| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 510311 | A. BUILDING: _____ B. WING _____ | R-C 10/07/2025 |

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|---|---|
| MONROE MANOR | 508 E MONROE AVE BARRON, WI 54812 |

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| {N 000} | Initial Comments<br><br>On 09/30/2025, Surveyors conducted a verification visit and complaint investigation at Monroe Manor. Data collected through 10/07/2025.<br><br>Four of 6 complaints were unsubstantiated. Two of 6 complaints were substantiated.<br><br>Three violations were identified. Two of 3 deficiencies were repeat violations. See Statement of Deficiencies (SOD) 77PW11, dated 07/15/2025, SOD 8ONJ11, dated 07/31/2023, SOD YMCL11, dated 05/05/2021, and SOD 1UR212, dated 07/22/2019.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 64. | {N 000} | | |
| N 352 | 83.32(3)(h) Rights of Residents: Receive medication<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure prescribed medications were administered in the dosage and at intervals prescribed by a practitioner.<br><br>Resident 2 did not receive Morphine as prescribed. | N 352 | | |

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

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| N 352 | Continued From page 1<br><br>Findings include:<br><br>The provider is licensed to care for 82 residents in the client groups irreversible dementia/Alzheimer's disease and advanced aged.<br><br>On 08/15/2025, the Department received a complaint about resident care.<br><br>On 09/30/2025 at approximately 11:15 AM, Surveyor interviewed Administrator A who stated as Resident 2's condition deteriorated the family met often with Licensed Practical Nurse (LPN) B.<br><br>On 09/30/2025 at approximately 10:30 AM, Surveyor interviewed (LPN) B who stated that if hospice had medication changes there was a nurse on call to carry the orders 24/7. LPN B stated s/he was the only 1 currently on call because Registered Nurse (RN) F was no longer an employee. Surveyor inquired if there were concerns with RN F's follow through. LPN B stated Resident 2's family was not happy with RN F and they were reporting him/her to the state.<br><br>At approximately 12:30 PM, Surveyor asked LPN B if there were concerns that RN F was not performing his/her duties. LPN B stated that s/he did hear from Resident 2's family that the morphine medication dose was to be changed but s/he thought the facility had not received orders.<br><br>On 10/07/2025, Surveyor reviewed Resident 2's record:<br><br>Resident 2 was admitted 02/05/2025 and was enrolled in hospice in June 2025. Resident 2 was discharged home on 08/04/2025 where s/he | N 352 | | |

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| N 352 | Continued From page 2<br>passed away the following day. Resident 2's record indicated s/he had a power of attorney (POA) but it was not activated.<br><br>Resident 2's individualized service plan (ISP), dated 09/30/2025 included:<br>-"Medication Management ...To receive assistance from staff with managing/administering medications ...Receive all medications per MD [medical] orders ..."<br><br>Resident 2's medication administration record (MAR) dated August 2025 included:<br>-"Morphine Sulfate 100mg [milligrams]/5ML [milliliters] concentrate: Take 0.5ml(10mg) by Mouth 2 times a day at 8am and 8pm ..." The MAR indicated this medication had been administered on 08/01/2025 at 8:00 AM and 8:00 PM.<br><br>-"Morphine Sulfate 100MG/5ML concentrate ...take 0.25ml (5mg) by mouth every 2 hours as needed ..." The MAR indicated this as needed medication was administered as follows:<br>-08/01/2025 1 administration<br>-08/02/2025 1 administration<br>-08/03/2025 5 administrations<br>-08/04/2025 4 administrations<br><br>On 10/07/2025, Surveyor received by email Morphine order changes dated Saturday, 08/02/2025 at 12:05 PM. The order read, "Morphine Sulfate (Concentrate) Oral Solution 100 MG/5M ...take 0.5ml (10mg) by mouth every 6 hours for shortness of breath and pain." Resident 1's MAR reflected the order change occurred on 08/04/2025. The medication was administered 4 times on 08/04/2025.<br><br>Due to the delay of the order being entered into | N 352 | | |

