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	0014325	A. BUILDING: _____ B. WING _____	C 05/02/2024

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ROGERS	1719 ROGERS ST APPLETON, WI 54914

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N 000	Initial Comments An abbreviated survey and complaint investigation was conducted at Rogers on 04/23/2024 with information gathered through 05/02/2024. As a result of this survey the complaint was substantiated. Four deficiencies were identified with this survey. Census: 6	N 000		
N 427	83.38(1)(c) Leisure time activities. 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. This Rule is not met as evidenced by: Based on observation, and staff, resident, and family interviews the provider did not ensure leisure time activities were provided to meet the interests of the residents affecting all 6 residents. Findings include: On 04/23/2024, as part of a complaint investigation and survey, Surveyor reviewed the provider's activity program.	N 427		

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

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N 427	Continued From page 1 During an interview with Surveyor on 04/23/2024 at 9:30 a.m., Resident 3 indicated s/he was able to work outside the facility and take the city bus, however, while in the facility s/he said there was nothing that goes on except TV in his/her room. Resident 3 said s/he would participate in activities if they had any on the days not working. Observation by Surveyors from 8:30 a.m. until noon showed no activities were offered to residents (except turning some music on for Resident 1 for a few minutes on the Alexa in the kitchen). TV was on in the living room with the sound off. Resident 4 was sitting on the living room couch from 9:00 a.m. until 10:00 a.m. and then sleeping on the couch from approximately 10:00 a.m. until noon when s/he was woken up for lunch. TL (Team Lead) - B said Resident 4 likes to sleep on the couch and does so every day. In an interview with Surveyor on 04/23/2024 at 11:30 a.m., GDN (Guardian for Resident 2) - D said Resident 2 moved to the facility on 04/15/2024. GDN - D stated there are "no activities that go on here" like there were at the previous home Resident 2 moved from, so that was a big change. GDN - D and Resident 2 confirmed Resident 2 likes to be involved, would do activities if they were offered, loved sporting events and enjoyed going for rides. GDN - D left following their visit with Resident 2. At noon, Resident 2 was observed sleeping in his/her wheelchair in his/her room. At noon on 04/23/2024, Surveyor reviewed the activity calendars and noted the one activity scheduled for 04/23/2024 was "phone calls." Surveyor asked TL - B to explain what "phone	N 427		

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N 427	Continued From page 2 calls" were on the activity calendar. TL - B indicated that is something the residents can do anytime and is not an activity. The following were the activities listed on the calendar for April with a similar calendar for March 2024: 4/1 - blank, 4/2 - game show, 4/3 and 4/4 - blank, 4/5 - call families, 4/6 - blank, 4/7 - game show, 4/8 - eclipse, 4/9 - snack and chat, 4/10 - puzzles, 4/11 - bake a cake, 4/12 - blank, 4/13 - sit in back yard, 4/14 - church, 4/15 - play games, 4/16 - go for a walk, 4/17 - movies, 4/18 - blank, 4/19 - make cards, 4/20 - blank, 4/21 - bake, 4/22/ sit in sun, 4/23 - phone calls, 4/24 - color, 4/25 - walk, 4/26- blank, 4/27 - walk, 4/28 - church, 4/29 - movies, 4/30 - ice cream. On 04/30/2024 at 1:40 PM, Surveyor interviewed GDN - E. GDN - E indicated s/he visits the home weekly on Fridays and has not seen activities in the home for almost a year. GDN - E stated, "The activity calendar is fake. Nothing on the calendar actually happens. Residents stare at a TV in the living that has no volume. The volume on the TV works for a while then it shuts off, which has been an ongoing problem." On 04/22/2024 at 12:00 PM, Surveyor interviewed Caregiver A regarding activities. Caregiver A indicated s/he started working for the provider around 02/16/2024 and works 6 days out of a week by her/himself. Caregiver A stated, "Off grounds activities don't happen and in house activities rarely happen, especially when there's only one staff... I feel bad for the residents."	N 427		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any	N 488		

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N 488	Continued From page 3 clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and staff interview the provider did not ensure the clothes dryer had rigid metal tubing having the potential to affect all 6 residents in the facility. The dryer was observed to have flexible venting with no attachment from the dryer to the vent. Findings include: On 04/23/2024 at 11:00 a.m., Surveyor toured the facilility with TL (Team Lead) - B and observed the dryer in the facility had flexible tubing leading to the dryer. The tubing was not attached to the dryer vent. TL - B observed the venting and confirmed it was not rigid metal and it was not attached to the dryer. The provider did not ensure rigid metal tubing was in place and was not maintained or attached to the dryer.	N 488		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and staff interview the provider did not ensure the facility walls were	N 491		

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N 491	Continued From page 4 clean and in good repair having the potential to affect all 6 residents in the facility. The walls in resident rooms, living room, and hallway were scraped, had gashes in them, and black marks throughout these areas. A pillar next to the medication room had a cracked mirror on it, waist high, with shards of glass exposed and busted in it. Findings include: On 04/23/2024, Surveyor conducted a tour of the facility with TL (Team Lead) - B from 9:00 a.m. to 11:00 a.m. The bathroom off the kitchen had an area of paint scraped off the wall by the toilet approximately 12 inches by 6 inches. The hallways and living room had areas of the wall, approximately 1 to 2 feet from the floor that was scraped, gouged, and covered in black marks from wheelchairs. Resident 1's room walls were also noted in the same condition. Resident 4's room had paint peeled off next to the bed approximately 12 inches by 4 inches. A column next to the medication closet was covered in a mirror about waist high. This mirror had an area of broken glass approximately 2 inches by 4 inches with sharp edges of the glass protruding, causing potential harm to residents.	N 491		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate	Y3244		

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Y3244	Continued From page 5 care within the capacity of the facility.	Y3244		

This Rule is not met as evidenced by:
Based on observations, interviews and record review, the provider did not ensure Resident 1 received adequate and appropriate care within the capacity of the facility.

