STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012705	A. BUILDING: _____ B. WING _____	R-C 06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT NORTHERN LIGHTS(THE)	702 BRATLEY DRIVE WASHBURN, WI 54891

(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 05/28/2025, Surveyor conducted 4 complaint investigations and a verification visit at The Oaks At Northern Lights. Data was collected through 06/03/2025. Four of 4 complaints were substantiated. Five deficiencies were identified. Four of the 5 deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) 8G0P11, dated 10/12/2023, and SOD 8G0P12, dated 10/22/2024. Census: 16 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interviews, the provider and its operation did not comply with all laws governing the Community Based Residential Facility (CBRF). The licensee did not ensure compliance with DHS 83 was achieved and maintained. This is a repeat deficiency. See Statement of Deficiency (SOD) 8G0P12, dated 10/22/2024. Findings include:	{N 196}		

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

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{N 196}	Continued From page 1 The provider is licensed as a Class CNA (non-ambulatory) facility to care for up to 17 residents in the client groups irreversible dementia/Alzheimer's disease and advanced aged. On 12/26/2024, the Department issued a Notice and Order letter, along with SOD 8G0P12, to the licensee. The Notice and Order letter read, in part: "Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety and welfare of the residents. AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements ..." On 05/28/2025, Surveyor conducted a verification visit and 4 complaint investigations. Data was collected and reviewed through 06/03/2025. Four of the 4 complaints were substantiated. Five deficiencies were identified. Four of the 5 deficiencies were repeat violations of SOD 8G0P12. The following deficiencies were identified (* - denotes a repeat deficiency): 83.14(2)(a) Licensee Ensures Facility Complies With Laws * 83.32(3)(k) Rights Of Residents: Self-Determination 83.35(3)(d) Service Plans Updated Annually Or On Changes * 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake *	{N 196}		

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{N 196}	Continued From page 2 83.38(1)(g) Health Monitoring * On 06/03/2025 at approximately 9:00 a.m., Surveyor interviewed Director A, Administrator B, Director of Nursing C, and Regional Director D on the phone. Surveyor reviewed the deficiencies identified on survey and the substantiated complaints. Surveyor asked if they had any questions related to the deficiencies. Administrator B told Surveyor s/he did not have any questions. The licensee did not ensure compliance with DHS 83 was achieved and maintained.	{N 196}		
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 decision making. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's right to self-direction was respected. Resident 1 signed a permission form to allow staff to inform Person I about his/her condition and needs. Person I called to check on Resident 1's condition and Caregiver J would not give Person I information. Findings include: On 05/28/2025, from approximately 12:30 p.m. -	N 355		

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N 355	Continued From page 3 1:15 p.m., Surveyor interviewed Resident 1 and Person I. Person I asked Surveyor if s/he should leave the room while Surveyor interviewed Resident 1. Surveyor asked Resident 1 what s/he wanted. Resident 1 told Person I to stay in the room. Resident 1 told Surveyor s/he was dying. Person I told Surveyor Resident 1 had a doctor's appointment in the beginning of May and s/he was told a mass on his/her pancreas was growing. Person I told Surveyor Resident 1 elected to go on hospice and not pursue further testing or treatment. Person I said s/he was upset as s/he called the facility last night and asked how Resident 1 was doing. Person I said Caregiver J answered and would not give Person I any information. Person I said Caregiver J told him/her that since Resident 1's power of attorney (POA) was not activated, s/he would not give Person I any information. Person I said s/he then came to the facility in the middle of the night to check on Resident 1. On 05/29/2025, Surveyor reviewed Resident 1's record. Resident 1's admission agreement included a permission form. The permission form included the following statement: "During my residence, I give The Oaks staff permission to inform the following people about my condition and current needs:" Person I's name was included in the list of contacts. Resident 1 signed and dated the form 05/03/2023. Resident 1's record also included Resident 1's elected POA paperwork that identified Person I as being Resident 1's health care power of attorney if Resident 1 was to become incapacitated. A progress note by Physician K, dated 05/13/2025, read, in part: "Patient coming largely	N 355		

