STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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AUBERGE AT OAK VILLAGE A MEMORY CARE COMM	W128 N6900 NORTHFIELD DR MENOMONEE FALLS, WI 53051

(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 04/29/2025, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit of statement of deficiency (SOD) 3GKY11 at Auberge At Oak Village A Memory Care Community, located at W128 N6900 Northfield Drive in Menomonee Falls, WI. Three repeat citations of noncompliance were issued. Census: 41 Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed.	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 14, Resident 15, Resident 16, and Resident 18 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 14 did not receive polyethylene glycol (prescribed for constipation), as prescribed. Resident 15 and Resident 16 did not receive lidocaine patches (prescribed for pain relief), as prescribed.	{N 352}		

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

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{N 352}	Continued From page 1 Resident 18 did not receive metoprolol (a medication prescribed for hypertension), as prescribed. This requirement is being cited for a second time. See Statement of Deficiency (SOD) 3GKY11, issued on 11/20/2024. The findings include: Example 1: Resident 14's polyethylene glycol (powdered bowel medication) On 04/29/2025 at approximately 11:15 A.M., Surveyor observed Caregiver G remove one 30-daily dose container of polyethylene glycol labeled with Resident 14's name from one of 2 medication carts. The container's pharmacy label dated "01/10/25 [2025]" included the practitioner's order including, "Mix 17 grams (fill cap to line)) in 4- [to] 8 oz [ounces of] liquid, stir well, and drink once daily." The manufacturer's label included the container originally included "30 once-daily doses [equaling 510 grams]." Surveyor observed approximately one quarter of the powdered medication remaining in the container. Caregiver G told Surveyor Resident 14 was admitted to the facility on 01/14/2025 and Resident 14 was known to refuse tablet/pill medications taken orally, but s/he did not think Resident 14 would refuse the polyethylene glycol since it was clear when mixed with water. Surveyor observed Caregiver G review the facility's "overflow medication storage" when Caregiver G told Surveyor this container within the medication cart was the only container of polyethylene glycol prescribed for Resident 14 at the facility. Caregiver G told Surveyor Resident 14 required caregiver administration of all prescribed	{N 352}		

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{N 352}	Continued From page 2	{N 352}		

medications. Photo #1 and #2.

On 04/29/2025, Surveyor reviewed Resident 14's record, as received from Health Services Director, Licensed Practical Nurse (HSD) R. Resident 14 was admitted to the facility on 01/14/2025 with diagnoses including dementia. Resident 14's practitioner's orders included an order for polyethylene glycol with directions to "Give 17 GM (gram) packet by mouth one time per day every day at 8:00 A.M. Give 1 packet mixed with 4-8 oz of liquid by mouth daily." Surveyor reviewed Resident 14's medication administration records (MARs) from 01/14/2025 through 04/29/2025. Resident 14's January 2025 MAR included documentation Resident 14 was administered 15 of 16 potential doses, with 1 dose not administered on 01/28/2025 related to "drug not available." Resident 14's February 2025 MAR included documentation Resident 14 was administered 27 of 28 potential doses, with 1 dose's documentation left blank on 02/13/2025. Resident 14's March 2025 MAR included documentation Resident 14 was administered 31 of 31 potential doses. Resident 14's April 2025 MAR included documentation Resident 14 was administered 28 of 29 potential doses, with 1 dose not administered on 04/27/2025 related to Resident 14 "refused" the medication. In total, the documentation within Resident 14's MARs from 01/14/2025 through 04/29/2025 included a total of 101 administered doses equaling 1717 grams of polyethylene glycol from one container with one quarter of the original 30 once-daily equaling 510-gram doses of medication remaining within the container received by the facility after Resident 14 was admitted to the facility.

