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	0018247	A. BUILDING: _____ B. WING _____	C 09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEROVA SENIOR LIVING OF MEQUON	10995 N MARKET STREET MEQUON, WI 53092

(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 08/27/2024, Surveyors conducted five (5) complaint investigations at Terova Senior Living of Mequon. Additional information was gathered through 09/04/2024. As a result of the survey, twelve (12) deficiencies were identified, and 5 complaints were substantiated. Census: 24	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on staff interview and record review, the provider did not send a written report to the department within 3 working days after law enforcement personnel were called to the facility as a result of an incident that jeopardized the health, safety, or welfare of residents or employees. On 07/25/2024, police were called to the facility to investigate an incident on 05/28/2024 between Person G and Resident 7. Findings include: On 08/27/2024, Surveyors toured the facility and interviewed residents and families. Surveyors	N 164		

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were told about an incident between Person G and Resident 7 that occurred on 05/28/2024. The incident was not investigated until Person G had behaviors with staff at the facility. Surveyors requested investigation documentation conducted by the facility.

Executive Director (ED) A provided the investigation for incident between Person G and Resident 7. The timeline reflected:

"05/28/2024 - Documented incident that [Resident 7] has wandered into [Resident 10's room], [Person G] started yelling. Resident redirected. Staff responded quickly and moved [him/her] out of the room. Nurse provided corrective action to the Family member by informing [him/her] behavior not permitted.

07/17/2024 - [Caregiver (CG) H] places a witness statement under [Wellness Director (WD) I] door. [WD I] was out with illness and did not followed up until 7/24. Upon [his/her] return, [s/he] gives the letter to the hospice SW [SW D]. Documents incident on:
* 6/24 [Person G] Yelling at staff, [sic]
* 7/4 [Person G] yelling at staff - comments that another staff mentioned [s/he] threatened [Resident 7] - possibly reference to the 5/28 incident.
* 7/16 - complained ot [sic] [Caregiver H] that [s/he] wants to sue the facility and [expletive] 3 or 4 people here."

On 08/27/2024, Surveyors reviewed the department's provider file and noted no written reports were sent from the provider for the 07/25/2024 incident with law enforcement.

On 08/27/2024 at approximately 3:40 PM,

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N 164	Continued From page 2 Surveyors interviewed ED A and Registered Nurse (RN) B. RN B acknowledged s/he had entered a note in Resident 7's record and informed management on 05/28/2024. RN B's note: "[Resident 7] was using the bathroom in a different resident's room [Resident 10] and that [Person G] came into the room and started yelling. Once the situation was explained and [Resident 7] was safely removed from the room [Person G] calmed down. [S/he] was more surprised than angry." RN B confirmed s/he had not informed Resident 7's Power of Attorney of the incident. ED A stated s/he informed management after Caregiver H gave a written statement. ED A confirmed police were called and escorted Person G off the premises on 07/25/2024 at 5:40 PM. ED A verified s/he had not reported the incident to the department. The provider did not send a written report to the department within 3 working days after law enforcement personnel were called to the facility as a result of an incident that jeopardized the health, safety, or welfare of residents or employees. Cross Reference N0165 DHS 83.12(4)(c) Reporting Incidents With Serious Injury	N 164		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident.	N 165		

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This Rule is not met as evidenced by:
Based on interviews and record review, the provider did not send a report to the department within three (3) working days after an incident resulting in serious injury requiring hospital admission or emergency room treatment for 1 out of 1 (Resident 9) resident reviewed.

Findings include:

On 08/27/2024, Surveyors reviewed the department's facility folder for Terova Senior Living of Mequon, including documentation of any self-reported incidents. Surveyor did not locate a facility self-report related to Resident 9's incident around 07/30/2024.

On 08/27/2024, Surveyors entered the facility to conduct five (5) complaint investigations. Surveyor reviewed Resident 9's record. Surveyors observed charting on 07/30/2024 at 6:18 AM: "Injury s/p fall resulting in calling 911. Nurse received report from NOC shift that [Resident 9] had fallen in the bathroom floor shattering a glass vase that [s/he] was holding. [S/he] had a laceration to the L eyebrow, which was sutured in the ED at CSWMO. No other injury reported by hospital. Sutures are to be removed in 5 - 7 days."

On 08/27/2024, Surveyors interviewed Caregiver D. Caregiver D confirmed Resident 9 had an unwitnessed fall and was sent to the hospital and returned with stitches.

On 08/27/2024 at approximately 3:40 PM, Surveyors interviewed Executive Director (ED) A and Registered Nurse (RN) B. ED A confirmed s/he was unable to provide documentation the

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N 165	Continued From page 4 incident was self-reported to the department. The provider did not report an incident to the department within three (3) working days after an incident that resulted in emergency room treatment for Resident 9. Cross Reference N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called	N 165		
N 357	83.32(3)(m) Rights of Residents: Recording and filming In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Recording, filming, photographing. Not be recorded, filmed or photographed without informed, written consent by the resident or resident ' s legal representative. The CBRF may take a photograph for identification purposes. The department may photograph, record or film a resident pursuant to an inspection or investigation under s. 50.03(2), Stats., without his or her written informed consent. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 6 was not recorded without informed, written consent by his/her legal representative on 05/03/2024. Surveyors received a picture of Resident 6 on the floor that was sent in a group chat by Caregiver C. Findings include: On 07/11/2024, the department received a	N 357		

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complaint alleging a caregiver took a picture of a resident on the floor and sent the picture in a group chat. Picture of the group chat was attached to the complaint.