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| N 352 | Continued From page 3<br>the MAR, Resident 2 did not receive 7 routine doses of morphine sulfate.<br><br>On 10/07/2025 from 1:58 PM to 3:00 PM, Surveyor interviewed LPN B who stated no one spoke with RN F about the morphine not being entered. LPN B stated, "Either [Administrator A] or I should have spoken with [him/her]." LPN B was unable to determine who entered the updated order on 08/04/2025. LPN B stated Resident 2 should have "probably had more morphine" administered than what was administered. LPN B stated that on 08/04/2025 s/he saw Resident 2's POA who told him/her how disappointed s/he was with RN F and his/her decision to wait until Monday, 08/04/2025, to enter the updated routine morphine order.<br><br>The provider did not ensure medication was administered as ordered. | N 352 | | |
| N 388 | 83.35(3)(c) Implement, follow the individual service plan<br><br>Implementation. The CBRF shall implement and follow the individual service plan as written.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not follow the individual service plan (ISP) as written.<br><br>The provider did not follow the ISP as written when BMs, safety checks, and toileting were not done for Resident 1.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) 8ONJ11, dated 07/31/2023 and SOD IUR212, dated 07/22/2019. | N 388 | | |

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| N 388 | Continued From page 4<br><br>Findings include:<br><br>The provider is licensed to care for 82 residents in the client groups irreversible dementia/Alzheimer's disease and advanced aged.<br><br>On 09/23/2025, the Department received a complaint regarding resident care.<br><br>On 09/30/2025 at approximately 10:00 AM, Surveyor interviewed Administrator A who stated they recently hired a new floor manager to ensure all care tasks were being completed. Administrator A stated they had a meeting with Resident 1's managed care team and family who expressed concern that Resident 1 was not being toileted and bowel movements were not being tracked.<br><br>Surveyor reviewed Resident 1's record.<br><br>Resident 1 was admitted on 02/28/2023 and has an activated power of attorney (POA) for healthcare.<br><br>Resident 1 was diagnosed with the following: rectal prolapse, unilateral inguinal hernia, diverticulitis of large intestine, constipation, gastrointestinal hemorrhage, and urge incontinence.<br><br>Resident 1's ISP, dated 09/30/2025 included:<br>-"Bowel Movement Monitoring ...Schedule: Daily@ [sic] Days, PMs, NOC [nighttime] ...Resident Needs: Resident requires staff to monitor and document bowel movements.<br><br>-Toileting - Monitor and Cue ...Assist with toileting | N 388 | | |

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| N 388 | Continued From page 5 | N 388 | | |

every 2 hours during the day and every 4 hours at night due to incontinence. Change incontinence products as needed. Take [him/her] to the bathroom and provide assistance. [S/he] is not calling for help...Fill out form in resident's bathroom.

-Safety Checks Hourly ...Safety checks every 1 hour ..."

Resident 1's observation notes included:
-"09/09/2025 1:00 PM Resident now has a sign off sheet in [his/her] room. The sign off sheet is for toileting and 1 hour safety checks. Family has expressed concerns that staff is not coming into [his/her] room while they are there to check on resident.
-09/16/2025 2:45 PM Resident's POA was to visit [sic] today ...[s/he] voiced concerns about ... BM [bowel movement] tracking ...BM documentation needs to be monitored-document BM size do not mark Independent ..."

Resident 1's Task Administration Record (TAR), dated September 2025 included:
-"Toileting ...Assist with toileting every 2 hours during the day and every 4 hours at night ..." During the month of September 2025, there were approximately 61 incidents where toileting was not signed off by staff as completed.

-"Bowel Movement Monitoring ...NOCs, Days, and PMs." During the month of September 2025 there were approximately 26 incidents where BM was not signed off by staff as completed.