On 04/29/2025 at approximately 1:35 P.M.,

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{N 352}	Continued From page 3 Surveyor observed HSD R review the medication cart including Resident 14's polyethylene glycol container. HSD R told Surveyor s/he was unable to locate any packets of polyethylene glycol, as ordered, within the medication cart prescribed to Resident 14. Resident Care Coordinator (RCC) F told Surveyor s/he had not seen nor was s/he aware of any packets of polyethylene glycol ever being available at the facility for Resident 14, only the one container of polyethylene glycol as observed within the medication cart. HSD R told Surveyor the order was most likely filled by the pharmacy on 01/10/2025 with Resident 14's pre-admission orders and delivered to the facility before or on Resident 14's admission on 01/14/2025. HSD R told Surveyor s/he was not aware of the facility's new pharmacy providing polyethylene glycol to Resident 14 after the switch in pharmacies occurred. Example 2: Resident 16's lidocaine 5 % patch (topical patch pain medication) On 04/29/2025 at approximately 1:19 P.M., Surveyor observed HSD R remove a box containing 21 lidocaine 5 % transdermal patches from one of 2 medication carts. The box had an affixed pharmacy label including Resident 16's name, the medication name, the medication prescription with directions for application, the date the prescription was filled by the pharmacy, and the number of patches originally contained within the box. The label included, "Apply 1 patch topically once daily (12 h [hours] on, 12 h off)." The label included 30 patches were filled by the pharmacy on 03/21/2025. HSD R told Surveyor this box was the only box of lidocaine patches available for Resident 16 at the facility. HSD R said s/he was confused because s/he was not	{N 352}		

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aware Resident 16 had a prescription for lidocaine 5 % patch application and the pharmacy label was from a pharmacy the facility typically did not utilize. HSD R told Surveyor Resident 16 required caregiver administration of all prescribed medications. Photo #3

On 04/29/2025, Surveyor reviewed Resident 16's record as provided by HSD R. Resident 16 was admitted to the facility on 08/16/2024 with diagnoses including dementia. Resident 16's practitioner's orders for medications did not include a prescription for lidocaine 5 % patch. Resident 16's MARs from 03/21/2025 (last date of lidocaine 5 % patch filled by pharmacy, as indicated on the box) through 04/29/2025 did not include a prescription for lidocaine 5 % patch, as indicated on the box.
At 1:41 P.M., HSD R told Surveyor s/he discussed the box of Resident 16's lidocaine 5 % patches within the medication cart and the lack of a prescription from the facility with RCC F. HSD R said Resident 16 spent some time at a local skilled rehabilitation facility and when s/he returned to the facility (CBRF) a box of lidocaine 5 % patches came with Resident 16 without a written prescription for the patches. RCC F's documentation dated 03/31/2025 at 2:51 P.M. included, "[Resident 16] returned to community (CBRF) this afternoon, transported by [Resident 16's Legal Representative S]. [Resident 16] returned with bingo card medications to be placed in med [medication] cart, including lidocaine patches." HSD R said s/he was on leave from the facility during this time and would ask RCC F if Resident 16's practitioner and/or the skilled rehabilitation facility had been consulted regarding the patches received without a prescription upon Resident 16's return.
At 2:52 P.M., HSD R told Surveyor Resident 16

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was sent to the hospital on 03/10/2025 before being sent to the skilled rehabilitation facility on 03/14/2025 until returning to the CBRF on 03/31/2025. Surveyor reviewed Resident 16's hospital discharge summary dated 03/10/2025 including Resident 16 was hospitalized for diagnoses including generalized weakness and urinary tract infection (UTI). The documentation included Resident 16 complained of "severe back pain." Surveyor reviewed Resident 16's skilled rehabilitation facility's discharge summary including, "[Resident 16] was admitted on 3/14 [2025] following hospitalization at [local hospital] for UTI and weakness" and "[Resident 16] will discharge 03/31/2025 to [CBRF]..." Surveyor reviewed Resident 16's "Discharge packet" dated 03/31/2025 from the skilled rehabilitation facility including medication orders/prescriptions. The prescriptions included, "Lidocaine patch 5 % - apply to affected area. On AM [morning]. Pain." HSD R told Surveyor CBRF staff did not find this discharge summary and prescription for lidocaine 5 % patch when Resident 16 returned on 03/31/2025. HSD R told Surveyor s/he contacted the facility's pharmacy on 04/29/2025 and was told the pharmacy was not aware of Resident 16's absence from the facility between 03/10/2025 and 03/31/2025 and was not aware of the prescription for lidocaine 5 % patch. HSD R told Surveyor s/he contacted the skilled rehabilitation facility on 04/29/2025 to receive Resident 16's discharge summary from 03/31/2025, including prescriptions, and the skilled rehabilitation facility confirmed the prescription for lidocaine 5% patch application was originally prescribed on 03/21/2025 during his/her stay. HSD R said it was likely Resident 16 was administered the 9 missing lidocaine 5 % patches from the box located in the facility's medication cart after they were prescribed on 03/21/2025 at the skilled