On 08/27/2024 at approximately 10:30 AM, Surveyors entered the Marcus Park wing of Terova Senior Living. Surveyors observed Caregiver E talking on his/her cell phone in the dining area with residents present. Surveyors waited for Caregiver E to end his/her call and asked Caregiver E if they were allowed to use a cell phones during work hours. Caregiver E acknowledged s/he should not be using a cell phone, but it was an important phone call. When Caregiver E ended the call s/he stated, "I need to go, I will call you back."

On 08/27/2024 at approximately 12:10 PM, Surveyors interviewed Caregiver C. Caregiver C stated s/he had not taken pictures or used a cell phone when residents are present. Caregiver C stated s/he had never seen any other staff using their cell phones with residents present.

On 08/27/2024, Surveyors requested the cell phone policy. The policy read, "While at work, Associates are expected to perform their job duties and it is important to keep telephone lines free for client calls. Although the occasional use of the Company's telephones for personal calls may be necessary, in general, personal calls, whether using your cell phone or the Company's phones during working hours, are discouraged and must not interfere with your work responsibilities. If it is necessary to make or receive a call during working hours, keep it as brief as possible, and do not make or receive a call in residents' apartments or in the presence of residents."

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N 357	Continued From page 6 On 09/03/2024, Surveyors reviewed the picture submitted with the complaint, from 05/03/2024 where someone took a picture of Resident 6 sitting on the floor with his/her personal cell phone. The phone number the picture was sent from matched the phone number for Caregiver C on the employee roster. Caregiver C commented in the group chat with people that were not employed at the facility and should not have received this information. On 09/03/2024 at 4:06 PM, Surveyors interviewed Executive Director (ED) A and Registered Nurse (RN) B. RN B confirmed Resident 6 was the resident sitting on the floor observed in the picture. ED A sent Surveyors the observation notes from 05/03/2024 at 3:30 PM stating, "Staff called nurse to unit bc [sic] [Resident 6] was sliding out of his/her Broda Chair. [S/he] was sitting on the foot pedal. Assisted with 3 staff using gait belt back into the seat of the chair." ED A confirmed staff should not be using cell phones while on the floor with residents. Surveyors informed ED A and RN B the phone number that sent the picture matched the phone number for Caregiver C on the employee roster. ED A acknowledged they will talk to staff and investigate.	N 357		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written	N 406		

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N 406	Continued From page 7	N 406		

every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure outdated medications were separated from other medications in current use in the facility and disposed of.

Findings include:

On 08/27/2024 at approximately 12:35 PM, Surveyors observed the medication carts with Caregiver C, Caregiver L, and Registered Nurse (RN) B. Surveyors observed:

Resident 1
* 1 bottle Chest Congest 100 MG/5 ML AF/SF; (03/28/24-04/04/24) Take 10 ML by mouth four times daily for 7 days. Ex: 03/27/25

Resident 2
* 48 tablets (2 med cards) Hyoscyamine Subl

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0.125 MG Tab; Take one tablet by mouth every four hours as needed for congestion or secretions. Ex: 07/19/24.
* 9 tablets Senna Lax 8.6 MG Tab; Take 1 tablet by mouth once daily for constipation. Ex: 07/19/24.
* 25 tablets Lorazepam Tab 0.5 MG; Take one tablet by mouth or under the tongue every hour as needed for agitation, anxiety, restlessness or nausea/vomiting. Ex: 07/19/24.
* 10 syringes Morphine 20 MG/ML Oral Sol PFS; Take 0.25 ML (5MG) by mouth or under the tongue every hour as needed for pain or shortness of breath. Medication expires on 10/18/23.

Resident 3
* 17 tablets Tramadol HCl Tab 50 MG; Take one tablet by mouth three times daily as needed. Ex: 07/24/24.

Resident 4
* 72 tablets (3 med cards) Quetiapine Fumarate 25 MG Tab; Take 1 tablet by mouth 3 times daily as needed for anxiety/restlessness. Exp: 7/2024

Resident 5
* 46 tablets Acetaminophen 325 MG Tab; Take 2 tablets (650 MG) by mouth every four hours as needed for pain and or fever (Max Acetaminophen 3000 MG/24 HR). Ex: 08/02/24.
* 16 syringes Morphine 20 MG/ML Oral Sol PFS; Give 0.5 ML (10 MG) by mouth every hour as needed for severe pain or shortness of breath. Medication expires on 4/5/24.

Resident 6
* 23 syringes Morphine 100 MG/5ML Concentrate; Take 0.5 ML (10 MG) by mouth every hour as needed for pain or air hunger (Max

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N 406	Continued From page 9 240 MG daily). Exp: 5/2024. Resident 6 received 8 doses of expired medication on 07/29/2024, 07/31/2024, 08/03/2024, 08/10/2024 (3 doses), and 08/11/2024 (2 doses). On 08/27/2024 at approximately 12:45 PM, Surveyors interviewed Caregiver C. Caregiver C acknowledged the expired medications and stated they would be given to RN B to dispose of. Resident 11 * 26 tablets Acetaminophen 500 MG Tablet; Take two tablets by mouth every 6 hours as needed. Max dose of 3000 MG per day. Resident's name was blacked out and label had black written lines through it. At approximately 1:20 PM, Surveyors interviewed RN B about this expired medication. Resident 11 passed away on 12/10/2023. RN B acknowledged the medication should have been disposed of and stated, "We waste everything. I'm guessing they kept it for the Tylenol." On 08/27/2024 at approximately 1:25 PM, Surveyors interviewed RN B regarding the expired medications. RN B was unable to provide a facility medication disposal policy for expired medications and acknowledged the expired medications should have been removed from the med cart. The provider did not ensure 7 residents' medications were disposed of after the expiration date.	N 406		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject	N 409		

