STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015957	A. BUILDING: _____ B. WING _____	C 08/08/2024

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WATERFORD AT WISCONSIN RAPIDS (THE)	491 25TH ST N WISCONSIN RAPIDS, WI 54494

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N 000	Initial Comments On 08/05/2024, with information gathered through 08/08/2024, Surveyor conducted 3 complaint investigations. Eight deficiencies were identified. Two of 8 deficincies were repeat violations (see Statement of Deficiency (SOD) FMFT12 and SOD FMFT14). Three of 3 complaints were substantiated Census: 38	N 000		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not immediately notify 1 of 1 resident's responsible party when there was a change in condition. Resident 1's Power of Attorney (POA) B was not notified when there was a change in Resident 1's physical condition. Resident 1 suffered an incident which resulted in a head wound and POA B was not notified. Findings include:	N 169		

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

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N 169	Continued From page 1 On 07/01/2024 and 07/05/2024, the Department received concerns alleging a resident did not receive adequate treatment after experiencing a head trauma. On 08/05/2024, Surveyor reviewed the concerns that were called into the Department which documented: "On 06/18/2024, [Resident 1] fell in [his/her] bathroom, hit the left side of [his/her] head, and left significant bruising on the left side of [his/her] forehead all the way down below [his/her] eye. [POA B] was never notified about this fall. When a family friend went to visit [Resident 1] on 06/20/2024, family friend called [POA B] to inform them that[Resident 1] had fallen." On 08/05/2024, Surveyor reviewed Resident 1's record. Resident 1's "Observations" documented: "Staff walked into resident room around 7PM on 06/18 to resident on the floor in the doorway of [his/her] bathroom and room. Resident stated [s/he] did not know how [s/he] had fallen but was just getting up from the toilet and from changing into [his/her] night gown for the night. [His/her] sweater was under [his/her] bottom/feet almost looked to be like [s/he] had slipped on it. Resident was lifted off the ground with minimum assistance, declined EMS (emergency medical service) services and stated [s/he] has no pain. Resident does have a large bump with a light scrap [sic: scrape] in the middle of the bump with light bleeding at this time. Resident is currently in bed resting at this time." On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A. Interim	N 169		

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N 169	Continued From page 2 Director A stated POA B should have been contacted when s/he declined EMS due to his/her head wound. Interim Director A stated staff have been re-educated.	N 169		
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 2 of 2 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) FMFT14, dated 10/04/2023. Resident 2's Tolterodine (medication for an overactive bladder) and Calcitonin (nasal spray to help control the level of calcium in your blood) were not administered at the prescribed times due to unavailability. Resident 4's Tramadol and acetaminophen was not administered at the prescribed times due to unavailability. Findings Include: On 06/13/2024, 07/01/2024, and 07/05/2024, the Department received concerns alleging residents	N 352		

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N 352	Continued From page 3	N 352		

were not receiving adequate cares.

On 08/05/2024, Surveyor reviewed Resident 2's and Resident 4's record.

Example 1: Resident 2

Resident 2 moved into the facility, 04/30/2024, with diagnoses including hypertension (high blood pressure), acute chronic combined systolic and diastolic congestive heart failure, and Stage 3 acute kidney failure.

Resident 2's May 2024 Medication Administration Record (MAR) documented:
"Tolterodine - Give 2 Tablets by mouth once daily - Scheduled at 8:00 AM:
05/01 - Other - Not In Cart; 05/23 - Other - (No rationale listed)."

Resident 2's June 2024 MAR documented:
"Calcitonin - Give 1 spray in alternating nostrils once daily. Scheduled at 8:00 AM:
07/24 - Other - Not In Cart; 07/26 - Other (No rationale listed); 07/27 - Other - Not In Cart; 07/29 - Other - Not In Cart; 07/30 - Other - On Order"

On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated s/he would review the medication order process to ensure availability of all medications.

Example 2: Resident 4

Resident 4 moved into the facility, 04/27/2023, with diagnoses including Parkinson's disease, anxiety disorder, and pain.

