STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017017	A. BUILDING: _____ B. WING _____	R-C 01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE OF JANESVILLE	700 MYRTLE WAY JANESVILLE, WI 53545

(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 From 01/03/2024 to 01/18/2024, the Bureau of Assisted Living, Southern Regional Office conducted 3 complaint investigations, standard survey and verification visit at Oak Park Place Janesville, a CBRF located in Janesville, WI. As a result of the investigation, 9 violations of Chapter DHS 83 were issued. 1 violation from statement of deficiency SOD #657X15 was re-issued. 1 violation from statement of deficiency SOD #657X15 was corrected. 3 Complaints were substantiated Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 50	{N 000}		
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 and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. From 02/20/2020 to 01/18/2024, the provider did not comply with all the laws governing the CBRF as evidenced by 44 deficiencies identified and 10	N 196		

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

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N 196	Continued From page 1	N 196		

complaints substantiated. The current survey included investigation of three complaints, a standard survey and a verification visit. As a result, 9 deficiencies were identified, including 6 recited deficiencies.

This is a repeat deficiency of statement of deficiency (SOD) #ENKL11 dated 02/21/2020, SOD #XSIV11 dated 10/14/2021 and SOD #657X12 dated 05/18/2022.

FINDINGS INCLUDE:

Facility is a Class CNA non-ambulatory facility. Has a capacity of 65 residents and serves advanced aged, irreversible dementia & Alzheimer's.

Example 1: Obtain and maintain compliance with laws governing the CBRF:

On 01/21/2022, Surveyor conducted 2 complaint investigations and a standard survey. As a result of the survey 2 complaints were substantiated and 19 deficiencies were identified in statement of deficiency (SOD) #ENKL11:
1.) 83.12(5)(a) Notification: Incident, Injury, Changes
2.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws
3.) 83.14(2)(e) Notify Within 7 Days of Administrator Change
4.) 83.20(2)(b) Training In Fire Safety
5.) 83.20(2)(c) Training In First Aide And Choking
6.) 83.21(3) Training In Challenging Behaviors
7.) 83.25 Continuing Education
8.) 83.32(3)(h) Rights of Residents: Receive Medication
9.) 83.32(3)(i) Rights of Residents: Adequate Treatment

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N 196	Continued From page 2 10.) 83.35 (1)(c) Listed Areas For Assessment 11.) 83.35(3)(a) Comprehensive Individualized Service Plan 12.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 13.) 83.36(1)(a) Adequate Staff To Meet Resident Needs 14.) 83.37(1)(h) Scheduled Psychotropic Medications 15.) 83.37(1)(i) PRN Psychotropic Medication 16.) 83.37(1)(k) Medication Error And Adverse Reaction 17.) 83.41(3)(a) Food Safety 18.) 83.47(2)(c) Other Evacuation Drills 19.) 83.38(1)(i) Behavior Management On 02/10/2021, Surveyor conducted a complaint investigation and verification visit. As a result of the survey 1 complaint was unsubstantiated and 4 deficiencies were identified in SOD #ENKL12: 1.) 83.32(3)(h) Rights of Residents: Receive Medication 2.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 3.) 83.37(1)(i) PRN Psychotropic Medication 4.) 83.37(1)(k) Medication Error And Adverse Reaction On 10/14/2021, Surveyor conducted a desk review survey. As a result of the survey 1 deficiency was identified in SOD#XSIV11: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws On 08/31/2021, Surveyor conducted a complaint investigation. As a result of the survey 3 deficiencies were identified in SOD #657X11: 1.) 83.12(3)(a) Investigate Injuries Of Unknown Source 2.) 83.38(1)(g) Health Monitoring	N 196		

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N 196	Continued From page 3 3.) 83.38(1)(i) Behavior Management On 05/18/2022, Surveyor conducted 5 complaint investigations, standard survey and verification visit. As a result of the survey 3 deficiencies were identified in DOS #657X12: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 2.) 83.38(1)(g) Health Monitoring 3.) 83.45(1)(e) Electrical, Mechanical, Water Supply On 11/03/2022, Surveyor conducted 2 complaint investigations and verification visit. As a result of the survey 2 complaints were substantiated and 2 deficiencies were identified in SOD #657X13: 1.) 83.12(5)(a) Notification: Incident, Injury, Changes 2.) 83.32(3)(h) Rights of Residents: Receive Medication On 05/09/2023, Surveyor conducted a verification visit. As a result of the survey 1 deficiency was identified in SOD #657X14: 1.) 83.32(3)(h) Rights of Residents: Receive Medication On 09/19/2023, Surveyor conducted 2 complaint investigations and verification visit. As a result of the survey 1 complaint was substantiated and 2 deficiencies were identified in SOD #657X15: 1.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 2.) 83.41(2)(a) Nutrition: Diet On 01/18/2024, Surveyor conducted 3 complaint investigations, standard survey, and verification visit. As a result of the survey 3 complaints were substantiated and 9 deficiencies were identified in SOD #657X16:	N 196		

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N 196	Continued From page 4 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 2.) 83.19 Orientation 3.) 83.20(1)(a) Department Approved Training Courses 4.) 83.21(1)-(3) All Employee Training 5.) 83.25 Continuing Education 6.) 83.32(3)(h) Rights of Residents: Receive Medication 7.) 83.35(1)(c) Listed Areas For Assessments 8.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 9.) 83.38(1)(g) Health Monitoring Example 2: Repeat violations of laws governing the CBRF. 1.) 83.12 (5)(a) Notification: Incident, Injury, Changes SOD #ENKL11 dated 02/21/2020, SOD #657X13 dated 11/03/2022. 2.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws SOD #ENKL11 dated 02/21/2020, SOD #XSIV11 dated 10/14/2021, SOD #657X12 dated 05/18/2022, SOD #657X16 dated 01/18/2024. 3.) 83.25 Continuing Education SOD #ENKL11 dated 02/21/2020, SOD #657X16 dated 01/18/2024. 4.) 83.32(3)(h) Rights of Residents: Receive Medication SOD #ENKL11 dated 02/21/2020, SOD #ENKL12 dated 02/10/2021, SOD #657X13 dated 11/03/2022, SOD #657X14 dated 05/09/2023, SOD #657X16 dated 01/18/2024.	N 196		

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N 196	Continued From page 5 5.)83.35(1)(c) Listed Areas For Assessments SOD #ENKL11 dated 02/21/2020, SOD #657X16 dated 01/18/2024. 6.) 83.35(3)(d) Service Plans Updated Annually Or On Changes SOD #ENKL11 dated 02/21/2020, SOD #ENKL12 dated 02/10/2021, SOD #657X15 dated 08/31/2023, SOD #657X16 dated 01/18/2024. 7.) 83.37(1)(i) PRN Psychotropic Medication SOD #ENKL11 dated 02/21/2020, SOD #ENKL12 dated 02/10/2021. 8.) 83.37(1)(k) Medication Error Or Adverse Reaction SOD #ENKL11 dated 02/21/2020, SOD ENKL12 dated 02/10/2021. 9.) 83.38(1)(i) Behavior Management SOD #ENKL11 dated 02/21/2020, SOD #657X11 dated 08/31/2021. 10.) 83.38(1)(j) Health Monitoring SOD #657X11 dated 08/31/2021, SOD #657X12 dated 05/18/2022, SOD #657X16 dated 01/18/2024. Example 3: Number of Complaints Substantiated 1.) SOD #ENKL11 dated 02/21/2020, 2 complaints substantiated. 2.) SOD #657X11 dated 08/31/2021, 1 complaint substantiated. 3.) SOD #657X12 dated 05/18/2022, 1 complaint substantiated. 4.) SOD #657X13 dated 11/03/2022, 2 complaints substantiated. 5.) SOD #657X15 dated 08/31/2023, 1 complaint substantiated.	N 196		