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rehabilitation facility until his/her return to the CBRF on 03/31/2025. HSD R told Surveyor Resident 16 should have continued receiving daily application of lidocaine 5% patch as soon as s/he returned to the facility on 03/31/2025, which would have included approximately 29 doses.

On 04/29/2025 at approximately 4:30 P.M., RCC F told Surveyor Resident 16's discharge summary from the skilled rehabilitation was missed by the facility on 03/31/2025 and Resident 16's practitioner and/or the skilled rehabilitation facility was not consulted regarding the patches received without a prescription upon Resident 16's return.

Example 3: Resident 15's lidocaine 4 % patch

On 04/29/2025 at approximately 1:20 P.M., Surveyor observed HSD R remove a box containing 2 lidocaine 4 % transdermal patches from one of 2 medication carts. The box had an affixed pharmacy label including Resident 15's name, the medication name, the medication prescription with directions for application, the date the prescription was filled by the pharmacy, and the number of patches originally contained within the box. The label included, "Apply one patch topically to clean, dry skin daily for pain (12 hrs [hours] on, 12 hrs off)." The label included 30 patches were filled by the pharmacy on 03/10/2025. HSD R told Surveyor this box was the only box of lidocaine 4 % patches available for Resident 15 at the facility. HSD R told Surveyor Resident 15 required caregiver administration of all prescribed medications. Photo #4

On 04/29/2025, Surveyor reviewed Resident 15's record as provided by HSD R. Resident 15 was admitted to the facility on 11/15/2021 with

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{N 352}	Continued From page 7 diagnoses including dementia. Resident 15's practitioner's orders included a prescription for Resident 15's lidocaine 4 % patch, "apply one patch topically to clean, dry skin daily for pain (12 hrs on, 12 hrs off)." Resident 15's MARs from 03/10/2025 (last date of lidocaine 4 % patch delivery from pharmacy) through 04/29/2025 included documentation of approximately 49 applications out of 51 potential doses during that time frame. The documentation included 1 dose was "ref [refused]" by Resident 15 on 03/18/2025 and documentation on 03/23/2025 was left blank. Based on Resident 15's lidocaine transdermal patch prescription, a 30-day supply of 30 patches originally provided by the pharmacy and the 2 remaining patches in the box dated 03/10/2025, and the caregiver documentation of approximately 49 patches administered between 03/10/2025 and 04/29/2025, Resident 15 did not receive lidocaine transdermal patch administration as prescribed. On 04/29/2025, Administrator A provided Surveyor with a letter sent to resident's, or their legal representatives, as a result of the issuance of SOD 3GKY11. The letter included documentation of interventions to assure compliance related to this citation of noncompliance, as issued within SOD 3GKY11. The documentation included, "...[the CBRF] will ensure community staff responsible for administering medications understand and respect a resident's right to refuse to accept their medication. Community staff responsible for medication administration with be educated on this right and provided instruction to attempt medication administration three times when refused, with each attempt spaced out over the course of several minutes. If and/or when the third and final attempt continues to be met with	{N 352}		

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refusal from the resident, our community Med Techs [medication passers] will accurately document the refusal and inability to administer the medication. Should a single resident refuse the same medication three consecutive times, their primary health care provider will be notified to enforce any adjustments where required." According to DHS 83.37(1)(k)2., "Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days."

On 04/29/2025 at approximately 4:45 P.M., during an interview with Administrator A, RCC F, and HSD R, Administrator A told Surveyors there was 'more to be done' to correct this noncompliance related to each resident's right to receive all prescribed medications in the dosage and at intervals prescribed by a practitioner.