Resident 4's June 2024 MAR documented:

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N 352	Continued From page 4 "Acetaminophen (pain medication) - Give 1 tablet by mouth 6 times daily. Scheduled: 12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM" 06/15/2024 12:00 AM to 06/30/2024 12:00 AM - out of 90 possible med administrations, 37 doses documented as med not available, 33 doses documented as 'Other' with no rationale listed, 2 doses the documentation was left blank. "Tramadol (pain medication) - Give 1 tablet by mouth twice daily for pain. Scheduled at 8:00 AM and 8:00 PM" 06/01/2024 to 06/30/2024 - out of 60 possible med administrations, 15 doses documented as med not available, 3 doses documented as 'Other' with no rationale listed, 1 dose the documentation was left blank, and 1 dose documented as "scheduled med not sent with cycle fill. Med popped from PRN (as needed) card on resident request." Resident 4's May 2024 MAR documented: "Lorazepam - Give 1 tablet by mouth twice daily for anxiety. Scheduled at 8:00 AM and 8:00 PM." 05/05/2024 at 8:00 AM to 05/09/2024 at 8:00 AM - out of 9 med administrations, 8 doses documented as med not available and 1 dose the documentation was left blank. On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated s/he would review the medication order process to ensure availability of all medications.	N 352		
N 381	83.35(1)(a) Pre-admission and ongoing assessments.	N 381		

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N 381	Continued From page 5 Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an assessment of 1 of 1 resident's physical condition was completed when there was a change in needs. Resident 1 sustained a fall on 05/03/2024 and 06/18/2024 and his/her record did not contained a fall risk assessment. Findings include: The provider is licensed to care for up to 48 residents in the client groups terminally ill, physically disabled, advanced aged, and irreversible dementia/Alzheimer's. On 06/13/2024, 07/01/2024, and 07/05/2024, the Department received concerns alleging residents were not receiving adequate care. On 08/05/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility on 12/27/2023.	N 381		

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N 381	Continued From page 6 Resident 1's "Observations" documented: 05/03/2024: Resident had a fall in common area around 8:30 PM. Resident was walking around without a walker, went to sit in a recliner and missed the chair completely. 06/19/2024: Staff walked into resident room around 7PM on 06/18 to resident on the floor in the doorway of [his/her] bathroom and room. Resident stated [s/he] did not know how [s/he] had fallen but was just getting up from the toilet and from changing into [his/her] night gown for the night. [His/her] sweater was under [his/her] bottom/feet almost looked to be like [s/he] had slipped on it. Resident was lifted off the ground with minimum assistance, declined EMS (emergency medical service) services and stated [s/he] has no pain. Resident does have a large bump with a light scrap [sic: scrape] in the middle of the bump with light bleeding at this time. Resident is currently in bed resting at this time." Resident 1's "Service Care Plan," dated 01/12/2024, documented: "Mobility/Ambulation: Resident is independent with mobility/ambulation. Walker." "Transferring: Limited assistance with transferring. Gait belt." Resident 1's individual service plan did not document that s/he was a fall risk and/or guidelines to assist staff with providing adequate cares. On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated that any time a resident sustains a fall an assessment should be completed, and a new set of interventions identified. Interim Director A stated s/he would review Resident 1's record to	N 381		

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N 381	Continued From page 7 determine if these assessments had been completed and to update his/her care plan accordingly. As of 08/08/2024 at 4:30 PM, Surveyor did not receive any additional documentation.	N 381		
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, record review, and interview, the provider did not follow 2 of 2 resident Individual Service Plan (ISP) as written. Resident 4 was documented on his/her ISP that s/he was to receive a shower on Monday, Wednesday, and Friday and was not documented as even receiving a shower once a week. Resident 5 was documented on his/her ISP that s/he was to receive a shower on Monday, Wednesday, and Friday and received showers only on Tuesdays. Findings include: The provider is licensed to care for up to 48 residents in the client groups terminally ill, physically disabled, advanced aged, and irreversible dementia/Alzheimer's. Example 1: Resident 4 On 08/05/2024, at approximately 10:55, Surveyor observed Resident 4's Family Member D in	N 388		

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Resident 4's bedroom. Surveyor introduced him/herself to Family Member D and asked if s/he had any concerns regarding Resident 4's cares. Family Member D stated Resident 4 did not receive his/her shower yesterday. Family Member D stated, "I set out [Resident 4's] shower supplies for staff and they are still sitting on the chair from yesterday." Surveyor observed 3 folded towels, 1 folded hand towel, 1 folded washcloth, a bottle of shampoo and a bottle of conditioner. Resident 4 stated, "They said they can't give it to me until tomorrow (which is today)."

On 08/05/2024, Surveyor requested and reviewed Resident 4's record.

Resident 4 admitted to the facility on 04/25/2023.

Resident 4's "Service Plan Detail," dated 05/30/2024, documented:
"Bathing - Level of Assistance - Total: Resident is dependent on others to provide bath, including shampoo. 1 time per day, every 1 week on Monday, Wednesday, Friday."

