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	0010105	A. BUILDING: _____ B. WING _____	R-C 10/02/2024

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HILLTOP OF PEPPER	630 PEPPER AVE WISCONSIN RAPIDS, WI 54494

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{N 000}	Initial Comments On 09/05/2024 with additional information gathered through 10/02/2024, Surveyors conducted a complaint investigation, 2 self-report reviews and a verification visit at Hilltop of Pepper, a Community-Based Residential Facility (CBRF) in Wisconsin Rapids, WI. One deficiency was identified and was a repeat violation. Nine of the 10 previous deficiencies were corrected. The complaint was unsubstantiated. Census: 0	{N 000}		
{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update Resident 7's and Resident 8's individual service plans (ISPs) to identify needs and interventions.	{N 389}		

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

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{N 389}	Continued From page 1 Resident 7 had a history of frequent falls and was prescribed a blood thinner, placing him/her at higher risk for internal bleeding if injured. The provider did not ensure Resident 7's ISP was updated to identify this risk of the medication or interventions for monitoring for internal bleeding when Resident 7 experienced falls. Resident 8 had diagnoses to include Type 2 diabetes mellitus with a history of low blood sugar episodes. The Provider did not ensure Resident 8's ISP was updated to identify signs of low blood sugar, his/her preference with insulin administration, plans for increased monitoring, and parameters for MD notifications. This is a repeat deficiency from Statement of Deficiency (SOD) # 9S8811 dated 05/05/2022, and # 9S8812 dated 07/20/2023. Findings include: Facility is licensed to serve residents with irreversible dementia/Alzheimer's with advanced age. Example 1 - Fall On 01/31/2024, the provider self-reported an unwitnessed fall- that occurred on 01/30/2024 involving Resident 7. The report from read in part, " ...staff ...heard a loud noise ...found [him/her] on the floor on his back. [S/he] complained of [his/her] neck hurting and what he described as the worst headache, but he didn't have any obvious injuries. Staff got [him/her] up and onto the bed. [His/her] cheeks were red, and [s/he] complained of being hot. [His/her] BP (blood pressure) was 205/125, pulse 99.	{N 389}		

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{N 389}	Continued From page 2 [Resident 7] started slurring [his/her] speech and complaining of being nauseated ...(staff) rolled [him/her] on ...side so if [s/he] vomited [s/he] wouldn't choke ...They sat with [him/her] until the ambulance arrived ...[sic-all]." Resident 7 was diagnosed with a brain bleed and passed away on 02/01/2024. This was the sixth self-report of a fall for Resident 7 since May of 2023. On 09/19/2024 at 3:00 PM, Surveyor interviewed Caregiver D. S/he recalled working the evening of 01/30/2024 and hearing a loud "bang" originating from Resident 7's room. S/he described finding Resident 7 lying on the floor and Resident 7 stated s/he has the "biggest headache of my life" and that "everything is red" and s/he "needs help." Caregiver D described a dispute with Caregiver E involving how to respond to the fall and whether to contact emergency response. Caregiver D described being unsure whether Resident 7 should be transferred from the floor to the bed given s/he was "slurring" his/her speech and displaying signs of Caregiver D thought may be a stroke. Caregiver D stated that Resident 7 was ultimately transferred to the emergency room (ER) and died from a brain bleed. S/he stated the "ambulance should have been called sooner." On 09/23/2024 at 3:10 PM, Surveyor interviewed Caregiver E. S/he stated Resident 7 had a "history of falling all the time" and would transfer him/herself without utilizing the call light. S/he said Resident 7 utilized a walker to ambulate and sometimes used a wheelchair for longer distances. S/he confirmed Resident 7 sustained a fall on 01/30/2024 that resulted in him/her being transferred to the ER and ultimately dying on 02/01/2024. S/he described another recent "significant" fall on 01/24/2024 when Resident 7 hit his/her head on a nightstand and was found	{N 389}		

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{N 389}	Continued From page 3	{N 389}		

"sitting in a pool of blood" and "gushing blood" from his/her head. Surveyor asked Caregiver E if s/he was aware that Resident 7 was prescribed blood thinners. Caregiver E said s/he was not.

On 09/17/2024 at 3:15 PM, Surveyor interviewed Caregiver C. S/he described Resident 7 as being "fairly independent" but had "some falls" that increased his/her care needs. S/he said Resident 7 utilized a wheelchair for long distances following a fall and was encouraged to utilize his/her walker regularly. Caregiver C said s/he "believed" Resident 7 sustained a fall due to "lack of using [his/her] call light. Surveyor asked about interventions put in place to decrease likelihood of falls. Caregiver C recalled a paper sign displayed in Resident 7's room reminding him/her to utilize the call button to ask for help.

