STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017701	A. BUILDING: _____ B. WING _____	R-C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF MADISON ELMWOOD	5575 BURKE RD MADISON, WI 53718

(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 03/15/2024 & 03/20/2024, The Bureau of Assisted Living, Southern Regional Office conducted 2 complaint investigations and a verification visit at Cottages of Madison Elmwood, a CBRF located in Madison, WI. As a result of this survey, 4 violations of Chapter DHS 83 were issued. 2 of 2 complaints were substantiated. 1 violation is a repeat from previous statement of deificiency (SOD) EGFK12 dated 12/17/2020. 1 violation is a repeat from previous SOD 77FZ11 dated 02/25/2021. 1 violation is a repeat from previous SOD 88ZV13 dated 09/27/2023 and SOD 88ZV12 dated 01/26/2023 and SOD 88ZV11 dated 07/05/2022. 2 violations from previous statement of deficiency (SOD) # 88ZV13 dated 09/27/2023 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 14	{N 000}		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and	N 355		

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

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N 355	Continued From page 1 decision making. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 8's right of self-determination, to make decisions relating to care, activities, daily routines and other aspects of life which enhanced and supported their autonomy and decision making was recognized. Resident 8 was deemed ready for discharge by hospital providers on 03/11/2024. Due to a dispute over Resident 8's transfer status s/he was not returned to his/her home until 03/15/2024. FINDINGS INCLUDE: On 03/19/2024, the Department received a complaint related to resident care. On 03/20/2024, Surveyor arrived at facility for a complaint investigation. On 03/20/2024 at 9:00 AM, Surveyors discussed Resident 8's most recent discharge from a hospital with Administrator F. Administrator F stated there were many issues concerning Resident 8's discharge from the hospital on 03/15/2024. Administrator F stated before admission to the hospital Resident 8 could no longer bear weight on his/her legs. Administrator F stated Resident 8 was admitted to the facility as a EZ-Stand transfer, but his/her condition had worsened. Administrator F stated Resident 8 was now in need of a Hoyer lift with 2 staff for safe transfers. Administrator F stated facility did not have a Hoyer lift. Administrator F stated the hospital reported Resident 8 was not using a Hoyer to transfer while at the hospital.	N 355		

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Administrator F stated s/he knew it wasn't safe for Resident 8 to return to the facility because of staff observations reported to them from before 03/08/2024. Administrator F stated s/he would forward the email conversation between the hospital staff and facility staff.

On 03/20/2024, Surveyor reviewed electronic conversations between hospital staff and facility staff from 03/11/2024 to 03/15/2024:

1.) On 03/20/2024 at 9:43 AM, Administrator F forwarded an email exchange between Social Worker V and facility leaders:
-On 03/11/2024 at 11:51 AM, Social Worker V sent an email to the [Name of Corporation] facility support contact address. Social Worker V sent the following message, "Hello, I have tried called (sic.) but the number for admissions is busy. Can someone call me about a resident ready to discharge back to the facility? [Phone Number] ... [Social Worker V]."

-On 03/11/2024 at 11:56 AM, Corporate Representative Y responded to Social Worker V's request with the following message, "Hi [Social Worker V]-Adding in the team... [Corporate Representative Y]."

-On 03/11/2024 at 1:59 PM, Social Worker V emailed Corporate Representative Y, Administrator F, Manager A and Nurse X the following message, "Hello, I still have not heard from anyone and the line is busy if I try to call with multiple prompts now. If someone can get back to me that would be great. [PHONE NUMBER] ... [Social Worker V]."

-On 03/11/2024 at 2:17 PM, Administrator F emailed Social Worker V the following response,

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"[Social Worker V], [Name of Facility] phone lines are down currently, however, being troubleshooted. I gave you my cell phone number in the past. Are you attempting to send [Resident 8] back? Best, [Administrator F]."

-On 03/11/2024 at 2:23 PM, Social Worker V emailed Administrator F the following message, "Yes. I've only worked here a short time so I don't believe I have a cell phone number... [Social Worker V]."

-On 03/11/2024 at 2:34 PM, Administrator F emailed Social Worker V the following message, "I've given Case Management and Discharge Planning my cell phone number. [Resident 8] will need to be reassessed by our LPN, [Nurse X], prior to being discharged back to us. I have copied [him/her] and the building Director, [Manager A], in this email, so something can be scheduled this week. Thanks. Best, ... [Administrator F]."