Resident 1 was at risk of pressure injuries, did not ambulate and required assistance from staff with ADLs (activities of daily living) and transfers. On 02/05/2024, Resident 1 developed a sore the size of a dime to his/her left buttocks. The provider notified home health and received an order for a skin protectant. The provider did not consistently reposition the resident every two hours or include support surfaces to Resident 1's plan of care to prevent pressure ulcers from developing and promote healing. On 03/22/2024, Resident 1's sore to his/her left buttocks opened, increased in size, and became infected. The sore had worsened to a stage 3 pressure ulcer. On 04/22/2024, Surveyors made observations of Resident 1 sitting up in a wheelchair for over 3 hours without staff providing toileting assistance, repositioning, or offering to lay Resident 1 down or change seats. During the observations, Resident 1 was sitting in the wheelchair on a Roho cushion with a folded incontinence pad on top of the Roho cushion,

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removing the pressure relief properties. In addition, Resident 1 was blind and required full assistance with grooming including oral care. The provider did not have evidence staff provided daily oral care or monitoring for Resident 1 from 11/01/2023 through 02/02/2024. In January 2024, Resident 1 began experiencing facial swelling, mouth pain and bleeding and ultimately had to have 3 teeth removed. Lastly, Resident 1 had a history of constipation. The provider did not effectively monitor Resident 1's BMs (bowel movements) or ensure staff communicated with management or Resident 1's PCP (Primary Care Provider) when the resident went days without having a BM and received no relief from the PRN (as needed) medication.

Findings include:

On 04/29/2024, Surveyor reviewed the medical record for Resident 1. The record indicated the resident was admitted to the facility on 01/27/2021 with diagnosis to include cerebral palsy, legal blindness, and depression.

WOUND

The NPUAP (National Pressure Injury Advisory Panel) published a Third Edition in 2019, entitled "Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide," which indicated the following:

~ Category/Stage 2: Partial-thickness Skin Loss with exposed dermis- Partial-thickness loss of the skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister.

~ Category/Stage 3: Full-thickness loss of skin, in

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which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

~Risk Factors and Risk Assessment: Consider individuals with limited mobility, limited activity and a high potential for friction and shear to be at risk of pressure injuries. Consider individuals with a Category/Stage I pressure injury to be at risk of developing a Category/Stage II or greater pressure injury. Consider the potential impact of an existing pressure injury of any Category/Stage on development of additional pressure injuries. Consider the potential impact of a previous pressure injury development. Consider the impact of perfusion and circulation deficits on the risk of pressure injuries. Consider the impact of oxygenation deficits on the risk of pressure injuries. Consider the impact of impaired nutritional status on the risk of pressure injuries. Consider the potential impact of moist skin on the risk of pressure injuries...Consider the potential impact of older age on the risk of pressure injuries. Consider the potential impact of general and mental health status on pressure injury risk....Develop and implement a risk-based prevention plan for individuals identified as being at risk of developing pressure injuries...

~Repositioning and Early Mobilization: Reposition all individuals with or at risk of pressure injuries on an individualized schedule. Reposition the individual in such a way that optimal offloading of

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all bony prominences and maximum redistribution of pressure is achieved. Reposition the individual to relieve or redistribute pressure using manual handing techniques and equipment that reduce friction and shear.

~Support surfaces are "Specialized devices for pressure redistribution designed for management of tissue loads, microclimate, and/or other therapeutic functions (i.e., any mattress, integrated bed system, mattress replacement, overlay, or seat cushion, or seat cushion overlay)." Select a support surface that meets the individual's need for pressure redistribution based on the following factors: level of immobility and inactivity, need to influence microclimate control and shear reduction, size and weight of the individual, number, severity and location of existing pressure injuries, risk for developing new pressure injuries...Assess the relative benefits of using an alternating pressure air mattress or overlay for individuals at risk of pressure injuries...Select a seat and seating support surface that meets the individual's need for pressure redistribution...Use a pressure redistribution cushion for preventing pressure injuries in people at high risk who are seated in a chair/wheelchair for prolonged periods, particularly if the individual is unable to perform pressure relieving maneuvers... Select a stretchable/breathable cushion cover that fits loosely on the top surface of the cushion and is capable of conforming to the body contours. A tight, nonstretch cover will adversely affect cushion performance ...Repositioning is still required for pressure relief and comfort when a support surface is in use."

The Operational Manual for Roho Dry Floatation Wheelchair Cushions, undated indicates

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obstructions are not to be placed between the user and the cushion, as it will reduce the product effectiveness.