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N 196	Continued From page 6 6.) SOD #657X16 dated 01/18/2024, 3 complaints substantiated. SUMMARY: The licensee did not ensure the facility and its operation complied with all laws governing the CBRF. The current survey included investigation of three complaints, a standard survey and a verification visit. As a result, 9 deficiencies were identified, including 6 recited deficiencies.	N 196		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees obtained training which shall include the following: job responsibilities; prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible;	N 230		

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N 230	Continued From page 7 emergency and disaster plan and evacuation procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition. Findings include: On 01/03/2024, Surveyor reviewed employee records and identified the following: The record for Caregiver FF, hired 09/05/2023, did not contain evidence of orientation topics this includes documentation of orientation in: job responsibilities; prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition.) On 01/03/2023 at 3:15 PM, Surveyor interviewed Administrator A, Director of Nursing (DON) T, Regional Manager HH, and Nurse II. Administrator A stated s/he could not locate Caregiver FF's orientation checklist. Administrator A stated s/he could not confirm orientation training was completed for Caregiver FF. Cross Reference: N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0243 DHS 83.21(1)-(3) All Employee Training N0277 DHS 83.25 Continuing Education	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses.	N 239		

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N 239	Continued From page 8 Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed obtained all department approved training as required. Caregiver EE did not have training in First Aid and Choking and Fire Safety within 90 days after starting employment. Caregiver FF did not have training in First Aid and Choking within 90 days after starting	N 239		

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N 239	Continued From page 9	N 239		

employment.

Findings include:

On 01/03/2024, Surveyor reviewed employee records to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver EE and Caregiver FF.

First Aid and Choking

The record for Caregiver EE, hired 09/05/2023, did not contain evidence of training or evidence of meeting an exemption for First Aid and Choking.

The record for Caregiver FF, hired 09/05/2023, did not contain evidence of training or evidence of meeting an exemption for First Aid and Choking.

On 01/03/2024, Surveyor verified Caregiver EE and Caregiver FF was not on the Community-Based Care and Treatment training registry for first aid and choking.

Fire Safety

The record for Caregiver EE, hired 09/05/2023, did not contain evidence of training or evidence of meeting an exemption for Fire Safety.

On 01/03/2024, Surveyor verified Caregiver EE was not on the Community-Based Care and Treatment training registry for fire safety.

On 01/03/2024 at 3:15 PM, Surveyor interviewed Administrator A, Director of Nursing (DON) T, Regional Manager HH, and Nurse II. Administrator A acknowledged department approved training should have been completed in

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N 239	Continued From page 10 90 days. Administrator A did not provide an answer to why department approved training was not completed within 90 days for Caregiver EE and Caregiver FF. Cross Reference: N0230 DHS 83.19 Orientation N0243 DHS 83.21(1)-(3) All Employee Training N0277 DHS 83.25 Continuing Education	N 239		
N 243	83.21(1)-(3) All employee training. 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.	N 243		

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N 243	Continued From page 11 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 2 employees reviewed completed training in all employee training. Caregiver D FF did not have documentation for completion of training in resident rights, client groups or challenging behaviors. Findings include: On 01/03/2024, Surveyor conducted a review of employee files to verify compliance with all employee training requirements. Surveyor requested training records from Administrator A. Resident Rights: The record for Caregiver FF, hired 09/05/2023, did not contain evidence of training or evidence of meeting an exemption for resident rights. Client Group:	N 243		

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N 243	Continued From page 12 The record for Caregiver FF, hired 09/05/2023, did not contain evidence of training or evidence of meeting an exemption for client group training. Recognizing, Preventing, Managing and Responding to Challenging Behaviors: The record for Caregiver FF, hired 09/05/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 01/03/2024 at 3:15 PM, Surveyor interviewed Administrator A, Director of Nursing (DON) T, Regional Manager HH, and Nurse II. Administrator A stated s/he could not locate Caregiver FF's orientation checklist which would of included documentation of all employee training being completed. Administrator A stated s/he had staff looking through files but was unable to find documentation. Administrator A stated s/he could not say if Caregiver FF had received all employee training. Cross Reference: N0230 DHS 83.19 Orientation N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0277 DHS 83.25 Continuing Education	N 243		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum,	N 277		

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N 277	Continued From page 13 all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employees (who required continuing education) completed at least 15 hours of continuing education in 2022 and 2023. Findings include: On 01/03/2024, Surveyor reviewed employee files and identified the following: Caregiver GG was hired 04/30/2019. Caregiver GG's record included approximately 7 hours of continuing education training for 2022 and 4 hours of continuing education training for 2023. On 01/03/2023 at 3:15 PM, Surveyor interviewed Administrator A, Director of Nursing (DON) T, Regional Manager HH, and Nurse II. Administrator A noted when going through in-service records, s/he realized Caregiver GG did not complete at least 15 hours of continuing education training in 2022 and 2023. Administrator A did not provide an answer to why continuing education training was not completed. Cross Reference: N0230 DHS 83.19 Orientation N0243 DHS 83.21(1)-(3) All Employee Training	N 277		

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N 277	Continued From page 14 N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses	N 277		
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, observation, and interview, the provider did not ensure resident medications were administered in the dosage and intervals prescribed by their practitioner. On 01/01/2024, The 23 residents who lived on the memory care unit were not administered their morning medications until after 11:30 AM. On 01/03/2024, Surveyor discovered Resident 18's 4:00 PM medications were not administered on 01/01/2024 due to not being available. On 01/03/2024, Surveyor discovered Resident 20 had not received his/her prescription Metoprolol Tartrate 25 mg and Nortriptyline 70 mg since 12/13/2023. On 01/03/2024, Surveyor discovered Resident 27's medications were not administered from 01/01/2024-01/03/2024 due to not being available. This is a repeat deficiency of statement of	N 352		

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N 352	Continued From page 15 deficiency (SOD) #657X14 dated 05/09/2023, SOD #657X13 dated 11/03/2022, SOD #ENKL12 dated 02/10/2021 and SOD #ENKL11 02/21/2020. FINDINGS INCLUDE: On 12/27/2024 and 01/02/2024, The Department received a complaint related to inappropriate medication administration practices. On 01/03/2024, Surveyor arrived at facility for complaint investigation and standard survey. Surveyor reviewed the facility roster. The census was currently at 50 residents with one resident in the hospital. On 01/03/2024, Surveyor reviewed the staffing schedule for 01/01/2024. Med Passer GG was the only staff scheduled to pass medications to the 49 residents in the CBRF. INTERVIEWS: On 01/03/2023 at 10:30 AM, Surveyor interviewed Caregiver UU. Caregiver UU stated Resident 27 did not receive their AM medications this morning. Caregiver UU stated Resident 27 did not have any AM medications in the med cart and s/he needed to follow up with management about this. On 01/03/2024 at 10:40 AM, Surveyor reviewed the staff schedule with Director of Nursing (DON) T. DON T stated there was supposed to be a second med passer scheduled 01/01/2024, because Med Passer GG was still gaining confidence as a medication passer. DON T stated morning medications were passed late into the morning on 01/01/2024.	N 352		

