STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017753	A. BUILDING: _____ B. WING _____	R-C 10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV SOUTH BELOIT EAST II	2775 KADLEC DR BELOIT, WI 53511

(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 10/04/2023 with information gathered through 10/20/2023, Surveyors conducted a standard survey, verification visit and complaint investigation at SV South Beloit East II. Nineteen deficiencies were identified; 12 of the 19 deficiencies were re-cited from previous statement of deficiencies (SOD). The complaint was substantiated. One previous deficiency from SOD 2B0J13, dated 06/07/2023 was substantially corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 11	{N 000}		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not notify Resident 9's legal representative and the resident's physician after an incident where Resident 9 was able to access a butcher knife on 08/03/2023. Repeat violation from statement of deficiency	N 169		

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

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N 169	Continued From page 1 (SOD) #2B0J12, dated 01/06/2023. Findings include: On 10/04/2023, Surveyors conducted a standard survey, verification visit, and complaint investigation. The facility is licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's, advanced age, physically disabled, developmentally disabled and terminally ill. At approximately 11:30 a.m., Surveyor reviewed the closed record of Resident 9. Resident 9 was admitted to the provider on 03/16/2017 with diagnoses including major neurocognitive disorder, psychosis, diabetes, dementia, hallucinations, and agitation. Surveyor reviewed Resident 9's July and August progress notes which document an increase in aggressive behaviors and hallucinations. A note dated 08/03/2023 documents, "1st shift staff came into work and discovered [Resident 9] had a butcher knife it was taken from [him/her]. (NOC (night shift) need to pay close attention to [him/her] during nights)". There was no documentation in Resident 9's record that the guardian or physician was notified of the incident. On 10/13/2023 at 9:34 a.m., Surveyor interviewed House Manager H. Surveyor asked House Manager H if Resident 9's guardian or physician was notified when s/he access a butcher's knife. House Manager H stated s/he believes they were made aware via email from the previous administrator. Surveyor asked if House Manager H would have any documentation to prove that. House Manager H stated no.	N 169		

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N 169	Continued From page 2 On 10/13/2023 at 12:52 p.m., Surveyor interviewed Physician P. Surveyor asked Physician P if s/he was notified after Resident 9 was able to gain access to a butcher's knife on 08/03/2023. Physician P stated, no. On 10/19/2023 at 8:40 a.m., Surveyor interviewed Guardian R. Surveyor asked Guardian R if s/he was notified after Resident 9 was able to gain access to a butcher's knife. Guardian R looked back in his/her notes and stated, "No, I would remember that. I even saw [Resident 9] that day."	N 169		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review, the provider did not ensure the community based residential facility (CBRF) and its operation maintained compliance with all laws governing the CBRF. Since a Change of Ownership on 10/01/2019, the Department has conducted 12 surveys, 5 of 12 included complaint investigations, resulting in a total of 97 citations of non-compliance. The citations included deficiencies in the areas of licensee responsibilities, training, resident assessment, health monitoring, environment, food safety, toxic substances, resident treatment, medication administration, individual service plan (ISP) updates, caregiver background checks, notification requirements, maintaining resident records, resident rights and medications.	N 196		

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N 196	Continued From page 3 On 10/04/2023 with information gathered through 10/19/2023, the Department conducted a standard survey, verification visit and complaint investigation. The survey resulted in 18 violations, including 13 repeat violations. This requirement is being cited for the fifth time. See statement of deficiency (SOD) #C4L011, dated 05/28/2020; #2B0J11, dated 07/27/2022; #QQSS12, dated 08/25/2023; and #2B0J12, dated 01/06/2023. Findings include: SV South Beloit East II has a licensed capacity for up to 15 and serves residents within the client groups of irreversible dementia/Alzheimer's, terminally ill, physically disabled, developmentally disabled and advanced aged. A review of Department records noted the Department conducted a desk review of SV South Beloit East II for a change of ownership on 10/18/2019; issuing SV South Beloit East II a probationary license with the condition to assume responsibility for the previous SOD #6PZT12, to develop a plan of correction for each SOD, pay any outstanding verification visit fees and correct the outstanding violations. Department records note the following: On 05/20/2020 to 05/28/2020, the Department conducted a desk review that included a standard survey, a complaint investigation and a verification visit from SOD #6PZT12 dated 08/08/2019 from previous licensee due to conditional license for current licensee. The complaint was substantiated. The visit resulted in SOD #C4L011. Five deficiencies were issued:	N 196		

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N 196	Continued From page 4 83.12(3)(a) Investigate Injuries of Unknown Source 83.14(2)(a) Licensee Ensures Facility Complies with Laws 83.27(1)(a)Limitation of Capacity As Shown on License 83.35(3)(a) Comprehensive Individualized Service Plan 83.37(2)(e) Other Administration Given or Delegated by the RN On 08/06/2020-08/10/2020, the Department conducted a verification visit to SOD #C4L011. The facility was found to be in compliance. On 08/16/2021, with information gathered through 08/19/2021, the Department conducted a complaint investigation. The complaint was substantiated. The visit resulted in SOD #V9SL11. Five deficiencies were issued: 83.32(3)(h) Rights of Residents: Receive Medications 83.32(3)(n) Rights of Residents: Safe Environment 83.35(3)(b) Service Plan Development: Parties Involved 83.37(2)(d) Documentation Of Medication Administration 83.44(2)(a) Rooms Clean and Free From Odors On 11/23/2021, with information gathered through 11/30/2021, the Department conducted a verification visit and standard licensure survey. The visit resulted in SOD #V9SL12. Thirteen deficiencies were issued: 83.29(2) Admission Agreement Include Services, Charges 83.35(1)(c) Listed Areas for Assessments 83.35(3)(c) Implement, Follow The Individual Service Plan	N 196		

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N 196	Continued From page 5 83.35(4) Resident Satisfaction Evaluation 83.35(5)(b) Annual Evaluation of Evacuation Limitations 83.38(1)(c) Leisure Time Activities 83.39(3) Hand Washing 83.41(2)(c) Nutrition: Menus 83.43(1) Environment Safe, Clean, And Comfortable 83.44(2)(a) Rooms Clean and Free From Odors 83.48(1)(b) Smoke and Heat Detectors Per Nfpa 72 83.48(3)(b) Sensitivity Testing Preformed 83.55(4)(a) Bath and Toilet Areas: Privacy On 02/15/2022, with information gathered through 03/11/2022, the Department conducted a complaint investigation. The complaint was substantiated. The visit resulted in SOD #QQSS11. Eight deficiencies were issued: 83.32(3)(f) Rights of Residents: Chemical Restraint 83.32(3)(h) Rights of Residents: Receive Medications 83.37(1)(a) Written Order for Medications, Supplements 83.37(1)(j) Proof-of-Use Record 83.37(2)(d) Documentation Of Medication Administration 83.38(1)(a) Personal Care 83.38(1)(b) Supervision 83.41(1)(a) Food Supply On 06/08/2022, with information gathered through 06/23/2022, the Department conducted a verification visit. The visit resulted in SOD #V9SL13. Seven deficiencies were issued: 83.29(2) Admission Agreement Include Services, Charges 83.35(1)(c) Listed Areas for Assessments 83.35(3)(d) Service Plans Updated Annually Or	N 196		

