STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 000	Initial Comments On 08/08/2023, with information gathered through 08/24/2023, Surveyor conducted a standard licensure survey and a complaint investigation at Deforest Place. Six deficiencies were identified. Complaint was unsubstantiated. Census: 20	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 7 out of 7 residents reviewed. Resident 1's Azelastine (nasal spray), Fluticasone (nasal spray), Carvedilol (medication to treat high blood pressure), Cinacalcet (medication to treat hyperparathyroidism), Ipratropium Bromide (nasal spray), Polyethylene (medication for constipation), Acetaminophen (medication for pain), Fluticasone-Salmeterol (nasal spray), Aspirin, Atorvastatin Calcium, Hydralazine (medication for high blood pressure), Isosorbide Mononitrate (medication to prevent chest pain) were not administered at the prescribed times. Resident 2's Oyster Shell Calcium was not	N 352		

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

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N 352	Continued From page 1	N 352		

administered at the prescribed times.

Resident 3's Lidocaine (pain patch), Diclofenac Sodium (pain cream), Aspercreme Lidocaine, Moxifloxacin (medication for eye infections), Hydralazine (medication for high blood pressure) and Estradiol (medication for menopause) were not administered at the prescribed times.

Resident 4's Simethicone (medication for gas, bloating), Lidocaine, Naphcon (eye drop), Fluconazole (bacterial cream), and Florajen (probiotic) were not administered at the prescribed times.

Resident 5's Chlorthalidone (diuretic) was not administered at the prescribed times.

Resident 6's Acetaminophen and Famotidine (medication to treat stomach ulcers) were not administered at the prescribed times.

Resident 7's Aspercreme Lidocaine, Lidocaine, and Capsaicin (pain cream) were not administered at the prescribed times.

Findings Include:

On 08/08/2023, at approximately 4:30 PM, Surveyor interviewed Administrator A. Surveyor stated that residents interviewed had commented that there is a delay in medications being refilled. Administrator A stated that there has been concerns with medication refills with the current pharmacy.

On 08/08/2023 and 08/10/2023, Surveyor reviewed Resident 1's, Resident 2's, Resident 3's, Resident 4's, Resident 5's, and Resident 6's record.

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N 352	Continued From page 2 Example 1: Resident 1 On 08/08/2023, at approximately 12:20 PM, Surveyor observed Resident 1 being served his/her noon meal. Med Technician D brought Resident 1 his/her noon medications and Resident 1 wanted to know when s/he would receive his/her morning medications. Med Technician D explained to Surveyor that Resident 1 received his/her morning medications when s/he was at dialysis. Surveyor requested Resident 1's record. Resident 1's August 2023 Medication Administration Record (MAR), dated 08/01 to 08/08/2023, documented the following 8:00 AM medications Azelastine (nasal spray), Fluticasone (nasal spray), Carvedilol, Cinacalcet, Ipratropium Bromide (nasal spray), Polyethylene, Acetaminophen, Fluticasone-Salmeterol, Aspirin, Atorvastatin Calcium, Hydralazine, Isosorbide Mononitrate were not administered due to "Refused by Patient - Dialysis" on 08/03 (Thursday), 08/05 (Saturday), 08/08 (Tuesday). Surveyor reviewed Resident 1's June and July 2023 MARs that documented the same 8:00 AM med pattern as the August 2023 MAR. The MAR also documented the Ipratropium Bromide, Use 1-2 sprays in each nostril 4 times a day (rhinitis), was documented as "On Order" from 08/05, 8:00 PM, to 08/08, 8:00 PM. Surveyor noted there were 16 med administration opportunities and had been documented as only receiving 2 doses. On 08/14/2023, at approximately 3:40 PM, Surveyor interviewed Resident 1's Power of	N 352		

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Attorney (POA) B. Surveyor asked if POA B had any concerns regarding Resident 1's medication administration. POA B stated, "[Resident 1] runs out before they (staff) realize it is gone. Today I had to call for [his/her] inhaler and laxative. Nobody called to renew the prescription." Surveyor asked if there were concerns of Resident 1 receiving his/her morning medications on the days that s/he had dialysis (Tuesday, Thursday, Saturday). POA B stated Resident 1 had made comments to him/her about not receiving his/her medication, but "I do not know if s/he always understands what medications [s/he] is to receive." POA B stated Resident 1 now utilizes oxygen while s/he is at dialysis, because s/he cannot breathe.

On 8/14/2023, at approximately 4:05 PM, Surveyor contacted Resident 1's dialysis clinic who informed him/her that the only medications they administer are the medications a resident brings with him/her.

