STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014023	A. BUILDING: _____ B. WING _____	R-C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE OF GREEN BAY I	2498 BLUESTONE PL GREEN BAY, WI 54311

(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 11/28/2023, with information gathered through 11/29/2023, Surveyor conducted a verification visit and 1 complaint investigation. All previous citations were corrected. One (1) of 1 complaint was substantiated. As a result of the survey, 2 new deficiencies will be cited. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
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 ensure medication administration was appropriate to meet resident's needs for 1 of 1 (Resident 1) resident reviewed. On 08/11/2023, Resident 1's Acetaminophen 325	N 432		

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

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N 432	Continued From page 1	N 432		

mg (milligrams) three times a day was discontinued. Resident 1's August 2023 MAR (Medication Administration Record) indicated Resident 1 continued to receive doses of the medication on 08/12/2023, 08/13/2023, 08/14/2023, 08/15/2023, 08/20/2023, 08/21/2023, 08/24/2023, 08/25/2023, and 08/26/2023.

On 08/11/2023, Resident 1 was prescribed Acetaminophen 500 mg three times a day. Resident 1 did not receive this medication until 08/15/2023.

On 09/17/2023, Resident 1 was sent to the ER (Emergency Room) and admitted to the hospital for observation for a subdural hematoma. A hospital discharge summary dated 09/18/2023, indicated Resident 1 should start taking Aspirin 81 mg on 10/02/2023. Resident 1's September 2023 MAR indicated Resident 1 received this medication starting on 09/21/2023.

Findings Include:

On 08/21/2023, the department received a complaint regarding medication administration.

On 11/28/2023, Surveyor conducted an onsite visit to the facility. A sample of residents was selected, including the closed record of Resident 1. Resident 1 was admitted to the facility on 06/06/2023 with diagnoses to include history of falls, dysphagia, asphasia following cerebral infarction, osteoarthritis and chronic atrial fibrillation. Resident 1 discharged from the facility on 10/03/2023. Surveyor reviewed Resident 1's closed record and the following was noted:

On 08/10/2023, Resident 1's Acetaminophen 325 mg tablet to be taken three times daily was

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N 432	Continued From page 2	N 432		

discontinued. Resident 1's August 2023 MAR indicated Resident 1 continued to receive the medication on the following days and times:
8am dose: 08/12/2023, 08/13/2023, 08/14/2023, 08/15/2023, 08/20/2023, 08/21/2023, 08/24/2023, 08/25/2023, 08/26/2023
12pm dose: 08/13/2023, 08/14/2023, 08/21/2023,
4pm dose: 08/14/023

On 08/11/2023, Resident 1 was prescribed Acetaminophen 500 mg to be taken three times daily. Resident 1's August 2023 MAR indicated Resident 1 did not receive this medication until the 8pm dose on 08/14/2023.

On 11/28/2023 at 11:55 A.M., Surveyor interviewed Pharmacy Technician B. Pharmacy Technician B verified the Acetaminophen 325 mg three times a day was discontinued on 08/11/2023. Additionally, Pharmacy Technician B stated the pharmacy delivered the Acetaminophen 500 mg tablets on 08/12/2023, so Resident 1 should have received the first dose by 8pm on 08/12/2023.

On 09/17/2023, Resident 1 had a fall and was sent to the ER. Resident 1 was admitted to the hospital for observation for a subdural hematoma. A hospital discharge summary dated 09/18/2023, indicated Resident 1 should start taking one Aspirin 81 mg tablet on 10/02/2023. Resident 1's September 2023 MAR indicated Resident 1 received this medication on 09/21/2023, 09/22/2023, 09/23/2023, 09/24/2023, 09/26/2023, 09/28/2023 and 09/29/2023.

On 11/28/2023 at approximately 12:30 P.M., Surveyor interviewed Administrator A regarding Resident 1's MAR. Administrator A verified the Acetaminophen 325 mg was discontinued on

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N 432	Continued From page 3 08/11/2023, however, the MAR shows the medication was administered after. Administrator A was unable to explain why there was a delay in getting Resident 1 the Acetaminophen 500 mg. Administrator A verified Resident 1 had a fall on 09/17/2023 and family was notified. Family wanted Resident 1 sent out to ER. While at ER, physician made medication changes. Administrator A stated the physician put a hold on Resident 1's warfarin and to start Resident 1 on Aspirin 81 mg. Administrator A stated the physician sent the prescription to the pharmacy for the Aspirin and the pharmacy filled it, added it to Resident 1's MAR and delivered the Aspirin to the facility. Administrator A stated neither the physician's order or the pharmacy had indicated the Aspirin was to be started on 10/02/2023. Administrator A verified the facility had started the Aspirin immediately, they did not wait until 10/02/2023. Administrator A stated a few days later it was discovered that the hospital discharge summary stated to wait until 10/02/2023 to start the Aspirin. Administrator A stated at that time they pulled the medication card so it could not be administered.	N 432		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent	N 454		

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N 454	Continued From page 4 health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and	N 454		

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N 454	Continued From page 5 therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record including documentation of significant incidents and illnesses, including the date, time and circumstances for 1 of 1 (Resident 1) resident reviewed. Resident 1 was noted to have a fall on 09/17/2023. Resident 1's record did not contain any documentation of the fall. Findings Include: On 09/26/2023, the department received a complaint regarding falls. On 11/28/2023, Surveyor conducted an onsite visit to the facility. A sample of residents was selected including Resident 1. Resident 1 was admitted to the facility on 06/06/2023 with diagnoses to include history of falls, dysphagia, asphasia following cerebral infarction, osteoarthritis and chronic atrial fibrillation. Resident 1 discharged from the facility on 10/03/2023.	N 454		

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N 454	Continued From page 6 Surveyor reviewed a hospital discharge summary for Resident 1 dated 09/18/2023 which stated, "...who presents to the ED [emergency department] on 09/17/2023 after ground-level fall..." On 11/28/2023 at approximately 10:00 A.M., Surveyor requested Resident 1's falls from September 2023. Surveyor was provided a fall incident report from 09/24/2023, but nothing from 09/17/2023. Surveyor reviewed Resident 1's observation notes and communication log and there was no mention of Resident 1 having a fall on 09/17/2023. On 11/28/2023 at approximately 1:30 P.M., Surveyor interviewed Administrator A. Administrator A stated s/he could not locate documentation regarding a fall on 09/17/2023. Administrator A verified the observation notes and communication log did not include any documentation regarding a fall by Resident 1 on 09/17/2023.	N 454		