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N 196	Continued From page 6 On Changes 83.35(4) Resident Satisfaction Evaluation 83.42(3) Access to Resident Records 83.43(1) Environment Safe, Clean, And Comfortable 83.48(3)(b) Sensitivity Testing Preformed On 07/26/2022, the Department conducted a complaint investigation. The complaint was substantiated. The visit resulted in SOD #2B0J11. Fourteen deficiencies were issued: 83.12(3)(a) Investigate Injuries of Unknown Source 83.14(2)(a) Licensee Ensures Facility Complies with Laws 83.35(1)(a) Pre-Admission and Ongoing Assessment 83.35(3)(d) Service Plan Updated Annually or on Changes 83.36(1)(b) Qualified Staff in Charge, on Duty and Awake 83.37(3)(c) Medication Storage: Locked Cabinet 83.37(3)(g) Medication Storage: Controlled Substance 83.38(1)(a) Personal Care 83.38(1)(c) Leisure Time Activities 83.41(2)(c) Nutrition: Menus 83.41(3)(b) Food safety 83.43(1) Environment Safe, Clean and Comfortable 83.45(3) Toxic Substances 50.09(1)(e) Treatment On 08/25/2022, the Department conducted a verification visit. The visit resulted in SOD #QQSS12. Five deficiencies were issued: 83.14(2)(a) Licensee Ensures Facility Complies with Laws 83.14(2)(h) Posting: License, Deficiencies, Revocations	N 196		

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N 196	Continued From page 7 83.32(3)(h) Rights of Residents: Receive Medications 83.37(1)(j) Proof-of-Use Record 83.38(1)(g) Health Monitoring On 01/04/2023, the Department conducted 2 verification visits. The visit resulted in SOD #2B0J12. Nineteen deficiencies were issued: 83.12(5)(a) Notification: Incident, Injury, Changes 83.14(2)(a) Licensee Ensures Facility Complies with Laws 83.29(2) Admission Agreement Include Services, Charges 83.32(3)(h) Rights of Residents: Receive Medications 83.35(1)(a) Pre-admission and Ongoing Assessments 83.35(3)(d) Service Plans Updated Annually or on Changes 83.35(4) Resident Satisfaction Evaluation 83.37(1)(k) Medication Error or Adverse Reaction 83.37(2)(d) Documentation Of Medication Administration 83.37(3)(c) Medication Storage: Locked Cabinet 83.37(3)(g) Medication Storage: Controlled Substance 83.41(3)(b) Food Safety 83.43(1) Environment Safe, Clean, And Comfortable 83.44(1)(a) Adequate Laundry Appliances Available 83.45(3) Toxic Substances 83.46(1)(a) Comfortable and Safe Temperatures 83.46(1)(b) Portable Space Heaters Prohibited 83.48(3)(b) Sensitivity Testing Preformed 83.59(2)(b) Solid Core Wood Doors or Equivalent On 02/23/2023, the department issued the licensee a warning of systemic noncompliance related to findings at the providers five (5)	N 196		

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N 196	Continued From page 8	N 196		

facilities, and that "Failure to take immediate steps to achieve consistent and substantial compliance with respective regulatory codes or statutes will result in one or more revocations of licensure."

On 02/28/2023, the Department conducted a verification visit. The visit resulted in SOD #QQSS13. The 5 previous deficiencies from SOD #QQSS12 were substantially corrected.

On 06/07/2023, the Department conducted a verification visit and complaint investigation. The visit resulted in SOD #2B0J13. Two deficiencies were issued:
83.32(3)(h) Rights of Residents: Receive Medications
83.37(1)(j) Proof-of-Use Record

On 10/04/2023, with information gathered through 10/29/2023, the Department conducted a verification visit and complaint investigation. The visit resulted in SOD #2B0J14. The complaint was substantiated. Eighteen deficiencies were issued:
83.12(5)(a) Notification Incident Injury and Changes, recite
83.14(2)(a) Licensee Ensures Facility Complies With Laws, 5th recite
83.17(1) Licensee Conduct Caregiver Background Check
83.21(1)-(3) All Employee Training
83.22(1)-(4) Task Specific Training
83.32(3)(h) Rights of Residents: Receive Medications, 6th recite
83.35(3)(d) Service Plans Updated Annually or on Changes, 4th recite
83.37(2)(d) Documentation Of Medication Administration, 4th recite
83.37(2)(e) Other Administration Given or

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N 196	Continued From page 9 Delegated by the RN, recite 83.38(1)(a) Personal Care, recite 83.38(1)(g) Health Monitoring, recite 83.38(1)(h) Medication Administration 83.38(1)(i) Behavior Management 83.41(2)(a) Nutrition: Diet 83.41(2)(c) Nutrition: Menus, 4th recite 83.41(3)(b) Food Safety, 3rd recite 83.45(3) Toxic Substances, 3rd recite 50.065(2)(bb) Determine Final Disposition of Charge Summary: SV South Beloit East II, a CBRF, and its operation did not comply with all laws governing the CBRF as SV South Beloit East II has not maintained compliance.	N 196		
N 219	83.17(1) Licensee conduct caregiver background check 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. This Rule is not met as evidenced by:	N 219		

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N 219	Continued From page 10 Based on record review and interview, the provider did not ensure a caregiver background check was completed for 2 of 3 caregivers reviewed. Caregiver L and Caregiver N did not have completed background checks. Findings include: On 10/04/2023 at approximately 10:00 a.m., Surveyor reviewed employee records provided by House Manager H. Documentation indicated the following: - Caregiver L was hired on 12/22/2022. Caregiver L's record did not include a background information disclosure (BID), Department of Justice background check (DOJ) or Department of Safety and Professional Services (IBIS) check. - Caregiver N was hired on 06/20/2023. Caregiver N's record did not include a BID. On 10/04/2023 at approximately 1:00 p.m., Surveyor shared concern with House Manager H and Administrator M that Caregiver L and Caregiver N's records did not include a complete background check. House Manager H stated they had a BID for Caregiver N that s/he would locate and provide to Surveyor. Administrator M stated Caregiver L had worked for affiliated homes, so s/he had staff looking for record of Caregiver L's background checks. The provider was given until 10/05/2023 to provide follow up documentation. No documentation related to background checks was received.	N 219		
N 243	83.21(1)-(3) All employee training.	N 243		

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N 243	Continued From page 11 The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: 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. Client Group. Training shall be specific to the 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. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. 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.	N 243		

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N 243	Continued From page 12	N 243		

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure 2 of 3 employees reviewed, obtained all training as required within 90 days after starting employment.

Caregiver L and Caregiver K did not have training in resident rights, recognizing, preventing, managing and responding to challenging behaviors or client groups within 90 days after starting employment.

Findings include:

On 10/05/2023 at approximately 10:00 a.m., Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested training records from House Manager H for Caregiver L and Caregiver K.

Resident Rights

The record for Caregiver L, hired 12/22/2022, indicated s/he received training for resident rights on 09/07/2023, greater than 90 days after his/her hire. The record of Caregiver K, hired 10/07/2022, indicated s/he received training for resident rights on 05/10/2023, greater than 90 days after his/her hire.

Recognizing, Preventing, Managing and Responding to Challenging Behaviors

The record for Caregiver L, hired 12/22/2022,

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N 243	Continued From page 13 indicated s/he received training for challenging behaviors on 09/07/2023, greater than 90 days after his/her hire. The record of Caregiver K, hired 10/07/2022, indicated s/he received training for challenging behaviors on 05/16/2023, greater than 90 days after his/her hire. Client Group The facility was licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's, advanced age, physically disabled, developmentally disabled and terminally ill. The record for Caregiver L, hired 12/22/2022, indicated s/he received training for client groups on 09/14/2023, greater than 90 days after his/her hire. The record of Caregiver K, hired 10/07/2022, indicated s/he received training for client groups on 05/20/2023, greater than 90 days after his/her hire. On 10/04/2023 at approximately 11:00 a.m., Surveyor reviewed concern with Administrator M that Caregiver L and Caregiver K received resident rights, challenging behaviors and client group trainings greater than 90 days after their dates of hire. Administrator M replied, "Well we got it. Good job." House Manager H and Administrator M were given the opportunity to submit any additional evidence of training or exemptions by 10/05/2023. No documentation related to trainings was provided.	N 243		
N 247	83.22(1)-(4) Task specific training.	N 247		

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N 247	Continued From page 14 The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation.	N 247		