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N 352	Continued From page 16 On 01/03/2024 at 11:55 AM, Surveyor interviewed Caregiver HH. Caregiver HH stated s/he worked the morning of 01/01/2024. Caregiver HH stated Med Passer GG started passing morning medications on the memory care unit at approximately 11:30 AM. On 01/03/2024 at 12:15 PM, Surveyor interviewed Caregiver II. Caregiver II stated s/he worked the morning of 01/01/2023. Caregiver II stated Med Passer GG did not arrive to the memory care unit to pass morning medications until 11:30 AM. Caregiver II stated s/he was very concerned about the insulin dependent residents who lived on the memory care unit because they didn't get their morning blood sugar checks or insulin at the right time. On 01/03/2024 at 12:30 PM, Surveyor interviewed Caregiver JJ. Caregiver JJ stated s/he worked the morning of 01/01/2024. Caregiver JJ stated Med Passer GG was the only staff able to pass medications in the facility that morning. Caregiver JJ stated Med Passer GG was passing medications on the enhanced care unit until approximately 11:00 AM. Caregiver JJ stated after Med Passer GG completed passing morning medications on the enhanced care unit s/he left to pass morning medications on the memory care unit. On 01/03/2024 at 12:40 PM, Surveyor discussed the above concerns with DON T. DON T stated Med Passer GG arrived at the memory care unit to pass morning medications at approximately 11:30 AM. DON T stated there were 23 residents living on the unit as of 01/01/2024. DON T stated 3 residents on memory care were insulin dependent diabetics.	N 352		

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N 352	Continued From page 17 On 01/01/2024 at 3:00 PM, Surveyor interviewed Med Passer KK. Med Passer KK stated s/he worked the evening shift on 01/01/2023. Med Passer KK stated s/he started passing medications on the memory care unit at 2:00 PM. Med Passer KK stated Med Passer GG was still passing morning medications on the memory care unit 2:00 PM. Med Passer KK stated Med Passer GG had completed 4-5 resident morning medication regimens by 2:00 PM. Med Passer KK stated s/he notified DON T and DON T gave Med Passer KK instructions to hold morning medications that were to be re-administered later in the day. RECORD REVIEW: EXAMPLE 1: Resident 17 On 01/03/2024, Surveyor reviewed Resident 17's facility facesheet. Resident 17 was admitted to the facility on 04/05/2019. Resident 17 lived on the memory care unit. Resident 17 has an activated power of attorney. Resident 17 is diagnosed with but not limited to: dementia, anxiety and major depressive disorder. On 01/03/2024, Surveyor reviewed Resident 17's January 2024 MAR. Resident 17 was administered the following medications after 11:30 AM on 01/01/2024: 1.) Duloxetine HCL Capsule Delayed Release Particles 60 mg is ordered to be administered at 7:00 AM for depression. 2.) Levothyroxine Sodium Tablet 88 MCG (micrograms) is ordered to be administered at 7:00 AM for hypothyroidism. 3.) Myrbetiq Tablet Extended Release 24-hour 50 MG is ordered to be administered at 7:00 AM for	N 352		

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N 352	Continued From page 18 overactive bladder. 4.) Propranolol HCL ER Oral Capsule Extended Release 24-hour 120 MG is ordered to be administered by 7:00 AM for tremors. 5.) Quetiapine Tablet 50 MG is ordered to be administered by 7:00 AM for unspecified mental disorder due to known physiological condition. EXAMPLE 2: Resident 18 On 01/03/2024, Surveyor reviewed Resident 18's record. Resident 18 was admitted to the facility on 09/10/2021 with diagnoses including dementia, heart disease, type 2 diabetes, and hypertension. Resident 18 lived on the memory care unit. Resident 18 is their own legal decision maker. Surveyor reviewed Resident 18's January 2024 MAR, which documented: "Buspirone 5 mg tab, give 1 tab by mouth 2x daily for anxiety: PM-4PM: 1/1/24-9 Carvedilol 6.25 mg tab, give by mouth 2x daily for hypertension: PM-4PM: 1/1/24-9 Rosuvastatin Calcium 10 mg tab, give by mouth every evening for lipid control: PM-4PM: 1/1/24-9 Gilmepiride 2 mg tab, give by mouth 2x daily for type 2 diabetes: PM-4PM: 1/1/24-9 Ranolazine 500 mg tab, give by mouth 2x daily for angina: PM-4PM: 1/1/24-9 The MAR indicated charting code 9 as Other/See Progress Notes." Resident 18's January 2024 progress notes	N 352		

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documented:
"01/01/2024 at 5:04 PM: Type Orders-Administration Note-Do not have."

On 01/03/2024 at 2:00 PM, Surveyor interviewed DON T regarding Resident 18's medications. DON T confirmed Resident 18's progress notes as the provider was out of Resident 18's PM medications, therefore s/he did not receive their PM medication on 01/01/2024. DON T did not provide an answer to why Resident 18 did not receive their PM medication on 01/01/2024.

EXAMPLE 3: Resident 21

On 01/03/2023, Surveyor reviewed Resident 21's facility facesheet. Resident 21 was admitted to the facility on 10/04/2021. Resident 21 lived on the memory care unit. Resident 21 has an activated power of attorney. Resident 21 is diagnosed with but no limited to: type 2 diabetes mellitus, Alzheimer's disease, chronic kidney disease.

On 01/03/2024, Surveyor reviewed Resident 21's January 2024 MAR. Resident 21 was offered the following medications after 2:00 PM on 01/01/2024 by Med Passer MM. Med Passer MM documented the following medications as refused on 01/01/2024:
1.) Amlodipine Besylate Tablet 7.5 MG - ordered to be administered at 7:00 AM for hypertension.
2.) Furosemide Tablet 20 MG - ordered to be administered at 7:00 AM for hypertension.
3.) Chlorthalidone Tablet 25 MG - ordered to be administered at 7:00 AM for hypertension.
4.) Insulin Degudec Solution Pen Injector 12 UNITS - ordered to be administered at 7:00 AM for diabetes.
5.) Levothyroxine Sodium Tablet 125 MCG -

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N 352	Continued From page 20 ordered to be administered at 7:00 AM for hypothyroidism. EXAMPLE 4: Resident 24 On 01/03/2024, Surveyor reviewed Resident 24's facility facesheet. Resident 24 was admitted to the facility on 07/03/2023, Resident 24 lived on the memory care unit. Resident 24 had an activated power of attorney. Resident 24 is diagnosed with but not limited to: hallucinations, leukemia, hypertension, and congestive heart failure. On 01/03/2023, Surveyor reviewed resident 24's January 2024 MAR. Resident 24 was administered the following medications after 2:00 PM on 01/01/2024 by Med Passer MM: 1.) Aricept Tablet 5 MG - ordered to be administered at 7:00 AM for dementia. 2.) Furosemide Tablet 20 MG - ordered to be administered at 7:00 AM for edema. 3.) Metoprolol Succinate ER Tablet Extended Release 24-hour 25 MG - ordered to be administered at 7:00 AM for congestive heart failure. 4.) Nitroglycerin Transdermal Ointment 2% - ordered to be administered at 7:00 AM. 5.) Sertraline HCL Tablet 100 MG - ordered to be administered at 7:00 AM for depression. 6.) Sitagliptin Phosphate Tablet 100 MG - ordered to be administered at 7:00 AM for diabetes. 7.) Eliquis Tablet 5 MG - ordered to be administered at 7:00 AM for atrial fibrillation. 8.) Pulimicort Flexhaler Inhalation Aerosol Powder Breath Activated 180 MG/ACT 2 inhalations - ordered to be administered at 7:00 AM for chronic pulmonary obstructive disorder. 9.) Acetaminophen Tablets 650 MG - ordered to be administered at 7:00 AM for pain.	N 352		