Resident 4's April, May, June, and July 2024 Medication Administration Records documented:
"Scheduled Shower - Please make sure resident receives a shower and laundry is washed. Scheduled on Sundays."
04/14 and 04/28 - no documentation to show shower had been given
05/26 - Resident Refused - Resident refused shower due to no shower chair in spa room. Resident was offered a bed bath and still refused saying she'd rather have a shower.
06/30 - Other - (No rationale)
07/07 and 07/21 - Left Blank - no documentation to determine if shower had been given

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N 388	Continued From page 9 07/14 - Other - Not enough staff to complete task On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated Resident 4's care plan would be reviewed and ensure there was enough staff to provide showers. Example 2: Resident 5 On 08/05/2024, Surveyor requested and reviewed Resident 5's record. Resident 5 moved into the facility on 01/30/2024. Resident 5's "Service Plan Detail," dated 02/01/2024, documented: "Bathing - Level of Assistance - Minimal: Resident can bathe without physical assistance but may require reminding, set up, or standby assistance. 1 time per day, every 1 week on Monday, Wednesday, Friday." Resident 5's July 2024 MAR documented: "Shower - Make sure Resident takes a shower. Assist as needed. Pull laundry and bedding." Scheduled 10:00 AM. Tuesday. Start Date: 07/23/2024." Received shower on Tuesday 07/23 and 07/30. On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated Resident 5's care plan would be reviewed.	N 388		
N 389	83.35(3)(d) Service plans updated annually or on changes	N 389		

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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 observation, 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 out of 2 residents reviewed.

This is a repeat deficiency. See Statement of Deficiency (SOD) FMFT12, dated 04/25/2022.

Resident 1's and Resident 6's ISP did not identify his/her verbal behaviors.

Findings include:

On 08/05/2024, Surveyor reviewed Resident 2's record.

Example 1: Resident 2

Resident 2 moved into the facility, 04/30/2024, with diagnoses including hypertension (high blood pressure), acute chronic combined systolic and diastolic congestive heart failure, and Stage 3

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N 389	Continued From page 11 acute kidney failure. Resident 2's "Observations" documented: "05/06/2024 5:00 AM - On call light frequently all night for no reasons." "05/20/2024 4:45 AM - On [his/her] call button very frequently." "05/28/2024 11:00 AM - Resident was not happy with anything throughout the entire shower. Resident then went back to [his/her] room and continued by yelling out for help repeatedly. Other resident reported [him/her] constantly yelling for help from [his/her] room. Resident also pushed [his/her] call button but denied [s/he] pushed it or told staff [s/he] didn't remember why [s/he] pushed it." "06/05/2024 4:30 AM - Screaming for "Help" all through the night awakening other residents who were resting. Every time I went in to assist there was absolutely nothing wrong with resident or [s/he] would state "[s/he] couldn't remember what [s/he] was calling for help for"!?" "06/22/2024 5:00 AM - Up all night screaming "Help Me" when writer would go in room and asked resident what [s/he] needed resident would respond with "nothing" or "I forgot, you took to long to get in here" even if [his/her] pendent was going off for less than a minute." "06/30/2024 4:30 AM - Has been screaming the entire night and on [his/her] call button." "07/29/2024 4:15 AM - Resident screaming "Help" the entire night. Not one time did [s/he] actually need staff assistance or resident would state "[s/he] forgot"." Resident 2's "Service Plan Detail (ISP)," dated 08/05/2024, documented: "Neurocognitive Category: Resident is oriented to person, place, time and situation." "Psychosocial Category: Resident has current or	N 389		

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history of occasional disruptive, aggressive, or socially inappropriate behavior, either verbally or physically improper. May require special tolerance or staff training. May have behavior management in place." "Resident has current or history of occasional depression or mood disorder."

On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Director B. Interim Director A stated the service plans for all residents would be reviewed to ensure individualization.

Example 2: Resident 6

Resident 6 moved into the facility, 07/23/2021, with diagnosis including memory impairment.

Resident 6's "Observations" documented:
03/17/2024 - Resident walked up to me, got right up in my face, and stated, 'Are you talking about me?' I stated, 'What are you asking [Resident 6]?' [S/he] put [his/her] hand up over [his/her] head and brought it down towards my face. I then backed away quickly and [Resident 6] began yelling at [another resident]. I approached [Resident 6] and asked [him/her] to back away from other resident and please stop yelling. Resident then state, 'And Who's going to make me? You?' I walked away and told other resident to keep [his/her] distance from [Resident 6].
04/01/2024 - [Resident 6] has been messing around more with residents in a physical way.
05/18/2024 - Resident went into [room] again and removed [his/her] window screen. When staff approached resident to ask [him/her] to please not remove [his/her] screen, resident became angry and verbally threatened staff. Resident would not leave the room. Finally, resident

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N 389	Continued From page 13 walked out of room. 07/10/2024 - Walking around facility all night crying. Kept telling staff "[s/he] was not crying." Resident 6's "Service Plan Detail," dated 02/06/2024, documented: "Psychosocial Category: No behavior issues - Resident does not have current or history of disruptive, aggressive, verbal or socially inappropriate behavior. No hallucination/delusion issues. No mood and depression issues. On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Director B. Interim Director A stated the service plans for all residents would be reviewed to ensure individualization.	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 proper documentation on	N 415		

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the Medication Administration Record (MAR) for 2 of 2 residents reviewed.