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N 247	Continued From page 15 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees reviewed obtained all task specific training. Caregiver L and Caregiver K, who perform dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Findings include: On 10/05/2023 at approximately 10:00 a.m., Surveyor conducted a review of 3 employees to verify compliance with all task specific training requirements. Surveyor requested training records from House Manager H for Caregiver L and Caregiver K. Dietary Training On 10/04/2023 at approximately 11:30 a.m., Surveyor observed Caregiver L and Caregiver K complete dietary tasks. The record for Caregiver L, hired 12/22/2022, indicated s/he received training for dietary tasks on 09/18/2023, nearly 9 months after his/her date of hire. The record for Caregiver K, hired 10/07/2022, indicated s/he received training for dietary tasks on 05/13/2023, greater than 7 months after his/her hire. On 10/04/2023, at approximately 1:00 p.m., Surveyor interviewed House Manager H. House Manager H confirmed both Caregiver L and Caregiver K began completing dietary tasks at the time of their hire. House Manager H was given until 10/05/2023 to	N 247		

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N 247	Continued From page 16 provide evidence Caregiver L and Caregiver K completed or met an exemption for dietary training within 90 days after assuming these job duties. No documentation related to dietary trainings was received.	N 247		
{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 1 of 3 residents reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 11's Novolog insulin was not administered as prescribed. This is a repeat deficiency. See Statement of Deficiency (SOD) #QQSS11, dated 03/11/2022, SOD #QQSS12, dated 08/25/2022, SOD #2B0J12, dated 01/06/2023 and SOD #2B0J13, dated 06/07/2023. Findings include: On 10/04/2023 at approximately 12:30 p.m., Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider's facility on 06/21/2017 with diagnoses of diabetes.	{N 352}		

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{N 352}	Continued From page 17 Resident 11's physician orders included "Novolog (Start Date: 03/06/2023) - Inject 5 units 3 times daily before meals plus sliding scale: 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, Over 350=10 units. *Do not give if blood glucose is less than 80. Update House Manager if blood sugar is less than 80 or more than 200." Resident 11's record included the following concerns: - 09/08/2023 8:32 a.m. BS 71 - Novolog administered. - 09/08/2023 1:06 p.m. BS 70 - Novolog administered. - 09/11/2023 8:03 a.m. BS 60 - Novolog administered. - 09/12/2023 8:57 a.m. BS 69 - Novolog administered. - 09/21/2023 7:54 a.m. BS 55 - Novolog administered. - 09/24/2023 8:09 a.m. BS 61 - Novolog administered. - 09/24/2023 4:26 p.m. BS 74 - Novolog administered. On 10/04/2023 at approximately 1:00 p.m., Surveyor reviewed concerns with House Manager H and Administrator M regarding Resident 11's diabetic management. Administrator M made note of Surveyor's concern but did not provide additional information for resident.	{N 352}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based	N 389		

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N 389	Continued From page 18	N 389		

on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 3 individual service plans (ISP) reviewed were updated annually or when there was a change in resident needs.

Resident 11's ISP was not updated when s/he had a change in diet.
Resident 9's ISP was not updated to include pain.

This is a repeat deficiency. See statement of deficiency (SOD) #V9SL13, dated 06/16/2022 and #2B0J12, dated 01/06/2023.

Findings include:

Example 1 - Resident 11
On 10/04/2023 at approximately 12:30 p.m., Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider's facility on 06/21/2017. Resident 11's ISP, dated 04/19/2023, indicated s/he required a mechanical soft diet.

On 10/04/2023 at approximately 12:35 p.m., Surveyor interviewed Caregiver L and Caregiver K. Surveyor asked what Resident 11 was served for breakfast and lunch. Caregiver K stated Resident 11 ate a muffin and cereal for breakfast.

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Caregiver K stated Resident 11 ate chicken, mashed potatoes and mixed vegetables for lunch. Surveyor asked if Resident 11's diet was altered to be mechanical soft. Caregiver L and Caregiver K shook their heads "No" and stated Resident 11 never required a mechanical soft diet.

On 10/04/2023 at approximately 1:00 p.m., Surveyor shared concern with House Manager H and Administrator M that Resident 11's ISP indicated s/he required a mechanical soft diet, but caregivers stated Resident 11 ate a regular diet. House Manager H reviewed Resident 11's ISP and was surprised to see it listed a mechanical soft diet. House Manager H stated s/he would update the ISP to indicate Resident 11 did not require a mechanical soft diet.

Example 2 - Resident 9
On 10/04/2023 at approximately 11:30 a.m., Surveyor reviewed the closed record of Resident 9. Resident 9 was admitted to the provider on 03/16/2017 with diagnoses including major neurocognitive disorder, psychosis, diabetes, dementia, hallucinations, and agitation.

Surveyor reviewed Resident 9's July and August medication administration record (MAR) with the following orders:
-Oxycodone-Act 5-325 mg to take 0.5 tablet 4 times daily for chronic pain with a start date of 07/23/2023.
-Lidocaine Pain Relief 4% Patch to apply 1 patch topically to skin of painful area daily with a start date of 07/14/2023.
-Morphine Sulf 100 mg/5 ml soln to give 5 mg every hour as needed (prn) for pain or shortness of breath with a start date of 06/16/2023.
Each time the caregivers administer oxycodone,

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N 389	Continued From page 20 lidocaine or morphine, they are to document Resident 9's pain level from 1-10. From 07/23/2023 to 08/16/2023, the following was documented for pain: Pain level 0 - 1 time Pain level 1 - 3 times Pain level 2 - 2 times Pain level 3 - 7 times Pain level 4 - 42 times Pain level 5 - 61 times Pain level 6 - 54 times Pain level 7 - 27 times Pain level 8 - 4 times Pain level 9 - 2 times The MAR documents that Resident 9 received his/her prn morphine on 07/06/2023, 07/29/2023 and 08/01/2023. House Manager H provided Surveyor with Resident 9's most up to date ISP, which did not include a date. The ISP states, "PAIN MANAGEMENT ... Current Status: Resident has not had any pain at this time. 04.11.2023 Resident continues to deny any pain. Resident has not had any pain at this time." On 10/20/2023, at 9:30 a.m., Surveyor reviewed the above concerns with Administrator M, who acknowledged the concern.	N 389		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or	N 415		

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N 415	Continued From page 21	N 415		

treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not document Resident 9's response to PRN (as needed) morphine and lorazepam.

This is a repeat deficiency. See Statement of Deficiency (SOD) #V9SL11, dated 08/19/2021, SOD #QQSS11, dated 03/11/2022, and SOD #2B0J12, dated 01/06/2023.

Findings include:

On 10/04/2023, at approximately 11:30 a.m., Surveyor reviewed the closed record of Resident 9. Resident 9 was admitted to the provider on 03/16/2017 with diagnoses including major neurocognitive disorder, psychosis, diabetes, dementia, hallucinations, and agitation.

Surveyor reviewed Resident 9's medication administration record (MAR) for July and August 2023. The MAR included a physician order for morphine sulf 100 mg/5 mL soln to give 5 mg every hour as needed for pain or shortness of breath and an order for lorazepam 2 Mg/ml intensol to give 0.5 mg every 4 hours as needed for anxiety and shortness of breath.
On 07/28/2023 at 2:25 p.m., Resident 9 was administered his/her PRN lorazepam due to fighting. Resident 9's response to the PRN lorazepam was not documented.