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N 352	Continued From page 21 10.) Oxycodone HCL Tablet 5 MG - ordered to be administered at 7:00 AM for pain. EXAMPLE 5: Resident 26 On 01/03/2024, Surveyor reviewed Resident 26's facility facesheet. Resident 26 was admitted to the facility on 09/28/2023. Resident 26 lived on the memory care unit. Resident 26 has an activated power of attorney. Resident 26 is diagnosed with but not limited to: dementia, depression, major depressive disorder, Parkinson's disease, hypertension, and heart disease. On 01/03/2024, Surveyor reviewed Resident 26's January 2024 MAR. Resident 26 was administered the following medications after 2:00 PM on 01/01/2024 by Med Passer MM: 1.) Amlodipine Besylate Tablet 10 MG - ordered to be administered at 7:00 AM for hypertension. 2.) Carbidopa-Levodopa Oral Tablet 25-100 MG - ordered to be administered at 7:00 AM for Parkinson's disease. 3.) Sertraline HCL Tablet 150 MG - ordered to be administered at 7:00 AM for depression. 4.) Buspirone HCL Oral Tablet 5 MG - ordered to be administered at 7:00 AM for generalized anxiety. EXAMPLE 6: Resident 23 On 01/03/2024, Surveyor reviewed Resident 23's facility facesheet. Resident 23 was admitted to the facility on 11/08/2021. Resident 23 lived on the memory care unit. Resident 23 has an activated power of attorney. Resident 23 is diagnosed with but not limited to: type 2 diabetes mellitus, dementia, atrial fibrillation, and chronic kidney disease (CKD).	N 352		

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N 352	Continued From page 22 On 01/03/2024, Surveyor reviewed Resident 23's January 2024 MAR. Resident 23 was administered the following medications after 2:00 PM on 01/01/2024 by Med Passer MM. 1.) Duloxetine HCL Capsule Delayed Release Particles 30 MG is ordered to be administered at 7:00 AM for depression. 2.) Eliquis Oral Tablet 5 MG is ordered to be administered at 7:00 AM for atrial fibrillation. 3.) Metoprolol Tartrate Tablet 25 MG is ordered to be administered at 7:00 AM for hypertension (HTN). Med Passer MM documented the following medication: as a '5'. The key attached to the MAR states 5 means 'Hold/See Progress Notes.': 1.) Humalog Kwikpen (lispro insulin) 7 units is ordered to be injected subcutaneously at 7:00 AM for diabetes. 2.) Accucheck (blood glucose) monitoring is ordered to be completed at 7:00 AM. On 01/01/2024 at 5:00 PM, Med Passer MM documented Resident 23's blood glucose level was 354 mg/dl. 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) ... (Source: The Mayo Clinic Website, Hyperglycemia, 1998-2022, https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631 (retrieval date - October 11, 2022).)	N 352		

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N 352	Continued From page 23 EXAMPLE 7: Resident 20 On 01/03/2024, Surveyor reviewed Resident 20's facility facesheet. Resident 20 was admitted to the facility on 05/05/2022. Resident 20's is his/her own person. Resident 20's primary care physician is listed as Doctor OO. Resident 20 is diagnosed with but not limited to: obesity, hyperlipidemia, anxiety disorder, epilepsy, essential hypertension, hypertensive heart disease, non-ST elevation myocardial infarction, chronic atrial fibrillation and cognitive communication deficit. On 01/03/2024, Surveyor reviewed Resident 20's December 2023 medication administration record (MAR). Surveyor reviewed Resident 20 is prescribed Nortriptyline 70 mg for neuropathic pain to be administered at bedtime. The Nortriptyline order is split into 2 different orders on the MAR. The first Nortriptyline order is for 2 ten milligram capsules to be administered at bedtime. The second Nortriptyline order of for 1 fifty milligram capsule to be administered at bedtime. Surveyor reviewed both Nortriptyline orders. From 12/13/2023 to 12/31/2023, both orders are either missing documentation, documented as administered, or is documented as "OTHER SEE PROGRESS NOTES." Surveyor reviewed Resident 20 is prescribed Metoprolol Tartrate 25 mg for essential hypertension in the 7:00 AM and at 4:00 PM. From 12/13/2023 to 12/31/2023, both orders are either missing documentation, documented as administered, or is documented as "OTHER SEE PROGRESS NOTES." On 01/03/2024, Surveyor reviewed Resident 20's progress notes from 10/01/2023 to 01/03/2024. Surveyor reviewed the following documentation related to Resident 20's prescription orders for	N 352		

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N 352	Continued From page 24 Nortriptyline 70 mg at bedtime: 1.) On 12/16/2023 at 8:56 PM, Caregiver PP documented, "Nortriptyline HCL Capsule 10 MG... not in cart." 2.) On 12/17/2023 at 8:26 PM, Caregiver PP documented, "Nortriptyline HCL Capsule 50 MG... not in cart." 3.) On 12/17/2023 at 8:25 PM, Caregiver PP documented, "Nortriptyline HCL Capsule 10 MG... not in cart." 4.) On 12/19/2023 at 6:57 PM, Caregiver PP documented, "Nortriptyline HCL Capsule 50 MG... not in cart." 5.) On 12/22/2023 at 9:15 PM, Caregiver QQ documented, "Nortriptyline HCL Capsule 50 MG...na (not available)." 6.) On 12/22/2023 at 9:15 PM, Caregiver QQ documented, "Nortriptyline HCL Capsule 10 MG...na (not available)." 7.) On 12/31/2023 at 6:55 PM, Caregiver RR documented, "Nortriptyline HCL Capsule 50 MG... medication not in cart." 8.) On 12/31/2023 at 6:54 PM, Caregiver RR documented, "Nortriptyline HCL Capsules 10 MG... medication not in cart." 9.) On 01/01/2024 at 6:58 PM, Director of Nursing (DON) T documented, "Nortriptyline HCL Capsules 50 MG... med not available." 10.) On 01/01/2024 at 6:57 PM, DON T documented, "Nortriptyline HCL Capsule 10 MG... med not available." Surveyor reviewed the following documentation related to Resident 20's prescription order for Metoprolol Tartrate 25 mg at 7:00 AM and 4:00 PM: 1.) On 12/19/2023 at 7:36 PM, Caregiver PP documented, "Metoprolol Tartrate Tablet 25 MG... not in cart." 2.) On 12/22/2023 at 7:39 PM, Caregiver QQ	N 352		

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documented, "Metoprolol Tartrate Tablet 25 MG... not in cart."
3.) On 12/26/2023 at 7:15 PM, Caregiver GG documented, "Metoprolol Tartrate Tablet 25 MG... med na (not available)."
4.) On 12/27/2023 at 4:48 PM, Caregiver TT documented, "Metoprolol Tartrate Tablet 25 MG... n/a (not available)."
5.) On 12/27/2023 at 8:33 PM, Caregiver GG documented, "Metoprolol Tartrate Tablet 25 MG... med na (not available)."
6.) On 12/30/2023 at 4:58 PM, Caregiver TT documented, "Metoprolol Tartrate Tablet 25 MG... not in cart."
7.) On 12/31/2023 at 9:33 AM, Caregiver TT documented, "Metoprolol Tartrate Tablet 25 MG ... n/a (not available)."
8.) On 12/31/2023 at 6:55 PM, Caregiver RR documented, "Metoprolol Tartrate Tablet 25 MG ... medication not in cart."
9.) On 01/01/2024 at 11:05 AM, Med Passer JJ documented, "Metoprolol Tartrate Tablet 25 MG ...N/A (not available)."