On 09/17/2024 at 8:00 AM, Surveyor reviewed resident records including care plans, observation notes, medication administration records (MARs), and Emergency Room (ER) documentation.

Resident 7 was admitted to the facility on 12/22/2022. S/he was elderly with diagnoses to include dementia, CVA, atrial fibrillation, type 2 diabetes, and documented a history of frequent falls.

On 09/17/2024 at 8:00 AM, Surveyor reviewed Resident 7's observation notes from January 2024 and noted the following:

--01/24: " ...had a fall in [his/her] room and got sent to the ER ...[sic-all]"
--01/30: " ...had fell at shift change, non emergency called ...[sic-all]"
--01/30: " ...In ER returning in morning ...[sic-all]"
--01/31: " ...Resident was unresponsive entire

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{N 389}	Continued From page 4 shift ...[sic-all]" --01/31: " ...passed away ...[sic-all]" December and January 2024 MARs documented a prescribed blood thinner " ELIQUIS 5 MG TABLET TAKE ½ TABLET BY MOUTH TWICE DAILY AT 8AM AND 8PM." Note : According to Cleveland Clinic. "Anticoagulants are a group of medications that decrease your blood's ability to clot ...Anticoagulants can protect individuals who have a condition or disease that could cause them to have any of the ...clot-related events ... -- Stroke ... Some of those conditions include: -- Atrial fibrillation ... Anticoagulants are commonly prescribed medications ...in the United States, more than 5 million individuals ...receive a prescription for an anticoagulant medication in 2019 ... How do they work? ...clotting is usually a helpful process. It stops bleeding, creates a proactive covering to keep germs and debris out of a wound, and then rebuilds the skin so it's good as new ... Anticoagulants work by interfering with the normal clotting process ...where your blood solidifies to form a clot ... The most common side effect risk with any anticoagulant is bleeding ...	{N 389}		

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{N 389}	Continued From page 5 People who take blood thinners are also at risk for severe bleeding - especially internal bleeding - when they're injured. You should get immediate medical care if you have any of the following symptoms: -- Any kind of fall where you hit the floor or an object, even if you don't have a cut or wound that is bleeding. This is especially true if you hit your head. People who take anticoagulants have a high risk of internal bleeding, especially in their brain, from falls and injuries ... -- Headaches or stomach pain, especially when sudden, severe or both. -- Vomiting or coughing up blood (especially vomit that looks like it has coffee grounds in it). -- Blood in your urine (pee that is orange, red or brown) or stool (poop that is red or looks like tar) [sic-all]." Source: https://my.clevelandclinic.org/health/treatments/22288-anticoagulants Retrieval date: 10/09/2024. On 09/17/2024 at 8:00 AM, Surveyor reviewed documents provided by the ER titled "EMR Report." This included narrative from the Emergency Medical Team (EMT) that responded to the fall that occurred on 01/30/2024. The document read in part: " ...the unit was notified at 22:57 (10:57 PM), responded at 22:59 (10:59 PM), arrived at the scene at 23:02 (11:02 PM), left the scene at 23:28 (11:28 PM) ...staff advised they came into [his/her] room and found [him/her] on floor ...incident was discovered around 2130 (9:30 PM) ...assessed an 1 inch contusion posterior (back) head ...Pt is complaining of headache #9 ...Staff advised Pt has Hx of CVA but mot (not) sure of	{N 389}		

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{N 389}	Continued From page 6 deficit ...Pt had emesis x2 past 30 minutes with dark blood present. Pt did not vomit while in our care however did see blood stains on shirt and they resembled GI bleed ...left sided facial droop ...transported with head elevated due to possible stroke ...[sic-all]" Upon Surveyors request, On 09/05/2024, Director A emailed Resident 7's most current Individual Service Plan (ISP) dated 01/29/2024. The ISP identified the need for assistance with bathing, dressing, and toileting tasks. The ISP also documented Resident 7 wears incontinence briefs and utilizes a urinal which s/he requires staff assistance to empty. The ISP identified the need for total assistance while transferring and the need for a walker and/or a wheelchair at times. The ISP: -- Did not identify Resident 7's fall on 01/24/2024 that resulted in hitting his/her head and acquiring a cut. -- Did not identify Resident 7's tendency to not utilize his/her call button for transfer assistance or the interventions the provider would implement to ensure safety. -- Did not identify Resident 7's risk for hemorrhage due to taking a prescribed blood thinner, the signs and symptoms for hemorrhaging, any plan to increase monitoring after falls or the importance of prompt medical evaluation after falls with injury. Example 2 - Diabetes On 01/26/2024, the provider self-reported a diabetic incident for Resident 8. According to the report, on 01/25/2024, staff found Resident 8 in	{N 389}		