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N 415	Continued From page 22 On 07/29/2023 at 2:27 p.m., Resident 9 was administered his/her PRN morphine sulf 100 mg/5 mL due to grimacing, changes in sleep, and crying/moaning with movement. Resident 9's response to the PRN morphine was not documented. On 08/01/2023 at 2:36 p.m., Resident 9 was administered his/her PRN morphine sulf 100 mg/5 mL due to grimacing, moaning/gasping/crying, and grabbing area. Resident 9's response to the PRN morphine was not documented. On 10/04/2023 at approximately 1:00 p.m., Surveyor interviewed House Manager H and asked if staff documented Resident 9's response to the medication when they administer PRN medications. House Manager H stated they should be.	N 415		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure injectables administered by 2 of 2 caregivers reviewed were delegated by a nurse within the scope of their practice. Caregiver L and Caregiver N administered insulin to Resident 11 without nurse delegation.	N 416		

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N 416	Continued From page 23 This is a repeat deficiency. See statement of deficiency (SOD) #C4L011, dated 05/28/2020. Findings include: On 10/04/2023 at approximately 11:30 a.m., Surveyor reviewed Caregiver L and Caregiver N's employee records, which documented the following: - Caregiver L was hired on 12/22/2022. Caregiver L's record did not include nurse delegation to administer injectables. - Caregiver N was hired on 06/20/2023. Caregiver N's record included a nurse delegation to administer injectables, dated 10/02/2023. On 10/04/2023 at approximately 12:30 p.m., Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider's facility on 06/21/2017 with diagnoses of diabetes. Resident 11's physician orders included Novolog sliding scale insulin and Basaglar insulin. Resident 11's medication administration record (MAR), dated 09/01/2023 to 10/02/2023, indicated the following: - Caregiver L administered Resident 11 insulin 23 times. - Caregiver N administered Resident 11 insulin 3 times. On 10/04/2023 at approximately 1:00 p.m., Surveyor discussed nurse delegation to administer insulin with House Manager H and Administrator M. Surveyor asked if Caregiver L had been delegated by a nurse to administer injectables. Administrator M stated s/he needed to check other files. Surveyor asked if Caregiver N had nurse delegation to administer injectables	N 416		

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N 416	Continued From page 24 prior to 10/02/2023. Administrator M stated it was unlikely that Caregiver N had a previous nurse delegation. The provider was given until 10/05/2023 to provide follow up documentation. No documentation related to nurse delegation to administer injectables was received.	N 416		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide services adequate to meet the needs of Resident 9 in regard to personal cares such as pericare and incontinent care. This is a repeat deficiency. See statement of deficiency (SOD) #QQSS11, dated 03/11/2022 and #2B0J11, dated 07/27/2023.	N 425		

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N 425	Continued From page 25 Findings include: On 08/17/2023, the Department received a complaint in regard to the facility not providing proper personal cares, including incontinent care. On 10/03/2023, at approximately 9:00 a.m., Surveyor interviewed EMS S. EMS S noted that Resident 9 was covered in his/her own feces and feces was spread throughout his/her floor, bedding and bathroom when EMS responded for assistance. EMS S stated that s/he has concerns on why staff did not clean up Resident 9. On 10/04/2023 at approximately 11:30 a.m., Surveyor reviewed the closed record of Resident 9. Resident 9 was admitted to the provider on 03/16/2017 with diagnoses including major neurocognitive disorder, psychosis, diabetes, dementia, hallucinations, and agitation. Surveyor reviewed a dispatch report dated 08/17/2023 at 10:07 a.m., that documents, "[Resident 9] was laying supine in [his/her] bed. Nursing staff asked [Resident 9] to pull up [his/her] pants when they entered the room. There were small amounts of feces across the floor in [Resident 9's] room." Surveyor reviewed the hospital emergency room department report dated 08/17/2023, which documents, "...There are other concerns of possible elder abuse as patient was found covered in feces..." House Manager H provided Surveyor with Resident 9's most up to date ISP, which did not include a date. The ISP states:	N 425		

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N 425	Continued From page 26 -Give total assistance to resident with toileting. Assist with dressing and undressing, wash/wiping and with all required physical assistance. -Resident 9 is to receive 1:1 supervision. -Resident need assistance with transfers and is not able to ambulate long distances but able to ambulate in [his/her] room with SBA (stand by assistance). Resident utilizes wheelchair and will propel around facility in wheelchair. On 10/13/2023 at 9:34 a.m., Surveyor interviewed House Manager H in regard to Resident 9. House Manager H stated that s/he did not believe that was true, that s/he was working that day and that the caregiver had just assisted Resident 9 to the bathroom before 911 was called. On 10/20/2023, at 9:30 a.m., Surveyor reviewed the above concerns with Administrator M, who stated, "I was aware that concern was told to [House Manager H] ... I cannot disregard what EMTs and the hospital said. I'm not disputing that." Cross Reference N0481 DHS 83.43(1) Environment Safe, Clean, and Comfortable	N 425		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical	N 431		

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N 431	Continued From page 27 health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 2 of 3 residents reviewed was monitored and arrangements made for their physical health. Resident 11's vitals were not monitored prior to administration of Metoprolol. Resident 11's physician was not notified when Resident 11's vitals were outside parameters. The house manager was not notified when Resident 11's blood glucose was outside parameters. Resident 9's guardian and physician were not	N 431		

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notified of Resident 9's elevated blood glucose levels and the provider did not seek clarification of the sliding scale humalog order.

This is a repeat deficiency. See Statement of Deficiency (SOD) #QQSS12, dated 08/25/2022.

Findings include:

EXAMPLE 1 - RESIDENT 11:

On 10/04/2023 at approximately 12:30 p.m., Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider's facility on 06/21/2017 with diagnoses of diabetes and hypertension. Resident 11's medication administration record (MAR), dated 09/05/2023 - 10/04/2023, documented the following:

Metoprolol:

Resident 11's physician orders included Metoprolol Tart 50 mg (Start Date: 08/31/2023) - Take 1 tablet by mouth 2 times daily. Update MD if systolic BP is less than 110 or greater than 180, diastolic less than 55 or greater than 100 and pulse less than 55 or greater than 120. Resident 11's record included the following concerns:

- 09/05/2023 AM: No BP or pulse documented for AM. Metoprolol documented as administered.
- 09/07/2023 AM: No BP or pulse documented for AM. Metoprolol documented as administered.
- 09/08/2023 AM: No BP or pulse documented for AM. Metoprolol documented as administered.
- 09/08/2023 8:31 p.m.: BP 157/101 - No documentation of MD being notified.
- 09/10/2023 AM: No BP or pulse documented for AM. Metoprolol documented as administered.
- 09/16/2023 PM: No BP or pulse documented for

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AM. Metoprolol documented as administered.
- 09/20/2023 AM: No BP or pulse documented for AM. Metoprolol documented as administered.
- 09/24/2032 AM Pulse: 53 - No documentation of MD being notified.
- 09/29/2023 AM Pulse: 51 - No documentation of MD being notified.

Novolog:

Resident 11's physician orders included "Novolog (Start Date: 03/06/2023) - Inject 5 units 3 times daily before meals plus sliding scale: 150-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, Over 350=10 units. *Do not give if blood glucose is less than 80. Update House Manager if blood sugar is less than 80 or more than 200" and "Basaglar 100 unit/ml (Start Date: 02/14/2023) - Inject 30 units subcutaneously at bedtime. *Do not give if blood glucose is less than 80. Update House Manager if blood sugar is less than 80 or over 200." Resident 11's record included the following concerns:

- 09/05/2023 12:10 p.m. BS 268 - No notification documented.
- 09/05/2023 8:03 p.m. BS 261 - No notification documented.
- 09/06/2023 6:06 p.m. BS 207 - No notification documented.
- 09/08/2023 8:32 a.m. BS 71 - No notification documented.
- 09/08/2023 1:06 p.m. BS 70 - No notification documented.
- 09/08/2023 4:53 p.m. BS 235 - No notification documented.
- 09/09/2023 11:06 p.m. BS 260 - No notification documented.
- 09/11/2023 8:03 a.m. BS 60 - No notification documented.