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N 409	Continued From page 10 to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete daily audits on residents' schedule II narcotics. Findings include: On 08/27/2024, Surveyors reviewed the provider's "Narcotic and Controlled Drug Count - Assisted Living/Memory Care" paper records for 3 med carts: Marcus Park (MP) med cart, MP PM med cart, and Memory Care cart. All 3 record books stated: "Directions: At the beginning of every shift you must count the narcotics. Report any missing medications to the nurse manager immediately." On 08/27/2024 at approximately 12:40 PM, Surveyors and Caregiver C reviewed the provider's "Narcotic and Controlled Drug Count - Assisted Living/Memory Care" records for the Marcus Park unit dated 08/01/2024-08/31/2024, which required narcotic counts for "AM Nurse" and "PM Nurse." Surveyors interviewed Caregiver C. Caregiver C confirmed that there is an AM, PM, and NOC shift. August MP Med Cart's record sheet did not document narcotic counts on the following dates:	N 409		

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N 409	Continued From page 11 08/04: No AM or PM signature 08/07: No AM or PM signature 08/09: No AM signature 08/13: No AM or PM signature 08/14: No AM signature 08/22: No AM signature 08/23: No AM or PM signature 08/25: No AM signature 08/27: No AM signature August MP Med Cart's record book contained a record sheet for Resident 6's Morphine ER 15 MG Tab: Take 1 tablet by mouth twice a day for pain (8 AM-8 PM) (Pain). Documentation includes: 08/12 (no time): # left: 15 / Initialed 08/12 PM: # left: 14 / Not initialed 08/13 AM / Stock: 14 / # given: 1 / # left: 13 / Initialed 08/13 PM / Stock: 13 / # given: 1 / # left: 12 / Not initialed 08/13 AM / Stock: 12 / # given: 1 / # left: 11 / Initialed *The next 5 lines are blank. 08/18 PM / Stock: 6 / # given: 1 / # left: 5 / Initialed *The next line is scribbled out. 08/23 PM / Stock: 5 / # given: 1 / # left: 4 / Initialed 08/26 5 PM / Stock: 4 / # given: 1 / # left: 3 / Initialed *The next line is scribbled out. 08/27 8 AM / Stock: 2 / # given: *scribbled out* / # left: 1 / Initialed The electronic MAR indicated Resident 6 did not receive Morphine Sul Tab 15 MG ER on the following dates: 08/12 AM: Reason - Medication not available 08/12 PM: Reason - Medication not available	N 409		

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N 409	Continued From page 12 08/26 AM: Reason - Medication not available The electronic MAR indicated Resident 6 did receive Morphine Sul Tab 15 MG ER on AM and PM shifts from 08/13-08/25. The proof-of -use record does not contain the required information for this medication. August MP-PM Cart's record sheet did not document narcotic counts on the following dates: 08/09: No AM signature 08/13: No AM or PM signature 08/14: No AM signature 08/15: No AM signature 08/21: No AM signature 08/22: No AM signature 08/23: No AM signature 08/25: No AM signature 08/27: No AM signature Surveyors asked Caregiver C if staff were to count the narcotics every shift. Caregiver C acknowledged that staff are supposed to count the narcotics every shift, but admitted the count is not always done. Caregiver C stated shifts are scheduled 7:00 AM-3:00 PM, 3:00 PM-11:00 PM, and 11:00 PM-7:00 AM. There is no overlap in shift start and end times, so caregivers do not always stay to count narcotics. On 08/27/2024 at approximately 1:09 PM, Surveyors, Caregiver L, and RN B reviewed the provider's "Narcotic and Controlled Drug Count - Assisted Living/Memory Care" records for the Memory Care unit dated 08/01/2024-08/31/2024, which required narcotic counts for "AM Nurse" and "PM Nurse." August 2024 MC Med Cart's record sheet did not document narcotic counts on the following dates:	N 409		

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(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 409	Continued From page 13 08/01: No PM signature 08/02: No AM or PM signature 08/03: No PM signature 08/05: No AM or PM signature 08/06: No AM or PM signature 08/07: No PM signature 08/08: No PM signature 08/09: No AM or PM signature 08/10: No AM or PM signature 08/11: No PM signature 08/12: No PM signature 08/13: No AM or PM signature 08/14: No AM or PM signature 08/15: No AM or PM signature 08/16: No AM or PM signature 08/17: No AM or PM signature 08/18: No AM or PM signature 08/19: No AM or PM signature 08/20: No AM or PM signature 08/21: No AM or PM signature 08/22: No AM or PM signature 08/23: No AM or PM signature 08/24: No AM or PM signature 08/25: No AM or PM signature 08/26: No AM or PM signature 08/27: No AM signature Surveyors asked if staff were to count the narcotics every shift. Caregiver L stated nurses are responsible for completing the narcotics count. RN B stated staff is responsible for completing the narcotics count. Caregiver L and RN B could not explain why the narcotic counts had not been completed for so many days. RN B stated this concern would be addressed with staff.	N 409		
N 415	83.37(2)(d) Documentation of medication administration.	N 415		