2.) On 03/20/2024 at 9:57 AM, Administrator F forwarded an email exchange between Hospital Supervisor W and Administrator K:
-On 03/14/2023 at 9:10 AM, Hospital Supervisor W emailed Administrator F the following message, "Hi [Administrator F], [Name of Hospital] is having difficulties getting in touch with staff at your facility. Can you please call me for communication plan. Thanks [Hospital Supervisor W]".

-On 03/14/2024 at 10:01 AM, Administrator F sent Hospital Supervisor W the following response, "I would like to submit a formal complaint on your staff. I just received a cell (sic.) on my cell, and [s/he] was mocking me, very rude and condescending. His (sic.) really makes me

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think hard because I am a patient at [Name of Hospital]. I hope this isn't how all facilities are treated when coordinating discharge. I have instructed [him/her] that we need an order for a Hoyer lift, for our resident and staff to transfer safely and Hoyer slings/Hoyer lift, which I will reach out to [his/her] care team about prior to [him/her] returning to us. [His/Her] safety and our staff's safety is (sic.) my top priority. Best, [Administrator F]."

On 03/20/2024, Surveyor reviewed Resident 8's facility facesheet. Resident 8 was admitted to the facility on 11/21/2023. Resident 8 had an activated power of attorney. Resident 8 is diagnosed with but not limited to: type 2 diabetes mellitus, chronic kidney disease stage 3, history of stroke.

On 03/20/2024, Surveyor reviewed Resident 8's individualized service plan (ISP) signed on 02/26/2024. Under the subsection titled, "AMBULATION - FULL ASSISTANCE," the following is documented, "Resident is a 2 assist with transfers [s/he] is still and not able to bare weight. Resident requires full assistance from staff to ambulate. Uses Sit (sic.) to stand To (sic.) safely move from place to place as desired."

On 03/20/2024, Surveyor reviewed Resident 8's hospital record and after visit summary. On 03/07/2024, Resident 8 was admitted to the Hospital with diagnosis of small bowel obstruction and urinary tract infection. Resident 8 was deemed appropriate for discharge from the Hospital on 03/11/2024. Due to communication issues with facility hospital was not able to discharge Resident 8 from the Hospital until 03/15/2024. Under the subsection titled, "Hospital Course: (include consults and procedure

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details)," Physician Assistant P documented the following, "...[S/He] was cleared for a return to [his/her] facility on 3/11 but discharge was delayed due to inability to get a hold of the facility. On day of discharge [Resident 8] was tolerating diet, having bowel function, and reporting little to no pain...". On 03/13/2024 at 4:38 PM, Social Worker V documented the following,
"0916: SW (social worker) called [Name of facility], SW selected prompt for director of [Name of Facility], the line was still busy. ...
0917 SW called the [Name of Facility] and selected prompt for admissions. Line was still busy. ...
0919: SW emailed [Name of Facility] staff again asking for an update regarding when patient will be assessed and requested patient to be assessed today. ...
0932: SW sent an email stating that plan is to d/c patient tomorrow and that facility can come and assess today if desired. ...
0937: SW received update from facility that they feel patient is more appropriate for SNF (skilled nursing facility) and [s/he] should be a hoyer (sic.) lift. ...
0950: SW responded to facility sharing that pt is not using hoyer lift and when SW spoke with [Administrator F] on 3/8 they shared they could take a two person assist. SW shared pt does not have a need for skilled care and is at baseline. SW offered to assist with coordinating home health but that pt is appropriate to return to facility can work on other plans if they wish. SW inquired if an eviction notice was given and if it was, what date. ...
1000: SW received email from facility stating tht when they admitted patient they were able to meet [his/her] needs but [s/he] has declined since then. Once they talked with staff they determined they could not meet needs and stated that patient