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N 431	Continued From page 30 - 09/11/2023 8:31 p.m. BS 223 - No notification documented. - 09/12/2023 8:57 a.m. BS 69 - No notification documented. - 09/12/2023 5:33 p.m. BS 205 - No notification documented. - 09/13/2023 7:19 p.m. BS 202 - No notification documented. - 09/14/2023 11:59 a.m. BS 300 - No notification documented. - 09/14/2023 5:03 p.m. BS 260 - No notification documented. - 09/16/2023 8:27 a.m. BS 221 - No notification documented. - 09/16/2023 11:25 a.m. BS 221 - No notification documented. - 09/18/2023 12:07 p.m. BS 271 - No notification documented. - 09/19/2023 12:41 p.m. BS 246 - No notification documented. - 09/19/2023 5:27 p.m. BS 267 - No notification documented. - 09/21/2023 7:54 a.m. BS 55 - No notification documented. - 09/22/2023 12:52 p.m. BS 288 - No notification documented. - 09/24/2023 8:09 a.m. BS 61 - No notification documented. - 09/24/2023 12:31 p.m. BS 215 - No notification documented. - 09/24/2023 4:26 p.m. BS 74 - No notification documented. - 09/25/2023 4:58 p.m. BS 271 - No notification documented. - 09/28/2023 11:46 a.m. BS 214 - No notification documented. - 10/02/2023 7:16 p.m. BS 228 - No notification documented. On 10/04/2023 at approximately 1:00 p.m.,	N 431		

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N 431	Continued From page 31 Surveyor reviewed concerns with House Manager H and Administrator M that Resident 11's vitals were not documented twice daily as required and that Resident 11's record did not include documentation of necessary notifications when Resident 11's vitals or blood glucose was outside of parameters. Surveyor asked if vitals, blood glucose readings and/or notifications could be documented elsewhere in Resident 11's record. House Manager H replied, "They could be." The provider was given until 10/05/2023 to provide follow up documentation. No documentation related to Resident 11's vitals, blood glucose readings, or notifications completed when vitals or blood glucose were outside of parameters was received. EXAMPLE 2: RESIDENT 9 On 08/17/2023, the Department received a complaint in regards to the facility not providing proper diabetic care in regards to insulin. On 10/04/2023, at approximately 11:30 a.m., Surveyor reviewed the closed record of Resident 9. Resident 9 was admitted to the provider on 03/16/2017 with diagnoses including major neurocognitive disorder, psychosis, diabetes, dementia, hallucinations, and agitation. Surveyor reviewed Resident 9's July and August medication administration record (MAR) which included an order for true metrix glucose test strip to check blood sugars 2 times daily with a start date of 03/17/2023 and an order for, "staff to give protein stack prior to HS (bedtime) Lantus such as 1/2 peanut butter sandwich/snack sausage/cheese/egg/tuna/chicken..." with a start date of 01/06/2019. Resident 9's blood sugar	N 431		

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was documented as over 400 on the following dates with the protein s/he received:
07/16/2023, blood sugar was 422 at 8:07 p.m.; snack of cheese and crackers was provided.
07/19/2023, blood sugar was 428 at 8:13 p.m.; snack of chips was provided.
07/20/2023, blood sugar was 405 at 9:11 p.m.; snack of cereal was provided.
07/21/2023, blood sugar was 466 at 9:58 p.m.; snack of cheese and crackers was provided.
Resident 9 was hospitalized due to hyperglycemia the morning of 07/22/2023 and returned home before HS on 07/24/2023.
07/24/2023, blood sugar was 486 at 9:39 p.m.; snack of cake was provided.
08/10/2023, blood sugar was 459 at 9:12 p.m.; snack of chips was provided.
08/12/2023, blood sugar was 444 at 7:42 p.m.; snack of pbj was provided.
08/13/2023, blood sugar was 544 at 7:55 p.m.; snack of shake was provided.
08/15/2023, blood sugar was 415 at 8:42 p.m.; snack of banana was provided.
08/16/2023, blood sugar was 411 at 7:59 p.m.; snack of sandwich was provided.
08/17/2023, blood sugar was 570 at 7:34 a.m.
Resident 9 was hospitalized due to hyperglycemia the morning of 08/17/2023 after having repeated high blood sugars. There was no documentation in Resident 9's record to show that the physician was contacted in regards to Resident 9's high blood sugar levels.

Surveyor reviewed the hospital emergency room department report dated 07/22/2023, which documents that Resident 9 was admitted to the emergency room with diagnoses including hyperglycemia with his/her blood glucose, ">=500". As part of the discharge summary, under medications that have not changed

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included and order for insulin lispro (Humalog) (insulin linspro 100 units/mL injectable solution) sliding scale subcutaneous three times a day (with meals). Sliding Scale Protocol: 140-189=2units; 190-239=4; 240-289=6; 290-339=8; 340-389=10; 390 and above=12units. Notify MD if >400.

Surveyor verified that Resident 9's facility MAR did not include the administration of sliding scale insulin in July and August 2023.

Surveyor reviewed a dispatch report dated 08/17/2023 at 10:07 a.m., that documents, "While enroute, dispatch informed crew that the PT's (patient) BGM (blood glucose meter) read Hi during the last check by nursing staff. Dispatched also informed crew that the PT's reading prior to Hi was 576. On arrival, staff lead EMS to PT's room. [Resident 9] was laying supine in [his/her] bed. Nursing staff asked [Resident 9] to pull up [his/her] pants when they entered the room. There were small amounts of feces across the floor in [Resident 9's] room. PT was baseline normal level of consciousness. Pt had a patent airway and was able to speak. Crews took a BGM which read Hi on the monitor. Pt stated [s/he] was unable to stand and that [s/he] didn't feel good. Pt was moved to the cot via lifting [him/her] by [his/her] bedsheets in the supine position. PT was secured to the cot and moved to the ambulance. Staff informed crew that PT was not given insulin today. Staff stated that [s/he] only takes [his/her] insulin at night and [s/he] had taken it last night. The face sheet given to EMS showed PT's blood sugar had continuously risen starting at 0700 this morning..."

Surveyor reviewed the hospital discharge summary from Resident 9's hospitalization from

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N 431	Continued From page 34 08/17/2023 to 08/24/2023, which documents, "...Discussion with ED (emergency department) physician, it appears patient's SNF (skilled nursing facility) has been refusing to administer [his/her] insulin per sliding scale for some unknown reason. The time time [s/he] was brought to the ER (emergency room), it was a similar scenario with patient reporting blood sugars in the 500s for which [his/her] SNF refused to manage. This time again blood sugars are elevated, 599 other [s/he] has no other notable problems...[His/her] clinical problems are therefore as follows: 1. hyperglycemia 2. unsafe status at present SNF. Hyperglycemia is uncomplicated. [S/he] has no clinical features to support DKA (diabetic ketoacidosis) or HHS (hyperglycemic hyperosmolar syndrome). Patient's nursing home has refused to provide [him/her] with [his/her] requested insulin therapy. It is not clear why they have chosen to do so but [s/he] is clearly not receiving adequate care at this facility. We will restart [his/her] home regimen, basal bolus insulin with coverage and glucose checks. We will adjust accordingly. SW (social worker) will coordinate to secure alternate placement. Discharge Diagnosis 1. acute hyperglycemia 2. adult neglect 3. elder abuse...A1c noted to be 12.0. ...I called facility shortly after the patient arrival at our emergency department to gather more information about [his/her] diabetes management. As stated above, patient is an insulin-dependent diabetic. [S/he] was admitted to our hospital for last month in the setting of uncontrolled hyperglycemia with superimposed hypercapnic respiratory failure and pneumonia. I spoke with 2 different individuals at the facility, one of the primary staff and one of the managers at the facility. They state that their facility is not giving correction insulin, they told me specifically over the phone 'we do not know what	N 431		

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correction insulin means' and 'our facility is getting away from sliding scale insulin'. They have not given [him/her] correction or sliding scale insulin of any kind for any time in the recent history. They stated that they hoped that [his/her] plan would eventually be [his/her] nightly glargine +10 units once in the morning and 10 units once at night. They stated that they did not understand or agree with that this could send [him/her] either hypoglycemic or keep [him/her] hyperglycemic if it is not based on blood glucose testing. They stated that they do not have any intention of giving [him/her] correction or sliding scale insulin if [s/he] returned to their facility."

