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	0015502	A. BUILDING: _____ B. WING _____	C 04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTSTAR SENIOR LIVING	**6550 SCHROEDER RD MADISON, WI 53711**

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N 000	Initial Comments On 04/24/2025, the bureau of assisted living southern regional office conducted a standard survey and complaint investigation at Brightstar Senior Living a CBRF located in Madison, WI. As a result of this survey, 2 violations of DHS Chapter 83 were issued. Complaint was substantiated. Census: 19	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 3 of 3 employees had not been screened for clinically apparent communicable disease including tuberculosis, utilizing centers	N 220		

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

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N 220	Continued From page 1 for disease control (CDC) and prevention standards within 90 days before the start of employment. FINDINGS INCLUDE: The Center for Disease Control and Prevention (CDC) guidelines for tuberculosis screening for health care workers (HCWs) are as follows, "TB Screening Procedures for Settings (or HCWs) Classified as Low Risk ... All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT (blood test measuring interferon gamma protein) to test for infection with M. tuberculosis. After baseline testing for infection with M. tuberculosis, additional TB screening is not necessary unless an exposure to M. tuberculosis occurs...HCWs with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months) ...". (Source: The Center for Disease Control and Prevention Website, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, December 30, 2005, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm (retrieval date - September 18, 2024).) On 04/24/2025, Surveyor arrived at facility for a standard survey. On 04/24/2025, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 11/01/2024. Caregiver D's record contained documentation of a 1-step tuberculin skin test (a tuberculosis screening test) completed on 10/22/2024.	N 220		

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N 220	Continued From page 2 On 04/24/2025, Surveyor reviewed Caregiver E's record. Caregiver E was hired on 09/12/2023. Caregiver E's record contained documentation of a 1-step tuberculin skin test completed on 09/07/2023. On 04/24/2025, Surveyor reviewed Caregiver F's record. Caregiver F was hired on 04/15/2025. Caregiver F's record contained documentation of a 1-step tuberculin skin test completed on 04/10/2025. On 04/24/2025 at 12:00 PM, Surveyor discussed the above concerns with Community Director A and Nurse B. Community Director A and Nurse B stated they were not aware 1-step tuberculin skin screening tests did not meet CDC standards of infectious disease prevention. Community Director A and Nurse B acknowledged 3 of 3 caregivers reviewed only had 1-step tuberculin skin test results documented.	N 220		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received prompt and adequate treatment which were appropriate to his/her needs.	N 353		

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From 03/01/2025 to 03/07/2025, Caregivers documented multiple blood glucose levels over 200 mg/dl. Zero, blood sugar levels were reported to Resident 1's PCP during this period.

On 03/08/2025, Resident 1 was sent to the ER (emergency room). Resident 1 was found to have increased weakness and confusion. Resident 1's blood glucose level was 427 mg/dl. Resident 1's was diagnosed with severe sepsis, UTI (urinary tract infection), and hyperglycemia (critically high blood glucose). Resident 1 was admitted to inpatient hospital services.

Following hospital admission. The chronic wound on Resident 1's left heel was assessed to have advanced severely secondary to unmanaged diabetic blood sugar levels. Resident 1 refused further surgical intervention for left heel wound and was admitted to hospice service. Resident 1 was then discharged from the hospital to a SNF (skilled nursing facility).

This is a repeat of statement of deficiency (SOD) Y8GO11 dated 06/07/2022.

FINDINGS INCLUDE:

On 03/20/2025, the Department received a complaint regarding resident treatment at facility.

On 04/24/2025, Surveyor arrived for a complaint investigation.

RECORD REVIEW:

On 04/24/2025, Surveyor reviewed Resident 1s face sheet. Resident 1 was admitted to the facility on 10/28/2024 and was discharged on 04/15/2025. Resident 1 was his/her own person.