On 04/23/2024, Surveyors made continuous observations from 8:30 AM until 11:40 AM of Resident 1 sitting up in a wheelchair in the common area of the home. Resident 1 was in a wheelchair, seated on a folded fabric incontinence pad. Under the folded incontinence pad was a Roho cushion. Resident 1 attempted to reposition [him/herself] multiple times throughout the above observation but struggled and could not reposition [him/herself] in the chair. Throughout this observation staff did not provide toileting assistance for Resident 1, offer to reposition the resident, or offer the choice of a recliner chair or bed to relieve pressure. At 11:40 AM, Surveyor interviewed Caregiver A regarding Resident 1. Caregiver A indicated Resident 1 has been up in his/her wheelchair since 7:45 AM. Caregiver A verified s/he did not offer Resident 1 toileting assistance or repositioning since 7:45 AM due to showers, medications and meeting other residents' needs. Caregiver A then stated, "Six days out of the week, I'm by myself and it's very difficult to toilet and reposition [Resident 1] every two to three hours when there's only one person." Surveyor asked about the folded incontinent pad on top of Resident 1's Roho cushion. Caregiver A indicated s/he had been consistently placing the folded incontinent pad on top of the Roho cushion for several weeks to help keep Resident 1 from sliding down in his/her wheelchair.

On 04/30/2024, Surveyor reviewed the medical record for Resident 1. Resident 1's ISP dated 02/02/2024 indicated, [Resident 1] did not ambulate, utilized a mechanical lift for transfers,

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and required total assistance from staff to complete dressing, bathing, and grooming. Additionally, the ISP indicated, "[Resident 1] has a catheter and requires total assistance with toileting needs. [Resident 1] is incontinent of both bowel and bladder ...[Resident 1] does need staff assistance to reposition [him/her] throughout the day to prevent pressure ulcers. While [Resident 1] can reposition [him/herself] a little, it's not enough to take pressure off certain areas. [Resident 1's] wheelchair does recline so staff are able to reposition [him/her] when [s/he's] in [his/her] chair as well. [S/he] has a hospital bed so staff are able to adjust the bed for repositioning needs as well ..." On 04/23/2024, DA (Division Administrator)-C verified Resident 1's ISP dated 02/02/2024 was the most current ISP. Surveyor noted Resident 1's ISP did not include any support surface interventions for pressure injury prevention when the resident was at risk for developing pressure injuries.

Resident 1's observation notes revealed the following:

*02/05/2024- "It looks like [Resident 1] has a sore on [his/her] butt cheek about the size of a dime. Was a little red after cleaning up a loose BM..."

*02/08/2024- "[Resident 1] has that sore on [his/her] buttock, left side. Give [Resident 1] [his/her] choice of bed, wheelchair or recliner but [s/he] MUST be repositioned every 2 hours, this is the max time to be in one spot while awake. When putting [him/her] in bed sleeping [s/he] has wedges and body pillow to reposition and get [him/her] off that sore. [S/he] was also to get protein shakes but due to the loose stools this should be stopped unless [Resident 1] is not eating ..."

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Y3244	Continued From page 11 *02/14/2024- "Due to [Resident 1] being unsteady and weak, [s/he] is to be a Hoyer now." *03/10/2024- [Resident 1's] nurse came yesterday put new patch on said [his/her] wound is not infected and is looking to be healing but wasn't sure how much because [s/he] hasn't seen until today ..." *03/27/2024- "[Resident 1's] wound on [his/her] buttocks is looking worse ...lots of green puss and smells of foul odor..." *04/05/2024- " ...[Resident 1] had dried feces and blood on self when I got [him/her] up this am." *04/06/2024- " ...While sitting at breakfast [Resident 1] said "My owie hurts down there. Writer took [Resident 1's] new seat cushion out of [his/her] wheelchair due to [Resident 1] sliding down too much." An incident report for Resident 1 dated 02/06/2024 indicated, "[Resident 1] has a sore on the left side of [his/her] butt. It is about the size of a dime." The report was signed by Division Administrator (DA)-C, with no indication the physician had been notified. Resident 1's February 2024 and March 2024 eMAR (electronic Medication Administration Record) indicated Resident was prescribed a skin protectant to his/her groin and buttocks three times daily as needed on 02/12/2024. The skin protectant was as needed and only applied once in February 2024 and March 2024. Surveyor noted Resident 1's 02/02/2024 ISP did not include any support surface interventions for	Y3244		

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pressure injury prevention and treatment when the sore developed on 02/05/2024. No changes were made to the resident's mattress or seat surface when the resident was in bed or up in his/her wheelchair and continued to apply pressure to his/her buttocks until after 03/22/2024. Surveyor also noted Resident 1's ISP did not include an effective plan to promote healing and prevent infection in an existing pressure ulcer.