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will not be discharged back to facility. ...
1042: SW replied sharing that decline was prior to admission and that patient has not been assessed in person by facility to determine that they cannot meet needs. SW again requested for an eviction notice and when it was given. ...
1225: SW called LTC (long-term care) Ombudsman, [XXX-XXX-XXXX], lvm (left voicemail) requesting call back. ...
1539: SW received vm (voicemail) from [Ombudsman Z] sharing that facility needs to issue a notice. [S/he] suggested asking patient/family/POA to consent to [his/her] involvement. [S/he] also stated SW or family could file a complaint with the bureau with concerns for facility violations and regulations."
On 03/14/2024 at 4:12 PM, Social Worker V documented the following,
"0858: SW called [Case Manager AA], updating [him/her] of situation and lvm requesting call back. ...
0949: SW called and spoke with [Administrator F], [XXX-XXX-XXXX]. [Administrator F] stated pt was issued a 30 days notice on 03/13/2024. SW shared pt has the right to return. [Administrator F] said [s/he] would need to talk with [his/her] care team. SW asked for [him/her] to elaborate on who is involved in the care team. [Administrator F] shared it's [his/her] MCO (managed care organization) team. SW inquired what needs to be discussed as [s/he] has the right to return. [S/He] shared that want to make sure that patient is safe. SW shared that facility said they can do two person assist and that is what patient is and has the right to return. [Administrator F] stated that they would consider taking [him/her] if they had a hoyer lift. SW said [s/he] is not using one at this time and discharge has been being discussed since Monday. [Administrator F] shared that if they take [him/her] if [s/he] falls

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N 355	Continued From page 7 [s/he] would come back. SW explained that this is a hypothetical and that [s/he] is a two person assist. [Administrator F] shared they would take [him/her] back if the hoyer and slings get set up and delivered. SW shared that SW will begin to have team work on this but that this would have been useful information on Monday when SW started discussing d/c with facility. ... 1557: SW received call from [Case Manager AA], [XXX-XXX-XXXX],...SW shared that pt is at the same level of care [s/he] was when [s/he] admitted to the hospital. [Case Manager AA] is aware of hoyer lift request. [S/He] stated that their UR team reviews and they may have a team meeting to decide to approve it. [Case Manager A] is aware for potential d/c tomorrow and requested and update and notice when pt is to d/c...". On 03/15/2024 at 11:53 AM, Nurse BB documented the following, "Discussed with [Administrator F] who is the ALF manager. [S/He] stated [s/he] would like the lift delivered. Did discuss with [him/her] that patient is a sara steady here, and that [s/he] has a sit to stand at facility and this is equivalent. Patient is at [his/her] baseline and it would be hard to justify a lift. [S/He] understood this. I did recommend that if [Name of MCO] approves the lift, it would delivered. If patient declines and the lift wasn't approved, they would have to submit a new request. [S/He] states that can take patient back at 1300 today. All orders, and dc summary faxed at 1117. Ambulance set up for that time." On 03/20/2024, Surveyor reviewed Resident 8's facility assessments. The first assessment was completed on 02/20/2024, Manager A documented, "Resident requires fall assistance from staff to ambulate. Uses Sit to stand". The second assessment was completed on	N 355		

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N 355	Continued From page 8 03/20/2024, Manager A documented, "Resident requires full assistance from staff to ambulate. Uses Sit to stand 2 assist very stiff when transferring and can barley (sic.) hold [his/her] weight." On 03/20/2024 at 12:05 PM, Surveyor interviewed Caregiver CC. Caregiver CC stated s/he used the EZ lift for transfers with Resident 8. Caregiver CC stated 2 staff are needed to transfer Resident 8. Caregiver CC stated Resident 8 will cross his/her legs when using the EZ stand (sit to stand) which made it difficult to transfer him/her. Caregiver CC stated s/he will uncross his/her legs but it is a struggle. Caregiver CC stated Resident 8 cannot use his/her legs to help staff with transfers. On 03/20/2024 at 1:06 PM, Surveyors discussed the above concerns with Administrator F and Manager A. Administrator F stated the evening of 03/15/2024 Resident 8 fell and s/he begged staff not to call 911 because s/he was afraid s/he would be stuck at the hospital again. Administrator F stated Resident 8's activated power of attorney was notified, and Resident 8 was not sent to an emergency room. Administrator F could not recall if this fall occurred during a 2-person transfer with the EZ stand. Administrator F maintained s/he did not feel it was safe for Resident 8 to return to the facility due to his/her decline in condition since admission. Administrator F maintained Resident 8 required a hoyer lift and slings for safe transfers. Administrator F and Manager A acknowledged Resident 8 was assessed by Manager A on 02/20/2024 and 03/20/2024. Administrator F and Manager A acknowledged both assessments documented Resident 8 was to be transferred using a sit to stand.	N 355		