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N 353	Continued From page 4 Resident 1 was diagnosed but not limited to: type 2 diabetes mellitus, congestive heart failure, aphasia (difficulty with verbal communication) following a subarachnoid hemorrhage, weakness, dysphagia (difficulty swallowing), abnormalities of gait and mobility and retention of urine. On 04/24/2025, Surveyor reviewed Resident 1's individualized service plan (ISP). Resident 1's ISP was not signed by Resident 1. The following was documented: 1) "BATHING - PARTIAL ASSISTANCE ...Wash resident from head to toe ...Make sure all areas are clean." 2.) "DRESSING - PARTIAL ASSISTANCE ..." 3.) "GROOMING - PARTIAL ASSISTANCE ..." 4.) "TOILETING - PARTIAL ASSISTANCE ...toilet every 2 hours" 5.) "AMBULATION - PARTIAL ASSISTANCE ..." 6.) "POSITIONING - STAFF ASSISSTANCE ...Resident requires staff assistance with all positioning needs ...to change position as needed for comfort and to prevent pressure ulcers ..." 7.) "TRANSFERRING - STAFF ASSISTANCE ...Resident requires sit to stand for all transfers ..." 8.) "DIABETIC - BLOOD SUGAR CHECKS ...Requires blood sugars to be taken 4x's a day ...Resident to maintain controlled blood glucose levels." 9.) "PHYSICAL DISABILITIES ... Right sided weakness due to stroke." On 04/24/2025, Surveyor reviewed all the 2025 clinical aftercare summaries maintained in Resident 1's record: 1.) On 02/10/2025, Resident 1 was seen by an ophthalmologist about bilateral glaucoma of the eyes. 2.) On 02/27/2025, Resident 1 had a clinical visit	N 353		

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with Practitioner D. It was documented Resident 1's closed displaced fracture of the right femoral neck was discussed. Practitioner D recommended Resident receive, "continued therapy for gait training, strengthening, fall prevention ..."
3.) On 03/02/2025, Resident 1 was seen in the emergency room following a fall. No, injury documented. Resident 1 returned to facility later that day.

On 04/24/2025, Surveyor reviewed all the assessments completed on Resident 1 by facility from 10/28/2024 to 04/15/2025:
1.) On 10/28/2024, a comprehensive admission assessment was completed. It was documented Resident 1 required staff assistance with the following: ambulation, transfers, bathing, dressing, toileting, medication administration, and QID (4 times daily) blood sugar checks.
On 04/24/2025, Surveyor reviewed Resident 1's March 2025 medication administration record:
1.) From 03/09/2025 to 03/31/2025. Resident 1 was documented as being at the hospital.
2.) All the 03/03/2025 8:00 AM medication was not documented as administered or refused.
3.) Resident 1 had multiple orders related to his/her DM II diagnosis: QID blood sugar checks, 3 units of Novolog insulin was to be administered TID (3 times daily), 23 units of Lantus insulin was to be administered at HS (bedtime) and a PRN (as needed) glucose gel to be administered for episodes of hypoglycemia (critically low blood sugar). The only parameter documented for blood sugar levels on the MAR was, "If Blood Sugar Below 100, plese (sic.) Hold Mealtime Insulin ..."
4.) On 03/01/2025 at 7:17 PM, Caregiver G documented Resident 1 had a blood sugar of 453 mg/dl.
5.) On 03/07/2025 at 12:23 PM, Caregiver E

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documented Resident 1 had a blood sugar of 528 mg/dl.
6.) On 03/07/2025 at 7:36 PM, Caregiver D documented Resident 1 had a blood sugar of 424 mg/dl.
7.) On 03/08/2025 at 11:50 AM, Caregiver H documented Resident 1 had a blood sugar of 342 mg/dl.

On 04/24/2025, Surveyor reviewed Resident 1's blood glucose levels from 03/05/2025 to 03/08/2025:
1.) On 03/05/2025, there were zero blood glucose readings documented. One of the 4 ordered blood glucose checks were documented as "refused".
2.) On 03/06/2025, One of the 4 ordered blood glucose readings were documented as "279 mg/dl". No, documentation for the other 3 intervals.
3.) On 03/07/2025, Two of the 4 ordered blood glucose readings were documented as "527 mg/dl" and "424 mg/dl". No, documentation for the other 2 intervals.