Example 4: Resident 18

On 04/29/2025, Surveyor reviewed Resident 18's record.

Resident 18 was admitted to the facility on 01/04/2024 with diagnoses including dementia and hypertension. Resident 18's physician orders included an order for metoprolol as follows: "Metoprolol Tar Tab 50 MG- Give 50 MG Tablet by mouth Two times per day Every day at 8:00 AM, 8:00 PM. Take 1 tablet by mouth two times daily for hypertension-Hold if systolic blood pressure less than 120 and HR less than 60."

Surveyor reviewed Resident 18's MARs from 02/01/2025- 04/29/2025. Resident 18's February 2025 MAR included documentation that the

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metoprolol was administered 56 times of 58 potential doses and held 2 times. Both blood pressure and heart rate were within the parameters to hold the medication for 5 additional doses, but it was documented as administered. Resident 18's March 2025 MAR included documentation that the metoprolol was administered 51 times of 62 potential doses, held 10 times, and refused 1 time. Both blood pressure and heart rate were within parameters to hold the medication for 5 additional doses, but it was documented as administered. Resident 18's April 2025 MAR included documentation that the metoprolol was administered 45 of 58 potential doses, held 11 times, and has no documentation of administration 2 times. Both blood pressure and heart rate were within parameters to hold the medication for 4 additional doses, but it was documented as administered.

On 04/29/2025, at approximately 4:00 PM, Surveyor interviewed HSD R regarding Resident 18's metoprolol order. Surveyor asked how s/he would direct staff to follow the hold parameters within the order, as it stated, "hold if systolic blood pressure less than 120 and HR less than 60". Surveyor asked if the medication passers would hold the medication for either one being low, or if it would need to be both vital signs reading low since the order read "and". HSD R stated s/he was not sure, and s/he would need to get clarification from the provider because it is unclear. HSD R agreed the medication said it was prescribed for hypertension, so the blood pressure would be the primary focus. HSD R stated s/he would expect his/her staff to ask questions if they weren't sure how to follow the order, and staff should call him/her to seek direction. HSD R acknowledged the doses that should have been held, based on the vitals

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{N 352}	Continued From page 10 obtained. Surveyor explained to HSD R, the dates noted by Surveyor, were only if following the order as "and", and only holding if both blood pressure and heart rate were too low. Surveyor explained the number of doses that should have been held but were not, would be much higher, if interpreting the order differently, or looking only at the blood pressures. HSD R stated again s/he would get updated directions from the provider that were clearer to understand.	{N 352}		
{N 357}	83.32(3)(m) Rights of Residents: Recording and filming In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Recording, filming, photographing. Not be recorded, filmed or photographed without informed, written consent by the resident or resident ' s legal representative. The CBRF may take a photograph for identification purposes. The department may photograph, record or film a resident pursuant to an inspection or investigation under s. 50.03(2), Stats., without his or her written informed consent. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident had the right not to be recorded or filmed when an electronic surveillance camera remained in a common space in the facility. This had the potential to effect 41 of 41 residents who resided there. This requirement is being cited for a second time. See Statement of Deficiency (SOD) 3GKY11, issued on 11/20/2024.	{N 357}		

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{N 357}	Continued From page 11 Findings include: The provider is licensed to serve up to 56 residents in the client groups irreversible dementia/ Alzheimer's and advanced aged. The facility had delayed egress doors to minimize resident elopement. On 04/29/2025, at approximately 8:45 AM, Surveyor toured the facility. Surveyor observed 1 camera facing a large common area/gathering space and sunroom near the back of the building. This was the same camera that was cited in the previous survey (SOD 3GKY11, dated 09/29/2024). The camera remained in the same location and appeared to be facing the same direction. Surveyor did not observe a posting to inform residents or visitors, that they were being recorded. At approximately 12:40 PM, Surveyor asked Administrator A to see the camera views. The camera in the common area was still pointed in the same direction, but the bottom 2/3 of the frame was blacked out. Administrator A stated the security company was able to block out part of the view to minimize visual of the common area. Surveyor observed one dining table within the camera view and saw Resident 17 seated at the table eating his/her lunch. Administrator A stated the purpose of the camera was to monitor the exterior door in the sunroom. Administrator A stated the exterior door was a delayed egress door, and it was always alarmed. On 04/29/2025 at approximately 1:06 PM, Surveyor interviewed Resident Care Coordinator (RCC) F about the dining setup. RCC F stated the table arrangement had not changed since the	{N 357}		