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Administrator F and Manager A acknowledged since Resident 8's discharge from the hospital on 03/15/2024 facility staff have transferred Resident 8 using the 2 staff assist with EZ stand method. Administrator F and Manager A acknowledged facility did not assess Resident 8 when the hospital deemed him/her ready for discharge on 03/11/2024 to 03/15/2024. Administrator F and Manager A acknowledged from 03/11/2024 to 03/15/2024, Resident 8's hospital providers stated s/he was transferred with a sit to stand equivalent; and deemed appropriate for discharge back to the facility. Administrator F stated Resident 8 did not have a provider's order for Hoyer lift transfer.

On 03/20/2024, Surveyor reviewed Resident 8's facility observation notes from 01/01/2024 to 03/20/2024. On 03/16/2024 at 7:00 AM, Caregiver CC documented the following, "[Resident 8] went reaching for [his/her] call botton (sic.) and fell off [his/her] bed landing on [his/her] right side, ambulance came out and evaluated [him/her] and everything was good [Resident 8] didn't (sic.) wanted (sic.) to go out [s/he] was good no pain."

On 04/04/2024 at 2:26 PM, Surveyor called Case Manager AA. Case Manager AA stated s/he was Resident 8's MCO care manager. Case Manager AA stated Resident 8 wanted to go back home when s/he was deemed appropriate for discharge on 03/11/2024. Case Manager AA denied Resident 8 being fearful for transfer without a hoyer lift. Case Manager AA stated Resident 8 wasn't using a hoyer lift for transfer while s/he was inpatient at the hospital. Case Manager AA stated Resident 8 does not have an order for a hoyer lift. Case Manager AA stated s/he had been transferred with the sit to stand since s/he

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N 355	Continued From page 10 returned to the facility on 03/15/2024. Case Manager AA stated Resident 8 has not fallen or acquired an injury during a 2 person assist sit to stand transfer since 03/15/2024. CROSS REFERENCE N0381 DHS Chapter 83.35(1)(a) Pre-Admission An Ongoing Assessments CROSS REFERENCE N0389 DHS Chapter 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 355		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 2 of 2 residents were assessed when they experienced a change in needs, abilities and/or condition. On 01/09/2024 & 01/23/2024, Resident 7 was not assessed by facility when s/he experienced a change in needs, abilities and/or condition.	N 381		

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N 381	Continued From page 11 From 03/04/2024 to 03/19/2024, Resident 8 was not assessed by facility when s/he experienced a change in needs, abilities and/or condition. This is a repeat of previous statement of deficiency (SOD) 77FZ11 dated 02/25/2021. FINDINGS INCLUDE: On 02/06/2024 & 03/19/2024, the Department received complaints related to resident care at facility. On 03/15/2024, Surveyors arrived at facility for a verification visit and complaint investigation. On 03/20/2024, Surveyors arrived at facility for a complaint investigation. EXAMPLE 1: Resident 7 On 03/15/2024, Surveyor reviewed Resident 7's facility facesheet. Resident 7 was admitted to the facility on 12/13/2019. Resident 7 had 2 co-guardians. Resident 7 was diagnosed with but not limited to: cognitive impairment, paralysis and aphasia (difficulties with speech). On 03/15/2024, Surveyor reviewed Resident 7's observation notes from 01/01/2024 to 03/15/2024: 1.) On 01/19/2024 at 8:00 PM, Caregiver H documented the following, "Resident was in bad pain in [his/her] back [s/he] wanted to go to hospital staff sent [him/her] what was the pain level [s/he] stated a 11." On 03/15/2024, Surveyor reviewed Resident 7's clinical after visit summaries from 01/01/2024 to 03/15/2024:	N 381		