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N 355	Continued From page 4 to inform me of [his/her] decision to pursue hospice for [his/her] pancreatic mass. [S/he] was seen in the ER (emergency room) for abdominal pain and a CT (computed tomography) was performed, showing growth in the mass. [S/he] does not desire surgery, chemo (chemotherapy), or radiation, and therefore, there is little utility in pursuing diagnostic biopsy of this mass. [S/he] is here with [his/her] friend [Person I] ..." On 06/03/2025 at approximately 9:00 a.m., Surveyor interviewed Director A, Administrator B, Director of Nursing (DON) C, and Regional Director D on the phone. Surveyor asked what happened between Caregiver J and Person I. Administrator B said Caregiver J could not locate information in the computer that allowed him/her to inform Person I of Resident 1's condition. Caregiver J has since been retrained. The provider did not ensure Resident 1's right to self-direction by having Person I informed of Resident 1's condition and needs.	N 355		
{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 5 with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed (Resident 1, Resident 2, and Resident 3), signed their individual service plans (ISP), acknowledging they were involved in, understood and agreed with the ISP. Resident 3's ISP was not reviewed and revised when s/he developed a pressure injury to his/her heel. This requirement is being cited for the third time. See Statement of Deficiency (SOD) 8G0P11, dated 10/12/2023, and SOD 8G0P12, dated 10/22/2024. Findings include: On 02/05/2025 and 02/26/2025, the Department received complaints that alleged the provider did not involve the residents in planning their care. The complaint from 02/26/2025 also included an allegation that wound care was not being done as ordered. On 05/28/2025 at approximately 11:00 a.m., Surveyor interviewed Director A and asked if any residents had wound care. Director A told Surveyor Resident 3 had a chronic wound to his/her feet. On 05/28/2025 at approximately 12:00 p.m., Surveyor interviewed Resident 2. Resident 2 told Surveyor s/he lived at the facility for approximately 6 years. S/he said that when s/he first moved in, they held care conferences monthly. S/he said, "It was great." S/he told	{N 389}		

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{N 389}	Continued From page 6 Surveyor the director, nurse and s/he would discuss and sign a care plan. S/he said that occurred under the second director and it disappeared after that. On 05/28/2025 from approximately 12:30 p.m. - 1:15 p.m., Surveyor interviewed Resident 1 and Person I. Person I was Resident 1's elected power of attorney for healthcare, which was not activated. Person I told Surveyor s/he attended all of Resident 1's medical appointments with Resident 1. Resident 1 told Surveyor s/he was independent with his/her cares but did not know how long s/he would be able to continue to be independent. S/he said s/he did need assist with his/her showers. Resident 1 said his/her showers were scheduled in the evenings and s/he did not like to take showers in the evenings. Resident 1 said s/he would prefer to shower in the morning. Person I told Surveyor they have not had a care conference since Resident 1 was admitted 2 years ago. Person I said Resident 1 recently elected to go on hospice and Person I requested to have a meeting with hospice and the provider, which was scheduled for 05/29/2025. On 05/29/2025, Surveyor reviewed Resident 2, Resident 1, and Resident 3's records. Resident 2 was admitted to the facility on 10/30/2020. His/her last ISP review dates were 05/28/2025 and 02/20/2025. Surveyor could not locate an ISP with signatures indicating Resident 2 was involved in developing his/her ISP or understood and agreed with his/her ISP. Resident 1 was admitted to the facility on 05/09/2023. His/her last ISP review date was 05/28/2025. Surveyor could not locate an ISP with signatures indicating Resident 1 was involved in	{N 389}		