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{N 357}	Continued From page 12 last survey in November and confirmed the tables near the kitchenette (viewable space on the camera), had been like that for months. On 04/29/2025 at approximately 4:43 PM, Surveyor interviewed Administrator A. Administrator A agreed the exterior cameras at each exit would record someone's entrance or exit through any of the doors. Administrator A stated s/he would call the security company to have the camera removed. The Department DQA Memo 16-001, Electronic Video Monitoring and Filming in BAL Regulated Facilities, dated 02/01/2016, read, in part: "Privacy is a resident right. Wis. Stats., § 50.09 and Wis. Admin Code §§ DHS 88.10(3) applicable to AFHs and DHS 83.32(3) applicable to CBRFs, are specifically related to preserving resident privacy in many areas. Those areas include: health care; treatment (both physical and emotional); living arrangements; caring for personal needs including toileting, bathing and dressing; visits by spouse or domestic partner; confidentiality of health and personal information and records; private and unrestricted communications; and the right to not be searched when there is a reasonable expectation of privacy. Due to these privacy protections, BAL has determined that electronic video monitoring and filming in the following locations of AFHs and CBRFs would infringe upon resident privacy rights: Resident bedrooms; Facility or resident bathrooms or shower rooms; Dining rooms; Therapy rooms; Visiting areas, lounges, multipurpose rooms, or activity rooms; Hallways that lead to resident rooms; or Any other space where a resident may be seen meeting with visitors, engaging in an activity (including eating), sleeping, discussing their current condition, or	{N 357}		

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{N 357}	Continued From page 13 receiving personal care, medical treatment or therapy. Due to concern about violating resident's right to privacy and right to a living environment that is as homelike as possible and the least restrictive, electronic video monitoring or filming in these locations will be viewed by the Department as a violation of resident privacy rights even with the residents' informed, written consent."	{N 357}		
{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 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 observation, interview, and record review, the provider did not update Resident 18's or Resident 19's individual service plan (ISP) when there was a change in his/her needs and physical condition. Resident 18's ISP was not updated to reflect the current use of tubigrips, fall status due to recent falls.	{N 389}		

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{N 389}	Continued From page 14 Resident 19's ISP was not updated to reflect the current use of a broda chair or a hoyer lift, hospice provider, or fall status. This requirement is being cited for a second time. See Statement of Deficiency (SOD) 3GKY11, issued on 11/20/2024. Findings include: Example 1- Resident 18 On 04/29/2025 Surveyor reviewed Resident 18's record. Resident 18 admitted to the facility on 01/04/2024 with diagnoses including dementia and hypertension. Resident 18 has an activated healthcare power of attorney. Surveyor reviewed Resident 18's Progress Notes, dated 01/23/2025 - 04/29/2025 documented the following: "01/23/2025- Fall- On 01/22/25 at 10 pm, staff reported they found the resident sitting on [his/her] floor with [his/her] back up against [his/her] bed. Resident assisted off the floor and back to bed. The resident has a cognitive deficit, poor safety judgement, and uses a walker for mobility ... 01/24/2025- Nursing- Resident seen by [healthcare provider] on 1/23/25, new order to decrease furosemide to 20mg QD (every day) for LE edema. 01/27/2025- Nursing- [healthcare provider] increasing furosemide back to 40mg QD for BLE edema with LLE weeping ... 01/27/2025- Nursing- Resident presents with	{N 389}		