On 04/24/2024, Surveyor reviewed Resident 1's "Care History" reports from 02/01/2024 through 04/22/2024 for "Resident Supervision Checklist." The reports indicated Resident 1 was not being repositioned every 2 hours and revealed the following:

*There was no documentation Resident 1 was repositioned on the following dates: 02/04/2024, 02/07/2024, 02/12/2024, 02/14/2024, 02/20/2024, 02/22/2024, 02/27/2024, 02/28/2024, 03/05/2024, 03/06/2024, 03/07/2024, 03/12/2024, 03/13/2024, 03/14/2024, 03/20/2024, 03/21/2024, 03/26/2024, 04/04/2024, 04/10/2024, 04/11/2024, 04/18/2024 and 04/19/2024.
*Resident 1 was repositioned only one time throughout the day on the following dates: 02/01/2024, 02/02/2024, 02/13/2024, 02/15/2024, 02/29/2024, 03/08/2024, 03/19/2024, 04/02/2024, 04/09/2024, 04/16/2024 and 04/17/2024,
*Resident 1 was repositioned two times throughout the day on the following dates: 02/18/2024, 02/21/2024, 03/01/2024, 03/04/2024, 03/15/2024, 03/17/2024, 03/17/2024, 03/27/2024, 03/30/2024, 04/05/2024, 04/15/2024 and 04/20/2024,
*Resident 1 was repositioned three times throughout the day on the following dates: 02/03/2024, 02/05/2024, 02/06/2024, 02/08/2024,

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Y3244	Continued From page 13 02/16/2024, 02/19/2024, 02/23/2024 and 03/29/2024. *Resident 1 was repositioned four times throughout the day on the following dates: 02/17/2024, 02/24/2024, 03/09/2024, 03/10/2024, 03/11/2024, 03/16/2024, 03/22/2024, 03/28/2024, 04/03/2024, 04/08/2024, and 04/12/2024. Resident 1's Home Health notes revealed the following: *02/14/2024- " ...Pressure Ulcer of Left Buttock Stage 2 ...Length 1 cm, Width 0.5 cm x Depth 0.1 cm, scant amount of bloody exudate, no odor, no necrotic tissue and no signs and symptoms of infection ..." *02/23/2024- " ...Left buttock wound ... Length 2 cm, Width 2 cm x Depth 0.1 cm, no exudate, no odor or signs and symptoms of infection ...Education provided to staff ...Request for orders for open area to left buttock ..." *02/27/2024- " ...Left buttock wound ... Length 2 cm, Width 2 cm x Depth 0.1 cm, no exudate, no odor or signs and symptoms of infection ..." *03/05/2024- " ...Skin integrity education completed. Encouraged repositioning. Resident found with catheter tubing under legs while laying in bed. Education with caregivers ...Soft yellow, milky drainage to left buttock wound. No scent to wound. Wound wet, wound bed adhered white center with pink edges no debridement. Encouraged staff to use pillows to relieve pressure from wound while in bed. Resident incontinent of stool ..." *03/12/2024- " ...Left buttock wound ...Skin integrity education completed. Encourage	Y3244		

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repositioning. Incontinent of stool. Small sero-sang drainage to left buttock wound. No scent to wound. Wound care provided. Encouraged pillow use while in bed for repositioning to relieve pressure from wound."

*03/15/2024- " ...Left buttock wound ...Encouraged repositioning. Incontinent of stool. Resident found to be in wet and stool-stained incontinent pad. Large sero-sang drainage to left buttock wound macerated, red, surrounding skin. No scent to wound ...Education with caregiver regarding keeping skin clean dry and changing dressing if soiled. Unsure if dressing soaked with drainage from wound or soiled from resident's wet bed. Unsure of what caused bed to be soaking wet, possibly water per caregiver."

*03/22/2024- " ...Left buttock wound ...depth is necrotic, large amount of exudate, strong odor, dark red surrounding skin color with signs and symptoms of infection ... dressing on buttock completely saturated as well as brief ...Wound bed 100% Slough and very reddened peri wound ...Due to large amount of drainage extra boarding dressing used. Vital signs taken and blood pressure elevated ...Discussed wound and possible infection called physician and requested new wound orders possible antibiotic, referral to wound clinic, and Roho cushion prescription for Roho cushion sent ..."

*03/26/2024- " ...Left buttock wound ...Length 3.5 cm, Width 3.5 cm x Depth 0 cm, no exudate, no odor, bright red skin color surrounding wound ...Request for specialty mattress. Updated [Guardian E] regarding wound and request for specialty mattress. Wound care completed to buttocks. Resident has upcoming wound clinic appointment on 04/02/2024 ..."

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Y3244	Continued From page 15 *03/29/2024- " ...Left buttock wound ...[Guardian E] present at visit. Stated [s/he] ordered Roho cushion and should arrive Saturday. [Guardian E] also got overlay for mattress. Wound care to left buttock provided. Education provided to [Caregiver A] regarding every two-hour repositioning to prevent further skin breakdown. Upcoming wound clinic appointment 04/02/2024 ..." *04/05/2024- " ...Left buttock wound ...small amount of exudate, yellow necrotic tissue, with signs and symptoms of infection ...Has pressure reducing overlay mattress ...Wound is improving, wound bed filling in 70% pink ...Resident has a few excoriated areas ...[Caregiver A] said resident sometimes complains of pain to [his/her] butt ..." A Visit Summary from Resident 1's PCP dated 03/27/2024 indicated, "[Resident 1] present with wound check. Left buttock has been open and infected for a little over a week ...Pressure ulcer. Has been following Home Health for wound care for the past month for an open area to [his/her] left buttocks. Last week, ulcer "opened up" and is now green, odorous, and producing scant purulent drainage, per guardian and home health. An empiric order for cephalexin was placed late last week...[Resident 1] is tolerating cephalexin well. No fevers. [S/he] has an appointment with wound care next week ...Visiting nurses/wound nurse requests a Roho cushion for [his/her] wheelchair as well as an air mattress given this pressure ulcer. [Resident 1] is wheelchair bound, unable to stand, and cannot reposition [him/herself] in [his/her] wheelchair independently ...Recommend ROHO cushion and air mattress for [Resident 1] now given pressure ulcer and inability to reposition self. Recommend every	Y3244		