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N 381	Continued From page 12 1.) On 01/09/2024, Resident 7 had a colonoscopy performed by Doctor I. Under the subsection titled, "Patient Summary and Discharge Instructions after a Colonoscopy Procedure," the following is documented: "1. Do not drive, operate machinery, make critical decisions, or do activities that require coordination or balance for 24 hours. 2. Limit your activities today. Tomorrow you may resume normal activities. 3. Do NOT drink alcoholic beverages today. 4. It is normal to have gas pain with some cramping. Walking may help pass the gas. 5. You may not have a normal bowel movement for a few days. 6. If biopsies were taken or if polyps were removed, you may pass small amounts of blood (1 teaspoon to 1 tablespoon) for the next 24 hours. Call your doctor if you bleed more than this...Call you doctor if you notice any of the following: Chills and/or fever over 101... Large amounts of blood in your stool or if your stools are black...Persistent vomiting...Severe abdominal pain that is not relieved by walking...Chest pain... Swollen and firm abdomen...Any new problems or concerns." Under the subsection titled, "Impression," the following is documented: "-One 10 mm (millimeter) polyp in the transverse colon, removed with a hot snare. Resected and retrieved. -One 17 mm polyp in the rectum, removed with a hot snare. Resected and retrieved." 2.) On 01/19/2024 at 6:16 PM, Resident 7 was brought to an emergency room due to increased pain. On 01/20/2024, Resident 7 was admitted to the hospital. Resident 7 was discharged from the hospital back to facility on 01/23/2024. The form titled, "Discharge Packet," documented the	N 381		

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following, "...Admission Dx (diagnosis)...Urinary Tract Infection without hematuria (blood)...Acute bilateral back pain...Symptom Monitoring Orders...Call your doctor if you have any of these symptoms as they may indicate worsening Heart Failure: - Increased shortness of breath - Cough or Chest congestion - Swelling in your abdomen or legs - Any increase or decrease in weight or more than 3 pounds in a day or 5 pounds total..."

On 03/20/2024 at 9:52 AM, Surveyor requested all of Resident 7's 2024 assessments from Manager A.

On 03/20/2024 at 1:06 PM, Surveyors discussed the above concern with Manager A and Administrator F. Manager A and Administrator F acknowledged Resident 7 experienced changes in condition on 01/09/2024 and 01/23/2024 and was not assessed by the facility.

EXAMPLE 2: Resident 8

On 03/20/2024, Surveyor reviewed Resident 8's facility facesheet. Resident 8 was admitted to the facility on 11/21/2023. Resident 8 had an activated power of attorney. Resident 8 is diagnosed with but not limited to: type 2 diabetes mellitus, chronic kidney disease stage 3, history of stroke.

On 03/20/2024, Surveyor reviewed Resident 8's facility observation notes from 01/01/2024 to 03/20/2024:
1.) On 01/09/2024 at 5:30 AM, Caregiver N documented the following, "RT (resident) called for help staff inter (sic.) [his/her] room [s/he] was on the floor said [s/he] hit [his/her] head."
2.) On 01/09/2024 at 9:00 AM, Caregiver M

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documented the following, "Resident returned from hospital after being sent out on NOC shift early this morning."
3.) On 02/27/2024 at 3:00 PM, Manager A documented the following, "Update from hospital has bowel obstruction, still vomiting, having small bowel follow through, and still running tests. will be a few days before returning."
4.) On 03/06/2024 at 12:45 PM, Manager A documented the following, "had small bm (bowel movement) and pushing fluids. Hospital called to check on [him/her] after surgery wants [him/her] to return if swelling occurs and or [s/he] is not having any output as urine or BM."
5.) On 03/07/2024 at 6:30 PM, Caregiver L documented the following, "Resident still haven't (sic.) used the bathroom or needed to, other staff member sent [him/her] to the hospital."

On 03/20/2024, Surveyor reviewed facilities copies of Resident 8's clinical after visit summaries from 01/01/2024 to 03/20/2024:
1.) On 02/26/2024, Resident 8 was admitted to a hospital and diagnosed with a small bowel obstruction. During his/her hospital stay s/he had laparoscopic abdominal diagnostic surgery. Resident 8 was discharged back to the facility on 03/04/2024. The document titled, "TRANSFER ORDERS FOR RECEIVING FACILITY," documented the following, "03/04/2024 1200 DISCHARGE PATIENT ...NOTIFY PHYSICIAN if Patient's weight increases or decreases by 3 lbs. in one day or 3 lbs in one week...Incision care A topical skin glue, may be used on you incision(s). This is waterproof and requires no additional dressing unless otherwise instructed. The day after surgery, you may start to shower. Use soap and water and pat dry. Do not use creams, lotions or ointments on or around the glue. Do not pick or scratch at the glue. It will start to peel away on its

