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	0014271	A. BUILDING: _____ B. WING _____	R-C 07/11/2023

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COMFORTS OF HOME HUDSON II	805 HEGGEN ST HUDSON, WI 54016

(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 07/10/2023, Surveyor conducted a complaint investigation and verification visit at Comforts of Home Hudson II. Data was collected through 07/11/2023. One of 2 complaints was substantiated. Five violations were identified. Two of 5 violations were repeat deficiencies. See Statement of Deficiency (SOD) 92G312, dated 05/02/2022; 92G311, dated 09/01/2021; and SOD PMLC11, dated 01/18/2018. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 38	{N 000}		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction.	N 346		

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

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N 346	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident health and personal information was kept confidential. This is a repeat violation. See Statement of Deficiency (SOD) 92G312, dated 05/02/2022. Findings include: The provider is licensed to care for 40 residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's disease. On 07/10/2023 at 11:35 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he had lived at the facility for approximately 1 year. Resident 1 voiced concern that resident information was not kept confidential. Resident 1 said staff spoke loudly about things they should not, and meetings were held in the common area where Resident 1 could hear discussions about resident issues and concerns. At 1:00 PM, Surveyor observed Caregiver C and Caregiver D transfer Resident 2 from his/her wheelchair to the toilet. The caregivers left the door to Resident 2's room open to the hallway, so anyone passing by could see Resident 2 being transferred out of his/her wheelchair via sit-to-stand. Caregivers also left the door to Resident 2's bathroom open. Resident 2 was not visible from the hallway when seated on the toilet but Caregiver C spoke loudly about Resident 2's condition and elimination which could be easily heard from the hallway with both doors open.	N 346		

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N 388	Continued From page 2	N 388		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 3 residents' individual service plans (ISP) (Resident 1, Resident 2, and Resident 3) were implemented as written. Findings include: The provider is licensed to care for 40 residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's disease. RESIDENT 1: On 07/10/2023 at 11:35 AM, Surveyor interviewed Resident 1. Resident 1 stated the services at the facility were "fair." Resident 1 explained that some of the staff were excellent, and some did not provide services per his/her care plan. Resident 1 said s/he needed assistance with toileting, but "most of the staff won't wipe me up." Resident 1 said s/he had sores on his/her buttocks now because s/he was not able to clean him/herself thoroughly. During the interview, Resident 1's spouse, Family Member (FM) D, called Resident 1. Resident 1 placed FM E on speakerphone. FM E stated s/he visited Resident 1 often and s/he agreed with the concerns Resident 1 discussed. Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/18/2022 with diagnoses that included unspecified dementia without	N 388		

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behavioral/psychotic/mood disturbances and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Resident 1's ISP (updated on 05/02/2023) noted Resident 1 was incontinent of bowel and bladder daily and required the following:
"[Resident 1] is not able to toilet [him/herself]. Staff will need to fully assist [him/her]...Needs assistance with toileting activities (clean up, changing)...Date Initiated: 11/17/2022 ...

Needs regular or frequent assistance to/from bathroom. Date Initiated: 10/18/2022...

Requires assistance with peri-care. Date Initiated: 10/18/2022...

Remind resident to pull cord in order for [sic] assistance with cleansing. Date Initiated: 10/18/2022."

Resident 1's progress notes included the following note:
"Resident pulled light and when I approached resident [s/he] stated that I had to change [him/her], I told [him/her] I would help by being a stand by [sic] assist and [s/he] then proceeded to cuss at me multiple times and then refused my help after cussing at me. 2/18/23 [staff initials]

Noted- [Administrator A] 02/20/23"

RESIDENT 2
On 05/22/2023, the Department received a complaint regarding improper transfers.

On 07/10/2023 at 1:00 PM, Surveyor observed Caregiver C and Caregiver D transfer Resident 2 from his/her wheelchair to the toilet via sit-to-stand. Caregiver C told Surveyor that

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Resident 2 did not like the mechanical lift, but Caregiver F told Caregiver C to use it today. Caregiver C said Resident 2 could not bear weight, and s/he normally lifted Resident 2 using a bear-hug method while a second staff pulled down his/her pants. Surveyor asked if Resident 2 used the lift before and Caregiver D stated s/he had, the last time being about 1 week ago. Caregiver D said Resident 2 used the lift approximately 1 time per week.

Resident 2 voiced not wanting to use the sit-to-stand and tried resisting by refusing to put his/her hands in the correct position, but Caregiver C and Caregiver D continued. When the lift had Resident 2 in the upright position, Surveyor observed Resident 2 was not bearing weight on his/her legs, and the only thing holding him/her upright was the sling wrapped around his/her torso and under his/her arms. Caregiver D wheeled the lift from Resident 1's room to his/her bathroom (less than 20 feet away) and bumped Resident 2's elbows on the bathroom doorframe. Resident 2 yelled out in pain.