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1-2-hour position changes for [Resident 1] while in [his/her] wheelchair. Start 1-2 protein shakes per day to assist with protein intake and increase caloric intake."

Resident 1's Wound Clinic notes revealed the following:

*04/02/2024- "Pressure ulcer of left buttocks Stage 3 ... Length 4 cm, Width 3 cm x Depth 1 cm ...Resident is new to our clinic and is here for evaluation of pressure ulcer over left ischial region ...Apparently [his/her] wound opened approximately 1 month ago and significantly worsened with increased odor and purulent drainage. [S/he] was placed on an antibiotic which [s/he] completed yesterday ..."

*04/09/2024- "Pressure ulcer of left buttocks Stage 3 ... Length 4.6 cm, Width 2.6 cm x Depth 1 cm ...Resident does not have [his/her] normal caregiver with [him/her]. Writer asked about mattress and Roho cushion, caregiver is unsure about these as [s/he] is not [his/her] regular caregiver...It does sound like [s/he] has gotten a Roho as well as air mattress. Resident has been complaining of some pain however the wound bed itself looks a bit better ..."

*04/16/2024- "Pressure ulcer of left buttocks Stage 3 ... Length 3.7 cm, Width 3.7 cm x Depth 0.7 cm ...Caregiver states the Resident has been utilizing Roho cushion and air mattress but is unsure about repositioning and getting out of the chair throughout the day for offloading ..."

On 04/23/2024 at 9:40 AM, Surveyor interviewed Team Lead B regarding Resident 1. Team Lead B indicated, Resident 1 was blind, required total staff assistance with cares, transfers, and did not

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ambulate. Team Lead B stated, "We have to do everything for [Resident 1]. About a month ago [s/he] lost strength in [his/her] legs and went from a sit to stand lift to a Hoyer lift. [Resident 1] use to be able to boost [him/herself] up in the wheelchair and now [s/he] can't ...So I can see how [s/he] got the pressure sore because [s/he] was always trying to boost [him/herself] up." Team Lead B went on to say, "[Resident 1] always wants to be up in the wheelchair or recliner and doesn't really want to be in bed."

On 04/30/2024 at 1:40 PM, Surveyor interviewed Guardian E regarding Resident 1. Guardian E stated, "I visit [Resident 1] weekly in the home. A lot of concerns started surfacing in January 2024. During one of [Resident 1's] ER visits in 01/2024, [s/he] had an indwelling catheter placed. After the catheter was place staff didn't have to stand [Resident 1] up to change [him/her] as much because [s/he] didn't have a soiled brief ...I knew if a catheter was placed [s/he] would end up with a sore." Guardian E went on to say, "On 03/22/2024 a received a call from [Resident 1's] home health nurse about the sore on [his/her] left buttock. The nurse told me [Resident 1's] sore was really bad and [s/he] needed to see [his/her] doctor because the wound was the size of a fifty-cent piece, green, and full of pus. This is when the home health nurse suggested getting [Resident 1] a mattress topper and cushion for [his/her] chair. So, I went out and bought [Resident 1] a Roho cushion for [his/her] wheelchair and mattress topper for [his/her] bed to help heal the sore. Prior to 03/22/2024, no one ever mentioned the cushion or mattress topper as something [Resident 1] needed. Nothing was being done before or after the sore started for pressure relief until I purchased the devices ..."

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Y3244	Continued From page 18 On 05/02/2024 at 10:50 AM, Surveyor interviewed Home Health RN-G regarding Resident 1. Home Health RN-G stated, "The area to [Resident 1's] left buttocks started in 02/2024, opened and became infected in 03/2024 ...This most likely happened because [s/he] was not being repositioned and sits up in [his/her] wheelchair to much ...There is usually only one caregiver in the home when I visit." Surveyor then asked if Resident 1 utilized any support surfaces when the sore to [his/her] left buttock was discovered. Home Health RN-G stated, "[Resident 1] didn't have anything for [his/her] mattress, and I can't recall if [s/he] had a wheelchair cushion. I know [Guardian E] recently purchased these devices." Home Health RN-G went on to say, "I've educated and talk to staff about not placing extra materials, like the incontinent pad on top of [Resident 1's] Roho cushion because it's not good for wound healing or skin integrity." On 04/23/2024 at 12:00 PM, Surveyor interviewed Caregiver A regarding Resident 1. Caregiver A indicated Resident 1 required total care for all ADL's, did not ambulate and spent most of his/her time up in the wheelchair. Caregiver A stated, "When I first started (02/16/2024) [Resident 1] used a sit to stand lift for transfers but switched to a Hoyer lift because [s/he] wasn't able to stand." Caregiver A went on to say, "The sore to [Resident 1's] left buttock started the first week I started working here. The sore was the size of a dime. Home health came in right away to take care of it. Staff were told to only change the bandage if it became soiled or fell off. The sore got bigger in size and became infected. [Resident 1] was placed on an antibiotic and started seeing an outside wound clinic." Surveyor then asked Caregiver A if Resident 1	Y3244		

