STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019373	A. BUILDING: _____ B. WING _____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEBROOKE SENIOR LIVING	550 W LIBERTY STREET ADAMS, WI 53910

(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 03/04/2024, with information gathered through 03/07/2024, Surveyors investigated two (2) complaints. One out of 2 complaints were substantiated and three (3) new deficiencies were identified. Census 43	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received medication as prescribed. Findings Include: On 02/20/2024, the department received a complaint alleging a resident did not receive insulin resulting in emergency room treatment. On 03/04/2024 at 1:14PM, Surveyor interviewed Licensee A and Director B. Licensee A explained Resident 1's insulin was reordered, but there were issues with the pharmacy and insurance not covering it. Director B confirmed Resident 1 was sent to the emergency department due to blood sugars when they did not have the insulin to administer.	N 352		

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

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N 352	Continued From page 1 On 03/05/2024 at approximately 8:30AM, Surveyor reviewed Resident 1's January 2024 medication administration record (MAR). The MAR specified Resident 1 was ordered the following insulin: -Tresiba Flextouch 100 Unit/ML - inject subcutaneously 16 units daily. Review of the MAR revealed Tresiba was not administered on 01/01/2024 and 01/02/2024. The MAR specified the following reasons: -01/01/2024 - "out of stock. called pharmacy." -01/02/2024 - "insurance will not pay for." On 03/05/2024, at approximately 5:00PM, Surveyor reviewed discharge documentation from Gundersen Health Services dated 01/01/2024. The document stated, " ...Per [assisted living provider], patient did not receive [his/her] long acting insulin today. [Family Member] states [s/he] was told [his/her] insulin degludec [gerneric for Tresiba] isn't covered by insurance, as of Jan 1... Patient's glucose read as high at the [assisted living provider], read over 500 per EMS [emergency medical services]. EMS state [sic] patient received 15u of insulin at the [assisted living] prior to arrival to the ED [emergency department]." On 03/06/2024, at 1:16PM, Surveyor interviewed Pharmacy C from Phillips Total Care Pharmacy. Pharmacy C explained Resident 1's insulin was being covered by the hospice provider. Pharmacy C reported they received an order for Tresiba 100 Unit/ML on 12/31/2023 at 9:56PM, but hospice provider would not cover it. Instead, the hospice provider suggested the provider should order glargine (a synthetic version of human insulin to treat type I diabetes). Another order was received on 01/02/2024, which was covered.	N 352		

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N 352	Continued From page 2 On 03/07/2024, at 8:00AM, Surveyor interviewed Licensee A. Licensee A reported they are scheduled to have a meeting with Phillips Total Care Pharmacy.	N 352		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review, interview and observation, the provider did not ensure individual service plans (ISP) were implemented and followed as written for Resident 1 and Resident 3. Findings Include: On 02/20/2024, the department received a complaint regarding the facility not monitoring weight. RESIDENT 1 On 03/06/2024, at 3:00 PM, Surveyor reviewed Resident 1's ISP updated on 11/17/2023 - The ISP specified the following: Weekly weight every Saturday prior to lunch. On 03/05/2024, at 7:00 AM, Surveyor reviewed Resident 1's January and February 2024 task administration record (TAR). The TAR reflected weights were not taken on 01/06/2024, 01/13/2024, 01/20/2024, 01/27/2024, 02/03/2024, 02/10/2024, 02/17/2024. On 03/05/2024, at 7:10 AM, Surveyor reviewed	N 388		

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N 388	Continued From page 3 Resident 1's Resident Vital History. The document reflected weights were only taken on: 01/04/2024: 139 pounds 02/01/2024: 123 pounds 02/24/2024: 119 pounds On 03/07/2024, at 8:00 AM, Surveyor interviewed Licensee A and Director B. Licensee A stated Resident 1 sometimes refused to be weighed, but s/he did not know the refusals were not documented. Licensee A reported s/he would ensure proper implementation. RESIDENT 3 On 03/05/2024, at 3:10 PM, Surveyor reviewed Resident 3's ISP updated on 04/28/2023. The ISP specified Resident 3 was on a moist and minced diet. On 03/04/2024, at 12:10 PM, Surveyors observed Resident 3 in the dining room eating lunch. Resident 3 was eating a bowl of cooked pizza toppings, including pepperoni and cheese. According to the International Dysphagia Diet Standardization Initiative (IDDSI), "Minced & Moist foods only need a small amount of chewing and for the tongue to ' collect ' the food into a ball and bring it to the back of the mouth for swallowing. It ' s important that Minced & Moist foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat." Information was obtained on 03/05/2024, at 2:30PM from: https://iddsi.org/IDDSI/media/images/ConsumerHandoutsAdult/5_Minced_Moist_Adults_consumer_handout_30Jan2019.pdf.	N 388		

