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	410040	A. BUILDING: _____ B. WING _____	11/27/2024

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KLISTER HOUSE	408 N LAWE ST APPLETON, WI 54911

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N 000	Initial Comments On 11/12/2024 with additional information gathered through 11/27/2024, Surveyors conducted a standard survey and facility self-report investigation. As a result two deficiencies were identified. Census: 3	N 000		
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		

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

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This Rule is not met as evidenced by:
Based on interviews and record review, the provider did not monitor and make arrangements for the physical and mental health needs for 1 of 1 resident reviewed (Resident 2).

Resident 2 lost 6.4 pounds in 21 days. The provider was aware Resident 2's appetite had decreased and did not notify or document communication with Resident 2's physician and/or other health care providers regarding the resident's weight loss and lack of appetite. Additionally, the provider did not make changes to Resident 2's ISP (Individual Service Plan) to increase food/fluid intake or increase monitoring.

Findings include:

On 11/12/2024, Surveyor reviewed the closed medical record of Resident 2. The record indicated Resident 2 was admitted to the facility on 05/23/2024 with diagnoses to include: Schizophrenia, major depression, diabetes and alcohol use disorder. Additionally, the record indicated Resident 2 was followed by a PCP (primary care physician) and psychiatrist.

Resident 2's ISP dated 05/28/2024, indicated Resident 2 was independent with ambulation and ADLs (activities of daily living) including eating. Additionally, the ISP stated, "Special Diets: staff to offer healthy food options and snacks and encourage eating lower carb/sugar content foods to manage diabetic symptoms. [Resident 2] will

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be encouraged to eat throughout the day to maintain desirable blood sugars. [Resident 2] eats food in moderation and tends not to overindulge. Dental care: ...[Resident 2] wears dentures and some of the teeth are broken on the lower plate...Physical Health Monitoring: staff will provide health monitoring...[Resident 2] will follow up with PCP regularly to monitor blood sugar, weight...[Resident 2's] next annual wellness visit with [his/her] PCP is January 2025...Mental and Emotional Health: Staff will coordinate [his/her] mental health recovery with [his/her] psychiatrist...Staff is monitoring medication changes and [Resident 2's] health daily ...Independent Living Skills: ...[Resident 2] is comfortable and quite capable preparing [his/her] own breakfast, lunch and snacks. [Resident 2] tends to eat small amounts..."

Review of Resident 2's October 2024 observation notes indicated the following:

*10/02/2024- "Did not eat supper."
*10/05/2024- "...[Resident 2] chose not to eat dinner gave no explanation just said [s/he] wasn't hungry and would eat a sandwich. [Resident 2] then wanted dessert."
*10/06/2024- "[Resident 2] is down a few pounds from last week, but I see [him/her] eat. (Grazes through the day)..."
*10/07/2024- "[Resident 2] tells me at 3:30 PM [s/he] doesn't want dinner. Just stays in the living room and watches TV all day and night."
*10/15/2024- "...Skipped supper, didn't like the menu."
*10/16/2024- "...[Resident 2] sat down to have dinner said [s/he] felt sick and needed [his/her] plate wrapped. [S/he] then went back to the living room to watch TV."
*10/17/2024- "...Skipped supper claimed eating

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screws up [his/her] thought process. Made a cold chicken sandwich."
*10/18/2024- "[Resident 2] did tell me [s/he] wasn't felling good this morning. Says [s/he] felt like someone punched [him/her] in the gut..."
*10/19/2024- " ...At 3 PM [Resident 2] tells me [s/he] is not eating dinner. I haven't seen [him/her] eat today. I understand [s/he] told another staff that [s/he] doesn't eat because the voices tell [him/her] not too..."
*10/20/2024- "Another day of [Resident 2] refusing to eat. Sat and spoke with [him/her]. Weight was down 3 lbs. this week. Asked [Resident 2] if [s/he] could tell me why [s/he] wasn't eating [s/he] said "I have no intestines the voices tell me not to eat." [Resident 2] then tells me "I fell better when I don't eat..."
*10/21/2024- "[Resident 2] outside smoking when I arrived. Told me [s/he] wasn't eating dinner. Asked if [s/he] ate anything and [s/he] told me an ice-cream bar."

On 10/22/2024, Resident 2 left the facility and did not return.

A list of weight recordings for Resident 2 indicated:
* 09/29/2024- 157 lbs.
* 10/06/2024- 154.4 lbs., 2.6 lb weight loss in 7 days
* 10/13/2024- 153 lbs., 4 lb. weight loss in 14 days
* 10/20/2024- 150.6 lbs., 6.4 lb weight loss in 21 days

Resident 2's medical record indicated the resident was seen by his/her PCP on 09/06/2024 and by his/her psychiatrist on 09/19/2024. No documented evidence was located in Resident 2's record of physician notification or involvement

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when there was a weight change and decrease in the resident's appetite in October 2024. Additionally, the ISP for Resident 2 dated 05/28/2024, was not reviewed or revised when the provider was aware of Resident 2's decrease in appetite and weight loss. The ISP did not include interventions relating to Resident 2's food preferences, providing additional snacks/supplements, or monitoring/supervising the resident's food/fluid intake.

On 11/12/2024 at 9:30 AM, Surveyors interviewed Administrator A regarding Resident 2. Administrator A indicated Resident 2 resided at a SNF (Skilled Nursing Facility) prior to admission due to weakness, lethargy and not eating. Administrator A told Surveyors Resident 2 was his/her own person, ambulated without assisted devices, and was assessed and approved by the department for a self supervision wavier 7 days a week from 7 AM to 4 PM. Administrator A stated, "[Resident 2] wasn't a big eater and struggled with voices."