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had pressure reliving interventions in place when the sore was discovered on [his/her] buttocks. Caregiver A stated, "No. [Guardian E] got [him/her] a new Roho cushion for [his/her] wheelchair and a new mattress overlay for [his/her] bed about 3 weeks ago. Before that [Resident 1] had a regular mattress and cushion in [his/her] wheelchair." Surveyor asked Caregiver A if s/he was directed to encourage or assist Resident 1 with repositioning when s/he was up in the wheelchair. Caregiver A stated, "[Resident 1] has allowed me to reposition [him/her] the last couple of days, but [Resident 1] will refuse sometimes and can get behavioral ...It's very difficult to reposition or boost [Resident 1] when you're by yourself ...When I get [Resident 1] out of bed to transfer [him/her] to the wheelchair it's hard to get [him/her] seated all the way back because the wheelchair doesn't recline all the way. Then when I try to get [Resident 1] out of the wheelchair to bed [s/he] will grab onto the wheelchair and will not let go." Surveyor then asked what s/he was told to do if Resident 1 refused to be repositioned. Caregiver A stated, "I was told to document if [Resident 1] won't let me reposition [him/her].

***No documentation was located in Resident 1's medical record regarding Resident 1's refusals for repositioning. Additionally, Resident 1's ISP did not indicate s/he refused repositioning, nor did the ISP provide alternative interventions to ensure Resident 1 was being repositioned.

The provider did not develop and implement an appropriate plan of care for pressure injury prevention and treatment for Resident 1, which resulted in an infected Stage 3 pressure ulcer to the left buttock.

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Y3244	Continued From page 20 DENTAL CARE https://www.cdc.gov/oralhealth/basics/adult-oral-health/tips, last reviewed 04/10/2024 indicated, " ...You can keep your teeth for your lifetime. Here are some things you can do to maintain a healthy mouth and strong teeth ...Practice good oral hygiene. Brush teeth thoroughly twice a day and floss daily between the teeth to remove dental plaque ...If your medication causes dry mouth, ask your doctor for a different medication that may not cause this condition. If dry mouth cannot be avoided, drink plenty of water ...When acting as a caregiver, help older individuals brush and floss their teeth if they are not able to perform these activities independently ..." Resident 1's ISP dated 02/15/2023 indicated, "[Resident 1] needs total assistance from staff to complete dressing, bathing, and grooming ... [Resident 1's] oral health is good." Additionally, the ISP indicated, "[Resident 1] was legally blind and needed assistance with daily tasks." Surveyor noted the above ISP was not specific regarding Resident 1's needs, frequency, and/or approaches for oral care. Resident 1 ISP dated 02/02/2024 indicated, "[Resident 1] needs total assistance from staff to complete dressing, bathing, and grooming ... [Resident 1's] teeth will be brushed twice a day once in the morning and once before bed. [Resident 1] requires total assistance form staff to complete this task ..." On 04/24/2024 at 12 PM, DA-C verified Resident 1's ISP dated 02/15/2023 was in place and being utilized by staff until the ISP was reviewed and updated on 02/02/2024. On 04/29/2024 Surveyor reviewed Resident 1's progress notes which revealed the following:	Y3244		

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Y3244	Continued From page 21 *12/30/2023- "[Resident 1] has not been eating like normal ...I am making [him/her] a dentist appointment next week to see what can be done because [s/he] has ground [his/her] teeth down to the nerve ..." *01/07/2024- "[Resident 1] has had major dry mouth ..." *01/16/2024- "[Resident 1] went to the dentist today, [s/he] refused treatment and would not open for them." *01/30/2024- "[Resident 1] seems to be biting down so hard [s/he] is bleeding from [his/her] gums/teeth area in mouth." An incident report for Resident 1 dated 01/21/2024 indicated, "When writer got in for shift today at 3 PM [Resident 1] was still in bed. Writer went in to get [him/her] up and [his/her] mouth was full of blood and a lot of dry blood on [his/her] lips. Writer cleaned [him/her] up and noticed [his/her] mouth was still bleeding. Writer got a towel with cold water on it and cleaned [him/her] up and let him suck on the towel to stop the bleeding. Also gave him a glass of water ...Resident Statement: said [his/her] teeth hurt." An ED (Emergency Department) report for Resident 1 dated 01/26/2024 indicated, "Reason for Visit: Facial Swelling ...The facial CT did not show abscess therefore we should be able to treat with an Augmentin (an antibiotic)...Continue to work with options for sedation dentistry so that [s/he] can have [his/her] teeth evaluated and treated appropriately that is most likely where the infection came from in [his/her] face ..."	Y3244		