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own in 1-2 weeks, and may even curl up on the edges initially. It this occurs, you may trim the glue but do NOT pull it off the incision...Oxygen Saturation PRN Distress Oxygen Saturation - Check PRN for respiratory distress or change in patients (sic.) condition per RN (registered nurse) assessment...Patient may return to an Assisted Living FacilityThe (sic.) orders on this document are my transfer orders to be active at the new facility after discharge from the Hospital. The orders replace any other lists of orders or medications. Electronically signed by [Physician Assistant O] 03/04/3034 12:00 PM."
2.) On 03/07/2024, Resident 8 was admitted to the Hospital with diagnosis of small bowel obstruction and urinary tract infection. Resident 8 was deemed appropriate for discharge from the Hospital on 03/11/2024. Due to communication issues with facility hospital was not able to discharge Resident 8 from the Hospital until 03/15/2024. Under the subsection titled, "Hospital Course: (include consults and procedure details)," Physician Assistant P documented the following, "...[S/He] was cleared for a return to [his/her] facility on 3/11 but discharge was delayed due to inability to get a hold of the facility. On day of discharge [Resident 8] was tolerating diet, having bowel function, and reporting little to no pain...".

On 03/20/2024, Surveyor reviewed Resident 8's 2024 facility assessments. The first assessment was completed on 02/20/2024 by Manager A. The second assessment was completed on 03/20/2024 by Manager A.

On 03/20/2024, Surveyor reviewed Resident 8's hospital record and after visit summary for his/her 03/07/2024 to 03/15/2024 inpatient stay. On 03/15/2024 at 11:53 AM, Nurse BB documented

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the following, "Discussed with [Administrator F] who is the ALF manager. [S/He] stated [s/he] would like the lift delivered. Did discuss with [him/her] that patient is a sara steady here, and that [s/he] has a sit to stand at facility and this is equivalent. Patient is at [his/her] baseline and it would be hard to justify a lift. [S/He] understood this. I did recommend that if [Name of MCO] approves the lift, it would delivered. If patient declines and the lift wasn't approved, they would have to submit a new request. [S/he] states that can take patient back at 1300 today. All orders, and dc summary faxed at 1117. Ambulance set up for that time."

On 03/20/2024 at 11:00 AM, Surveyor requested all of Resident 8's 2024 assessments from Manager A.

On 03/20/2024 at 11:36 AM, Surveyor discussed the location of Resident 8 2024 assessments with Manager A. Manager A stated Regional Nurse K kept the assessments s/he performed on their work laptop. Manager A clarified all resident assessments completed by Regional Nurse K are not kept at the facility. Manager A acknowledged all resident records are to be maintained at the facility. Manager A acknowledged all of Resident 8's 2024 assessments would need to be made available by 1:00 PM. Manager A stated s/he would contact Regional Nurse K as soon as possible.

On 03/20/2024 at 12:24 PM, Surveyors discussed Resident 8's assessments with Manager A and Administrator F. Administrator F stated Regional Nurse K had not completed an assessment on Resident 8 upon his/her discharge from the hospital on 03/15/2024. Manager A showed Surveyor all of Resident 8's 2024 assessments.

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N 381	Continued From page 17 The first assessment was completed on 02/20/2024 by Manager A. The second assessment was completed on 03/20/2024 by Manager A. On 03/20/2024 at 1:06 PM, Surveyors discussed the above concern with Manager A and Administrator F. Manager A and Administrator F acknowledged Resident 8 experienced changes in condition on 03/04/2024 and was not assessed by the facility. Manager A and Administrator F acknowledged that on 03/12/2024 the hospital deemed Resident 8 appropriate for discharge. Manager A and Administrator F acknowledged facility did not assess Resident 8 from 03/12/2024 to 03/15/2024. CROSS REFERENCE N0355 DHS Chapter 83.32(3)(k) Rights of Residents: Self Determination CROSS REFERENCE N0389 DHS Chapter 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 381		
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	N 389		