On 10/13/2023, Surveyor interviewed Nurse Case Manager O. Surveyor asked Nurse Case Manager O if s/he was aware of Resident 9's hospitalization on 07/22/2023 with diagnoses including hyperglycemia. Nurse Case Manager O stated yes but that s/he was unaware that the hospital stated that Resident 9 should be receiving sliding scale insulin and that the facility was not providing that. S/he stated that s/he assumed that the provider is taking care of Resident 9 and following MD orders. Nurse Case Manager O stated that after Resident 9's hospitalization on 08/17/2023 s/he spoke with the hospital social worker who informed him/her that the doctor spoke with the provider's staff who stated they do not do sliding scale insulin, which Nurse Case Manager O stated s/he thought that was very bizarre and that s/he spoke with Guardian R who stated Resident 9 is not going back to the provider. So, Resident 9 never returned back to the provider after his/her 08/17/2023 hospitalization.

On 10/13/2023 at 9:34 a.m., Surveyor interviewed House Manager H and asked if s/he was aware

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that Resident 9 had a sliding scale insulin order. House Manager H stated yes, s/he knew that Resident 9 had a sliding scale insulin order while s/he was on hospice. House Manager H stated that Resident 9's sliding scale humalog was discontinued in December 2022 and never put back on his/her MAR. Surveyor asked if House Manager H reviewed Resident 9's discharge summary from his/her hospitalization from 07/22/2023 to 07/24/2023 which included a standing order for insulin lispro (Humalog) (insulin linspro 100 units/mL injectable solution) sliding scale subcutaneous three times a day (with meals). House Manager H stated that s/he did not review it but that when Resident 9's was hospitalized on 08/17/2023, s/he sent a current medication list to the hospital. House Manager H stated that when the hospital called him/her in regards to the insulin order, s/he let the hospital staff know that the hospital's medications list was not the same as the facility's; that if the sliding scale insulin was a new order, it should have been added to new orders from 07/22/2023 because that's what s/he follows up on from the discharge summary. House Manager H stated that s/he was unsure but that it seemed that the hospital medication orders had not been updated since Resident 9 was put on hospice and the sliding scale order was discontinued. House Manager H stated that Physician P never wrote a sliding scale insulin order, so the provider never restarted it. Surveyor clarified with House Manager H that once Resident 9 was admitted to the hospital on 08/17/2023, s/he was aware that the hospital had a sliding scale insulin order for Resident 9, that the hospital was concerned about the facility following the insulin orders, and that the ED physician signed off on a discharge summary , dated 07/24/2023, which included an order for sliding scale humalog for Resident 9.

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House Manager H stated yes, and that s/he figured the hospital was going off of an old medication order, that Physician P did not write an order for sliding scale insulin for Resident 9. Surveyor clarified that House Manager H did not review the entire hospital discharge summary when Resident 9 returned on 07/24/2023 and that when Resident 9 was hospitalized on 08/17/2023, House Manager H was made aware that there was a discrepancy in the received plan of care and the physician orders from the hospital's medication orders to Physician P's medication orders. Surveyor asked if House Manager H followed up to receive clarification on Resident 9's order from either physician. House Manager H stated no, s/he told the hospital that they were going off an old medication list and left it at that.

On 10/13/2023 at 12:52 p.m., Surveyor interviewed Physician P regarding Resident 9's blood sugars. Physician P stated that s/he is no longer Resident 9's physician and that s/he was only Resident 9's physician for a few months before the facility started using a different physician. Surveyor asked if Physician P was ever made aware of a sliding scale insulin order for Resident 9. Physician P stated that s/he became Resident 9's physician after s/he was discharged from hospice and as s/he was aware that the care team decided to take a palliative care approach moving forward with no mention of sliding scale insulin. Physician P stated that it is possible that the hospital could have been basing their medication list off of an old order, since Resident 9 was on hospice when sliding scale was discontinued and 07/22/2023 was his/her first hospital visit since graduating from hospice where the sliding scale insulin was discontinued. Physician P stated that according to Guardian R and the provider the team was deciding to take a

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palliative approach and was managing Resident 9's diabetes rather than treating it. Physician P stated that s/he was not made aware of any concerns with Resident 9's elevated blood glucose levels and did not receive a discharge summary from either hospital admission. Physician P stated that this was an instance that was left with wiggle room with a hospital physician signing a medication list that included sliding scale insulin and Physician P reviewing Resident 9's current medications without concern, which did not include a sliding scale insulin order. Physician P stated that House Manager H could have called him/her 24/7 to receive clarification on the order but this was an instance of ineffectiveness; that it has been his/her experience with the provider that there is a lack of follow-up, training and guidance.

On 10/19/2023 at 8:40 a.m., Surveyor interviewed Guardian R. Guardian R stated s/he remembers discontinuing Resident 9's sliding scale insulin through hospice because s/he did not want his/her sugars too low. Guardian R states that there were no problems with Resident 9's blood glucose levels when s/he stopped taking sliding scale insulin; Resident 9 was stable, so Guardian R did not want anything to change. Guardian R stated that s/he was not aware that Resident 9 was having elevated blood glucose levels or that there was confusion on whether Resident 9 should be receiving sliding scale insulin or not, "they could have asked me, but no one called. I felt bad moving [him/her]."

On 10/20/2023, at 9:30 a.m., Surveyors reviewed the above concerns with Administrator M who stated that it was a difficult situation and that s/he understands that it was the provider's responsibility to receive clarification on Resident

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N 431	Continued From page 39 9's medication orders. The provider did not monitor Resident 9's health by not making the guardian or physician aware of Resident 9's elevated blood glucose levels and did not seek clarification on the sliding scale humalog order. As a result, Resident 9 was discharged from his/her hospitalization from 08/17/2023 on 08/24/2023 with diagnoses including acute hyperglycemia, adult neglect and elder abuse and was moved to another facility.	N 431		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide medication administration appropriate to Resident 9's needs by not ensuring his/her medications were available to administration. Findings include: On 10/04/2023, at approximately 11:30 a.m., Surveyor reviewed the closed record of Resident	N 432		

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N 432	Continued From page 40 9. Resident 9 was admitted to the provider on 03/16/2017 with diagnoses including major neurocognitive disorder, psychosis, diabetes, dementia, hallucinations, and agitation. Surveyor reviewed Resident 9's medication administration record (MAR) for July and August 2023. The MAR included a physician order for: Lorazepam 2 Mg/ml intensol to give 0.5 mg 2 times daily for anxiety and for shortness of breath. Lidocaine pain relief 4% patch to apply 1 patch topically to skin at painful area daily. Nystop 100,000 units/gm pow apply to affected area 2 times daily for rash. Pregabalin 50 mg to take 1 capsule by mouth 3 times daily for neuropathic pain. Quetiapine Fum 50 mg to take 1 tablet my mouth 3 times daily for behaviors/delusions. Quetiapine Fum 25 mg to take 1 tablet my mouth 3 times daily for behaviors/delusions. Oxycodone-Acet 5-325 tab to take 0.5 tablet by mouth 4 times daily for chronic pain. 07/01/2023 at 7:09 p.m., lorazepam was documented as not administered with a note, "Pt is out of medication. ON ORDER." 07/02/2023 at 7:20 p.m., lorazepam was documented as not administered with a note, "med not in cart". 07/04/2023 at 8:28 p.m., lorazepam was documented as not administered with a note, "med not in cart". 07/05/2023 at 7:33 p.m., lorazepam was documented as not administered with a note, "not in med cart". 07/08/2023 at 1:53 p.m., pregabalin and both doses of quetiapine were documented as not administered with a note, "No pass per vital parameters".	N 432		