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{N 389}	Continued From page 7 developing his/her ISP or understood and agreed with his/her ISP. Resident 3 was admitted to the facility on 04/28/2023. His/her last ISP review date was 03/17/2025. Surveyor could not locate an ISP with signatures indicating Resident 3 was involved in developing his/her ISP or understood and agreed with his/her ISP. Resident 3 had multiple diagnoses that placed him/her at risk for developing pressure injuries, including diabetes with neuropathy, hemiplegia (weakness on one side of body) and hemiparesis (paralysis on one side of body) affecting the right dominant side. On 03/25/2025, Director of Nursing (DON) C documented the following note: "Writer checked resident left outer foot where open area has chronically been, [sic] area is scabbed over pencil eraser size - resident complaining of pain at sight [sic], noted redness around area approx (approximately) 1 cm (centimeter) all the way around ..." On 04/08/2025, DON C documented: "Resident went to wound care appointment this morning related to sore on left outer foot. Area debrided - orders received for 1) keeping pressure off of lateral foot at all times 2) make sure [his/her] foot isn't pressed up against [his/her] w/c (wheelchair) foot supports Treatment ..." On 04/23/2025, Licensed Practical Nurse (LPN) L documented: "Resident with inflammation of right 2nd toe from rubbing against new shoes. Provided bandaid [sic] to cover and protect. Continues to c/o (complain of) pain to left foot ..."	{N 389}		

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{N 389}	Continued From page 8 On 05/06/2025, LPN L documented: "Seen by [Registered Nurse (RN) M] for wound care today. Wound care orders adjusted: Left lateral foot: Cleanse and pat dry. Apply adhesive foam dressing. Change every 3 days. Right heel with eschar (dead tissue) tissue: Keep dry. Apply 4 x 4 gauze and cover with kerlix gauze. Change daily. Right 2nd toe: Apply bandaid daily to 2nd toe." On 05/20/2025, Resident 3 had a wound care visit. The progress note read, in part: "5/20/25: [Resident 3] returns today; [sic] the MRI has not been scheduled yet. [S/he] states the left foot no longer bothers [him/her], but now [s/he] has a wound to [his/her] right heel that has been there 'about 3 weeks' and is painful. [S/he] does not know how [s/he] got it ..." The wound note indicated the wound to Resident 3's left lateral foot was closed and Resident 3 had a stage 3 pressure injury to his/her right heel. The plan included: "Plan: We discussed the impact of nutrition on wound healing today. We discussed the sx (symptoms) of infection today. Instructions provided for care team at The Oaks for dressing changes. [S/he] is instructed in the importance of offloading the heels. [S/he] will return weekly." Resident 3's ISP included "Skin Condition" initiated on 03/19/2025. The goal was: "Resident will have chronic skin conditions without complications." Interventions included the following: "· Assist resident to position Left [sic] lower extremity for comfort and to avoid pressure to left lateral foot due to recently healed chronic wound. Date initiated: 03/19/2025 Revision on: 03/19/2025 · observe lower extremities and left lateral foot with cares and report redness or open skin to	{N 389}		

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{N 389}	Continued From page 9 LN (licensed nurse). Date initiated: 03/19/2025 · Palm protector to right hand per resident tolerance. Date initiated 04/02/2025 · Special skin issues. Interventions [sic] shoes checked with no pressure to left lateral foot from footwear. Encourage resident to have any new footwear evaluated by Licensed Nurse prior to wearing. Date initiated: 03/19/2025 Revision on: 03/19/2025 · Is on medication which causes bleeding/bruising. Report Change to Nurse. Date initiated: 03/19/2025 · Care Staff will notify LN of any new skin conditions. Date initiated: 03/19/2025 Revision: 03/19/2025." Resident 3's ISP did not indicate s/he had a stage 3 pressure injury to the right heel or interventions to offload heels added to the ISP. On 05/29/2025, Surveyor emailed Director A and Regional Director (RD) D and requested they send Surveyor the most recent signed ISP for Resident 2, Resident 1, and Resident 3. On 06/02/2025, DON C replied, via email. The email included the following attachments: ISP for Resident 2 with Resident 2's signature and Director A's signature, dated 05/30/2025. ISP for Resident 1 with a note by Director A, which read: "I left ISP in residents [sic] room per [his/her] POA/Friend and resident request to review and sign. They are waiting on hospice to review before signing." ISP for Resident 3 with Resident 3's signature and Director A's signature, dated 05/30/2025. Resident 3's ISP did not include any updates	{N 389}		