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N 415	Continued From page 14 Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure proper documentation on the Medication Administration Record (MAR) for 2 of 2 residents reviewed. Resident 6's MAR did not include a rationale for use and/or effectiveness of his/her PRN Morphine when administered. Resident 7's MAR did not include a rationale for use and/or effectiveness of this/her PRN Lorazepam and Olanzapine when administered. Findings include: On 08/27/2024, Surveyors reviewed Resident 6's medication record. Resident 6's July and August 2024 MAR documented: "Morphine 100 MG/5ML Concentrate; Take 0.5 ML (10 MG) by mouth every hour as needed for pain or air hunger (Max 240 MG daily)."	N 415		

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N 415	Continued From page 15 The PRN Morphine was administered on the following dates with missing information: 07/29 (No time listed) - Comments: "Taking off clothes + resisting cares" / No response documented 07/31 (No time listed) - No rationale / No outcome documented 08/03 7:00 AM - Purpose: pain / No outcome documented 08/10 12:00 PM - No rationale / No outcome documented 08/10 5:00 PM - No rationale / No outcome documented 08/11 12:00 PM - No rationale / No outcome documented On 09/03/2024, Surveyors reviewed Resident 7's medication record. Resident 7's August 2024 MAR documented: "Lorazepam 0.5 MG Tab; Take one tablet by mouth or under the tongue every two hours as needed for anxiety." The PRN Lorazepam was administered on the following dates with missing information: 08/24 6:00 PM - No rationale / No outcome documented 08/25 4:00 PM - No rationale / No outcome documented 08/25 7:00 PM - No rationale / No outcome documented 08/26 5:35 PM - Purpose: Exit seeking, anxiety / No outcome documented Resident 7's August 2024 MAR documented: "Olanzapine 5 MG Tab; Take one tablet by mouth at bedtime as needed." 08/26 8:15 PM - Purpose: Restless, anxiety, exit seeking / No outcome documented	N 415		

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N 415	Continued From page 16 On 09/04/2024 at approximately 3:15 PM, Surveyors interviewed Registered Nurse (RN) B. RN B stated staff administering PRN medications should document why the medication is being given and if it was effective or not afterward. When asked if the time should be documented, RN B stated that the time is automatically documented. Surveyors pointed out PRN medications are documented in the paper narcotic administration record and may not be documented electronically. The paper record has a comment line but does not specifically ask for the reason the medication is being given or the outcome. RN B acknowledged this and stated, "I know what you mean."	N 415		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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N 452	Continued From page 17	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of foodborne illnesses.

This requirement is being cited for third time. See Statement of Deficiency (SOD) MSP911, dated 06/13/2022 and Y6UU11, dated 10/25/2023.

Findings include:

The facility is licensed to provide services for up to 38 residents who may be advanced aged, irreversible dementia/Alzheimer's, physically disabled and/or terminally ill.

On 08/27/2024 at 10:33 AM, Surveyors toured the facility. Surveyors observed in Marcus Park area:
2 - 46 fluid ounce orange juice sitting on the counter in serving area
1 - Smucker's Plate Scapers topping in the cabinet open - directions state refrigerate after opening
1 - 10-ounce bag Jay Original Potato Chip - open sitting on floor
1 - Styrofoam container with chicken, potatoes and peas sitting on table with puzzles/games

Kitchenette off side of dining room with locked door at approximately 11:30 AM:
Floor dirty/sticky
Garbage can full
Sink with brown substance dried to bottom approximately 4" x 6"

On 08/27/2024 at approximately 11:25 AM,

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N 452	Continued From page 18 Surveyors interviewed Caregiver D. Caregiver D acknowledged the Styrofoam container with chicken, potatoes and peas was from supper the previous evening. Caregiver D stated s/he had not had time to make rounds and was unaware of the food on the table in the side living room. Caregiver D acknowledged the orange juice was on the counter from breakfast and the orange juice was still on the counter at 11:36 AM during interview. Caregiver D did not know whose potato chips were on the floor, chips remained on the floor open during visit. Caregiver D was unaware the Smucker's Plate Scapers needed to be refrigerated. On 08/27/2024 at approximately 12:10 PM, Surveyors observed residents in Marcus Park served lunch and eating hamburger, coleslaw and bag of chips. Resident 6 was sleeping in chair with food on table, staff confirmed Resident 6 needs to be aroused and needs help with eating. Resident 5 was observed picking at food on plate. On 08/27/2024 at 12:47 PM, Surveyors observed in memory care area: 1 - gallon of 2% milk with best by date of 08/13/2024, and black sharpie date of 8/26 Coffee pot stained with burnt coffee in bottom Drawers in kitchenette with food spilled On 08/27/2024 at 1:40 PM, Surveyors returned to the Marcus Park area. Surveyors observed Resident 5 still picking at food and Resident 6 still sleeping in a chair with food in front of him/her. At approximately 1:52 PM, Caregiver C took food away from Resident 5 but let Resident 5 keep the bag of chips. Caregiver C sat next to Resident 6 and tried feeding Resident 6 the lunch s/he was served at 12:00 PM.	N 452		