On 01/03/2024 at 12:45 PM, Surveyor observed the medication cart with Caregiver UU. Caregiver UU stated the facility utilizes 3 different pharmacies to honor the resident choice. Caregiver UU stated Resident 20's pharmacy delivers his/her prescription 30-day supply blister packs on the 13th or 14th of every month. Caregiver UU looked over Resident 20's December 2023 MAR and stated caregivers normally document a '9' if the medication was not in the cart but it would also say something in the progress notes. Caregiver UU stated DON T had been attempting to get Resident 20's medications corrected for a few days. Surveyor looked at Resident 20's medications in the medication cart. Resident 20 did not have any Metoprolol Tartrate

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N 352	Continued From page 26 Tablet 25 MG in the facility medication cart. Resident 20's 2 blister packs of Nortriptyline HCL capsules had been dispensed by the pharmacy on 01/02/2024. Caregiver UU acknowledged Resident 20's prescription Metoprolol Tartrate 25 MG was not in the medication cart. Caregiver UU stated s/he passed medications that morning and s/he did not have Metoprolol Tartrate 25 MG available to administer to Resident 20. Caregiver UU showed copies of faxes DON T had recently sent to Resident 20's pharmacy requesting refills of Resident 20's Nortriptyline and Metoprolol. On 01/03/2024, Surveyor reviewed a fax sent to Resident 20's pharmacy by DON T on 01/01/2024. DON T documented, "[Caregiver UU], I re-ordered the following peoples meds today/tonight. [DON T] ... [Resident 20] metoprolol 25 mg BID Nortriptyline 50 mg 10 mg-2 tabs." On 01/03/2024, Surveyor reviewed a fax from Resident 20's pharmacy back to the facility on 01/02/2024. The following is documented, "Pharmacy needs a new valid rx (prescription) for Metoprolol 25 mg for [Resident 20]. Thank you." On 01/03/2024 at 2:00 PM, Surveyor discussed the above concern with DON T. DON T reviewed Resident 20's December 2023 MAR and stated the documentation on the Nortriptyline orders and the Metoprolol orders is missing or recorded as a '9' because the medications were not available in the facility medication cart. DON T stated Resident 20's prescription Nortriptyline and Metoprolol had not been available in the medication cart since 12/13/2023. DON T stated s/he discovered these medications were missing on 01/01/2024. DON T stated once s/he realized Resident 20's prescription Nortriptyline and	N 352		

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Metoprolol were missing from the facility medication cart s/he faxed pharmacy. DON T stated pharmacy got the Nortriptyline to the facility on 01/02/2024; but they required a new prescription for the Metoprolol. DON T did not know when Resident 20's Metoprolol would be available in the medication cart. DON T stated s/he had not notified Resident 20 or Resident 20's physician of the medication error but would do so as soon as possible.

On 01/09/2024 at 3:19 PM, Surveyor spoke with Administrator A and DON T on the phone. DON T stated s/he had recieved Resident 20's Metoprolol Tartrate 25mg from the pharmacy on 01/04/2024.

EXAMPLE 8: Resident 27

On 01/03/2024, Surveyor reviewed Resident 27's record. Resident 27 was admitted to the facility on 11/18/2022 with diagnosis including major depressive disorder, anxiety disorder, and acute myocardial infarction. Resident 27 lived on the memory care unit. Resident 27 is their own legal decision maker.

Surveyor reviewed Resident 27's January MAR which documented:
"Losartan Potassium 100 mg tab, give 1 tablet by mouth in morning related for hypertension:
AM-7AM: 1/1/24-9, 1/2/24-9, 1/3/24-9
Quetiapine Fumarate 100 mg tab, give by mouth 2x daily for behaviors:
AM-7AM: 1/1/24-9, 1/2/24-9, 1/3/24-9
PM-4PM: 1/1/24-9, 1/3/24-9
Sertraline 50 mg tab, given by mouth one time a day for depression:
AM-7AM: 1/1/24-9, 1/2/24-9, 1/3/24
The MAR indicated charting code 9 as Other/See

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N 352	Continued From page 28 Progress Notes." Surveyor reviewed Resident 27's January 2024 progress notes and did not find any documentation of why Resident 27's AM and PM medication were not received between 01/01/2024-01/03/2024. On 01/03/2024 at 2:00 PM, Surveyor interviewed DON T regarding Resident 27's medications. DON T stated s/he was unaware that Resident 27 did not have any medications cards in the med cart until the Surveyor brought it to his/her attention. DON T stated after looking into Resident 27's medications, it was discovered the pharmacy had not refilled his/her medications or followed up with the physician. DON T confirmed Resident 27 had not received any of his/her scheduled pills from 01/01/2024-01/03/2024. DON T stated s/he faxed Resident 27's physician to refill his/her medications. EXIT INTERVIEW: On 01/03/2024 at 3:00 PM, Surveyor discussed the above concerns with Administrator A, DON T, Nurse II, and Regional Director HH. Administrator A, DON T, Nurse II, and Regional Director HH acknowledged that on 01/01/2024, the 23 residents living on the memory care unit did not receive their 7:00 AM medications within the prescribed time frame. Administrator A, DON T, Nurse II and Regional Director HH acknowledged Resident 20 was not administered his/her Metoprolol as prescribed for 22 days from December 2023 to January 2024. Administrator A, DON T, Nurse II and Regional Director HH acknowledged Resident 20 was not administered his/her Nortriptyline as prescribed for 20 days	N 352		

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N 352	Continued From page 29 from December 2023 to January 2024. Administrator A, Nurse II, DON T and Regional Director HH acknowledged staff are to administer medications to all 23 residents who live on the memory care unit. CROSS REFERENCE N0196 DHS Chapter 83.14(2)(a) Licensee Ensure Facility Complies With Laws CROSS REFERENCE N0383 DHS Chapter 83.35(1)(c) Listed Areas For Assessments CROSS REFERENCE N0389 DHS Chapter 83.35(3)(d) Service Plans Updated Annually Or On Changes CROSS REFERENCE N0431 DHS Chapter 83.38(1)(g) Health Monitoring	N 352		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for	N 383		

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self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs.

This Rule is not met as evidenced by:
Based on observation, record review and interview the provider did not ensure 10 of 10 resident's needs were re-assessed when there was a change in needs, abilities, or condition.

Resident 27's, Resident 28's, Resident 29's, Resident 30's, Resident 31's, Resident 32's, Resident 33's, Resident 34's, Resident 35's, and Resident 36's records did not include assessments for the use of adaptive equipment to aid in transferring in and out of bed.

This is a repeat deficiency. See statement of deficiency (SOD) ENKL11, dated 02/21/2020.