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{N 389}	Continued From page 10 related to his/her pressure injury to the right heel. On 06/02/2025, Surveyor emailed DON C, Director A, Administrator B, and RD D, and asked if there were any updates to Resident 3's ISP related to his/her stage 3 pressure injury to the right heel. On 06/02/2025, DON C replied via email, in part: "ISP skin condition updated to reflect stage III on right heel on this date 6/2/2025 by [DON C]." The provider did not ensure each resident was involved in developing their ISP. The provider did not have each resident sign their ISP acknowledging their involvement, understanding, and agreement of their ISP. The provider did not review and revise Resident 3's ISP when s/he had a change in condition and developed a stage 3 pressure injury to his/her heel.	{N 389}		
{N 397}	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of	{N 397}		

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{N 397}	Continued From page 11 elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure there was a qualified resident care staff present in the facility at all times. This is a repeat deficiency. See Statement of Deficiency 8G0P12, dated 10/22/2024. Findings include: The provider is licensed to care for up to 17 residents in the client groups of advanced age and irreversible dementia/Alzheimer's disease. On 02/05/2025, 02/26/2025, and 03/11/2025, the Department received 4 complaints with multiple allegations. All 4 complaints included an allegation that there was not always a qualified staff present in the facility to administer medications. Wis. Admin. Code § DHS 83.02(42) defines a qualified resident care staff as: "an employee who has successfully completed all of the applicable training and orientation under subch. IV." On 05/28/2025 at approximately 12:00 p.m., Surveyor interviewed Resident 2. Resident 2 told Surveyor that there were times s/he requested a pain medication and staff would have to get	{N 397}		

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{N 397}	Continued From page 12 someone from the skilled nursing facility located next door to come over and administer the medication. Resident 2 said that at times, staff told him/her s/he would have to wait for the next shift for staff that could administer medications. Resident 2 told Surveyor s/he had chronic pain in his/her hips and at time it is "stabbing" pain. On 05/28/2025, Surveyor reviewed the training records for Caregiver E and Caregiver F. Caregiver E's date of hire was 02/28/2025. Caregiver E's employee file did not contain documentation to indicate s/he completed training in fire safety, first aid and choking, medication administration, client group and challenging behaviors. On 05/28/2025 at approximately 2:30 p.m., Regional Director (RD) D told Surveyor Caregiver E would not be allowed to work until s/he completes his/her required training, as s/he reached his/her 90 days since his/her date of hire. Caregiver F's date of hire was 12/11/2024. Caregiver F's employee file did not contain documentation to indicate Caregiver F completed training in medication administration. Caregiver E and Caregiver F were not qualified resident care staff as they did not complete all applicable training as required. On 05/29/2025, Surveyor reviewed the employee schedule. The employee schedule indicated: On 03/10/2025 - Caregiver F worked alone from 10:00 p.m. - 6:00 a.m. On 04/10/2025, 04/13/2025, and 04/15/2025, Caregiver E worked alone from 10:00 p.m. - 6:00	{N 397}		

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	0012705	A. BUILDING: _____ B. WING _____	R-C 06/03/2025