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N 452	Continued From page 19 Surveyors reviewed Resident 5's record. Resident 5's individual service plan (ISP) reflected a mechanical soft diet. Resident 5 had a hamburger on a bun, coleslaw and a bag of chips. Caregiver C let Resident 5 keep the bag of chips. Surveyors reviewed Resident 6's record. Resident 6's ISP reflected a regular diet. Under needs - eating assistance extensive - goal "Resident's eating needs will be addressed by staff. Will feed self and other times staff feeds." Interventions "Staff will help the resident prepare, orient, and eat their meals during the specified times of day." On 08/27/2024 at 2:25 PM, Surveyors interviewed Culinary Director (CD) J. CD J stated the kitchen makes the food and takes to the CBRF in warming units. Staff on the floor serve the food. CD J confirmed juice is in the CBRF and CBRF staff serve food and clean up after meals. CD J acknowledged Surveyors' observation of expired milk. CD J stated they have plenty of milk and s/he will check refrigerators and talk to staff in the CBRF. CD J stated food/juice should not be served to residents after being at room temp for 30 minutes. "Bacteria grow rapidly between 41° F and 135° F. This range is known as the temperature danger zone. Bacteria grow even more rapidly from 70° F to 125° F. Bacteria need time to grow. The more time bacteria spends in the temperature danger zone, the more opportunity they have to grow to unsafe levels." "Hold hot food at an internal temperature of 135°F or higher. Hold cold food at an internal temperature of 41°F or lower." "If you primarily serve a high-risk population, do not hold TCS food (food requiring time and temperature control for safety) without temperature control." (Servsafe Coursebook -	N 452		

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N 452	Continued From page 20 7th Edition, 2017, p 2.5 and 9.2) According to the United States Department of Agriculture, "Leaving food out too long at room temperature can cause bacteria to grow to dangerous levels that can cause illness. Bacteria grow most rapidly in the range of temperatures between 40° F and 140° F, doubling in number in as little as 20 minutes. This range of temperature is often called the 'Danger Zone.'...Keep hot food hot-at or above 140° F...Keep cold food cold-at or below 40° F." (Source: United States Department of Agriculture-Food Safety and Inspection Service, Danger Zone, 06/28/2017, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/danger-zone-40f-140f (retrieval date 09/05/2024).) The provider did not ensure food was stored/served under sanitary conditions for the prevention of foodborne illnesses.	N 452		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident bathrooms were clean and in good working order. Findings include: On 08/27/2024 at approximately 10:30 AM, Surveyors conducted a tour of the facility and observed the following: - Resident 7's bathroom garbage overflowing. BM smeared on toilet, rug on floor and tile;	N 490		

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N 490	Continued From page 21 toothpaste smeared on counter. - Resident 9's bathroom floor sticky. On 08/27/2024 at 10:47 AM, Surveyors interviewed Family F. Family F stated s/he has shared concerns about Resident 7's bathroom being cleaned. Family F stated Resident 7 does seek for a bathroom and s/he has issues with BM. Family F stated s/he thinks the BM has been there about a week. Family F stated the cleaning "is horrible." On 08/27/2024 at 11:23 PM, Surveyors interviewed Caregiver D. Caregiver D stated staff do not have cleaning supplies. Caregiver D acknowledged there is a housekeeper who does cleaning, but unsure of how often. On 08/27/2024 at approximately 3:40 PM, Surveyors interviewed Executive Director (ED) A and Registered Nurse (RN) B. ED A stated housekeeping cleans daily and staff can clean in between. ED A stated s/he would address the concerns with staff. Cross Reference N0491 DHS 83.44(2)(c) Interior Floors, Walls And Ceilings	N 490		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all floors, walls, and ceilings were clean and well maintained throughout the facility.	N 491		

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N 491	Continued From page 22 Findings include: On 08/27/2024 at approximately 10:30 AM, Surveyors toured the community based residential facility (CBRF). Surveyors observed Resident 7's room to have blackish substance on carpet, couch/chair cushions (both sides), corner of wall had pieces missing, and walls had dark marks on them. Stains on hallway carpet. On 08/27/2024 at 10:47 AM, Surveyors interviewed Family F. Family F confirmed Surveyors' observations. Family F stated s/he has informed staff of BM on carpet and furniture. Family F stated s/he thinks it has been on carpet about a week. Family F stated, "cleaning here is horrible." Family F stated s/he believes staff just flip the cushion when it is stained with BM instead of cleaning. Surveyors observed both sides of chair and couch cushions to be stained with BM. On 08/27/2024 at 11:45 AM, Surveyors interviewed Social Worker (SW) D. SW D stated s/he does not see caregivers clean the CBRF. SW D stated staff within their agency try to clean their residents' rooms. SW D confirmed Resident 7 does have problems with his/her bowel and Resident 7 needs staff assistance with finding a bathroom and toileting. SW D stated staff need to monitor and observe Resident 7 trying to get into other resident rooms. Resident 7 tries door handles when s/he needs to use the bathroom. SW D acknowledged Resident 7 does wander and s/he has been incontinent on common area furniture as well as in Resident 7's room. Surveyors requested Resident 7's record. Resident 7's individual service plan (ISP) dated 04/26/2024, stated:	N 491		

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N 491	Continued From page 23 Need: Toileting Assistance Goal: Resident will be offered assistance with toileting Intervention: Staff will offer assistance when resident uses the bathroom Need: Bladder Incontinence Goal: Resident will be offered assistance with bladder incontinence Intervention: Staff to assist with the management of resident's bladder incontinence Need: Bowel Incontinence Goal: Resident will be offered assistance with bowel incontinence Intervention: Staff to assist with the management of the residents bowel incontinence On 08/27/2024 at 11:23 AM, Surveyors interviewed Caregiver D. Caregiver D stated they do not have cleaning supplies. Housekeeper comes to CBRF to clean, unsure of the schedule. Caregiver D acknowledged Resident 7 does wander in/out of other resident rooms. On 08/27/2024, at approximately 3:40 PM, Surveyors interviewed Executive Director (ED) A and Registered Nurse (RN) B. ED A stated housekeeping cleans daily and staff can clean in between. ED A stated s/he would address the concerns with staff. Cross Reference N0490 DHS 83.44(2)(b) Toilet And Bathing Area	N 491		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways.	N 637		