-"Safety Checks Hourly ..." There were approximately 100 incidents where safety checks were not signed off as completed.

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| N 388 | Continued From page 6 | N 388 | | |

Resident 1's Care History Report dated 08/01/2025 to 09/30/2025 included:
-In August 2025, there were approximately 4 incidents where staff indicated Resident 1 was independent with bowel movements and approximately 7 days where staff indicated Resident 1 had a bowel movement and the size of the movement.
-In September 2025 there were approximately 18 incidents where staff indicated Resident 1 was independent with bowel movements and approximately 2 incidents where staff indicated Resident 1 had a bowel movement and the size of the movement.

On 10/07/2025 from 10:34 AM to 10:49 AM, Surveyor interviewed Managed Care Nurse (MCN) C who stated a 6-month review was held on 09/09/2025 and the family was concerned [Resident 1's] toileting schedule and bowel tracking was not followed by staff. MCN C stated Resident 1 had a complex medical history concerning bowels, urinary tract, and surgical intervention of the bowel. MCN C stated Resident 1 suffered from frequent UTIs (urinary tract infections). MCN C stated Resident 1 relied on staff for all toileting needs. MCN C stated s/he and the Managed Care Case Manager (MCCM) D had increased pop in visits following the September 2025 meeting to ensure hourly safety checks, 2-hour toileting, and bowel movement tracking were being completed and documented. MCN C stated on 10/01/2025, s/he spoke with POA E who stated s/he was disappointed because the provider did not follow up with him/her with the concerns discussed during the 09/09/2025 care meeting.

On 10/07/2025 from 1:58 PM to 3:00 PM, Surveyor interviewed Licensed Practical Nurse

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| N 388 | Continued From page 7<br>(LPN) B. Surveyor inquired why checks and BM tracking were not consistently done. LPN B stated POA E had not brought these concerns to his/her attention before, and s/he noticed issues with tracking during the 09/30/2025 survey. LPN B was working on removing the option of "Independent" on the bowel tracking.<br><br>The provider did not follow the ISP as written when BMs, safety checks, and toileting were not done. | N 388 | | |
| {N 636} | 83.59(1)(f) Exit passageways, stairways: width maintained<br><br>All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exit passageways and stairways to outside exits shall be at least 36 inches in width and maintained clear and unobstructed at all times. Exit passageways and stairways to outside exits shall be at least 32 inches in width in facilities licensed on or before the effective date of this section. In existing large facilities, the minimum corridor width shall be at least 4 feet.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not ensure all exits were unobstructed. The exit stairwell on the southwest hall of the main floor had 2 wheelchairs and a walker blocking the exit.<br><br>This is a repeat violation. See Statement of Deficiencies (SOD) 77PW11, dated 07/15/2025 and YMCL11, dated 05/05/2021. | {N 636} | | |

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| {N 636} | Continued From page 8<br><br>Findings include:<br><br>The provider is licensed to care for 82 residents in the client groups irreversible dementia/Alzheimer's disease, and advanced aged.<br><br>On 09/30/2025 at approximately 9:46 AM, Surveyor observed 2 wheelchairs and a walker blocking the exit stairwell of the southwest exit on the upper floor. Surveyor observed that the stairwell's light was not on.<br><br>At approximately 1:00 PM, Surveyor reviewed the provider's exit map posted throughout the facility. The map indicated the blocked exit was a designated emergency exit.<br><br>At approximately 1:20 PM, Surveyor shared findings with Administrator A who stated the owner had not decided how to proceed. Administrator A stated s/he realized the emergency plans were not updated.<br><br>On 10/07/2025 at approximately 1:58 PM, Surveyor interviewed Licensed Practical Nurse (LPN) B who stated the wheelchairs and walkers stored by the exit door belonged to the residents that lived in that hallway. LPN B stated s/he thought the owner planned on putting a door there.<br><br>The provider did not ensure that a stairway to an outside exit was unobstructed. | {N 636} | | |