STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016998	A. BUILDING: _____ B. WING _____	C 10/16/2023

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FRONTIDA ASSISTED LIVING OF KIMBERLY II	816 SCHELFHOUT LANE KIMBERLY, WI 54136

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N 000	Initial Comments On 10/12/2023, with additional information gathered through 10/16/2023, Surveyors conducted a complaint investigation and standard survey at Frontida Assisted Living of Kimberly II. One complaint was substantiated. Five deficiencies were identified. Census: 21	N 000		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an investigation when Resident 1 was identified to have a golf ball sized swollen spot on his/her mid to lower spine. Findings include: On 09/04/2023, the department received complaint information that alleged proper follow up was not conducted when residents had injuries. On 10/12/2023, Surveyor reviewed Resident 1's record and noted s/he had diagnoses of adjustment reaction with anxiety and depression, dementia, chronic pain, osteoporosis, and epilepsy. Resident 1 was identified as a high fall	N 161		

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

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N 161	Continued From page 1	N 161		

risk.

Surveyor noted within Resident 1's provider observation notes the following:
-On 09/08/2023 at approximately 5:22 PM, there was a "Non-Clinical Observation" written by Caregiver B. The observation note stated, "Resident has an injury of unknown origin to spine, golf ball swelling in size, to mid to lower back. Also noted is an open area below swelling. 1:1 did report to writer an altercation between resident and [his/her spouse] today prior where [s/he] forceably grabbed and sat resident down into a chair. Unknown if this is cause of injury due to frequent falls. Hospice and On Call notified. On Call stated they would contact POA. Waiting on return call from Hospice RN."
-On 09/08/2023 at 6:55 PM, "Hospice RN instructed all staff to encourage resident to only lay on [his/her] right or left side in bed and reposition accordingly. Please do not let [him/her] sleep on [his/her] back due to open area on spine and swelling."
-On 09/09/2023 at 5:40 PM written by hospice "...Spine assessed, Redness to protruding spine covered for protection, no skin breakdown. Staff to reposition resident off [his/her] back when in bed q [every] 2 hours."
Surveyor did not find other observation notes related to injury on Resident 1's spine and/or comment of incident with his/her spouse.

On 10/12/2023 at approximately 11:05 AM, Surveyor interviewed Executive Director A who stated s/he reviewed observation notes that were "non-clinical." Surveyor inquired whether s/he had read the observation note regarding an injury of unknown origin. Administrator A stated s/he was off on this day and s/he did not know about this note, the report of injury of unknown origin, or

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N 161	Continued From page 2 allegation about Resident 1's spouse. On 10/12/2023 at approximately 3:11 PM, Surveyors interviewed Executive Director A who verified s/he did not complete an investigation of unknown source for report of Resident 1's spine.	N 161		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed (Caregiver D) was screened for communicable disease within 90 days before the start of employment, including tuberculosis. Findings include: On 10/12/2023, Surveyor reviewed Caregiver D's employee file. Caregiver D was hired on 06/08/2023. At approximately 2:26 PM, Surveyor interviewed Executive Director (ED) A and asked	N 220		

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N 220	Continued From page 3 for evidence Caregiver D had been screened for clinically apparent communicable disease including tuberculosis. ED A stated, "Don't have (it)." The provider did not ensure 1 of 2 staff were screened for communicable disease, including tuberculosis, within 90 days before the start of employment.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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N 239	Continued From page 4 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 2 employees obtained all department approved training as required. Caregiver C did not have training in fire safety within 90 days after starting employment. Caregiver D did not have training in first aid and choking within 90 days after starting employment. Findings include: On 10/12/2023, Surveyors conducted a review of 2 employee records to verify compliance with department approved training requirements. Surveyor requested training records from Executive Director (ED) A for Caregiver C and Caregiver D. Fire Safety The record for Caregiver C, hired 07/07/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 10/12/2023, at approximately 2:45 PM, Surveyor interviewed ED A. ED A confirmed the provider did not have evidence Caregiver C completed or met an exemption for fire safety training. ED A stated s/he believed Caregiver C had recently completed the Fire Safety, but confirmed s/he could not find Caregiver C on the registry. On 10/12/2023, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking	N 239		

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N 239	Continued From page 5 The record for Caregiver D, hired 06/08/2023, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 10/12/2023, at approximately 2:45 PM, Surveyor interviewed ED A. ED A confirmed the provider did not have evidence Caregiver D completed or met an exemption for first aid and choking training. ED A stated Caregiver D had provided paper copies of his/her certificates, but s/he could not find the paper copy in Caregiver D's record for first aid and choking. On 04/02/2020, Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for first aid and choking. The provider did not ensure 2 of 2 employees obtained all department approved training as required.	N 239		
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 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	N 406		