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N 637	Continued From page 24 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. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure exits were unobstructed. Findings include: On 08/27/2024, Surveyors toured the community based residential facility (CBRF). Surveyors observed an exit off the side living room with a bench in front of the door. Surveyors observed an exit sign above the door. On 08/27/2024 at 11:23 AM, Surveyors interviewed Caregiver D. Caregiver D stated a resident exited the door off the side living room the night prior.	N 637		

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N 637	Continued From page 25 On 08/27/2024 at 2:07 PM, Registered Nurse (RN) B stated s/he forgot to move the bench. RN B acknowledged s/he had received a message that staff put the bench in front of the exit to deter resident from using exit. RN B stated s/he forgot to go and move the bench. The provider did not ensure that the exits were unobstructed.	N 637		
Y3231	50.09(1)(a)3. Private Visits (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (a) Private and unrestricted communications with the resident's family, physician, attorney and any other person, unless medically contraindicated as documented by the resident's physician in the resident's medical record, except that communications with public officials or with the resident's attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to: 3. Opportunity for private visits. This Rule is not met as evidenced by: Based on observation and staff interview, the	Y3231		

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Y3231	Continued From page 26	Y3231		

provider did not ensure privacy for visits for 1 of 1 resident. The provider restricted Resident 10's activated Power of Attorney for Healthcare (POAHC) G, from visiting Resident 10.

Findings include:

The facility is licensed to provide services for up to 38 residents who may be advanced aged, irreversible dementia/Alzheimer's, physically disabled and/or terminally ill.

During tour of facility on 08/27/2024 at 11:45 AM, Surveyors observed Resident 10 and POAHC G sitting in a side room eating lunch with Family K and Social Worker (SW) D. Family K acknowledged POAHC G was not able to visit when s/he wanted. Family K asked SW D to talk with Surveyors and provide information. SW D stated POAHC G had verbal aggression and facility was changing visiting from after 4:00 PM to daytime visits. SW D stated Volante (Management Group) was restricting visits and making POAHC G have a cognitive test and anger assessment. POAHC G was able to visit last Wednesday, 08/21/2024, and today, 08/27/2024. Prior to incident, POAHC G visited with Resident 10 every day from 4:00 PM to 6:00 PM. POAHC G would bring in dinner and sit in Resident 10's room with him/her. SW D stated POAHC G is the Activated Power of Attorney and decision maker for Resident 10. SW D stated POAHC G was upset when s/he found Resident 7 in Resident 10's bathroom.

On 08/27/2024, Surveyors requested documentation from Executive Director (ED) A and Registered Nurse (RN) B. ED A confirmed s/he did not have anything in writing regarding POAHC G being banned from visits, that all

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communication was verbal. RN B stated they were talking with family to move Resident 10 to another area in the CBRF. RN B stated s/he had put a note in Resident 7's record regarding incident on 05/28/2024. There was no documentation in Resident 10's record. ED A confirmed the police were called on 07/25/2024 and provided a timeline to Surveyors.

"7/25/24 at 16:21 - Report filed with [Police Department]
7/25/24 17:40P - Police speak with [POAHC G] who denies making inapprorpriate [sic] comments. Advised not to return until staff call him/her."
"7/29/24 - Care conference with [POAHC G] family about testing & treatment plan"

Facility Conclusion on investigation dated 08/27/28[sic] by ED A:
"There is a documented incident occurring on 5/28/24 where [Resident 7] wanders into [Resident 10] apartment and [POAHC G] starts yelling. Staff redirect. Nurse speaks to family member saying that the behavior is unacceptable.

Staff documented complaint regarding the family member - yelling at staff, also makes reference to incident 5/28.

Police were notified 7/25. Police question the [POAHC G], who denies behavior. [POAHC G] denied visitation until further notice [sic]

No other witnessed altercations surfaced. [SW D] didn't witness, Nurse didn't witness.

RDO has call out to family member to interview and gather their statement 7/27.

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Y3231	Continued From page 28 Facility Investigator: [ED A]" Surveyors requested documentation since 07/27/2024, and no additional information provided. Conversation with SW D confirmed POAHC G was still not being allowed visits and that today, 08/27/2024, was POAHC G's second visit since 07/25/2024. On 09/04/2024 at 11:22 AM, ED A provided Resident 10's face sheet. Resident 10's face sheet reflects POAHC G is the Activated Power of Attorney for Resident 10. The provider did not ensure privacy for resident visits.	Y3231		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by:	Y3244		

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Based on record review and interview, the provider did not ensure 5 of 5 residents received adequate and appropriate care within the capacity of the facility.

Findings include:

The facility is licensed to provide services for up to 38 residents who may be advanced aged, irreversible dementia/Alzheimer's, physically disabled and/or terminally ill.

Terova has 3 distinct areas/wings. 1.) Marcus Park which has a key code to enter and exit the wing. 2.) Across hall from Marcus Park is Enhance Care with no code to enter/exit the wing. 3.) Memory Care wing is down the hall and a key fob/badge is needed to enter/exit this wing. Marcus Park and Enhanced care share staff and the Memory Care area is staffed separately. Marcus Park and Memory have delayed egress on the doors.