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Y3244	Continued From page 22 A face sheet for Resident 1 dated 02/12/2024 indicated, "Reason for Visit: Dental Evaluation ...Physician Findings: Non restorable dentition. Physician orders: Referral for hospital dentistry." On 04/24/2024 at 2:28 PM, DA-C sent Surveyor the following email which indicated, "On 02/16/2024, [Resident 1] went for an eval at NorthStar dental to set up tooth extraction for 03/08/2024 ...[Resident 1's guardian] sent an email on 03/11/2024 stating [Resident 1's] dental appointment went really well on Friday (03/08/2024). NorthStar dental took out 3 teeth, the infection and cleaned the rest of [Resident 1's] teeth. Northstar Dental said [Resident 1] was badly infected and it was good that we got this accomplished when we did otherwise the outcome could have been bad ..." On 04/24/2024, Surveyor reviewed Resident 1's "Care History" reports from 11/01/2023 through 04/24/2024 for "Oral Care." The provider did not document oral care was being completed for Resident 1 from 11/01/2023 through 02/02/2024. On 04/25/2024 at 1:15 PM, DA-C sent the following email to Surveyor, "On 02/02/2024 we, Clarity Care, Lakeland, and [Resident 1's] guardians met. It was discovered that there was a change in [Resident 1] starting around mid-December. Little things like [Resident 1] wasn't [him/herself], some slurred speech this is when I believe that [his/her] teeth started bothering [him/her]. [Resident 1] was also grinding [his/her] teeth a lot during this time ...To rectify things, we updated [Resident 1's] ISP at this meeting ...We made it as a task so staff had to sign off on it daily ..." On 04/29/2024 at 11:19 AM, Surveyor interviewed	Y3244		

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Y3244	Continued From page 23 DA-C regarding Resident 1. DA-C verified Resident 1 had [his/her] own teeth and required total assistance from staff for oral hygiene. Surveyor questioned DA-C if staff documented oral hygiene was being completed for Resident 1 prior to 02/02/2024. DA-C confirmed oral care was not documented in Resident 1's medical record prior to 02/02/2024 and stated, "From what I can find, on 06/29/2022 someone discontinued the oral care task. Then when [Care Management Director F] updated everything on 02/02/2024 it was added as a task. I am unsure of the reason it was discontinued." No documentation was found to show the provider offered or attempted oral hygiene for Resident 1 from 11/01/2023 through 02/02/2024 to ensure the resident's oral care was being completed and monitored. In January 2024, Resident 1 began experiencing facial swelling, mouth pain and bleeding and ultimately had to have 3 teeth removed. BOWEL MOVEMENTS https://www.mayoclinic.org/diseases-conditions/constipation/symptoms-causes/syc-20354253, dated 10/20/2023 indicated, "Constipation is a problem with passing stool. Constipation generally means passing fewer than three stools a week or having a difficult time passing stool ...Medicines: Constipation may be a side effect of some medicines ...Factors that may increase your risk of chronic constipation include: Being an older adult, getting little or no physical activity, having a mental health condition such as depression ...Complications of chronic constipation include: hemorrhoids, anal fissures, fecal impaction, and rectal prolapse ..."	Y3244		

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Y3244	Continued From page 24 On 04/29/2024, Surveyor reviewed Resident 1's medical record. The record indicated on 11/09/2023 Resident 1's physician ordered Florajen capsules to be administered daily for "Constipation." Resident 1's ISP dated 02/15/2023 indicated, "[Resident 1] wears a depend. Staff will document if [s/he] voided or had a BM due to [Resident 1] being incontinent at times. Staff will check on [him/her] every 2 to 3 hours to ensure [s/he] is dry ...[Resident 1] is unable to ambulate, is legally blind and requires total assist with grooming needs, dressing, and bathing." ***Surveyor noted there were no care planned interventions or BM monitoring when Resident 1 was at risk for constipation due to his/her scheduled medications, diagnosis, and immobility. Review of Resident 1's electronic BM record indicated the resident had no documented BMs from 12/30/2023 through 01/24/2024 (26 days). The January 2024 eMAR for Resident 1 indicated staff were to administer Docusate Sodium 100 mg (milligrams) capsule by mouth twice daily PRN for constipation and MOM (Milk of Magnesium) 30 ml (milliliters) by mouth daily PRN for constipation. Staff administrated PRN Docusate Sodium for constipation on 01/03/2024, 01/04/2024 and 01/05/2024. The PRN follow-up was Resident 1 received no relief. On 01/09/2024, staff administered PRN Docusate Sodium for constipation. The PRN follow-up was Resident 1 received minimal relief. On 01/22/2024, staff administered PRN MOM for constipation. The PRN follow-up for the MOM was Resident 1 received no relief.	Y3244		

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	0014325	A. BUILDING: _____ B. WING _____	C 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROGERS	1719 ROGERS ST APPLETON, WI 54914