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N 432	Continued From page 41 07/09/2023 at 2:04 p.m., pregabalin and both doses of quetiapine were documented as not administered with a note, "No pass per vital parameters". 07/10/2023 at 12:09 p.m., oxycodone was documented as not administered with a note, "No pass per vitals" and at 2:09 p.m., pregabalin and both doses of quetiapine were documented as not administered with a note, "No pass per vital parameters". 07/14/2023 at 7:45 p.m., nystop was documented as not administered with a note, "medication pending delivery". 07/17/2023 at 8:50 p.m., lorazepam was documented as not administered with a note, "medication pending delivery". 07/20/2023 at 8:22 a.m., lidocaine patch was documented as not administered with a note, "no patches in med cart". 07/21/2023 at 9:57 p.m., lidocaine patch was documented as not administered with a note, "not in med cart". 07/30/2023 at 10:14 p.m., lorazepam was documented as not administered with a note, "cant get into med fridge". 08/09/2023 at 7:39 p.m., lorazepam was documented as not administered with a note, "not in med cart". On 10/04/2023 at approximately 12:35 p.m., Surveyor interviewed Caregiver L and asked if s/he has ever not been able to administer resident medications due to them not being available. Caregiver L stated yes, s/he has had medications run out before. On 10/13/2023 at approximately 9:34 a.m., Surveyor interviewed House Manager H about medication access and House Manager H stated no, that the caregivers have all the keys so they	N 432		

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N 432	Continued From page 42 would never not have access to medications. On 10/20/2023, at 9:30 a.m., Surveyors reviewed the above concerns with Administrator M and informed them that House Manager H stated that the medication keys are always available. Administrator M stated, "God bless America ...This is going to be the death of me."	N 432		
N 433	83.38(1)(i) Behavior management. 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: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide services to manage Resident 9's behaviors when s/he was able to access a butcher knife on 08/03/2023. Findings include: On 10/04/2023, Surveyors conducted a standard survey, verification visit, and complaint investigation. The facility is licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's, advanced age, physically disabled, developmentally disabled and terminally ill.	N 433		

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N 433	Continued From page 43 At approximately 11:30 a.m., Surveyor reviewed the closed record of Resident 9. Resident 9 was admitted to the provider on 03/16/2017 with diagnoses including major neurocognitive disorder, psychosis, diabetes, dementia, hallucinations, and agitation. Surveyor reviewed Resident 9's July and August progress notes which document an increase in aggressive behaviors and hallucinations. Documentation includes: "07/01/2023, "...[S/he] was in another resident's room trying to take their belongings... 07/02/2023, "...[Resident 9] was found in another resident's room trying to take their belongings. When staff asked for the things [Resident 9] yelled NO, MINE, and other things I couldn't understand..." 07/09/2023, "[Resident 9] had a behavior this morning during breakfast. Yelling, swinging, made a bowl of cereal fall on floor." 07/12/2023, "...When the writer arrived at 5:45 AM I could year [Resident 9] in the back yelling. The writer walked into [Resident 9's] room and [Resident 9] was yelling facing towards [his/her] closet. The writer asked [Resident 9] if [s/he] was okay and [Resident 9] yelled at the writer to shut up. I asked [him/her] if [s/he] wanted a snack and handed [Resident 9] an apple, but [s/he] threw it. After 10 minutes I re-approached [Resident 9] but [s/he] was still agitated and screaming. PRN was given and charted. 07/15/2023, "[Resident 9] has been out in the dining area taking things that do not belong to [him/her]. 07/15/2023, "Resident has been yelling a lot more the last few days staff will remind [him/her] not to yell in the house." 07/16/2023, "[Resident 9] had a behavior this morning saying [s/he] didn't get [his/her] meds.	N 433		

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N 433	Continued From page 44 Through [sic] a bowl of cereal at staff cursing, yelling and kicking." 07/29/2023, "[Resident 9] had some hallucinations in the beginning of the night talking to self." 08/03/2023, "1st shift staff came into work and discovered [Resident 9] had a butcher knife it was taken from [him/her]. (NOC (night shift) need to pay close attention to [him/her] during nights)". (did the provider conduct an investigation of this incident? Did they determine when/how/why this happened? Did Resident 9 state an intent?) 08/07/2023, "[Resident 9] was yelling early a.m. until after breakfast." 08/08/2023, "[Resident 9] was yelling all this morning, gave [him/her] a PRN. Some behavior as last night noc shift stated [s/he] broke all of [his/her] items in [his/her] room." 08/15/2023, [Resident 9] was given a lorazepam on 2nd shift. Slept until around 12:00 a.m. [Resident 9] has been up ever since yelling and having hallucinations." House Manager H provided Surveyor with Resident 9's most up to date ISP, which did not include a date. The ISP states, "Resident displays abusive behaviors towards others requiring 1 on 1 supervision to reduce/prevent episodes." On 10/13/2023 at 9:34 a.m., Surveyor interviewed House Manager H. Surveyor asked House Manager H what 1:1 supervision entails for Resident 9. House Manager H stated that Resident 9 is to be within line of sight, so the staff keep him/her in the living room or dining room so they can keep an eye on him/her during waking hours and 30 minute checks while sleeping. House Manager H stated that the kitchen door should have been closed and knives are now	N 433		

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N 433	Continued From page 45 locked inside the kitchen and staff have been instructed to keep the kitchen door shut and locked as well.	N 433		
N 448	83.41(2)(a) Nutrition: diet. Diets. 1. The CBRF shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. 2. The CBRF shall provide a therapeutic diet as ordered by a resident ' s physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide Resident 9 with food that met s/he dietary needs of receiving protein before his/her night time dose of insulin. Findings include: On 08/17/2023, the Department received a complaint in regards to the facility not providing proper diabetic care in regards to insulin. On 10/04/2023, Surveyors conducted a standard survey, verification visit, and complaint investigation. The facility is licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's, advanced age, physically disabled, developmentally disabled and terminally ill. At approximately 11:30 a.m., Surveyor reviewed the closed record of Resident 9. Resident 9 was	N 448		

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N 448	Continued From page 46 admitted to the provider on 03/16/2017 with diagnoses including major neurocognitive disorder, psychosis, diabetes, dementia, hallucinations, and agitation. Surveyor reviewed Resident 9's July and August medication administration record (MAR) with an order that states, "Protein snack before HS (night time) insulin. Staff to give protein stack prior to HS Lantus such as 1/2 peanut butter sandwich/snack sausage/cheese/egg/tuna/chicken..." with a start date of 01/06/2019. The provider did not provide Resident 9 with a protein before HS insulin and documented the following snacks as being provided: 07/02/2023 - orange 07/03/2023 - gold fish 07/04/2023 - yes 07/11/2023 - none on site 07/12/2023 - apple 07/13/2023 - apple 07/15/2023 - apple 07/17/2023 - not documented 07/18/2023 - apple 07/19/2023 - chips 07/20/2023 - cereal Resident 9 was hospitalized due to hyperglycemia the morning of 07/22/2023 and returned home before HS on 07/24/2023. 07/24/2023 - cake 07/25 & 07/26/2023 - not documented 07/28/2023 - not documented 07/31/2023 - apple 08/05/2023 - apple 08/06/2023 - not documented 08/07/2023 - cookies and juice 08/10/2023 - chips 08/15/2023 - banana 08/16/2023 - sandwich	N 448		

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N 448	Continued From page 47 Resident 9 was hospitalized due to hyperglycemia the morning of 08/17/2023 after having repeated high blood sugars. On 10/13/2023 at 9:34 a.m., Surveyor interviewed House Manager H. Surveyor reviewed the above concerns with House Manager H and asked if any staff have been trained on what a protein is. House Manager H stated no, they have never been trained on what a protein was and acknowledged that providing chips and sweets was a problem. Cross Reference N0431 DHS 83.38(1)(g) Health Monitoring	N 448		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure weekly menus were available to residents. This is a repeat deficiency. See SOD #V9SL12, dated 11/30/2021 and SOD #2B0J11, dated 07/27/2022. Findings include: On 10/04/2023 at approximately 8:45 a.m.,	N 450		