Resident 2's Hydrocortisone Lotion (lotion for discomfort of skin conditions) was documented as administered when the medication was not available.

Resident 4's Acetaminophen was documented as administered when the medication was not available. The medication was documented as administered at the same time for different scheduled doses.

Findings include:

On 08/05/2024, Surveyor reviewed Resident 2's and Resident 4's record.

Example 1: Resident 2

Resident 2 moved into the facility, 04/30/2024, with diagnoses including hypertension (high blood pressure), acute chronic combined systolic and diastolic congestive heart failure, and Stage 3 acute kidney failure.

Resident 2's May 2024 Medication Administration Record (MAR) documented:
"Hydrocort (hydrocortisone) Lot (lotion) 2.5% - Apply topically to affected area(s) of lower extremities three times daily. Scheduled 8:00 AM, 2:00 PM, 8:00 PM."
The medication was documented as unavailable 05/07/2024 at 2:00 PM to 05/09/2024 at 2:00 PM but the MAR documented resident refused on 05/08/2024 at 8:00 AM and 05/07/2024 and 05/08/2024 at 8:00 PM.

On 08/05/2024, at approximately 3:00 PM,

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N 415	Continued From page 15 Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated s/he would review the med administration and determine which staff needed to be re-educated. Example 2: Resident 4 Resident 4 moved into the facility, 04/27/2023, with diagnoses including Parkinson's disease, anxiety disorder, and pain. Resident 4's June and July 2024 MAR documented: "acetaminophen - Give 1 tablet by mouth 6 times daily. Scheduled: 12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM" 06/30 12:00 AM dose documented at 23:29 (11:29 PM) - Other - None available 07/01 4:00 AM dose documented at 5:27 AM - Other - Not available 07/02 12:00 AM dose documented at 5:16 AM - Other - Unavailable 07/02 4:00 AM dose documented at 5:16 AM - Other (No rationale listed) - documented at the same time as the 12:00 AM dose 07/03 4:00 PM dose documented at 15:55 (3:55 PM) - Other (No rationale listed) 07/04 12:00 AM dose documented at 4:37 AM - REF (refused) 07/04 4:00 AM dose documented at 4:37 AM - REF - documented at the same time as the 12:00 AM dose Surveyor noted the MARs documented administration when staff had also documented that the medication was not available. On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated	N 415		

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N 415	Continued From page 16 s/he would review the med administration and determine which staff needed to be re-educated. Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 415		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents received timely assistance with personal cares. Resident 1 and Resident 2 did not receive routine assistance with showering. Findings include: On 06/13/2024, 07/01/2024, and 07/05/2024, the Department received concerns alleging residents	N 425		

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N 425	Continued From page 17 were not receiving adequate care. On 08/05/2024, Surveyor reviewed Resident 1's record. Example 1: Resident 1 Resident 1 moved into the facility 12/28/2023. Resident 1's April, May, and June 2024 Medication Administration Record (MAR) documented: "Scheduled Shower: Make sure resident receives a shower and laundry is washed. 7:00 PM. Wednesday and Friday." The MARs documented: 04/03 - Refused 04/17 - Refused - Resident did not want to take scheduled shower because [s/he] was already in bed and sleeping 04/19 - Refused - Rescheduled 04/26 - Other 05/01 - No documentation 05/03 - No documentation 05/08 - Refused - Resident stated [s/he] did not want to shower. 05/15 - Refused 05/22 - Refused 05/24 - Refused - Wants to take a shower tomorrow 05/29 - Refused 05/31 - Refused 06/12 - Refused 06/14 - Other - In bed sleeping 06/19 - Refused 06/21 - Refused 06/26 - Refused - Wants shower on Thursday 06/28 - Refused Resident 1's "Service Plan Detail," dated	N 425		

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01/12/2024, documented:
"Bathing - Level of Assistance - Minimal: Resident can bathe without physical assistance but may require reminding, set up, or standby assistance."