According to the Mayo Clinic website, "Hyperglycemia. If it's not treated, hyperglycemia can become severe and cause serious health problems that require emergency care, including a diabetic coma. Hyperglycemia that lasts, even if it's not severe, can lead to health problems that affect the eyes, kidneys, nerves and heart ...Symptoms Hyperglycemia usually doesn't cause symptoms until blood sugar (glucose) levels are high - above 180 to 200 milligrams per deciliter (mg/dL) ... Symptoms of hyperglycemia develop slowly over several days or weeks. The longer blood sugar levels stay high, the more serious symptoms may become ... Later signs and symptoms If hyperglycemia isn't treated, it

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can cause toxic acids, called ketones, to build up in the blood and urine. This condition is called ketoacidosis. Symptoms include: Fruity-smelling breath, Dry mouth, Abdominal pain, Nausea and vomiting, Shortness of breath, Confusion, Loss of consciousness ...Seek immediate help from your care provider or call 911 if: Your blood glucose levels stay above 240 mg/dL (13.3 mmol/L) and you have symptoms of ketones in your urine ...Emergency complications: Diabetic Ketoacidosis. This condition develops when you don't have enough insulin in your body. When this happens, glucose can't enter your cells for energy. Your blood sugar level rises, and your body begins to break down fat for energy. When fat is broken down for energy in the body, it produces toxic acids called ketones. Ketones accumulate in the blood and eventually spill into the urine. If it isn't treated, diabetic ketoacidosis can lead to a diabetic coma that can be life-threatening." (Source: The Mayo Clinic Website, Hyperglycemia, 1998-2022, https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631 (retrieval date - October 11, 2022).)

On 04/24/2025, Surveyor reviewed facilities policy/procedure for what staff are to do if they should encounter hypoglycemia or hyperglycemia (critically high blood sugar level). The policy was titled, "Insulin Injection/Glucometer Readings," and documented the following, "If a resident does not have orders based on their blood sugar findings, notify the nurse for all blood sugars above 200 mg/dl."

On 04/24/2025, Surveyor reviewed Resident 1's observations note from 10/28/2024 to 04/24/2025:
1.) On 02/08/2025 at 10:15 PM, Caregiver I

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documented Resident 1 had been sent to an ER (emergency room) via ambulance due to complaint of stomach pain.
2.) On 02/09/2025 at 6:00 AM, Caregiver J documented Resident 1 returned from the hospital overnight.
3.) On 02/13/2025 at 9:45 PM, Caregiver L documented the following, "[Resident 1] was very weak due to [his/her] foot being in pain. [S/He] could hardly stand during changes."
4.) On 02/21/2025 at 9:45 PM, Caregiver K documented the following, " ...earlier today [s/he] said that someone was out to get [him/her] and that they are trying to kill [him/her]."
5.) On 03/09/2025 at 7:00 AM, Caregiver J documented the following, "resident is in the hospital."
6.) On 03/12/2025 at 3:45 PM, Community Director A documented the following, "[Family Member M] called the CD (community director) and stated that [Resident 1] is not doing well at the hospital and they are looking at getting [him/her] on hospice care. Due to the infection in [his/her] left heal (sic.) bone they want to remove the heal (sic.) or the entire foot. [Family Member M] stated this is due to [his/her] diagnosis of diabetes and [Resident 1] not wanting to follow the doctors (sic.) recommendations. [Resident 1] and [Family Member M] have decided that this isn't what they want to do and instead are looking at stopping treatment ..."
7.) On 03/28/2025 at 10:30 AM, Community Director A documented the following, "[Family Member M] stopped in to inform us that [Resident 1] will be leaving the hospital and will move to [Name of Skilled Nursing Facility] ..."

On 04/24/2025, Surveyor reviewed Resident 1's medical record. On 03/08/2025, Doctor N admitted Resident 1 from an ER to an inpatient