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N 450	Continued From page 48 Surveyor toured the provider's facility. Surveyor observed a white board in the dining room that stated "Breakfast, Lunch, Dinner," but did not have meals listed. Surveyor was unable to locate a menu posted elsewhere in the facility. On 10/04/2023 at approximately 8:50 a.m., Surveyor asked Caregiver K if the facility had a menu posted for residents. Caregiver K replied, "No." Caregiver K explained the menu is typically written on the white board in the dining room each day, but Caregiver K had not had time to complete the board yet. Caregiver K confirmed Surveyor's observation that a weekly menu was not posted. On 10/04/2023 at approximately 11:00 a.m., Surveyor observed the white board remained blank. On 10/04/2023 at approximately 1:00 p.m., Surveyor reviewed concern with House Manager H and Administrator M that the facility did not have a menu posted for residents. House Manager H stated the menu should be written on the white board posted in the dining room. Administrator M wrote down Surveyor's concern.	N 450		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall	N 452		

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N 452	Continued From page 49 maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. This is a repeat deficiency. See Statement of Deficiency (SOD) #2B0J11, dated 07/27/2022, SOD #V9SL12, dated 11/30/2021 and #2B0J12, dated 01/06/2023. Findings include: On 10/04/2023 at approximately 8:50 a.m., Surveyor toured the provider's kitchen. Surveyor observed the documentation of refrigerator and freezer temperatures that were posted on the appliances had not been updated in October. Surveyor tested temperatures, using 2 different thermometers, and observed the following: - The refrigerator nearest the laundry room did not seal tight. Temperature readings were 45.6 degrees Fahrenheit and 53.2 degrees Fahrenheit. The refrigerator included 8 containers of cheese, 2 containers of sour cream, eggs and 5 gallons of milk. - The freezer nearest the laundry room had temperature readings of 6.7 degrees Fahrenheit	N 452		

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and 7.3 degrees Fahrenheit (verify this was Fahrenheit, seems very cold. Could you mean Celsius?). The freezer contained pizza, ice cream, mixed vegetables, dinner rolls and egg rolls.
- The freezer nearest the dining room had a temperature of 30.2. The freezer contained mixed vegetables.

"Refrigeration slows bacterial growth. Bacteria exist everywhere in nature. They are in the soil, air, water, and the foods we eat. When they have nutrients (food), moisture, and favorable temperatures, they grow rapidly, increasing in numbers to the point where some types of bacteria can cause illness. Bacteria grow most rapidly in the range of temperatures between 40 and 140 °F, the "Danger Zone," some doubling in number in as little as 20 minutes. A refrigerator set at 40 °F or below will protect most foods." (Source: USDA Food Safety and Inspection Service Refrigeration & Food Safety, March 23, 2015, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/refrigeration#4 (retrieval date - December 7, 2023).)

On 10/04/2023 at approximately 12:00 p.m., Surveyor interviewed Caregiver K and Caregiver L. Surveyor asked the caregivers if they had checked the refrigerator and freezer temperatures that day. Both caregivers replied, "No."

On 10/04/2023 at approximately 1:00 p.m., Surveyor reviewed concern regarding temperatures of the provider's refrigerator and freezers in the kitchen with House Manager H and Administrator M. Administrator M questioned House Manager H regarding staff auditing

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N 452	Continued From page 51 temperatures. Surveyor shared observation that the temperature documentation posted in the kitchen had not been updated in October. Administrator M wrote down Surveyor's concern.	N 452		
N 481	83.43(1) Environment safe, clean, and comfortable 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was clean. The provider's bathrooms needed repairs and/or cleaning and the provider's microwave had food remnants throughout the inside. This is a repeat deficiency. See Statement of Deficiency (SOD) #V9SL12, dated 11/30/2021, SOD #V9SL13, dated 06/16/2022 and #2B0J12, dated 01/06/2023. Findings include: On 10/04/2023 at approximately 8:45 a.m., Surveyor toured the provider's facility. Surveyor observed the following concerns: - The bathroom between Resident 10 and Resident 11's room had a gray stain on the floor running from the toilet to the wall parallel to the toilet. The floor had a dark gray substance on each side of the stain (Photo 1). Surveyor	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017753	A. BUILDING: _____ B. WING _____	R-C 10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV SOUTH BELOIT EAST II	2775 KADLEC DR BELOIT, WI 53511

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N 481	Continued From page 52	N 481		

reviewed concern regarding the bathroom flooring with House Manager H and Administrator M. Administrator M looked at Surveyor's picture and replied, "What's the problem?"
- A bathroom located in the hallway, used by residents, had a broken toilet paper holder, no toilet paper available, a commode bucket with an unidentified liquid inside (Photo 2) and a laundry basket with a thick layer of lint on the surface (Photo 3). Caregiver L stated the toilet paper holder had been broken for at least 1 to 2 weeks. Approximately 2 hours after Surveyor shared concern with Caregiver L that the bathroom had no toilet paper available, the bathroom remained without toilet paper. Caregiver L stated s/he was unsure what the bucket was from and that the laundry basket should have been in the laundry room.
- Resident 12's bathroom had a dried brown substance on the floor and wall (Photo 4). Administrator M closed his/her eyes after viewing Surveyor's photo and wrote down the concern.
- The facility's microwave had food particles throughout the inside (Photo 5 and Photo 6). Administrator M made no comment after viewing Surveyor's photo.
- The wall outside of the facility kitchen was discolored and had food splatters on the wall and on the ceiling.

On 10/04/2023 at approximately 1:00 p.m., Surveyor reviewed concern regarding the environment with House Manager H and Administrator M. Surveyors offered to show House Manager H and Administrator M the concerns with the environment, Administrator M observed the Surveyor's pictures and replied, "So what's the concern?" Surveyor stated the observations did not provide a clean and homelike environment.

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N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all cleaning compounds and toxic substances were stored in a secure area. The provider had cleaning agents accessible to residents in the open public bathroom. This is a repeat deficiency. See statement of deficiency (SOD) #2B0J11, dated 07/27/2022 and SOD #2B0J12, dated 01/04/2023. Findings include: On 10/04/2023 at approximately 8:45 a.m., Surveyor toured the provider's facility. The provider has a public bathroom across from the facility's living room, where residents have unsupervised access to the bathroom. Surveyor observed Clorox and 2 bottles of toilet bowl cleaner that were not secured under the bathroom sink. At 10:46, Surveyor observed that the public bathroom near the living where and the door remained open and the cleaning compounds were not secured. Surveyor observed another public bathroom across from room #11 that was open and had hospital grade disinfectant and 2 bottles of Clorox that were not secured. At approximately 12:10 p.m., Surveyors reviewed the above concerns with Director A and House	N 499		

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N 499	Continued From page 54 Manager H. Director A stated to House Manager H that the cleaning compounds will have to be stored in the laundry area with the other cleaning compounds.	N 499		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation.	Z 010		

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Z 010	Continued From page 55 This Rule is not met as evidenced by: Based on record review and interview, the provider did not make every reasonable effort to obtain a copy of the criminal complaint related to Caregiver N's conviction of 947.01(1) Disorderly Conduct, which occurred within 5 years of employment. Findings include: On 10/04/2023 at approximately 11:30 a.m., Surveyor reviewed Caregiver N's employee records. Caregiver N was hired on 06/20/2023. Caregiver N's record included a conviction of 947.01(1) Disorderly Conduct on 04/04/2019. On 10/04/2023 at approximately 1:00 p.m., Surveyor interviewed House Manager H and Administrator M. Surveyor asked if the provider made attempts to obtain a copy of the criminal complaint related to Caregiver N's 04/04/2019 conviction. House Manager H replied, "No" and explained that s/he was unaware s/he was supposed to.	Z 010		