On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated that if a resident refuses a shower, then the staff should be documenting when the shower is given. The documentation as is, documents that the resident has not received a shower for weeks at a time. Wellness Coordinator B stated s/he would review Resident 1's shower schedule for time of the day and frequency. Interim Director A stated staffing concerns could have affected a scheduled shower.

Example 2: Resident 2

Resident 2 moved into the facility 04/30/2024.

Resident 2's May 2024 MAR documented:
"Scheduled Shower: Please give resident a shower and pull laundry and bedding. 6:00 PM. Tuesday."
The MAR documented:
05/07 - Refused
05/14 - Refused
05/21 - No documentation

Resident 2's June 2024 MAR documented:
"Scheduled Shower: Please give resident a shower and pull laundry and bedding. 6:00 PM. Tuesday."
"Shower - Assist Resident With Shower. 6:00 PM. Saturday"
The MAR documented:
06/06 - Refused

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N 425	Continued From page 19 06/09 - Refused 06/13 - Refused 06/16 - Refused 06/20 - Refused 06/23 - Refused 06/27 - Refused Resident 2's "Service Plan Detail," dated 08/05/2024, documented: "Bathing - Level of Assistance - Minimal: Resident can bathe without physical assistance but may require reminding, set up, or standby assistance." On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A and Wellness Coordinator B. Interim Director A stated that if a resident refuses a shower, then the staff should be documenting when the shower is given. The documentation as is documents that the resident has not received a shower for weeks at a time. Interim Director A stated staffing concerns could have affected a scheduled shower.	N 425		
N 485	83.43(2)(d) Clean sheets, pillowcases, and towels Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: Clean sheets, pillowcases, towels and washcloths adequate to meet the needs of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident (Resident 2) was provided clean sheets. Findings include:	N 485		

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N 485	Continued From page 20 On 06/13/2024, 07/01/2024, and 07/05/2024, the Department received concerns alleging residents were not receiving adequate care. On 08/05/2024, at approximately 10:45 AM, Surveyor toured the facility and entered Resident 2's room. Surveyor noted Resident 2's bed was unmade and the bedsheet had circular brown stains in the area where the resident would sit when entering/exiting the bed. The bedsheet, which appeared to be a light blue in color, had what appeared to be a tan color appearance in the center of the sheets, possibly caused by previous incontinence episodes and/or body sweat. Surveyor requested Resident 2's record. Resident 2's "Observations" documented: "07/14/2024 1:45 PM - [Daughter/Son] was in to visit today. [Daughter/Son] upset due to finding [Resident 2's] bed wet." On 08/05/2024, at approximately 3:00 PM, Surveyor observed the unmade bed with the same soiled bedsheets. On 08/05/2024, at approximately 3:15 PM, Surveyor interviewed Interim Director A and Wellness Director B. Wellness Director B stated this concern would be discussed with staff as the bed should have been stripped in the morning to ensure clean sheets were placed on the bed.	N 485		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors.	N 489		

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N 489	Continued From page 21 This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure that all rooms were clean and free from odor. Findings include: On 08/05/2024, from approximately 10:30 AM and 3:30 PM, Surveyor toured the facility and observed Resident 1's, Resident 2's and Resident 3's rooms. Example 1: Resident 1 Surveyor observed Resident 1's room and detected what appeared to be a urine like scent. Surveyor observed Resident 1's bathroom where there were used Depends in the garbage can. The bathroom floor had the appearance of needing to be mopped due to sticky appearance and particles of what appeared to be dirt along the baseboards and toilet. Example 2: Resident 2 Surveyor observed Resident 2's room and detected what appeared to be a urine like scent. Surveyor observed Resident 2's bathroom which had unused Depends scattered on the floor behind the toilet and used Depends in the garbage can. The toilet appeared to be unflushed after several uses. The bathroom floor had the appearance of needing to be mopped due to sticky appearance and particles of what appeared to be dirt along the baseboards. Example 3: Resident 3 Surveyor observed Resident 3's room and the bathroom floor had the appearance of needing to be mopped due to sticky appearance and particles of what appeared to be dirt along the baseboards.	N 489		

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N 489	Continued From page 22 On 08/05/2024, at approximately 11:05 AM, Surveyor interviewed Resident 3. Resident 3 stated his/her room was not vacuumed often and one can see the dust building up along the baseboards. The bathroom floor is not mopped often. Resident 3 stated, "Staff will say they will come back and finish it but they don't return." On 08/05/2024, at approximately 3:15 PM, Surveyor interviewed Interim Director A and Wellness Director B. Interim Director A stated the provider planned on hiring additional housekeeping staff to address these concerns.	N 489		