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N 388	Continued From page 4 On 03/07/2024, at 8:00 AM, Surveyor interviewed Licensee A and Director B. Licensee A stated there is a printout in the kitchen for specific diets. Licensee A reported s/he would ensure proper implementation. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Change	N 388		
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 record review, interview and observation, the provider did not ensure individual service plans (ISPs) were updated when there was a change in residents' needs and/or abilities for Resident 1 and Resident 2. Findings Include: On 02/20/2024 the department received a	N 389		

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N 389	Continued From page 5	N 389		

complaint alleging the provider was not providing meal assistance to residents.

RESIDENT 1

On 03/04/2024, at 12:10PM, Surveyor observed Resident 1 eating lunch in the dining room. Power of Attorney of Health Care D (POAHC-D) was present and assisting Resident 1. Surveyor observed Resident 1 was served one slice of pepperoni pizza, a side salad, and a brownie. Surveyor observed POAHC-D hold the pizza slice to Resident 1's mouth and encouraged him/her to bite it. Resident 1 took a bite of pizza but it immediately fell out of his/her mouth. Surveyor observed POAHC-D continue to attempt to feed Resident 1 the pizza. Resident 1 made little effort to chew the pizza and it continued to fall out of his/her mouth.

On 03/04/2024, at approximately 12:12PM, Surveyor interviewed POAHC-D regarding Resident 1's diet texture. POAHC-D reported they tried a pureed style diet before, but Resident 1 did not like his/her food altered, so they stopped serving it.

On 03/05/2024 at approximately 10:30AM, Surveyor reviewed Resident 1's ISP updated on 08/11/2023. The ISP stated Resident 1 eats independently and should be served a moist and minced diet.

On 03/08/2024 at approximately 8:00AM, Surveyor interviewed Licensee A and Director B. Both Licensee A and Director B acknowledge the ISP was not updated to reflect Resident 1's current needs. Licensee A and Director B confirmed Resident 1 could not eat independently and refused to eat the moist and minced diet, but

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N 389	Continued From page 6	N 389		

the ISP was not updated at that time. Licensee A reported the hospice provider recently recommended a pureed diet. Licensee A and Director B stated they will ensure Resident 1's ISP will be updated to reflect the current changes.

RESIDENT 2:

On 03/04/2024, at 12:05PM, Surveyor observed a caregiver physically assisting Resident 2 with eating. This included putting food on the fork and encouraging Resident 2 to open his/her mouth and chew. Resident 2 was served pizza toppings which included melted cheese and meat.

On 03/05/2024, at 11:00AM, Surveyor reviewed Resident 2's ISP updated on 06/23/2024. The ISP stated Resident 2 needs assistance cutting up food and can eat independently. The ISP did not specify a specific textured diet.

On 03/05/2024, at 11:12AM, Surveyor reviewed Resident 2's observation notes. The note dated 02/27/2024 stated, "Heartland Hospice orders: Mechanical soft diet [sic]."

The information below was obtained on 03/05/2024 at approximately 11:30AM from: https://www.asha.org/slp/healthcare/asha-supports-the-international-dysphagia-diet-standardisation-initiativeiddsi/#:~:text=The%20AND%20announced%20that%20beginning,included%20in%20the%20NCM%C2%AE.

According to the American Speech-Language-Hearing Association, the National Dysphagia Diet developed in 2002, was replaced with International Dysphagia Diet Standardization Initiative (IDDSI) in October 2021.

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N 389	Continued From page 7 The information below was obtained on 03/05/2024 at approximately 11:37AM from: https://www.dysphagia-diet.com/Images/ComparisonChart-NDD_IDDSI.pdf. According to the National Dysphagia Diet and IDDSI comparison chart, an NDD mechanical soft diet is equivalent to IDDSI's level 5 moist and minced. The information below was obtained on 03/05/2024 at approximately 11:45AM from: https://iddsi.org/IDDSI/media/images/ConsumerHandoutsAdult/5_Minced_Moist_Adults_consumer_handout_30Jan2019.pdf. According IDDSI, foods on a level 5 moist and minced that should be avoided includes: sticky and gummy foods, stringy foods, and cheese toppings. On 03/07/2024, at approximately 8:00AM, Surveyor interviewed Licensee A and Director B. Director B confirmed Resident 2's diet was recently updated by hospice. Licensee A and Director B acknowledged the findings and stated the ISP would be amended to reflect Resident 2's current needs. Cross Reference N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan	N 389		