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{N 389}	Continued From page 7 his/her room unresponsive on the floor with a blood sugar level of 43 mg/dL. Resident 8 was transferred to the emergency room (ER) where s/he was treated for hypoglycemia, hyponatremia, and hypothermia. On 09/18/2024 at 3:00 PM, Surveyor interviewed Caregiver D. S/he recalled working on 01/25/2024 and said s/he had been informed by other staff members that Resident 8 was sleeping. S/he found Resident 8 unresponsive on his/her floor, which prompted him/her to check Resident 8's blood sugar levels. Caregiver D recalled Resident 8 being administered a "PRN (as needed)" medication by another staff member, but could not recall which medication was given. On 09/17/2024 at 3:15 PM, Surveyor interviewed Caregiver C. S/he acknowledged the aforementioned incident on 01/25/2024 and said Resident 8 "does everything by himself" but requires assistance with medication administration. S/he said Resident 8 was "self-administering" his/her insulin prior to January 2024. On 09/17/2024 at 9:00 AM, Surveyor reviewed resident records including incident reports, medication administration records (MARs), and care plan. Resident 8 was admitted to the facility on 11/02/2022. S/he was elderly with diagnoses to include Type 2 diabetes, anemia, diabetic neuropathy, and below the knee amputation of both legs. Resident 8 speaks Spanish and utilizes a translator application on caregivers phones to communicate needs.	{N 389}		

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{N 389}	Continued From page 8 Following Surveyor's request, on 09/19/2024, Director A emailed all January 2024 incident reports involving Resident 8. The documents read in part: -- 01/06/2024 12:25 PM: " ...[Resident 8] was found on the floor. [Resident 8] was unresponsive to start and slightly answered questions ...blood sugars ...were at 41. Staff gave his Glucagon injection and it was not effective ...[Resident 8] was transported to the ER ...[sic-all]" -- 01/25/2024 4:45 PM: " ...unresponsive on the floor [his/her] blood sugar 43. Gave PRN (as needed) glucagon no help called 911 ...[sic-all]" January 2024 MAR documented the following: -- " ...GLUCAGON 1 MG EMERGENCY ...INJECT 1 MG INTRAMUSCULARLY AS NEEDED ..." -- " ...GLUCOSE 4 GM TAB CHEW ...AS NEEDED FOR LOW BLOOD SUGAR ..." -- "...BAQSIMI 3 MG SPRAY ...AS NEEDED FOR BLOOD SUGAR LESS THAN 40 OR LESS THAN 70 AND UNRESPONSIVE. MAY REPEAT DOSE IN 15 MINUTES ..." Upon request , on 09/05/2024, Director A emailed Resident 8's most current ISP dated 06/21/2024. According to the ISP ; Resident 8 utilized incontinence briefs, ambulated with a wheelchair, relied on staff assistance for bathing needs and depended on a translator phone application to communicate with staff due to a language barrier. The ISP listed Resident 8's diabetes diagnosis and read in part, " ...need for blood sugar checks ...If [his/her] blood sugar is low, [s/he] may ask for something. [S/he] has a PRN (as needed) for low-blood sugar too ...[sic-all]"	{N 389}		

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{N 389}	Continued From page 9 The ISP: -- Did not identify Resident 8's most recent hypoglycemic events on 01/06/2024 and 01/25/2024. -- Did not identify Resident 8's preference to self-administer his/her insulin. -- Did not identify the use of multiple prescribed PRN medications for hypoglycemic episodes and guidance on when to utilize them. -- Did not identify Resident 8's risk for hypoglycemic and hyperglycemic incident due to type 2 diabetes, the signs and symptoms of hypoglycemia and hyperglycemia, any plan to increase monitoring following an incident or the importance of prompt medical evaluation once signs and symptoms are displayed. -- Did not identify parameters for when to notify a physician. On 10/02/2024 at 2:00 PM, Surveyor interviewed Director A, Executive Director F, and Owner G regarding the ISPs for both Resident 7 and Resident 8. They acknowledged Surveyor's review of the ISPs and confirmed they did not include information about risks/needs related to blood thinners and falls for Resident 7 or risks/needs related to hypoglycemia/hyperglycemia for Resident 8.	{N 389}		