Caregiver D lowered Resident 2 to the toilet and left to answer a call light. Caregiver C transferred Resident 2 off the toilet via sit-to-stand to his/her bed without assistance.

As Resident 2 was being wheeled from the bathroom to his/her bed in the lift, Resident 2 stated multiple times, "I wish I was dead. I don't like the lift."

Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 05/04/2022 with diagnoses including cerebral palsy. His/her ISP (updated 03/13/2023) read:
"MOBILITY: ... Assist of two staff with transferring

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at all times. Ez- stand [sic] with transfers as resident allows...

TOILETING: [Resident 2] is assist of two staff with toileting and as needed hoyer [sic]. [S/he] will often refuse to allow staff to use hoyer [sic] lift...

TRANSFER: Requires assistance from 2 people and or [sic] Hoyer as [s/he] allows."

Caregivers did not respect Resident 2's decision not to use the sit-to-stand, did not offer the Hoyer lift, and did complete the transfer with 2 staff at all times.

Surveyor reviewed the provider's Safe Lifting and Transfers policy, which read:
"Sit/Stand/EZ Stand Lifts
- Are utilized for a person that can bear weight on their legs and has the ability to hold onto the upper bars of the lift ...

Always use two staff members for an easy stand transfer."

RESIDENT 3
On 07/10/2023 at 12:45 PM, Surveyor interviewed Resident 3 and his/her friend, Friend H. Friend H stated s/he visited Resident 3 daily to assist with his/her care. Friend H stated s/he was a retired nurse and felt the staff were not meeting Resident 3's needs. Resident 3 discussed his/her concerns which included not being transferred with 2 staff at all times. Resident 3 said finding 2 staff during the evening shifts was difficult, so staff transferred Resident 3 alone. Resident 3 also said 1 staff was not able to transfer/reposition Resident 3 into his/her bed, so s/he ended up sleeping in his/her recliner. Resident 3 said s/he wanted to sleep in his/her

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N 388	Continued From page 6 bed. Surveyor reviewed Resident 3's record. Resident 3 was admitted on 12/20/2022 with diagnoses that included seizures, osteonecrosis, and a history of significant fractures. Resident 3's ISP, updated 01/24/2023, read: "EZ stand with all transferring , with [sic] assistance of two staff." On 07/10/2023 at approximately 4:00 PM, Surveyor interviewed Administrator A and Regional Director (RD) B. Administrator A stated new caregivers were trained by any staff who had completed their initial training. Surveyor asked if anyone observed the caregivers prior to allowing them to train new staff. Administrator A and RD B discussed not having a system for this. RD B voiced frustration that caregivers were not following care plans because they had recently adopted an electronic charting system, so each residents' tasks/needs were readily available.	N 388		
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 with the individual service plan.	N 389		

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This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 2 of 4 resident individual service plans (ISP) reviewed (Resident 1 and Resident 3) were updated to include current needs.

Repeat violation. See Statement of Deficiency (SOD) 92G312, dated 05/02/2022; SOD 92G311, dated 09/01/2021; and SOD PMLC11, dated 01/18/2018.

Findings include:

The provider is licensed to care for 40 residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's disease.

RESIDENT 1:
On 07/10/2023 at 11:35 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he had been at the facility approximately 1 year and the services were "fair." Resident 1 explained that some of the staff were excellent and some did not provide care per his/her care plan. Resident 1 said s/he was supposed to have compression stockings donned, doffed, and washed daily, but over the weekend nobody put them on. Resident 1 stated this happened often.

Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/18/2022 with diagnoses that included unspecified dementia without behavioral/psychotic/mood disturbances and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.

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Resident 1's progress notes included the following note:
"Resident wants to remind staff to take off compression socks at night and rinse out. [S/he] has two pairs that recently arrived to facility. - [Caregiver F]
Noted- [Assistant Administrator (AA) G] 05-23-23"

Resident 1's ISP (updated on 05/02/2023) did not reference compression stockings.

RESIDENT 3:
On 07/10/2023 at 12:45 PM, Surveyor interviewed Resident 3 and his/her friend, Friend H. Resident 3 was sitting in his/her recliner and had a steady shake in his/her hands. Friend H stated s/he visited Resident 3 daily to assist with his/her care. Friend H stated s/he was a retired nurse and felt the staff were not meeting Resident 3's needs.