On 08/14/2023, at approximately 4:15 PM, Surveyor emailed Administrator A stating the dialysis center had informed him/her that the only medications they had administered, are the ones that Resident 1 arrived with. Administrator A stated s/he would review the process and ensure Resident 1 had his/her 8:00 AM medications when s/he went to dialysis because at the present time, Resident 1's 8:00 AM medications were not being sent with him/her to dialysis.

Example 2: Resident 2

On 08/08/2023, at approximately 3:20 PM, Surveyor interviewed Resident 2. Resident 2 stated, "I needed Miralax because I was going to have surgery. It wasn't here, so my

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N 352	Continued From page 4 [son/daughter] had to go pick it up." Resident 2's August 2023 MAR documented that s/he was prescribed: "Oyster Shell Calcium - Take 1 Tablet by Mouth 2 Times a Day in the Morning and Evening With Meals." The MAR documented 08/05 and 08/06: "No Pass Reason - Not In Cart" Example 3: Resident 3 Resident 3's July and August 2023 MAR documented that s/he was prescribed medications: "Diclofenac Sodium - Apply 2 Grams Topically to Left Arm 4 Times a Day." The MAR documented 07/30, 07/31: "No Pass Reason: Other Problems - MUST CALL RD ON CALL - Not in Cart." "Lidocaine - Apply 1 Patch Topically in the Morning, Remove at Bedtime." The MAR documented 07/11, 08/04: "No Pass Reason: Refused by Resident: On Order. "Hydralazine - Take 4 Tablets by Mouth Every 6 Hours." The MAR documented 07/01, 07/02, 07/04, 07/05, 07/11 - 07/22: "No Pass Reason: Refused by Resident: On Order." "Estradiol" - The MAR documented 07/30: No Pass Reason: Other Problems - MUST CALL RD ON CALL - Not in Cart." "Metoprolol Tartrate" - The MAR documented 07/31: "No Pass Reason: Other Problems - MUST CALL RD ON CALL - Not in Cart." "Aspercreme Lidocaine - The MAR documented 07/27, 07/31, 08/04, 08/05, 08/06: "No Pass Reason: Other Problems - MUST CALL RD ON CALL - Not in Cart." Example 4: Resident 4	N 352		

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N 352	Continued From page 5 On 08/08/2023, at approximately 2:35 PM, Surveyor interviewed Resident 4. Resident 4 stated there had been times when s/he did not receive his/her medications. Resident 4 stated, "Sometimes, I have to remind them that I have not received my medications." Resident 4's July 2023 MAR documented that s/he was prescribed: "Simethicone, Lidocaine, Naphcon, Fluconazole, and Florajen." The MAR documented 07/27 - 07/31: "No Pass Reason: Other Problems - MUST CALL RD ON CALL - Not in Cart." Example 5: Resident 5 Resident 5's July 2023 MAR documented that s/he was prescribed: "Chlorthalidone - Take 1 Tablet by Mouth in the Morning." The MAR documented 07/27/2023 and 07/31/2023: No Pass Reason - Not In Cart." Surveyor noted 07/28 to 07/30 were documented as administered. Example 6: Resident 6 On 08/08/2023, at approximately 4:10 PM, Surveyor interviewed Resident 6. Resident 6 stated, "I have to take my meds slowly, I have an issue with swallowing." Resident 6's August 2023 MAR documented that s/he was prescribed: "Acetaminophen (pain medication) - Take 2 Tablets by Mouth 3 Times a Day." The MAR documented 5 out of 6 medication opportunities, from 08/05 to 08/06, as "Other Problems - MUST CALL RD ON CALL - Not in Cart." "Famotidine - Take 1 Tablet by Mouth 2 Times a	N 352		

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Day." The MAR documented 2 out of 4 medication opportunities, from 08/05 to 08/06, as "Other Problems - MUST CALL RD ON CALL - Not in Cart." Surveyor noted the AM dose were documented as administered.

Example 7: Resident 7

Resident 7's July and August 2023 MAR documented that s/he was prescribed: Aspercreme Lidocaine, Lidocaine, Capsaicin." The MAR documented 07/27 - 07/31, 8/04 - 08/06 the Aspercreme Lidocaine and Lidocaine were not passed due to: "No Pass Reason: Other Problems - MUST CALL RD ON CALL - Not in Cart."
The MAR documented 07/31, 08/09 the Capsaicin was not administered due to: "No Pass Reason: Other Problems - MUST CALL RD ON CALL - Not in Cart."

On 08/08/2023, at approximately 5:00 PM, Surveyor interviewed Administrator A and Med Tech D. Administrator A and Med Tech D stated that the pharmacy that the provider utilized was approximately 90 minutes away and there could be a delay in receiving requested medications; especially if the order is for only one medication. Administrator A and Med Tech D stated that there can be a delay due to waiting on physician renewal of a script.