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{N 397}	Continued From page 13 a.m. On 04/17/2025, 04/21/2025, and 04/23/2025, Caregiver E and Caregiver F were the only staff present from 10:00 p.m. - 6:00 a.m. On 04/24/2025 and 04/27/2025, Caregiver E worked alone from 10:00 p.m. - 6:00 a.m. On 05/01/2025, 05/05/2025, and 05/07/2025, Caregiver E and Caregiver F were the only staff present from 10:00 p.m. - 6:00 a.m. On 05/08/2025 and 05/11/2025, Caregiver E worked alone from 10:00 p.m. - 6:00 a.m. On 05/29/2025, Surveyor emailed Director A and RD D and asked if Caregiver E and Caregiver F had any exemptions from their required training. Surveyor also asked who the qualified resident staff was on the above dates and times. On 06/02/2025, Director of Nursing (DON) C replied, via email. The email indicated Caregiver F was not exempt from medication training and was signed up to take medication training on 07/02/2025. The email also indicated Caregiver E was suspended as of 05/28/2025. The email included the following policy and procedure: "Process for giving PRN (as needed) Medications in CBRF · If only a care giver [sic] is on the schedule this is the process to give PRN medications. · First contact the Skilled [sic] nursing facility (SNF) to see if a CMA (certified medical assistant) that is duty trained in CBRF and SNF is available to give the PRN medication. If unavailable, move to the next step. · Contact the Director of Wellness (DOW) who is on call to come and give the medication. If unavailable, move to the next step. · Contact the Director of Nursing (DON). We will ensure we make arrangements with the proper staff member who is trained in Medication	{N 397}		

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{N 397}	Continued From page 14 Pass to give the Medication [sic]." The email from DON C indicated the following staff were the qualified resident care staff on the dates the employee schedule indicated Caregiver E and/or Caregiver F were on the schedule either together or alone: 3/10 - DOW/ DON 4/10 - Staff G 4/13 - Staff G 4/15 - DOW/ DON 4/17 - Staff H 4/21 - DOW/ DON 4/23 - Staff G 4/24 - Staff G 4/27 - Staff G 5/1 - Staff H 5/5 - DOW/ DON 5/7 - DOW/ DON 5/8 - DOW/DON 5/11 - Staff G On 06/02/2025, Surveyor emailed DON C, Director A, Administrator B, and RD D. Surveyor asked if the staff listed as qualified resident care staff were present in the CBRF. On 06/02/2025, DON C replied: "The identified employees were working on shift at the SNF during those identified noc (overnight) shifts - and could safely come over to the ALF (assisted living facility) if needed to pass a medication. The Director of Wellness and Director of Nursing were also available if needed to assist in the event that the qualified employee was unable to go over to the ALF." The provider did not ensure there was a qualified resident care staff present in the facility at all times.	{N 397}		

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{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 3 residents reviewed (Resident 2 and Resident 3) received health monitoring services to meet their needs. The provider did not make arrangements for physical health services as ordered by Resident 2 and Resident 3's physician. The provider did not monitor Resident 3's weight as ordered.	{N 431}		

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{N 431}	Continued From page 16 This is a repeat deficiency. See Statement of Deficiency 8G0P12, dated 10/22/2024. Findings include: On 02/05/2025 and 02/26/2025, the Department received complaints the provider was not assisting residents with medical appointments. RESIDENT 2 - APPOINTMENTS On 05/28/2025 at approximately 12:00 p.m., Surveyor interviewed Resident 2. Resident 2 told Surveyor s/he missed appointments because the provider did not assist with them. S/he said s/he was supposed to have a telehealth visit, but nobody set up a computer for him/her to use and s/he missed that appointment. S/he said s/he recently had an appointment with Physician K, who referred him/her to another doctor for his/her pain. Resident 2 said, "I haven't heard a word to see if the appointment was made." On 05/29/2025, Surveyor reviewed Resident 2's record. A provider visit summary, dated 04/17/2025, signed by Physician K, included an order to follow up with a doctor for "OMT." OMT is osteopathic manipulative treatment used for treating pain. The visit summary also included a follow up appointment with Physician O in 1 month. Surveyor could not locate documentation in Resident 2's record that indicated Resident 2 attended these appointments. On 04/17/2025, Licensed Practical Nurse (LPN) L documented, "Resident has a new virtual appointment with [Physician O] via Essentia MyChart on 5/19/25 at 1100."	{N 431}		