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N 389	Continued From page 18 with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 7's individualized service plan (ISP) was updated when s/he experienced a change in abilities, needs and/or condition. This is a repeat violation of statement of deficiency (SOD) EGFK12 dated 12/17/2020. FINDINGS INCLUDE: On 02/06/2024, the Department received complaints related to resident care at facility. On 03/15/2024, Surveyors arrived at facility for a verification visit and complaint investigation. On 03/15/2024, Surveyor reviewed Resident 7's facility facesheet. Resident 7 was admitted to the facility on 12/13/2019. Resident 7 had 2 co-guardians. On 03/15/2024, Surveyor reviewed Resident 7's observation notes from 01/01/2024 to 03/15/2024: 1.) On 01/19/2024 at 8:00 PM, Caregiver H documented the following, "Resident was in bad pain in [his/her] back [s/he] wanted to go to hospital staff sent [him/her] what was the pain level [s/he] stated a 11." On 03/15/2024, Surveyor reviewed Resident 7's clinical after visit summaries from 12/06/2023 to 03/15/2024: 1.) On 12/06/2023 at 8:00 AM, Resident 7 was	N 389		

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seen by Doctor Q at the advanced pelvic surgery clinic. The subsection titled, "Instructions," stated the following, "-Schedule MRI (ordered) - avoid artificial sweeteners (flavored water) and soda...". The subsection summarizing the clinical visits lists the following concerns, "You saw [Doctor Q] on Wednesday December 6, 2023. The following issues were addressed:
" Abnormal CT of abdomen
" Versicointestinal Fistula (an opening between the bladder and bowel)
" Colouterine Fistula (an opening between the bladder and uterus)
" OAB (overactive bladder)
" Urge incontinence
" SUI (stress urinary incontinence, female)...".
2.) On 01/19/2024 at 6:16 PM, Resident 7 was brought to an emergency room due to increased pain. On 01/20/2024, Resident 7 was admitted to the hospital. Resident 7 was discharged from the hospital back to facility on 01/23/2024. The form titled, "Discharge Packet," documented the following, "...Admission Dx (diagnosis)...Urinary Tract Infection without hematuria (blood)...Acute bilateral back pain...Symptom Monitoring Orders...Call your doctor if you have any of these symptoms as they may indicate worsening Heart Failure: - Increased shortness of breath - Cough or Chest congestion - Swelling in your abdomen or legs - Any increase or decrease in weight or more than 3 pounds in a day or 5 pounds total...".

On 03/15/2024 at 10:00 AM, Surveyor interviewed Resident 7. Resident 7 stated, "I feel very pushed aside." Resident 7 stated s/he was hospitalized recently for a yeast infection. Resident 7 stated it took 1 to 2 days for staff to send him/her out to the emergency room. Resident 7 stated s/he remembered, "it hurt really bad." Resident 7 stated Caregiver H and

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Caregiver N take very good care of him/her and feels better when one of these staff members are working. Resident 7 denied arriving to the emergency room or clinical visit in multiple briefs. Resident 7 denied being denied the option of having saturated briefs replaced with a dry one before leaving the facility.

On 03/15/2024 at 11:30 AM, Surveyor discussed the above concerns with Manager A and Administrator F. Manager A and Administrator F stated they were not made aware Resident 7 recently arrived at a medical appointment in multiple briefs saturated with urine. Manager A and Administrator F told Surveyor they would like to know if this incident occurred so they could take corrective measures.

On 03/19/2024 at 11:00 AM, Surveyor interviewed Nurse R. Nurse R is Resident 7's primary care provider clinical nurse. Nurse R stated s/he had access to the Resident 7's electronic health record (EHR). Nurse R reported that according to Nurse S's H&P note dated 01/19/2024, Resident 7 arrived at the clinic in 3 soiled briefs.

On 03/19/2024 at 12:21 PM, Surveyor spoke with Guardian T on the phone. Guardian T stated s/he is Resident 7's co-guardian. Guardian T stated Resident 7 arrived at the clinic wearing 3 pairs of depends on that were soiled through. Guardian T stated [his/her] understanding of the situation was. Resident 7 was refusing to get up to go to the bathroom the night before the appointment. Staff instead of performing a full bed change they will put new brief over the old one. If you notice the facility has signs all over it telling staff, "no double briefing."