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{N 389}	Continued From page 15 increased BLE edema, and [his/her] left leg is weeping clear fluid. LLE wrapped with an ABD pad and kerlix, [his/her] tubigrips applied ... 02/09/2025- Fall- Resident had an unwitnessed fall on 2.9.25. During safety rounds, staff found resident sitting upright on their bottom beside their bed. When asked what happened, resident was unable to provide an explanation, stating they do not know what happened ... Resident stated they hit their head when they fell, however no bruising, bleeding, swelling, or markings visible to indicate injury ... 02/11/2025- Nursing- High-risk Charting: Recent fall w/o injury and recent low blood pressure readings. 02/19/2025- Incident- Staff reports they found the resident on [his/her] room floor, curled up and laying on top of a pile of blankets. Resident told staff [s/he] lowered [him/herself] to the floor because [s/he] was cold ... 02/25/2025- Nursing- NOR received to start Clindamycin 150mg TID x 7 days for LLE cellulitis ... 03/20/2025- Nursing- ...3.13.25. Note details: Skilled nursing visit for wound care. Tubigrips not on ... Tubigrips put on after treatment ... 03/20/2025- Nursing- ...3.6.25. Note details: Skilled nursing visit for wound care ... Tubigrips applied ... 04/02/2025- Fall- On 04/01/2025 at 9:00 PM, staff reported that the resident was found on the floor in [his/her] bedroom. Per staff, the resident has a right forehead injury that was bleeding and	{N 389}		

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{N 389}	Continued From page 16 required medical evaluation ... The resident has a history of falls related to a cognitive deficit and poor safety judgement/awareness ... 04/04/2025- Nursing- ... Tubigrips in place for LE edema ... 04/04/2025- Nursing- ... 3.27.25. Note details: ... Tubigrips applied ... 04/14/2025- Nursing- ... 4.9.25. Note details: ... Balance scale 11/28, high fall risk ... 04/16/2025- Nursing- ... No tubigrips on- Refused to have any put on ..." Surveyor reviewed Resident 18's recent physician visit notes, which documented: "Visit On: 03/20/2025 ... Physical Exam: ... Cardiac/EXTREMITIES: RRR, 1/6, LLE with 1+ pitting pedal to pretibial, with few scabbed areas to shin, discoloration consistent with PVD, RLE with trace edema ... Visit On: 04/24/2025 ... Physical Exam: ... Cardiac/EXTREMITIES: RRR, 1/6, LLE 1+ pitting edema, RLE trace, no stockings, no ulcers on exam ..." Surveyor reviewed Resident 18's ISP, which documented the following: "Last Modified: 1/22/2025 ... 02. Neurocognitive Resident will maintain and/or maximize current level of functioning with orientation- Orientation: Moderate Impairment- Resident has current or history of occasional disorientation to person,	{N 389}		

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{N 389}	Continued From page 17 place, time, or situation even in familiar surroundings and requires supervision and oversight for safety. Resident will maintain and/or maximize current level of functioning with short term memory- Short Term Memory: Moderate Impairment- Resident has current or history of occasional difficulty remembering and using information; requires some directions and reminding from others; may have difficulty following written instructions. 08. Fall Potential Resident will maintain and/or maximize current level of functioning with fall potential- Fall Potential: [Personalize]." On 04/29/2025 at approximately 4:25 PM, Surveyor interviewed HSD R regarding Resident 18's current needs and ISP. HSD R stated Resident 18 was supposed to have tubigrips applied to his/her bilateral lower extremities daily and staff are aware of this because Resident 18 has required them for an extended period of time. HSD R confirmed Resident 18's falls in 2025 and agreed s/he is at an elevated risk of falls. HSD R explained the provider switched to a new electronic health record (EHR) system near the end of January 2025. HSD R stated s/he and RCC F were still working through ISP updates and have not been able to get all of them updated yet to accurately reflect personalized needs of the residents. HSD R stated the concerns noted above will be added to Resident 18's ISP. Example 2- Resident 19 On 04/29/2025, around 8:40 AM, Surveyor toured the facility. Surveyor observed the following inside Resident 19's room: - Mechanical lift (hoyer)	{N 389}		