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{N 431}	Continued From page 17 On 05/29/2025, Surveyor emailed Director A and Regional Director (RD) D. Surveyor asked if Resident 2 had any missed appointments/telehealth visits in 2025. Surveyor requested documentation from Resident 2's telehealth visit on 05/19/2025 and asked if Resident 2's appointment for OMT was scheduled. On 06/02/2025, Director of Nursing (DON) C replied, via email. The email read, related to any missed appointments, "Yes, on 5/19/25 and a potential appointment late February early march [sic] which we are unable to track a date for. It is not in our clinic system and [Resident 2] has no date written down or appointment card. There is note of a missed virtual appointment from [Nurse Practitioner (NP) N] from 3/6/25 indicating that the appointment was due to technical difficulties. (NP saw resident in ALF (assisted living facility) on 3/6/25 due to missed zoom [sic] appointment with [Physician O])." The email included the following documented notes: A progress note, dated 03/06/2025, by NP N, read, in part: "[Resident 2] is a [age] [fe/male] seen today at The Oaks Assisted Living for concerns with cellulitis of the LLE (left lower extremity). [His/her] past medical history includes chronic pain and [s/he] consistently rates [his/her] pain 8-10 despite scheduled Norco (hydrocodone/acetaminophen) q (every) 8 hours ... Right hip pain (primary encounter diagnosis) - Chronic and not well controlled with Norco every 8 hours and tramadol 25 mg (milligrams) q 6 hours PRN (as needed). [S/he] has a COAT (chronic opioid analgesic therapy) agreement with [Physician O] - unfortunately they missed their last virtual appointment due to technical	{N 431}		

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{N 431}	Continued From page 18 difficulties ..." On 05/30/2025, Director A documented, "I spoke with resident following [his/her] missed appointment on 5/19/25. I asked [him/her] if [s/he] would like to reschedule the appointment. [S/he] stated [s/he] didn't want to waste [Physician O's] time. [S/he] stated [s/he] wants to proceed with scheduling a [sic] OMT appointment. [His/her] words were that [s/he] wants to follow up with a chiropractor appointment." On 06/02/2025, Surveyor emailed DON C, Director A, Administrator B, and RD D and asked what the technical difficulties were that Resident 2 missed his/her telehealth visits. Surveyor asked if anyone attempted to schedule Resident 2's OMT visit prior to 05/30/2025. On 06/02/2025, DON C replied via email, in part: "Regarding [Resident 2's] telehealth visit technicalities the prior Director of Wellness [Person P] whose last day employed was 2/28/2025, oversaw that appointment and we have no knowledge of what went wrong technically regarding the appointment ... Regarding [Resident 2's] OMT appointment - [Resident 2] was at the nursing home from 4/18/2025-5/2/2025- On 4/18/2025 Clinic attempted to contact [Resident 2] to schedule appointment [sic] unable to leave a voicemail." On 06/03/2025 at approximately 9:00 a.m., Surveyor interviewed Administrator B, Director A, DON C, and RD D on the phone. Surveyor asked if prior to the survey, anyone tried to reach out to schedule the OMT appointment for Resident 2. Administrator B told Surveyor, "No." RESIDENT 3 APPOINTMENTS	{N 431}		

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{N 431}	Continued From page 19 On 05/29/2025, Surveyor reviewed Resident 3's record. On 04/28/2025, DON C documented a progress note, which read, in part: "Resident went to wound care appointment this morning related to sore on left outer foot. Area debrided - orders received for 1) Keeping pressure off of the lateral foot at all times 2) make sure [his/her] foot isn't pressed up against [his/her] w/c (wheelchair) foot supports Treatment: 1) Wash area daily with soap and water 2) Apply iodine and cover with dry gauze and tape in place Follow up appt (appointment) in 2 weeks - MRI (magnetic resonance imaging) ordered by wound nurse date pending ..." Wound care clinic notes by nurse practitioner indicated the following: "5/20/25: [Resident 3] returns today; the MRI has not been scheduled yet. [S/he] states the left foot no longer bothers [him/her], but now [s/he] has a wound to [his/her] right heel that has been there 'about 3 weeks' and is painful ... 4/22/25: [Resident 3] returns today w/o (without) complaints or concerns. MRI still has not been scheduled." On 06/02/2025, Surveyor emailed DON C, Director A, Administrator B, and RD D and asked if Resident 3's MRI was scheduled. On 06/02/2025, DON C replied, via email, in part, "Regarding [Resident 3's] MRI - the MRI could not be done at the [Hospital] due to [him/her] having a pacemaker and [s/he] has to go to Duluth MN to have it done - [Licensed Practical	{N 431}		