On 11/12/2024 at 1:50 PM, Surveyors interviewed Caregiver B regarding Resident 2. Caregiver B stated, "I was told [Resident 2's] voices were getting worse, and [Resident 2] didn't want to eat because [s/he] thought [his/her] intestines were gone."

On 11/25/2024 at 12:45 PM, Surveyor interviewed Caregiver C regarding Resident 2. Caregiver C indicated prior to admission Resident 2 was at a SNF because s/he had declined mentally and physically and was not eating. Caregiver C stated, "[Resident 2] was not eating much in October 2024. I contacted [Administrator A] because I was concerned [Resident 2] wasn't eating." Caregiver C went on to say, "[Resident

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N 431	Continued From page 5 2] didn't want to eat because the voices were telling [him/her] not to eat." When asked if staff documented meal intakes for Resident 2 Caregiver C stated, "No." Surveyor then asked Caregiver C if s/he contacted Resident 2's PCP or psychiatrist regarding Resident 2's weight loss and decrease appetite. Caregiver C stated, "I didn't contact [Resident 2's] PCP or psychiatrist because [Administrator A] was taking care of it." On 11/25/2024 at 1:37 PM, Surveyor interviewed Administrator A regarding Resident 2's weight loss. Administrator A verified no meal intake logs were completed for Resident 2. Surveyor asked if the physician was notified of Resident 2's weight loss and decrease in appetite in October 2024. Administrator A verified there was no evidence of documented communication with Resident 2's PCP after 09/06/2024 and no documented communication with Resident 2's psychiatrist after 09/19/2024 regarding Resident 2's weight loss and decrease in appetite. Additionally, Administrator A confirmed Resident 2's ISP dated 05/28/2024 was the most current ISP and no revisions/changes were made to the resident's ISP after 05/28/2024. In conclusion, the provider was aware Resident 2 had a lack of appetite and subsequent weight loss and did not notify or document communication with Resident 2's physician and/or other health care providers. In addition the provider did not make changes to Resident 2's ISP to increase food/fluid intake or increase monitoring.	N 431		
N 635	83.59(1)(e) No exit through resident room, bathroom	N 635		

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N 635	Continued From page 6 All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. No exit passageway may be through areas such as a resident room, bath or toilet room, closet or furnace rooms. This Rule is not met as evidenced by: Based on observation, record review and interviews, the provider did not ensure that all exits were not through a resident's room. Findings include: This facility has been licensed since 1984 as a class AA ambulatory, non-sprinklered CBRF (Community Based Residential Facility) with the capacity to care for 5 residents. Currently this is home to 3 residents. An undated Emergency Plan for Klister House indicated, "Description of facility: Klister House a "Class AA" CBRF. The clients served include Emotionally Disturbed, Alcohol/Drug Dependent, Correctional Clients and Developmentally Disabled. The home is licensed for 5 clients who are 18 years of age or older. Residents have been granted self-supervision waivers. This means that between the hours of 7 AM and 4 PM, up to 8 hours, the residents can be in the facility unsupervised. Typically, there is 1 staff person on duty 1 PM-9 PM and another staff 9 PM-7 AM. The overnight person is allowed to sleep if residents are not in need of care. Basement: contains a storage room and laundry room. First floor: contains the living room, kitchen, bathroom, and a bedroom. Second floor: contains a bathroom, 2 bedrooms and an office. The facility	N 635		

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has a fire alarm system with smoke and heat detectors and manual pull stations. It is NOT connected to a monitoring company and is a local alarm only, Staff should call 911 to notify the fire department in case of fire ...Fire Procedure/Staff Responsibilities Purpose: Due to the overwhelming danger to our resident in the event of a fire, it is extremely important that each employee know his/her duty at the time the fire alarm sounds ...Evacuate individuals away from the fire by having them exit through the designated exit doors; refer to the fire escape routes posted on each floor of the facility ..."

An undated Klister House Emergency and Disaster Plan indicated, "1. In case of a fire, the residents will evacuate and wait in front of Villa Phoenix ...11. An exit route is posted on each floor to lead residents out to safety. The Fire Department visits twice a year and are aware of the floor plan. Residents have been trained to use a primary exit, but if that path is obstructed, they will go to a window and the fire department personnel will find them. On the second level, one room has a door leading to a platform. The other two rooms have a roof directly below their windows."

On 11/12/2024, Surveyors reviewed the facility floor plan which indicated a double bedroom on the first floor, a single bedroom/office and a double bedroom on the second floor. Additionally, the floor plan indicated a "Community Room" located on the second floor with a fire escape door. According to the facility floor plan the first floor of the home had 2 exits (a front door and side door) to the outside. The second floor plan showed the primary exit was down the stairs to the first floor and listed a secondary exit route through the "Community

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N 635	Continued From page 8 Room" to a fire escape door. On 11/12/2024, during a tour of the home, Surveyors noted the second floor "Community Room" was currently being used as a bedroom for Resident 1. (Note: The floor plan did not have the "Community Room" designated as a resident bedroom.) Per Administrator A the "Community Room" has been used as Resident 1's bedroom since 2017 as the resident wanted that particular room. When Administrator A attempted to show the room to Surveyors it was found to be locked and required a key to open the door. Once Administrator A opened the door Surveyors passed through Resident 1's room to access the fire escape exit door. Surveyors noted staff and residents would need to pass through Resident 1's bedroom to access the fire escape exit door. On 11/12/2024 at approximately 12:45 PM, Surveyors interviewed Resident 1 regarding the door to his/her bedroom being locked. Resident 1 confirmed s/he prefers to have his/her bedroom locked for privacy. The provider did not ensure an exit passageway was not through a resident room.	N 635		