Findings include:

According to the U.S. Food & Drug Administration's Hospital Bed Safety Workgroup, "...Strangling, suffocating, bodily injury, or death can occur when patients or parts of their bodies are caught between rails or between the bed rails and mattresses...Regardless of the purpose for which bed rails are being used or considered, a decision to utilize or remove those in current use should occur within the framework of an individual

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N 383	Continued From page 31 patient assessment. 2. Because individuals may differ in their sleeping and nighttime habits, creation of a safe bed environment that takes into account patients ' medical needs, comfort, and freedom of movement should be based on individualized patient assessment by an interdisciplinary team...3. Use of bed rails should be based on patients ' assessed medical needs and should be documented clearly...Bed rail effectiveness should be reviewed on a regular basis...The patient's chart should include a risk-benefit assessment that identifies why other care interventions are not appropriate or not effective if they were previously attempted and determined not to be the treatment of choice for the patient. 4. Bed rail use for treatment of a medical symptom or condition should be accompanied by a care plan (treatment program) designed for that symptom or condition. The plan should present clear directions for further investigation of less restrictive care interventions. The documentation should describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet patients ' assessed needs. 5. Bed rail use for patient's mobility and/or transferring, for example turning and positioning within the bed and providing a hand-hold for getting into or out of bed, should be accompanied by a care plan...The care plan should: include educating the patient about possible bed rail danger to enable the patient to make an informed decision; and address options for reducing the risks of the rail use. 6. The process of reducing and/or eliminating existing use of bed rails should be undertaken incrementally using an individualized, systematic, and documented approach..." (Source: "Clinical Guidance For the Assessment and Implementation of Bed Rails In	N 383		

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N 383	Continued From page 32 Hospitals, Long Term Care Facilities, and Home Care Settings" https://www.fda.gov/media/88765/download (retrieval date 01/16/2024)). On 01/08/2024, the Department received a complaint alleging concerns a resident got his/her arm stuck in a bed rail for hours. On 01/11/2024 at 10:40 AM, Surveyor toured the facility and observed 5 bed canes, 2 quarter rails, 2 grab bars, and 1 set of half rails in resident rooms. On 01/11/2024, Surveyor reviewed resident records and identified the following: Example 1: Resident 28 On 01/11/2024 at 10:45 AM, Surveyor toured Resident 28's bedroom and observed a bed cane attached to both sides of the bed towards the head of the bed. Surveyor reviewed Resident 28's record. Resident 28 was admitted to the provider on 02/18/2023 with diagnoses including psychotic disturbance, mood disorder, and Parkinson's. Surveyor reviewed the individual service plan (ISP) dated 02/17/2023. The ISP did not address the use of the bed cane. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed. Example 2: Resident 27 On 01/11/2024 at 10:47 AM, Surveyor toured Resident 27's bedroom and observed a bed cane attached to both sides of the bed towards the head of the bed. Surveyor reviewed Resident 27's record.	N 383		

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Resident 27 was admitted to the facility on 11/18/2022 with diagnoses including major depressive disorder, anxiety disorder, and acute myocardial infarction. Surveyor reviewed the ISP for Resident 27 dated 11/16/2023. The ISP did not address the use of the bed cane. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed.

Example 3: Resident 29
On 01/11/2024 at 11:19 AM, Surveyor toured Resident 29' bedroom and observed a bed cane attached to both sides of the bed towards the heads of the bed.

Surveyor reviewed Resident 29's record. Resident 29 was admitted to the facility on 03/01/2022 with a diagnosis of Alzheimer's. Surveyor reviewed the ISP for Resident 29 dated 02/20/2023. The ISP did not address the use of the bed cane. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed.

Example 4: Resident 30
On 01/11/2024 at 11:21 AM, Surveyor toured Resident 30's bedroom and observed a quarter bed rail attached to the right side of the bed.

Surveyor reviewed Resident 30's record. Resident 30 was admitted to the facility on 12/07/2020 with diagnoses including Alzheimer's, past fractures in areas of lumbar vertebra and right femur, and lack of coordination. Surveyor reviewed the ISP for Resident 30 dated 10/11/2023. The ISP documented "Transfer: [Resident 30] needs SBA for transfers and walking." The record did not contain any assessment for the use of adaptive equipment to

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N 383	Continued From page 34 aid in transferring in and out of bed. Example 5: Resident 31 On 01/11/2024 at 11:25 AM, Surveyor toured Resident 31's bedroom and observed a quarter bed rail attached to the right side of the bed. Surveyor reviewed Resident 31's record. Resident 31 was admitted to the facility on 03/26/2021 with diagnoses including traumatic brain injury, dementia, difficulty in walking, and lack of coordination. Surveyor reviewed the ISP for Resident 31 dated 04/05/2023. The ISP did not address the use of the quarter rail. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed. Example 6: Resident 32 On 01/11/2024 at 11:38 AM, Surveyor toured Resident 32's bedroom and observed a bed cane attached to the right side of the bed. Surveyor reviewed Resident 32's record. Resident 32 was admitted to the facility on 02/13/2023 with diagnoses including dementia and epilepsy. Surveyor reviewed the ISP for Resident 32 dated 03/03/2023. The ISP did not address the use of the bed cane. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed. Example 7: Resident 33 On 01/11/2024 at 11:40 AM, Surveyor toured Resident 33's bedroom and observed a grab bar attached to the left side of the bed. Surveyor reviewed Resident 33's record. Resident 33 was admitted to the facility on	N 383		

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N 383	Continued From page 35 11/28/2023 with diagnosis including dementia and muscle weakness. Surveyor reviewed the ISP for Resident 33 dated 11/28/2023. The ISP did not address the use of the grab bar. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed. Example 8: Resident 34 On 01/11/2024 at 11:42 AM, Surveyor toured Resident 34's bedroom and observed a grab bar attached to the right side of the bed. Surveyor reviewed Resident 34's record. Resident 34 admitted to the facility on 12/23/2021 with diagnoses including dementia, lack of coordination, and difficulty in walking. Surveyor reviewed the ISP for Resident 34 dated 02/16/2023. The ISP did not address the use of the grab bar. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed. Example 9: Resident 35 On 01/11/2024 at 11:48 AM, Surveyor toured Resident 35's bedroom and observed a bed cane attached to both sides of the bed near the head of the bed. Surveyor reviewed Resident 35's record. Resident 35 admitted to the facility on 08/12/2018 with diagnoses including dementia and repeated falls. Surveyor reviewed the ISP for Resident 35 dated 03/02/2023. The ISP did not address the use of the bed cane. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed. Example 10: Resident 36 On 01/11/2024 at 2:12 PM, Surveyor toured	N 383		

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N 383	Continued From page 36 Resident 36's bedroom and observed half bed rails on both sides of the bed. Surveyor reviewed Resident 36's record. Resident 36 was admitted to the facility on 04/11/2023 with diagnoses including osteomyelitis of vertebra and hypertension. Surveyor reviewed the ISP for Resident 36 dated 06/07/2023. The ISP did not address the use of half bed rails. The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed. On 01/11/2024 at 11:20 AM, Surveyor interviewed Director of Nursing (DON) T regarding the above concerns. DON T stated a former nurse walked off the job on 12/26, so management is just now discovering many concerns that were not assessed and added to resident ISP's. DON T stated s/he was unaware the provider had this many adaptive devices to aid residents transferring in and out of bed. DON T stated s/he checked their electronic health record and confirmed the provider did not have assessments for the above residents. DON T agreed after Resident 17's incident of getting his/her arm stuck in the bed cane all residents should have been reassessed for their safety. DON T stated him/her and Nurse II would be going to assess the above residents and add information to their ISPs. CROSS REFERENCE N0196 DHS Chapter 83.14(2)(a) Licensee Ensure Facility Complies With Laws CROSS REFERENCE N0352 DHS Chapter 83.32(3)(h) Rights of Residents: Receive Medication CROSS REFERENCE N0389 DHS Chapter 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 383		

