STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019367	A. BUILDING: _____ B. WING _____	C 02/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAGE MEADOWS OF MIDDLETON - 5330	5330 CENTURY AVE MIDDLETON, WI 53562

(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 02/06/2024, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey and complaint investigation at Sage Meadows of Middleton, a CBRF located in Middleton, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. The complaint was unsubstantiated. Census: 32	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure staff implemented and followed the individualized service plan (ISP) as written. On 02/06/2024, Resident 1 was discovered to have a skin integrity issue on his/her left buttock. Resident 1 and staff reported that Resident 1 is independent with showering and toileting. Surveyor reviewed Resident 1's ISP and found the Resident 1 is a SBA (stand by assist) for all showers and during showers Resident 1's skin is to be assessed and all skin integrity concerns are to be reported to the facility nurse. FINDINGS INCLUDE: facility provides care to the following client groups: irreversible dementia, Alzheimer's,	N 388		

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

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N 388	Continued From page 1	N 388		

developmentally disabled, and advanced aged.

On 02/06/2024, Surveyors arrived at facility for a standard survey.

OBSERVATIONS:

On 02/06/2024 at 10:00 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he had painful sores on his/her bottom. Resident 1 stood up in front Surveyor and showed Surveyor the lower half of his/her left buttock. Surveyor observed 2 purple discolorations, approximately 0.5 inches in diameter, circular, and raised from the skin. The skin covering the more superior (closer to the head) spot was intact. The skin covering the inferior (towards the feet) spot had a superficial tear with no drainage. Resident 1 stated s/he scratches at them sometimes. Surveyor asked Resident 1 if s/he had reported this concern to the facility. Resident 1 stated s/he reported these sores to Supervisor B, but nothing had been done. Resident 1 stated s/he noticed these spots a few months ago, and thought they would go away on their own. Resident 1 stated that when s/he accidentally sits or lays on these 2 spots it hurts so much s/he screams out. Resident 1 stated staff do not assist them with showers and/or toileting.

On 02/06/2024 at 11:00 AM, Surveyor informed Caregiver C that Resident 1 was reporting painful spots on his/her buttocks. Caregiver C immediately notified Manager A. Manager A immediately entered Resident 1's room with Caregiver C and Surveyor. Manager A assessed Resident 1's buttocks. Manager A acknowledged Resident 1 had 2 raised purple spots on his/her left buttock. Resident 1 told Manager A that the spots were painful to the touch. Manager A

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notified Resident 1 s/he would need to see a physician about the raised purple spots in his/her left buttock. Resident 1 thanked Manager A for his/her assistance.

RECORD REVIEW:

On 02/06/2024, Surveyor reviewed Resident 1's facility record.

On 02/06/2024, Surveyor reviewed Resident 1's facility facesheet. Resident 1 was admitted to the facility on 08/12/2020. Resident 1 had an activated power of attorney. Resident 1 is diagnosed with but not limited to: mild cognitive impairment.

On 02/06/2024, Surveyor reviewed Resident 1's most recent individualized service plan (ISP) signed on 05/25/2023. Under the subsection titled, "BATHING - MONITORING AND CUE," it stated, "Care staff are to provide SBA (stand by assistance) to ensure safety and all bathing tasks are completed. Care staff are to notify community RN of any skin concerns noticed. Care staff will monitor resident and notify community RN of any changes or concerns."

On 02/06/2024, Surveyor reviewed 2 forms titled, "SCHEDULED SHOWER & BODY SKIN CHECK." Both forms were completed by Caregiver C. On 01/20/2024, Caregiver C documented Resident 1 had, "No skin concerns." On 02/03/2024, Caregiver C documented Resident 1 had, "No skin concerns."

On 02/06/2024, Surveyor reviewed Resident 1's observation notes from 12/01/2023 to 02/06/2024. On 01/20/2024 at 1:15 PM, Caregiver C documented the following, "Staff

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cued the resident to take a shower, the resident stated that [s/he] did not need [his/her] laundry done at this time. There are no skin concerns and a skin/shower sheet has been filled out." On 02/03/2024 at 1:45 PM, Caregiver C documented, "Staff cued the resident to take a shower. Resident stated that [s/he] does not need [his/her] laundry changed at this time. A shower sheet has been completed." On 02/06/2024 at 11:30 AM, Manager D documented, "Resident has two small spots of [his/her] bottom, one has a scab and they are causing [him/her] pain. Primary care visit scheduled...Staff are to keep area dry and clean until further instructions come from MD...".

INTERVIEWS:

On 02/06/2024 at 1:30 PM, Surveyor interviewed Caregiver C. Caregiver C stated s/he prompts Resident 1 to take a shower, leaves the room during the shower, and then checks on him/her after s/he has completed the shower. Caregiver C stated s/he doesn't stay in Resident 1's restroom while Resident 1 was taking a shower. Caregiver C stated s/he was following Resident 1's showering instructions as they were written in the electronic health record (EHR). Caregiver C showed Surveyor Resident 1's showering instructions in the EHR. Surveyor reviewed the instructions in the EHR. Surveyor verified the showering instructions in the EHR matched the instructions on the paper ISP. When Surveyor asked Caregiver C why s/he wasn't following the SBA portion of Resident 1's shower instructions. Caregiver C stated that s/he had not been educated on what SBA meant. When Surveyor stated that SBA meant 'stand by assist.' Caregiver C acknowledged s/he had not been standing by Resident 1 during their showers. Surveyor asked Caregiver C how the skin check

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N 388	Continued From page 4 forms were completed if s/he was not standing by and observing Resident 1's skin during a shower. Caregiver C stated staff usually ask Resident 1 if s/he is having any new skin concerns. Caregiver C stated Resident 1 denied having skin integrity issues on 01/20/2024 and 02/03/2024. On 02/06/2024 at 3:00 PM, Surveyors discussed the above concerns with Manager A and Supervisor B. Manager A and Supervisor B acknowledged Resident 1 and Caregiver C reported Resident 1 has been showering independently. Manager A and Supervisor B acknowledged that Caregiver C had not been educated on what SBA means. Manager A and Supervisor B acknowledged Resident 1's ISP stated Resident 1 was to be a SBA assist for showers, skin was to be assessed, and any new concerns were to be reported to the nurse. Manager A and Supervisor B acknowledged Resident 1's ISP had not been implemented as written.	N 388		