On 08/27/2024 at approximately 10:00 AM, Surveyors interviewed Executive Director (ED) A. ED A stated there are 4 caregivers for the Marcus Park wing including extended care side and 1 - 2 caregivers in the memory care wing.

On 08/27/2024 at approximately 10:30 AM, Surveyors toured Marcus Park wing. Surveyors observed 3 caregivers working, Resident 5 and Resident 6 sitting in the dining room, and Resident 7 near the fireplace.

On 08/27/2024 at 10:47 AM, Surveyors interviewed Family F. Family F stated Resident 7 is incontinent and wanders the building. Resident 7 eloped the night prior. The facility has a delayed egress and door alarmed when Resident

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7 went out the door. Family F stated staff need to monitor and watch Resident 7 for wandering and bathroom seeking. Family F stated Resident 7 is looking for bathroom when s/he wanders and if s/he can't find a bathroom s/he will go on furniture.

On 08/27/2024 at 11:45 AM, Surveyors interviewed Social Worker (SW) D. SW D shared Resident 10 was visiting with family and Resident 10 was incontinent and had an odor. SW D stated caregivers change Resident 10 after s/he is done eating. SW D confirmed Resident 10 is "routinely very wet" when s/he comes for a visit. SW D stated Resident 7 is a wanderer and staff "do not offer the toilet when [s/he] checks door handles." Resident 7 has a hard time finding his/her bathroom and has gone in other resident rooms when s/he needs to use the bathroom. SW D expressed concerns with caregivers not cleaning or toileting residents.

On 08/27/2024 at 12:10 PM, Surveyors observed Resident 5 and Resident 6 sitting in the same chairs in the dining room with lunch served. Caregiver C, Caregiver D and Caregiver E were standing by the counter in the kitchenette area talking. Resident 5 was asking for a drink and Surveyors asked caregivers to help Resident 5. Resident 6 was sleeping in Broda chair with food in front of him/her. Surveyors asked Caregiver C if Resident 6 needed assistance with eating and Caregiver C acknowledged they need to arouse Resident 6 and assist him/her with eating.

On 08/27/2024 at 12:50 PM, Surveyors interviewed Caregiver L. Caregiver L stated s/he works in the memory care area alone. Caregiver L stated s/he has 2 Hoyer residents, and they are supposed to do Hoyer residents with 2 staff,

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however s/he is on the unit alone often and it is hard to find someone to come and help. Caregiver L stated: "staff don't help just do self."

On 08/27/2024 at 1:55 PM, Surveyors returned to Marcus Park wing. Resident 5 and Resident 6 were sitting in the same position. Resident 5 was picking at food and Resident 6 was sleeping with food untouched. Resident 2 was sitting by he fireplace and was ringing pendant, looking for assistance with oxygen. Resident 2 had shortness of breath. Surveyors looked on the unit and were unable to find any caregiver staff. Resident 7 was wandering the floor. Approximately 10 minutes later Caregiver C returned to the unit unaware there was no staff on the wing. Caregiver C stated s/he was at a staff meeting in the Residential Care Apartment complex (RCAC), lower level of the facility, and s/he was unaware Caregiver D and Caregiver E had also left the Marcus Park wing. Caregiver C stated s/he returned to the Marcus Park wing when Resident 2 rang for assistance. Caregiver C moved Resident 2 to the dining room and placed Resident 2 on a concentrator. Caregiver C stated Resident 2 was out of portable oxygen and they were waiting for oxygen to come. Resident 2 remained in the dining on the concentrator during visit. Caregiver C removed Resident 5's tray but left Resident 5 keep bag of potato chips. Surveyors observed Caregiver C tell Resident 5 "you can't eat those; you don't have teeth." Caregiver C went to Resident 6 and tried to feed Resident 6 the lunch that was in front of him/her since 12:10 PM. Caregiver C did not warm the hamburger and the coleslaw and drink were on the table for approximately 2 hours.

Surveyors requested Resident 2, Resident 5, Resident 6, Resident 7 and Resident 10's ISP

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Y3244	Continued From page 32 and notes from Registered Nurse (RN) B. Resident 2 Resident 2's ISP Non-Ambulatory - Sit to stand mechanical lift to Broda chair Oxygen: Resident will be offered Oxygen assistance. Daily Transferring: Resident's transferring needs will be accommodated. Daily Resident 5: Resident 5's ISP Ambulatory Diet: Mechanical Soft Toileting: Resident will be offered assistance with toileting. Daily Bladder: Resident will be offered assistance with bladder incontinence management. PRN / As Needed Bowel: Resident will be offered assistance with bowel incontinence management. PRN / As Needed Personal Hygiene: Resident will be offered full assistance with maintaining personal hygiene. PRN / As Needed Eating: Resident's eating needs will be addressed by staff. Daily Resident 5 charting: 08/22/2024: "Private caregiver [M] stated that [Resident 5] "was soaked" and felt that staff were not checking and changing [Resident 5] as frequently as [s/he] needs." Note entered by RN B 08/18/2024: "At 3pm, shift change, [s/he] fell again in the dining room. [S/he] was incontinent of BM." On 08/27/2024 at 1:45 PM, Surveyors observed	Y3244		