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{N 389}	Continued From page 18 - Thick fall mat - Video monitoring device On 04/29/2025, around 2:15 PM, Surveyor interviewed Caregiver T. Caregiver T identified Resident 19 to Surveyor. Resident 19 was sitting in a broda chair with a hoyer lift sling under him/her. Surveyor asked Caregiver T about Resident 19's care, and Caregiver T stated Resident 19 uses the broda chair for mobility and uses the hoyer lift for most transfers. Caregiver T stated at times Resident 19 will use the grab bar in the bathroom and is able to stand to pivot onto the toilet. Caregiver T could not recall any recent falls, but confirmed resident utilizes the fall mat in his/her room. On 04/29/2025 Surveyor reviewed Resident 19's record. Resident 19 admitted to the facility on 05/07/2024 with diagnoses including abnormalities of gait and mobility, personal history of traumatic fracture (healed), (idiopathic) normal pressure hydrocephalus, and cerebral infarction. Resident 19 has an activated power of attorney. Surveyor reviewed Resident 19's Progress Notes, dated 01/23/2025 - 04/29/2025 documented the following: "02/04/2025- Change of Condition- Writer contacted [hospice provider] nurse about resident change of condition today. Staff reported resident sleeping much more than normal today. Resident wasn't awake long enough to eat breakfast or lunch .... 02/04/2025- Fall- On 2/1/25 around 9:57 PM staff reports hearing resident yell for help, when they entered [his/her] room [s/he] was crawling on the	{N 389}		

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{N 389}	Continued From page 19 floor ... 02/04/2025- Fall- On 2/2/25 around 3:20 PM staff reported hearing resident yell out for help. Staff walked in the resident room and saw resident scooting towards the door... 02/05/2025- Nursing- No concerns were noted related to recent falls ... 02/07/2025- Nursing- No further concerns related to recent fall incidents. 02/24/2025- Incident- ... Staff found the resident on the floor in the common area. Resident with no s/sx injury. Resident is on [hospice provider] service for a terminal diagnosis and sits in broda chair. Resident has a history of falls related to a cognitive deficit and poor safety judgement ..." Surveyor reviewed Resident 19's recent physician visit notes, which documented: "Visit On: 03/13/2025 ... Chief Complaint / History of Present Illness / Review of Systems: ... Patient remains under hospice care, hospice reports patient has been sleeping more throughout the day. [S/he] continues to have lower body weakness and right sided weakness s/p CVA and requires hoyer for transfers and broda ... Visit On: 04/17/2025 ... staff report patient did have a recent fall, however without injury. [S/he] is found in broda chair today, [s/he] appears comfortable and is resting, she remains under hospice care ..." Surveyor reviewed Resident 19's ISP, which documented the following:	{N 389}		

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{N 389}	Continued From page 20 "Last Modified: 1/22/2025 ... 04. Mobility/Ambulation Resident will maintain and/or maximize current level of functioning with mobility/ambulation. Mobility/Ambulation: Full Assist- Resident requires hands on assistance by staff. 05. Escorts Resident will maintain and/or maximize current level of functioning with escorts- Escorts: Assistance- Resident requires assistance with escorting. 07. Transferring Resident will maintain and/or maximize current level of functioning with transferring- Transferring: Full Assist- Resident require full staff assistance with all transferring segments or for the duration of the transferring to/from chair or bed." Resident 19's ISP did not document information about a broda chair, hoyer lift, fall risk/status, hospice involvement, or video monitoring. On 04/29/2025 at approximately 4:30 PM, Surveyor interviewed HSD R about Resident 19's current needs and ISP. HSD R stated hospice organizations often deliver different equipment without notifying him/her, which causes HSD R to not always know what is accurate on the ISP. HSD R explained the provider switched to a new EHR system near the end of January 2025. HSD R stated s/he and RCC F were still working through ISP updates and have not been able to get all of them updated yet to accurately reflect personalized needs of the residents. HSD R stated that was the primary reason the broda chair, hoyer lift, fall status, and hospice involvement was not captured on the ISP. S/he	{N 389}		

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{N 389}	Continued From page 21 stated the concerns noted above will be added to Resident 19's ISP.	{N 389}		