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hospital unit. The following was documented, " Patient ...with a history of prior CVA (stroke) ...type 2 diabetes ...and mild cognitive impairment who is being admitted from [his/her] nursing home for weakness and diarrhea ...Patient has had 8 episodes of diarrhea since yesterday ... [Family Member M] was at bedside and noted that [s/he] has been slumping in [his/her] wheelchair which was unusual. [S/He] also has been more confused and having more speech difficulties recently, which [his/her] husband says is usually a sign of infection. [S/He] is normally A&Ox3 (alert and oriented to 1. person 2. place 3. time) but was only able to answer [his/her] name and location. [S/He] notes dysuria ...During my assessment, [his/her] O2 (blood oxygen saturation) would drop to high 80s but would improve when instructed to take deep breaths ... [S/He] was noted to have a temp of 100F in the ED ...Labs notable ...glucose 427 ...WBC 23.9 (white blood cell count) ...[S/He] was given IV fluids for sepsis and started on ceftriaxone + flagyl (antibiotics) ...Recent Labs ...02/08/25 2231 (10:31PM) WBC 16.7 ...03/02/25 1538 (3:38 PM) WBC 18.0 ...03/08/2025 1917 (7:17 PM) WBC 23.9 ...Recent Labs ...02/08/25 2231 GLUCOSE 450 ...03/02/25 1538 GLUCOSE 418 ...03/08/25 1917 GLUCOSE 427 ... Assessment & Plan ...Severe Sepsis (HCC) Patient presented with weakness and diarrhea and was noted to have leukocytosis (critically high WBC) and elevated lactate concerning for sepsis. [S/He] has had some diarrhea as well as dysuria with suprapubic tenderness on exam ...leukocytosis has been worsening over the last few weeks, so [s/he] have had an ongoing infection ...UTI (urinary tract infection) ...Persistent cognitive impairment With activated hcPOA ...I certify that at the point of admission it is my clinical judgement that the patient will require inpatient hospital care

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spanning beyond 2 midnights from the point of admission."

INTERVIEWS:

On 04/24/2025 at 12:00 PM, Surveyor discussed the above concerns with Community Director A and Nurse B. Nurse B stated the elevated blood glucose level on 03/01/2025 and 03/07/2025 were not reported to him/her. Nurse B stated since the elevated blood sugars were not reported to him/her s/he was not given the opportunity to notify Doctor O. Nurse B acknowledged blood glucose levels over 400 mg/dl were considered an emergency. Nurse B reported Resident 1's blood sugar level had been running high due to Resident 1's non-compliance with their diabetic diet. Nurse B acknowledged Resident 1 was diagnosed with sepsis (blood infection), UTI, and high blood sugar on 03/08/2025. Nurse B acknowledged Resident 1 was not provided a comprehensive assessment upon changes in condition documented in his/her resident record on 02/09/2025, 02/13/2025, and 02/21/2025. Nurse B acknowledged Resident 1 had not signed his/her ISP. Community Director A and Nurse B acknowledged Resident 1's diabetic treatment plan had not been adequately followed by facility.

On 04/24/2025 at 1:02 PM, Surveyor spoke with Clinical Nurse P over the phone. Clinical Nurse P verified s/he was Doctor O's nurse and Doctor O was Resident 1's PCP. Clinical Nurse P stated s/he would be reviewing Resident 1's clinical EHR (electronic health record) while speaking with Surveyor. On 02/20/2025, facility had sent the pharmacist a list of recent blood sugars readings which had a few critically high levels. Clinical Nurse P reported facility had not reported any of

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Resident 1's blood glucose levels to their clinic in March 2025. Clinical Nurse P reported home health had requested Resident 1 be seen by the wound clinic for a sacral wound (lower back) and left heel wound.

On 04/24/2025 at 1:35 PM, Surveyor spoke with Nurse Q. Nurse Q reported s/he was Resident 1's home health nurse. Nurse Q reported home health was tasked with managing the wounds on Resident 1's left heel and lower back (coccyx). Nurse Q reported communication with facility administration had been difficult. Nurse Q reported s/he had asked Nurse B to assess the left heel with him/her and Nurse B had refused stating, "I don't do wounds." Nurse Q reported facility staff were not managing Resident 1's blood glucose level proficiently.

On 04/29/2025 at 10:20 AM, Surveyor spoke with Community Director A, Nurse B, and Director C. Surveyor asked Nurse B if s/he had been aware Resident 1 had a wound on his/her lower back, while living at the facility. Nurse B stated s/he had not been made aware of the wound on Resident 1's lower back. Nurse B reported on 03/02/2025 the clinic had collected a UA (urinary analysis) on Resident 1. Nurse B denied obtaining the results for the UA collected by the clinic on 03/02/2025 or completing a comprehensive assessment following ER visit due to fall.