual service plan (ISP) for Resident 2. Findings include: The provider is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 01/30/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 10/17/2024. Resident 2's record did not contain an ISP. On 01/30/2025 at approximately 3:55 PM, Surveyor interviewed Director A. Surveyor asked Director A for Resident 2's ISP. Director A reported s/he was unable to locate an ISP for	N 386		

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N 386	Continued From page 8 Resident 2 but would continue to look. On 02/03/2025, at approximately 10:00 AM, Surveyor interviewed Director A via telephone. Director A confirmed Resident 2 did not have an ISP. Director A reported that s/he would prepare an ISP for Resident 2.	N 386			