Resident 3 discussed his/her concerns which included the provider's food services. Resident 3 said staff delivered his/her meals to his/her room, and s/he needed adaptive utensils and his/her food cut up. Resident 3 said most of the time his/her food was delivered not cut up, which made it difficult to eat. Resident 3 gestured to his/her lunch plate on his/her table. The plate had not been touched yet, and his/her meat (turkey) was not cut up. Resident 3 said if Friend H was not there to assist him/her, s/he would not be able to eat his/her meat.

Surveyor reviewed Resident 3's record. Resident 3 was admitted on 12/20/2022 with diagnoses that included seizures, osteonecrosis, and a history of significant fractures. Resident 3's ISP, updated 01/24/2023, read: "Resident needs preparation of all meals ... Requires assistance

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N 389	Continued From page 9 for eating ...ROOM TRAYS: Facility staff will ensure resident is getting room tray as requested or directed by physician." The ISP was not clear on what kind of eating assistance Resident 3 required. The ISP did not refer to needing his/her food cut up or the need for adaptive utensils. On 07/10/2023 at approximately 4:00 PM, Surveyor interviewed Administrator A. Administrator A stated no residents had special dietary needs. Surveyor asked if any residents required their meals to be cut up. Administrator A stated "no."	N 389		
N 449	83.41(2)(b) Nutrition: meals Meals. 1. The CBRF shall provide meals that are routinely served family or restaurant style, unless contraindicated in a resident ' s individual service plan or for short-term medical needs. 2. The CBRF shall provide at least 3 meals a day, unless otherwise arranged according to the program statement or the resident ' s individual service plan. A nutritious snack shall be offered in the evening or more often as consistent with the resident ' s dietary needs. 3. If a resident is away from the CBRF during the time a meal is served, the CBRF shall offer food to the resident on the resident ' s return. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure residents were provided a nutritious snack daily.	N 449		

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N 449	Continued From page 10 Findings include: The provider is licensed to care for 40 residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's disease. On 05/22/2023, the Department received a complaint regarding the provider's dietary services. On 07/10/2023, Surveyor was onsite from 11:20 AM to 4:15 PM and did not observe staff offering residents snacks. Surveyor interviewed the following residents: - At 11:35 AM, Resident 1 stated there were little to no snacks provided. Resident 1 said if snacks were offered, they were not nutritious. Goldfish crackers, popcorn, and cheese balls were typical snacks. Resident 1 said whether snacks were offered or not depended on the activity coordinator's availability. Resident 1 said s/he would like fresh fruit and cold vegetables; "I've asked 3 times this week for a banana," but s/he did not get one. - At 12:15 PM, Resident 4 stated they get snacks "sometimes." - At 12:26 PM, Resident 5 stated s/he believed s/he could get a snack whenever s/he wanted. Surveyor asked what kind of snacks were available? Resident 5 said, "Chips." - At 12:45 PM, Resident 3 said snacks were offered 1 time per week and it usually was either popcorn or cheese balls.	N 449		

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N 449	Continued From page 11 - At 2:03 PM, Resident 6 stated snacks were not offered regularly, and it was usually popcorn or cheese balls. Resident 6 stated, "We've been asking for celery and carrots versus potato chips." Surveyor observed the kitchen and food supply and did not find fresh produce or nutritious snack options. Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/18/2022. According to his/her daily charting, staff offered Resident 1 snack services every day in June and July, including at 10:04 AM on the day of the survey. At 3:38 PM, Surveyor interviewed Resident 1. Resident 1 stated staff did not offer him/her a snack on this day. At approximately 4:00 PM, Surveyor interviewed Administrator A and Regional Director (RD) B. Administrator A stated snacks were offered to residents daily at 3:00 PM. Surveyor asked what was provided today and Administrator A stated s/he did not know. Surveyor discussed concern that residents voiced not getting nutritious snacks and Resident 1's chart indicated s/he was provided snack services today when Resident 1 stated s/he did not get this. RD B asked Administrator A if Resident 1 would be able to recall if a morning snack was offered and Administrator A stated, "Probably."	N 449		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a	N 499		

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N 499	Continued From page 12 secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic substances were securely stored. Findings include: The provider is licensed to care for 40 residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's disease. On 07/10/2023 at 2:40 PM, Surveyor asked Caregiver I where supplies were stored. Caregiver I led Surveyor to a storage room. The door to the room was propped open. Surveyor observed a cleaning cart in the room with cleaning supplies on it that including a toilet bowl cleaner with a precautionary statement that read, "Hazards to Humans. Danger. Corrosive." Caregiver I left the room and did not close the door. At 3:40 PM, Surveyor observed the storage room door was still open and the cart with cleaning supplies unattended. Surveyor observed a staff enter and exit the room without closing the door.	N 499		