On 03/19/2024 at 1:15 PM, Surveyor spoke with

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N 389	Continued From page 21 Case Manager U on the phone. Case Manager U stated [Resident 7] has a history of asking staff to put on multiple briefs before leaving the facility. Resident 7 makes this request believing the multiple briefs will prevent leaks. Resident 7 has been educated on how putting on multiple briefs does not guard against leaking it only increases his/her chances of infection. Case Manager U stated this has been an issue for over a year. Case Manager U stated the facility has signs all over it telling staff, "no double briefing." Case Manager U stated s/he did not know if Resident 7 had a history of UTIs but she would check with the nurse. On 03/19/2024, Surveyor reviewed Resident 7's individualized service plan (ISP) signed on 12/07/2023. Resident 7's ISP lists his/her diagnosis as follows: hypertension (high blood pressure), cognitive impairment, spastic hemiparesis, paralysis due to stroke, bladder and bowel incontinence, hyperlipidemia (elevated cholesterol), cardiomyopathy (compromised heart muscle), chronic systolic congestive heart failure, and aphasia (difficulty with speech). Resident 7's ISP did not document Resident 7's: versicointertinal fistula, colotuterine fistula, or overactive bladder syndrome. Resident 7's ISP did not document s/he was to avoid artificial sweeteners such as (flavored water) and soda. Resident 7's ISP did not list the signs of worsening heart failure and when to alert Resident 7's health care provider. Resident 7's ISP did not mention Resident 7's behavior of requesting staff place double briefs for outings or his/her need for encouragement not to wear multiple briefs on outings. On 03/20/2024 at 9:52 AM, Surveyor discussed the double briefing concern with Manager A.	N 389		

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N 389	Continued From page 22 Manager A stated that for an extended period Resident 7 would request staff put on double briefs before s/he would leave on an outing. Resident 7 can become very agitated when his/her requests are not met and so staff out of respect for him/her would put on the extra brief. Manager A stated s/he has re-trained staff on why double briefing is not therapeutic for residents and stated s/he made signs reminding staff they cannot double brief a resident. Manager A acknowledged Resident 7's ISP was not updated with the double briefing behavior and Resident 7's need for encouragement/re-education not to request staff place multiple briefs on him/her. Manager A acknowledged Resident 7's ISP was not updated after his/her January 2024 hospitalization. On 03/20/2024, Surveyor reviewed Resident 7's risk agreement dated 07/21/2023. The risk agreement documented the following, "2. [Resident 7] is fully aware of Rules and has signed off on understanding that [s/he] is the one asking the staff to double depend for outings as this is [his/her] wish." CROSS REFERENCE N0355 DHS Chapter 83.32(3)(k) Rights of Residents: Self Determination CROSS REFERENCE N0383 DHS Chapter 83.35(1) Listed Areas For Assessments	N 389		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the	{N 481}		

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{N 481}	Continued From page 23 intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and comfortable environment appropriate for resident needs. The patio doors were damaged, the paper towel dispensers in 2 bathrooms were empty. This is a repeat violation from previous Statement of Deficiency(SOD) 88ZV13 dated 09/27/2023 and SOD 88ZV12 dated 01/26/2023 and SOD 88ZV11 dated 07/05/2022. Findings include: On 03/15/2024 at 9:00 AM, Surveyor toured the physical environment. OBSERVATIONS: The paper towel dispenser in a bathroom used by residents was empty. There were two patio doors that were missing the automatic closure mechanism hardware and there were screw holes in both doors all the way through the door that could allow bugs to enter the facility. The toilet seat in the bathroom across from Bedroom #14 had what appeared to be feces on it. Resident 7's bedroom door was damaged at the bottom 1/4 of the door due to being struck by a wheelchair.	{N 481}		

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{N 481}	Continued From page 24 Resident 7's room had a strong urine-like odor Resident 7's floor near the head of his/her bed had a small mound of a gum-like substance hardened to the floor. The mound was approximately 2 inches in diameter. Resident 7's floor between his/her recliner and his/her TV stand has a small mound of a gum-like substance hardened to the floor. The mound was approximately 1 inch in diameter. The top of Resident 7's night stand and TV stand had a white/clear film covering 100% of the surface area. On 03/15/2024 at 11:30 AM, Surveyor discussed the above concern with Manager A. Manager A acknowledged that the physical environment was in need of some improvements and they will be addressed as soon as possible.	{N 481}		