On 08/24/2023, at approximately 3:55 PM, Surveyor interviewed Regional Wellness Director C. Regional Wellness Director C commented that s/he had reviewed the MARs that had been provided to the Surveyor and noted there were concerns with the medication administration. Regional Wellness Director C stated s/he would be reviewing the MARs on a weekly basis and

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N 352	Continued From page 7 discussing any concerns with Administrator A. Regional Wellness Director C stated there was no reason why a resident should not receive his/her scheduled medications, or staff documenting they have administered a medication when the medication is not available.	N 352		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's Individual Service Plan (ISP) was signed by the resident or resident's legal representative and the provider acknowledging their involvement in, understanding of, and in agreement with the plan for 4 of 4 resident records reviewed (Resident 1, 2, 3, and 4).	N 387		

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N 387	Continued From page 8 Findings include: On 08/11/2023, Surveyor reviewed Resident 1's, Resident 2's, Resident 3's and Resident 4's records. Resident 1 was admitted to the facility on 03/05/2021 and has activated Health Care Power of Attorney B. Resident 1's ISP, dated 05/27/2023, did not contain Health Care Power of Attorney B's signature. Resident 2 was admitted to the facility on 10/19/2022 and is his/her own person. Resident 2's ISP, dated 06/13/2023, did not contain his/her signature. Resident 3 was admitted to the facility on 01/06/2021 and is his/her own person. Resident 3's ISP, dated 06/13/2023, did not contain his/her signature. Resident 4 was admitted to the facility on 01/05/2023 and is his/her own person. Resident 4's ISP, dated 03/24/2023, did not contain his/her signature. On 08/08/2023, at approximately 5:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he did not understand that the ISPs were to be signed by the resident and/or the resident representative. Administrator A will review the ISPs and collect the appropriate signatures.	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes	N 389		

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N 389	Continued From page 9 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 with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the Individualized Service Plan (ISP) was updated when there was change in needs and physical or mental condition for 2 of 2 resident records reviewed. Resident 3's and Resident 4's ISP were not reviewed and revised to reflect his/her refusal of medication administration. Findings include: On 08/08/2023, Surveyor reviewed Resident 3's and Resident 4's records. Example 1: Resident 3 Resident 3's ISP, dated 05/12/2023, documented: "Resident will receive medication as prescribed, continue through next assessment." Resident 3's June, July, and August 2023	N 389		

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N 389	Continued From page 10	N 389		

Medication Administration Record (MAR) documented that s/he was prescribed pain medications Prednisolone Acetate, Moxifloxacin and Aspercreme Lidocaine. The MARs documented "Refused by Patient" 06/12, 06/15 - 06/22, 07/01 to 08/09.

Example 2: Resident 4

Resident 4's ISP, dated 03/27/2023, documented: "Resident will receive medication as prescribed, continue through next assessment. Resident will receive scheduled psych or pain medications per practitioner's orders, continue through next assessment."

Resident 4's June, July, and August 2023 MAR, dated 06/01 to 08/09/2023, documented that s/he was prescribed the following medications:
-Naphcon (eye drops) which was documented on the June MAR "Refused by Patient" 55 out of 120 administration opportunities; on the July MAR 52 out of 124 administration opportunities; on the August MAR 11 out of 36 administration opportunities.
-Simethicone (medication used for flatulence) and Lidocaine (pain patch), which were documented on the August MAR "Refused by Patient" 07/08 - 07/10, 07/20 - 07/26, 08/01 - 08/04, 08/07 to 08/09.

On 08/24/2023, at approximately 3:55 PM, Surveyor interviewed Regional Wellness Director C. Regional Wellness Director C stated that a resident ISPs should be individualized. Regional Wellness Director C stated, "I am not in the facility every day. I need to be able to read the ISP and understand what cares/behaviors have been identified and what guidelines should be put into place to assist the resident." Regional

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N 389	Continued From page 11 Wellness Director C stated s/he would review the ISPs with Administrator A and ensure each resident's is individualized.	N 389		
N 415	83.37(2)(d) Documentation of medication administration. 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 Resident 3's blood sugar levels corresponded with units of Novolog (insulin) administered. Findings include: On 08/08/2023, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility, on 01/06/2021, with a diagnosis including Type 2 diabetes. Resident 3's July and August 2023 Medication Administration Record (MAR) documented the	N 415		

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following medication:
"Novolog Flexpen - Inject 25 Units (U) subcutaneously 3 times a day in the morning, noon and evening after meal(s) (To assure PT [patient] eating) Plus Sliding Scale: 151-200 = 28U, 201-250 = 31U, 251-300 = 34U. Start Date: 07/14/2023."