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N 383	Continued From page 37 CROSS REFERENCE N0431 DHS Chapter 83.38(1)(g) Health Monitoring	N 383		
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 individual service plan (ISP) was not updated for 1 of 1 resident reviewed when there was a change in resident needs and abilities. Resident 17's ISP was not updated when s/he had a change in a level of assistance during meals and a new fall intervention. This is a repeat deficiency. See statement of deficiency (SOD) 657X15, dated 08/31/2023 and SOD ENKL12, dated 02/10/2021. FINDINGS INCLUDE: On 01/11/2024, Surveyor reviewed Resident 17's	N 389		

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record and identified the following:

Resident 17 admitted to the facility on 04/05/2019 with diagnoses including cerebrovascular disease, anxiety, and vascular dementia. Resident 17 had an activated healthcare power of attorney that made decisions on his/her behalf.

On 01/11/2024 at 10:52 AM, Surveyor observed Resident 17's bedroom. Surveyor observed a floor matt folded up and stored near Resident 17's TV stand.

On 01/11/2024 at 11:00 AM, Surveyor interviewed Caregiver GG. Caregiver GG stated recently staff have had to feed Resident 17. Caregiver GG stated many verbal prompts between bites and encouragement are required to get Resident 17 to eat his/her meals. Surveyor observed Resident 17's breakfast on a table near his/her bed. Surveyor took the cover off the meal and observed an untouched meal of scrambled eggs, sausage patties, and orange slices. The meal was not cut up. Caregiver GG stated Resident 17 will refuse many meals if s/he wants to rest.

On 01/11/2024 at 11:19 AM, Surveyor observed Resident 17's floor mat being used next to his/her bed. The floor mat was laid out flat and pressed up against the bed.

Resident 17's ISP dated 08/29/2023 documented: "[Resident 17] has an expected and avoidable decline in nutrition/hydration/weight r/t poor intake and hospice status-palliative nutrition care measures to be provided. Assure assistance is provided. Staff to cut-up food prior to serving, set-up assistance provided."

The ISP did not include the use of a floor mat as

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a new fall intervention or how staff are physically assisting Resident 17 during meals.

Resident 17's hospice notes dated 11/06/2023 noted s/he had a floor mat as of 11/06/2023.

Resident 17's food intake report dated 12/13/2023-01/09/2024 documented 15 occurrences where 1-2 staff provide Resident 17 with physical assistance during meals.

On 01/11/2024 at 12:30 PM, Surveyor observed Caregiver EE bring Resident 17's food tray to him/her. Caregiver EE raised Resident 17's head of bed approximately 30 degrees and spoke pleasantly to Resident 17 to try to wake him/her up for his/her food. Resident 17 did not wake up for his/her meal. Caregiver EE cut up Resident 17's food and stated s/he will return in a bit to feed Resident 17. Caregiver EE stated 2 months ago Resident 17 got his/her arm caught in the bedrail and the incident caused injury to his/her left arm. Caregiver EE stated Resident 17 cannot lift his arm like s/he did before the incident and his/her left hand is premenantly clenched. Caregiver EE stated staff need to sit with Resident 17 and physically feed him/her each bite since the incident with Resident 17's arm getting caught in the bedrail.

On 01/11/2024 at 2:23 PM, Surveyor interviewed Administrator A, Director of Nursing (DON) T, and Nurse II. DON T stated s/he did not think Resident 17 had a floor mat and the provider does not like to use them since they are a tripping hazard. Surveyor showed DON T a picture of the floor matt and how staff were utilizing the intervention. DON T noted Resident 17 switched hospice agencies and guessed they brought it in. DON T stated Resident 17 should only be set up

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N 389	Continued From page 40 during meals along with staff cutting his/her food. Administrator A provided the Surveyor with Resident 17's food intake report, which showed staff were documenting 1-2 physical assistance during meals. Administrator A agreed after reviewing Resident 17's food intake report. Surveyors noted after interviewing staff it was learned, Resident 17 had required additional assistance during meals since s/he got their left hand/arm stuck in the bed rail. CROSS REFERENCE N0196 DHS Chapter 83.14(2)(a) Licensee Ensure Facility Complies With Laws CROSS REFERENCE N0352 DHS Chapter 83.32(3)(h) Rights of Residents: Receive Medication CROSS REFERENCE N0383 DHS Chapter 83.35(1)(c) Listed Areas For Assessments	N 389		
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 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	N 431		

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N 431	Continued From page 41 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 residents were provided with health monitoring adequate to meet their needs. From 12/01/2023 to 01/03/2024, Resident 19 had 7 blood glucose levels over 350 mg/dl. Those elevated blood glucose levels were not reported to Resident 19's physician (MD). Resident 19's MD order dated 08/10/2023 is for blood glucose monitoring twice daily at 7:00 AM and 4:00 PM. The MD order includes a parameter to notify the MD if Resident 19's blood glucose should fall below 80 mg/dl or rise above 350 mg/dl. Resident 19's medication administration record (MAR) and current individualized service plan (ISP) did not have blood glucose parameters or interventions listed. On 01/12/2024, Surveyor reviewed Resident 24's January 2024 MAR. Resident 24 is prescribed a	N 431		

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medication called Digoxin. Digoxin is a cardiac (heart) medication that slows a person's heart rate. This order for Digoxin did not include a heart rate parameter to withhold the medication should his/her heart rate be at or below 50-60 beats per minute (BPM).

This is a repeat deficiency of statement of deficiency (SOD) #657X12 dated 05/18/2022 and 657X11 dated 08/31/2021.

FINDINGS INCLUDE:

On 12/27/2024 and 01/02/2024, The Department received a complaint related to inappropriate medication administration practices.

On 01/03/2024, Surveyors arrived at facility for complaint investigation and standard survey. Surveyor reviewed the facility roster. The census was 50 residents with one resident in the hospital.

On 01/10/2024, The Department received a complaint related to program services and resident rights.

On 01/11/2024, Surveyor arrived at facility for a complaint investigation. Surveyor reviewed facility roster. The census was 47 residents.

EXAMPLE 1: Resident 19

On 01/03/2024, Surveyor reviewed Resident 19's facility facesheet. Resident 19 was admitted to the facility on 08/25/2023. Resident 19 lived on the enhanced care unit. Resident 19 was diagnosed with but not limited to: type 2 diabetes mellitus and end stage renal disease.