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N 406	Continued From page 6 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 and staff interview, the provider did not ensure Resident 2's medication were disposed of within 30 days of discharge or when not used. Findings include: On 10/12/2023, Surveyor observed the medication cart in the kitchen of the home. Surveyor asked Caregiver B to unlock the cart. Stored in the bottom drawer was a card of PRN Tramadol HCL 50 mg tab with an expiration date of 10/07/2023, the card was dispensed on 04/07/2023. Surveyor requested a copy of Resident 2's medication administration record (MAR) to verify if Resident 2 had received any expired medication. Review of MAR showed Resident 2 had received 5 doses of Tramadol 50 mg tabs on 04/08/2023, 04/09/2023, 04/10/2023, 04/11/2023 and 05/24/2023. There were 7 pills popped out of card, and the Tramadol order was discontinued on 07/21/2023. There were 2 Tramadol HCL 50 mg tabs unaccounted for. On 10/12/2023 at approximately 11:20 AM, Surveyor interviewed Executive Director (ED) A regarding the discrepancy on the Tramadol count. ED A stated, "Can't answer, I don't know."	N 406		

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N 406	Continued From page 7 Surveyor reviewed other residents with orders for PRN Tramadol and observed Resident 3 had an order for Tramadol HCL 50 mg Tab, take ½ pill (25 mg) tab as needed. The medication was dispensed on 04/30/2023 with 15 pills popped out. Review of Resident 3's MAR showed 11 doses of Tramadol were given. On 10/12/2023 at 11:45 AM, Surveyor interviewed ED A regarding the discrepancy with Resident 3's Tramadol HCL. ED A stated s/he would see if any pills were discarded due to dropping or another reason. ED A acknowledged there was no documentation to explain the discrepancy with the pill count in Resident 2's chart, and for the 4 Tramadol HCL 50 mg (1/2 tabs) unaccounted for. Surveyor asked ED A for a policy and procedure. ED A stated s/he had the medication training but did not provide Surveyor with a policy. ED A confirmed the nurse for the facility had left and the corporate nurse would be taking over. ED A was unable to account for the missing Tramadol Resident 2 and Resident 3 did not receive according to the MAR. ED A acknowledged Resident 2's Tramadol must have gotten missed when the medication order was discontinued. ED A acknowledged s/he would have no way to know if that card had been taken after the order was discontinued. The provider did not ensure medication was disposed of within 30 days when orders were discontinued.	N 406		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the	N 432		

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N 432	Continued From page 8 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received medication administration that met his/her needs. Findings include: On 09/14/2023, the department received complaint information that alleged residents did not receive medications to meet their needs. On 10/12/2023, Surveyor reviewed Resident 1's record and noted s/he was admitted on 08/08/2022 with diagnoses of adjustment reaction with anxiety and depression, dementia, osteoporosis, chronic pain, and epilepsy. Resident 1 required full assistance from staff for medication administration. On 10/12/2023, Surveyor reviewed Resident 1's August 2023 medication administration record (MAR) and noted the order and MAR documentation: "FENTANYL 25 MCG/HR PATCH...Instructions: APPLY ONE PATCH. TRANSDERMALLY EVERY THREE DAYS FOR PAIN *REMOVE EXISTING PATCH*" Resident 1 received fentanyl patch administration for chronic pain.	N 432		

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N 432	Continued From page 9 Surveyor noted a red box for both orders in Resident 1's daily charting that identifed on 08/19/2023, "Scheduled Time 7:00 PM...Recorded Time 10:53 PM "Medication not available." "Instructions: Check your placement of fentanyl patch at the change of shift with the oncoming med passer. If the patch is missing, attempt to locate the patch and notify writer or ED [Executive Director] immediately" and listed as 3 times daily - 7:00 AM, 3:00 PM, and 11:00 PM. Surveyor noted a red box for both orders in Resident 1's daily charting that identifed on 08/19/2023 "Scheduled Time 11:00 PM...Recorded Time 10:53 PM "Medication not available." On 10/12/2023, Surveyor reviewed Resident 1's July and August 2023 MARs and noted the order "Lamotrigine ODT [oral dissolvable tab] 100 MG TAB - ALLOW 1 TABLET TO DISSOLVE ON TONGUE TWICE DAILY **GIVE REGULAR TAB UNTIL ODT TABLET IS DELIVERED**....Psychotropic Drug" with start date 07/27/2023. Surveyor noted on 07/27/2023 at 8:00 PM, 07/28/2023, 07/29/2023, 07/30/2023, 07/31/2023, and 08/01/2023 at 7:00 AM and 8:00 PM red boxes and identification of "Medication not available." Surveyor noted the MAR listed Lamotrigine 100 mg tablet and it was not administered on or after 07/27/2023. Surveyor noted documentation listed Resident 1 did not receive Lamotrigine 100 mg dissolvable tab or Lamotrigine 100 mg tab from 07/27/2023 8:00 PM - 08/01/2023 8:00 PM. On 10/12/2023 at approximately 11:00 AM, Surveyors interviewed Administrator A who	N 432		

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N 432	Continued From page 10 verified Resident 1's fentanyl patch did not arrive from the pharmacy on 08/19/2023 and so it was not applied topically as ordered. Administrator A stated s/he was not an employee of the facility at the time the Lamotrigine 100 mg tab order changed and there was a lapse in administration between orders. Administrator A acknowledged documentation evidenced Resident 1 did not receive Lamotrigine as ordered.	N 432		