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Y3244	Continued From page 25 On 04/29/2024, Surveyor reviewed Resident 1's observation notes from 12/30/2023 through 01/24/2024. There were no documented BMs during this time. A progress note dated 01/14/2024 indicated, "This weekend staff observed [Resident 1] grunting and then yelling when staff asked [Resident 1] what was wrong [s/he] would ignore staff completely." ***Surveyor noted there was no evidence staff communicated with management or Resident 1's PCP when the resident went days without having a BM and received no relief from the PRN MOM. An ED report for Resident 1 dated 01/24/2024 indicated, "Reason for Visit: Abdominal Pain. Diagnoses: ...Constipation ..." After Resident returned from the ED to the facility a meeting was held on 02/02/2024 with facility staff, Lakeland, and Resident 1's guardians to discuss care concerns. The provider updated Resident 1's ISP during this meeting to rectify concerns. Resident 1 ISP dated 02/02/2024 indicated, "[Resident 1] wears a depend. Staff will document in ECP (electronic health record) every time [s/he] has had a BM. Due to [Resident 1] being incontinent at times staff will check on [him/her] every 2-3 hours to ensure that [s/he] is clean ... [Resident 1] will be placed on the shower chair or toilet twice daily and will sit for 15-20 minutes to encourage [him/her] to have a BM. [Resident 1] does have a PRN MOM and Docusate Sodium for constipation and this should be given to [him/her] if [s/he] has not had a BM recorded in 3 days. If [Resident 1] had not had a BM after the MOM or Docusate Sodium have been given a call to management needs to be made. If [Resident	Y3244		

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Y3244	Continued From page 26	Y3244		

1] has not had a BM in 3 days staff must call supervisor and document the time of call-in observation notes." On 04/24/2024 at 12 PM, DA-C verified Resident 1's ISP dated 02/15/2023 was in place and being utilized by staff until the ISP was reviewed and updated on 02/02/2024.

Surveyor reviewed Resident 1's electronic BM record for February 2024. The record indicated Resident 1 had no documented BMs from 02/08/2024 through 02/27/2024 (20 days).

On 04/29/2024, Surveyor reviewed Resident 1's February 2024 eMAR and observation notes for all the above dates when Resident 1 did not have a recorded BM for 20 days. There was no evidence staff initiated the PRN Docusate Sodium or PRN MOM medication. Additionally, there was no documentation in Resident 1's observation notes staff called a supervisor when the resident did not have a BM in 3 days.

***Surveyor noted on 02/12/2024 Resident 1's PCP ordered Bisacodyl 10 mg suppository rectally PRN for constipation if no BM in 72 hours and if unsuccessful staff were to call the PCP office.

Resident 1's February 2024 eMAR indicated staff administrated PRN Bisacodyl 10 mg suppository for constipation on 02/16/2024, 02/18/2024 and 02/19/2024. The PRN follow-up was Resident 1 received no relief.

On 04/24/2024, Surveyor reviewed Resident 1's observation notes for February 2024. The following was noted:

*02/17/2024- "[Resident 1] was given a suppository last night (Friday Night) before writer

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Y3244	Continued From page 27 arrived; [Resident 1] still did not have a BM at all last night." *02/23/2024- "Give [Resident 1] prune juice daily per family." *02/27/2024- "[Resident 1] still hasn't had a BM on my shift today and didn't yesterday neither." ***Surveyor noted there was no documentation in Resident 1's medical record staff called a supervisor or the PCP when Resident 1 did not have a BM in 3 days and received no relief from the Bisacodyl suppositories. On 04/23/2024 at 9:50 AM, Surveyor interviewed Team Lead B regarding Resident 1's BMs. Team Lead B stated, "[Resident 1] has a history of having difficulties with having a BM, but [s/he] has PRN medications to assist with that. I do know there was a time staff weren't documenting [Resident 1's] BMs." On 04/25/2024, Surveyor requested the provider's policy/procedure for constipation/bowel movement management. DA-C indicated, the provider did not have a written policy or procedure on bowel movement management or constipation, and that it was "Resident specific and written doctor orders." Surveyor then asked if Resident 1 had any specific written doctor orders for bowel management. DA-C replied, "Resident 1 does now ...Staff will document in ECP every time [Resident 1] has had a BM ... [Resident 1] does have a PRN for MOM and Docusate Sodium for constipation and this should be given to [him/her] if [s/he] has not had a BM recorded in 3 days. If [Resident 1] does not have a BM after the MOM and Docusate Sodium have been given a call to management needs to be	Y3244		

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Y3244	Continued From page 28 made ...This information is found in [Resident 1's] task for BM monitoring and it's in [his/her] ISP. I looked at [Resident 1's] ISP from 02/15/2023 and there was no BM monitoring at that time ...I would gather that this was updated at the 02/02/2024 ISP meeting due to the bowel issues [s/he] had. That was the date of the last change to the task ..." On 04/29/2024, Surveyor interviewed DA-C regarding the concern with Resident 1's BMs. Surveyor explained Resident 1 went several days where there were no BMs documented and there was no evidence Resident 1's BMs were being monitored or communicated to management and the PCP. DA-C stated, "The lead of the program should be monitoring all BM history ...To be honest I wish I had better answers. I did look in my emails for anything to be able to use, I can't find anything. I honestly don't know why staff did not follow the BM protocol as there are doctor's orders to follow and medications, or document when the lead or medical providers were notified." DA-C had no further information regarding Resident 1's BM monitoring. The provider did not effectively monitored Resident 1's BMs or ensure staff communicated with management or Resident 1's PCP when the resident went days without having a BM and received no relief from the PRN medication.	Y3244		