On 01/19/2024, Surveyor reviewed Resident 19's

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N 431	Continued From page 43 MD orders. The following orders were activated on 08/10/2023 for glucose monitoring, "Check blood glucose (BID). Notify physician if blood glucose <80 mg/dl or >350 mg/dl. as needed for DM (diabetes mellitus) check pm if symptomatic of hypo or hyperglycemia," and "Check blood glucose (BID). Notify physician if blood glucose, <80 or >350. Two times a day for DM." On 01/03/2024, Surveyor reviewed Resident 19's individualized service plan (ISP) dated 08/25/2023. Resident 19's ISP does not mention Resident 19's blood glucose parameters or blood glucose monitoring. On 01/19/2024, Surveyor reviewed Resident 19's December 2023 MAR. MD's blood glucose parameters are not listed on the MAR. From 12/01/2023 to 12/31/2023, Resident 17's blood glucose level exceeded 350 mg/dl on the following intervals: 1.) 12/01/2023 at 7:00 AM - 389 mg/dl 2.) 12/06/2023 at 4:00 PM - 459 mg/dl 3.) 12/10/2023 at 4:00 PM - 351 mg/dl 4.) 12/17/2023 at 4:00 PM - 355 mg/dl 5.) 12/25/2023 at 4:00 PM - 375 mg/dl 6.) 12/28/2023 at 4:00 PM - 435 mg/dl On 01/03/2024, Surveyor reviewed Resident 19's January 2024 MAR. MD's blood glucose parameters are not listed on the MAR. From 01/01/2024 to 01/03/2024, Resident 19's blood glucose levels were as follows: 1.) 01/01/2024 at 7:00 AM - 449 mg/dl 2.) 01/01/2024 at 4:00 PM - REFUSED 3.) 01/02/2024 at 7:00 AM - 247 mg/dl 4.) 01/02/2024 at 4:00 PM - 327 mg/dl 5.) 01/03/2024 at 7:00 AM - 249 mg/dl 6.) 01/03/2024 at 4:00 PM - 341 mg/dl	N 431		

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N 431	Continued From page 44 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...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 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." (Source: The Mayo Clinic Website, Hyperglycemia, 1998-2022, https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631 (retrieval date - January 16, 2024).) Resident 19 is prescribed a long-acting insulin called Glargine and a short acting insulin called Lispro. Resident 19 is prescribed "Insulin Glargine Subcutaneous Solution Pen Injector 100 UNITS/ML... inject 10 units subcutaneously at bedtime... -Start Date- 08/25/2023". On 01/01/2024, Resident 19 refused his/her 7:00 PM dose of his/her Glargine insulin. Resident 19 is prescribed, "Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 UNITS/ML... inject 6 unit subcutaneously four times a day related to TYPE 2 DIABETES MELLITUS... -Start Date- 08/25/2023.". On	N 431		

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N 431	Continued From page 45 01/01/2024, Resident 19 refused his/her 4:00 PM and 7:00 PM doses of lispro insulin. On 01/03/2024 at 11:30 PM, Surveyor spoke with Caregiver LL. Caregiver LL stated s/he was working on the enhanced care unit the morning of 01/01/2024. Caregiver LL stated Med Passer JJ was passing medications late into the morning that day. Caregiver LL stated Med Passer JJ took Resident 17's blood glucose level that morning and it was 49 mg/dl. Caregiver LL said Resident 19 was kind of tired and reported feeling sick the rest of the day. Caregiver LL did not recall if DON T was notified of Resident 19 having a blood glucose of 49 mg/dl. On 01/03/2024 at 11:50 AM, Surveyor discussed the above concerns with Caregiver UU. Caregiver UU stated s/he passes resident medications. Caregiver UU stated resident MAR's usually have blood glucose parameters included in the blood glucose monitoring order. Caregiver UU stated those parameters are how s/he knows when s/he needs is to notify the nurse of an out-of-range blood glucose level. Caregiver UU showed Surveyor a different resident's electronic health record (EHR) on the nursing station computer to show the resident had blood glucose parameters written on their MAR. Caregiver UU looked at Resident 17's January MAR and acknowledged his/her blood glucose monitoring order did not include blood glucose parameters. Caregiver UU stated s/he was not working on 01/01/2024. On 01/17/2024, Surveyor reviewed an email sent from DON T on 01/17/2024 at 9:05 AM. DON T wrote the following, "[Surveyor]...I also wanted to reiterate that when I came in on the first of January, [Med Passer JJ] did inform me of [his/her] BGM (blood glucose measurement) of	N 431		

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449. When you first talked to me about it you thought it was 49. Then later, we talked, and you said 449, which I did know about. Thank you, [DON T]".

On 01/17/2024 at 10:09 AM, Surveyor discussed the above concerns with DON T. DON T stated on 01/01/2024 s/he arrived at the enhanced care unit at approximately 1:15 PM. DON T stated Med Passer JJ reported Resident 19's blood glucose of 449 mg/dl. DON T acknowledged s/he did not re-take Resident 19's blood glucose level upon discovery of his/her hyperglycemic state. DON T stated Resident 19 reported feeling ill and refused all medications/treatments the evening of 01/01/2024. DON T stated s/he does not know why s/he did not retake Resident 19's blood glucose. DON T acknowledged Resident 19's MD was not made aware of the 449 mg/dl blood glucose level. DON T stated s/he was not the unit nurse until 12/27/2023.

On 01/16/2024, Surveyor reviewed Resident 17's progress notes from 12/01/2023 to 1/11/2024. Resident 17's progress notes do not have entries stating blood glucose levels were reported to Resident 19's physician during the timeframe. On 01/01/2024 at 7:50 PM, DON T documented, "[Resident 19] reports that [s/he] is not feeling well. All evening and HS (bedtime) meds (sic.) held per [his/her] request."

EXAMPLE 3: Resident 24

On 01/03/2024, Surveyor reviewed Resident 24's facility facesheet. Resident 24 was admitted to the facility on 07/03/2023. Resident 24 had an activated power of attorney. Resident 24 received hospice services. Resident 24 lived on the memory care unit. Resident 24 is diagnosed with

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N 431	Continued From page 47 but not limited to: hypertension, and coronary artery disease. On 01/12/2024, Surveyor reviewed Resident 24's January 2024 MAR. Resident 24 is prescribed Digoxin 125 MCG (micrograms) once at bedtime for heart failure. The Digoxin order has a start date of 11/21/2023. According to the Pearson's Nurse Drug Guide, "Digoxin...NURSING IMPLICATIONS Assessment & Drug Effects...Withhold medication and notify prescriber if apical pulse falls below ordered parameters (e.g., less than 50 or 60/min in adults and less than 60 or 70 /min in children)." (PEARSONS NURSE'S DRUG GUIDE 2015., 2015, p. 480) On 01/12/2024, Surveyor sent DON T an email notifying him/her that it appeared Resident 24 was being administered Digoxin, but staff were not being instructed to measure Resident 24's heart rate. On 01/12/2024, Surveyor reviewed an email sent from DON T at 12:03 PM. DON T sent Surveyor an EHR screen shot of Resident 24's facility record. The screen shot showed that as of 4:00 PM on 01/12/2024, the order for Digoxin had instructions to withhold the medication if Resident 24's heart rate is below 60 beats per minute. On 01/12/2024, Surveyor sent an email to Administrator A and DON T. Surveyor requested all vital signs taken on Resident 24 in the month of January 2024. On 01/16/2024, Surveyor reviewed Resident 24's January 2024 vital signs. From 01/01/2024 to 01/11/2024, Resident 24's heart rate is not measured during the timeframe.	N 431		

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N 431	Continued From page 48 CROSS REFERENCE N0196 DHS Chapter 83.14(2)(a) Licensee Ensure Facility Complies With Laws CROSS REFERENCE N0352 DHS Chapter 83.32(3)(h) Rights of Residents: Receive Medication CROSS REFERENCE N0383 DHS Chapter 83.35(1)(c) Listed Areas For Assessments CROSS REFERENCE N0389 DHS Chapter 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 431		