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{N 431}	Continued From page 20 Nurse (LPN) L] followed up on this today 6/2/2025 regarding the status, [sic] it is in process of being set up- radiology has had the order and have not reached back out as the pacer clinic and radiology have to coordinate that MRI." On 06/03/2025 at approximately 9:00 a.m., Surveyor interviewed Administrator B, Director A, DON C, and RD D on the phone. Surveyor asked when they started the process of getting Resident 3's MRI scheduled in Duluth. Administrator B confirmed they started this yesterday (06/02/2025). RESIDENT 3 - WEIGHT MONITORING On 05/29/2025, Surveyor reviewed Resident 3's record. Resident 3 has multiple diagnoses, including: congestive heart failure. Resident 3's medication administration record (MAR) and order summary report indicated an order for Resident 3 to have a weekly weight every Monday related to chronic systolic congestive heart failure with a start date of 04/01/2024. Resident 3's weight history included the following: 04/14/2025 - 150 pounds (Standing) 03/31/2025 - 220 pounds (Wheelchair) 03/19/2025 - 155 pounds (Wheelchair) 03/14/2025 - 150.5 pounds (Wheelchair) 11/24/2024 - 165 pounds (Standing) There were no weights recorded between 11/24/2024 and 03/14/2025. A progress note, dated 02/12/2025, by Resident 3's cardiologist nurse practitioner, indicated	{N 431}		

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{N 431}	Continued From page 21 Resident 3 was seen for ongoing management of heart failure. The progress note included the following patient education: "Education reviewed: disease process, symptom management, diet, medications, advance directives, prognosis, exercise recommendations, smoking cessation, fluid intake, device therapy, daily weight monitoring, sleep apnea and treatments, renal disease and coronary disease." A telephone encounter, dated 05/05/2025, with the clinic nurse included the following documentation: "Spoke with Nurse [name] at [Nursing Home] NH (nursing home). [Name] states pt (patient) has no s/s (signs/symptoms) fluid retention, does not weigh regularly (encouraged to start). Pt taking Torsemide 20 mg (milligrams) daily. Advised to take 1 time dose of additional 10 mg today. Will call Heart Center with any additional questions or concerns." On 05/29/2025, Surveyor emailed Director A and RD D and asked why Resident 3 was not weighed daily as cardiologist note from 02/12/2025 indicated and why Resident 3 was not at least weighed weekly per order summary. On 06/02/2025, DON C replied via email, in part, "Cardiology appointment on 2/12/25 was during [his/her] stay at the nursing home and not pertinent to the Assisted Living [sic] Hospitalized 1/25/2025 - 2/5/2025 Nursing Home 2/5/2025 - 3/14/2025." The documented reason why staff did not complete weekly weights included the following: "Identified documentation indicates 4/21/25, 4/28/25 unmarked - unable to verify weight was obtained. 5/5/2025 - weight was refused	{N 431}		

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{N 431}	Continued From page 22 5/12/2025, 5/18/2025 unmarked - unable to verify if weight was obtained 5/27/25 Weight refused 5/30/2025 Education provided to staff for review on completion of weights and documentation of weight including refusals and notifying DOW (director of wellness), RN (registered nurse), LPN (licensed practical nurse) of discrepancies. LPN/RN will notify MD/RD (medical doctor/registered dietician) of weight discrepancies." The provider did not take Resident 3's weights on a regular basis to monitor Resident 3's congestive heart failure.	{N 431}		