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Y3244	Continued From page 33 Resident 5 sitting at the table with his/her lunch tray and a bag of chips. At approximately 1:55 PM, Surveyors observed Caregiver C clearing the table and taking Resident 5's lunch tray and stating to Resident 5 that s/he should not have the chips because s/he was on a mechanical soft diet and did not have teeth. Caregiver C walked away from the kitchen area. Resident 6: Resident 6's ISP Non-Ambulatory - Broda chair Transferring: Resident's transferring needs will be accommodated. PRN / As Needed Personal Hygiene: Resident will be offered full assistance with maintaining personal hygiene. Daily Diet: Regular Eating: Resident's eating needs will be addressed by staff. Will feed self and other time staff feed. PRN / As Needed Toileting: Resident will be offered assistance with toileting. PRN / As Needed Bladder: Resident will be offered assistance with bladder incontinence. Daily Bowel: Resident will be offered assistance with bowel incontinence. PRN / As Needed Resident 6's charting: 08/10/2024: "Called [Hospice N] to update on resident's difficulty chewing and swallowing." 08/05/2024: "[S/he] is taken to the DR for meals with assist in feeding, although [s/he] can sometimes fee [his/herself]." 08/02/2024: "Resident not chewing or swallowing at dinner. Staff cut food up in very small bites and spoon fed [him/her], would hold food in [him/her] mouth and let it fall out." Resident 7	Y3244		

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Y3244	Continued From page 34 Resident 7's ISP Ambulatory without device Redirection needed periodically: Redirect resident as required. PRN / As Needed "Collecting and showing away items found . . . Jellies, cookies, napkins, gloves, etc . . . will put toothpaste or jellies on the face if not supervised. Often wears multiple layers of clothing. Will enter other resident's rooms" Wandering Behaviors: Resident to remain safe and calm in the community. PRN / As Needed "Exit seeking - often sets off the locked door alarms" Toileting: Resident will be offered assistance with toileting. PRN / As Needed "Private with toileting needs cueing" Bladder: Resident will be offered assistance with bladder incontinence management. PRN / As Needed Personal Hygiene: Resident will be offered full assistance with maintaining person hygiene. Daily Status Checks: Resident requires status checks. Daily "Resident follows staff and family and visitors around and will follow them to exit door. Resident likes to open up other resident rooms." Housekeeping: Resident will be offered housekeeping assistance. M, TH Disruptive Behaviors - Advanced: Staff to be aware of resident's disruptive behaviors. "Will go into other resident room and carry out an object such as a framed photo. Will go into a bag or purse and take out food or glasses to carry away or eat" NOTE: Bowel was not identified on the ISP - Resident 7 is incontinent of bowel and there was BM on furniture, carpet, rug, toilet and wall. Resident 10: Resident 10's ISP	Y3244		

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Y3244	Continued From page 35 Ambulatory in Wheelchair - "Can propel self in wheelchair but cannot go long distances without staff escort" "Resident is able to pivot between bed and chair with assist of staff but does not ambulate more than that." Transferring: Resident's transferring needs will be accommodated. Daily Toileting: Resident will be offered assistance with toileting. Daily Bladder: Resident will be offered assistance with bladder incontinence. Daily Bowel: Resident will be offered assistance with bowel incontinence. Daily Personal Hygiene: Resident will be offered full assistance with maintaining personal hygiene. Daily On 08/27/2024 at 2:07 PM, Surveyors observed Caregiver D in the main campus area with a resident. Surveyors interviewed Caregiver D. Caregiver D stated s/he had gotten Resident 6 up at 7:30 AM and changed him/her at 9:00 AM. Caregiver D stated s/he would check on Resident 6 prior to his/her shift ending at 3:00 PM, as s/he did not want the next shift to say s/he wasn't doing his/her job. Caregiver D acknowledged s/he had not done cares on Resident 6 since 9:00 AM and that Resident 6 had been at the table in the dining room the entire time. Caregiver D stated s/he was busy and was attending a meeting downstairs. Caregiver D acknowledged s/he does cares when s/he wants but everybody is done 1:30 - 2:00 PM before 3:00 PM shift change. Caregiver D confirmed s/he had not toileted or provided any cares to Resident 5. Caregiver D was training Caregiver E and stated s/he was unsure if Caregiver E had toileted Resident 5. Caregiver D confirmed it was Caregiver E's first day on the floor and that Caregiver E was shadowing him/her. Surveyor	Y3244		

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Y3244	Continued From page 36 was unable to find Caregiver E. On 08/27/2024 at 2:14 PM, Surveyors requested staff training, policy for Hoyer and cares, and incidents for July and August.. RN B provided "Inservice: General Resident and Unit Rules and Responsibilities." Surveyors observed the following: #1: Round on all residents every 2 hours during the shift. #3: The last hour of your shift is to make sure all residents get changed or toileted. A lot of falls happen d/t residents being wet. #9: Remain on your assigned unit unless you are on break or were asked by the supervisor to assist on another unit. Surveyor observed incident report which reflected: July - 13 unwitnessed falls, 4 witnessed falls August - 9 unwitnessed falls, 1 witnessed fall, 1 elopement On 08/27/2024 at 3:40 PM, Surveyors interviewed ED A and RN B. RN B stated s/he was unable to locate a Hoyer policy. ED A acknowledged there should always be staff on the unit. RN B stated s/he was unaware Marcus Park area was left unattended. RN B confirmed there should always be staff on the Marcus Park wing and should not be left unattended. RN B stated staff from Marcus Park should be assisting the memory care area when staff need help with the Hoyer. ED A acknowledged Surveyors concerns with cares and stated they would talk with staff.	Y3244		