Surveyor noted that the MAR did not document Resident 3's blood sugar levels or how many units of Novolog were administered based on blood sugar levels from 07/14/2023 to 08/08/2023.

On 08/08/2023, at approximately 5:00 PM, Surveyor interviewed Administrator A. Administrator A stated the electronic system was not set up for staff to document how many insulin units had been administered. Administrator A was unable to answer why the blood sugar readings were not documented.

On 08/24/2023, at approximately 5:45 PM, Surveyor emailed Regional Wellness Director C and asked if there were parameters outlined with Resident 3's Novolog as to when his/her primary care physician should be contacted, how much additional insulin should be administered if BS levels are over 300 starting on 07/14/2023, and why are BS readings not documented starting 07/14. Regional Wellness Director C stated, "The MAR does have the ability to document blood sugars and how many units are being given and the location of the injection. I have added all of these things to all 3 diabetic residents. It appears that when the order was updated the parameter and button to write down blood sugar didn't get put in. I will re-educate [Administrator A] on this. I am also requesting that ECP (electronic computer program) send me a list of when they

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N 415	Continued From page 13 get new orders so I can oversee to make sure they are correct. The service notes state that the staff are monitoring high blood sugar levels and calling the PCP. On the occasion that they did call for greater than 400, the PCP stated to monitor with no further orders for insulin. I have added to call MD for blood sugars over 400. As the old order read."	N 415		
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.	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018519	A. BUILDING: _____ B. WING _____	C 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEFOREST PLACE	206 N MAIN STREET DE FOREST, WI 53532

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N 431	Continued From page 14	N 431		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed received appropriate health monitoring to meet his/her needs.

Resident 3, who has a diagnosis of diabetes, was not monitored for his/her blood glucose levels.

Findings Include:

On 08/08/2023, Surveyor reviewed Resident 3's record.

Resident 3 was admitted to the facility, 01/06/2021, with a diagnosis including diabetes.

Resident 3's "Service Plan," dated 05/10/2023, documented:
"Medication - Resident will have blood sugars checked per practitioner's orders and maintain proper glucose levels, continue through next assessment. Resident will receive insulin as prescribed, continue through next assessment."

Resident 3's July 2023 Medication Administration Record, dated 07/01/2023 to 07/13/2023, documented:
"Novolog Flexpen - Inject 0-5 units subcutaneously 3 times a day before meal(s) for 15 days. Give Sliding Scale 3 Times a Day Around Mealtime Even If Not Eating - Give 1 Units for Every 50 Over 150mg/dl, Do Not Give if

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N 431	Continued From page 15 Bg (blood gluose) is Less Than 150 Call MD (medical doctor) if >400 (greater than)." "07/01/2023 - 8:08A - Blood Sugar: 406" "07/04/2023 - 7:52A - Blood Sugar: 407" "07/05/2023 - 7:22A - Blood Sugar: 410" "07/06/2023 - 7:27A - Blood Sugar: 531" "07/06/2023 - 3:31P - Blood Sugar: 449" "07/11/2023 - 9:04 A - Blood Sugar: 433" "07/11/2023 - 3:43 P - Blood Sugar: 516" "07/12/2023 - 3:14 P - Blood Sugar: 475" "07/13/2023 - 8:27 A - Blood Sugar: 563" "07/13/2023 - 3:24 P - Blood Sugar: 410" Resident 3's July 2023 "Resident Service Notes" documented: "07/10/2023 - Resident had a temperature of 100.5, very high blood sugar of 411. Staff sent out via 911." "07/13/2023 - Staff nothing that blood sugars continue to be high. Blood sugar has not gone below 400. Continuing to monitor" "07/14/2023 - Staff has reached out to doctor about high blood sugars ... waiting for a call back from doctor" On 08/08/2023, at approximately 4:00 PM, Surveyor interviewed Administrator A. Administrator A stated that if staff contact Resident 3's physician, it would be documented in the progress notes.	N 431		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily	N 531		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018519	A. BUILDING: _____ B. WING _____	C 08/24/2023

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N 531	Continued From page 16 usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguisher inspections were done by a qualified professional one year after initial purchase and annually thereafter. Three fire extinguishers observed had not been annually inspected in 2022. Findings include: On 08/08/2023, at approximately 11:00 AM, Surveyor toured the facility. Surveyor observed 3 ABC type fire extinguisher located throughout the facility. The service date on the fire extinguishers were 03/2022. On 08/08/2023, at approximately 11:30 AM, Surveyor interviewed Administrator A. Surveyor and Administrator A reviewed the life safety documentation which confirmed that the fire extinguishers had not been serviced in 2022. Administrator A stated s/he would contact the vendor who is responsible for these inspections.	N 531		