STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017056	A. BUILDING: _____ B. WING _____	R-C 09/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING STOUGHTON CBRF	2220 LINCOLN AVE STOUGHTON, WI 53589

(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 09/01/2023, Surveyor conducted a verification visit and complaint investigation at Milestone Senior Living Stoughton CBRF. Four deficiencies were identified. One of the 4 deficiencies was a repeat violation (see Statement of Deficiency (SOD) BL1M13). Complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 31	{N 000}		
{N 408}	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by:	{N 408}		

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

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{N 408}	Continued From page 1 Based on record review and interviews, the provider did not ensure that 2 out of 2 resident's prescribed PRN (as needed) psychotropic medication was documented on the resident's Individualized Service Plan (ISP). This is a repeat deficiency. See Statement of Deficiency (SOD) BL1M13, dated 06/26/2023. Resident 10 was on PRN Lorazepam and Haloperidol and his/her ISP did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration of PRN psychotropic medication. Resident 11 was on PRN Lorazepam and his/her ISP did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration of PRN psychotropic medication. Findings include: On 09/01/2023, Surveyor reviewed Resident 10's and Resident 11's record. Example 1: Resident 10 Resident 10 was admitted to the facility, 05/07/2022, with diagnoses including psychotic disturbance, mood disturbance, anxiety and dementia. Resident 10's August 2023 Medication Administration Record (MAR), dated 08/20/2023 to 08/31/2023, documented: "Lorazepam - Give 1 tablet by mouth every 4 hours as needed for anxiety, nausea, restlessness. Start Date: 06/14/2023." Administered: 08/31/2023 - No documented rationale	{N 408}		

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{N 408}	Continued From page 2 "Haloperidol - Give 1 tablet by mouth every 4 hours as needed for delirium, hospice related, nausea. Start Date: 06/08/2023." Administered: 08/30/2023 - No documented rationale Resident 10's ISP, signed 07/27/2023, documented: "Vulnerability: Anxiety/depression/mental illness vulnerability interventions are: Resident does experience anxiety and agitation d/t pain and difficulty with expressing needs. Staff will administer as scheduled medications to keep resident comfortable." "Psychotropics: Observe for and report to the nurse any occurrence of behaviors symptoms: pacing, wandering, disrobing, inappropriate response to verbal communication, violence/aggression towards care team member/others, postural hypotension, delirium, etc. Resident receives as needed psychotropics including (trazadone and hydroxyzine) which is used for (agitation and restlessness) which indicate the need for PRN administration." Surveyor noted Resident 10 was not prescribed PRN Trazodone and Hydroxyzine. Example 2: Resident 11 On 09/01/2023, from approximately 10:45 AM to 2:00 PM, Surveyor observed Resident 11 pacing the common areas and continuously asking staff if a family member had arrived. Resident 11 had asked Surveyor also if the family member had arrived and Surveyor was able to easily redirect. Resident 11 was admitted to the facility, 12/29/2022, with diagnoses including major depressive disorder, dementia, psychotic	{N 408}		

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{N 408}	Continued From page 3 disturbance, mood disturbance, and anxiety. Resident 11's August 2023 Medication Administration Record (MAR), dated 08/20/2023 to 08/31/2023, documented: "Lorazepam - Give 1 MG (milligram) by mouth every 24 hours as needed for anxiety. Start Date: 06/28/2023." Administered: 06/20/2023 - No documented rationale Resident 11's ISP, signed 06/28/2023, documented: "Vulnerability: Anxiety/depression/mental illness vulnerability interventions are: [Resident 11] takes medication for depression." "Psychotropics: Administer psychotropic medications as ordered by physician. Observe for and report to the nurse any occurrence of behaviors symptoms: pacing, wandering, disrobing, inappropriate response to verbal communication, violence/aggression towards care team member/others, postural hypotension, delirium, etc. Other: Lorazepam 1 MG for anxiety." Surveyor noted Resident 10 and Resident 11 had the same descriptions for when a psychotropic should/could be administered. On 09/01/2023, at approximately 1:30 PM, Surveyor interviewed Executive Director I, Clinical Risk Manager J, Registered Nurse Specialist K, and Nurse O. Surveyor asked what behaviors Resident 10 and Resident 11 displayed that would be considered anxiety/agitation/delirium outside of their baseline, as the MARs did not document a rationale as to why their PRN psychotropic medication was administered and the ISPs documented the same behaviors for each	{N 408}		

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{N 408}	Continued From page 4 resident. Surveyor stated, "For example, [Resident 11] has continuously asked me if [his/her] family member is here. Is this baseline or is this rationale for [his/her] scheduled PRN to be considered?" Executive Director I stated that the residents should not have identical behavior descriptions and that a 'boiler plate' must have been used when updating the ISPs. Executive Director I stated s/he would review each resident's ISPs and ensure individuality.	{N 408}		
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 observation, interview, and record review, the provider did not ensure personal care services were designed and provided to allow 1 of 1 resident to increase or maintain independence. Resident 8 was not assisted when s/he had experienced incontinence.	N 425		

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N 425	Continued From page 5 Findings include: On 08/07/2023, the Department received a complaint alleging resident cares were not being provided. On 09/01/2023, Surveyors reviewed Resident 8's record. On 09/01/2023, at approximately 11:30 AM, Surveyor walked through the common area and Resident 8 stopped Surveyor and asked him/her a question. Surveyor noted that Resident 8 smelled of incontinence. Three different staff members came to assist Resident 8. Surveyor noted that no staff member asked Resident 8 if s/he would like to go to his/her room and 'clean up.' Surveyor immediately walked to Resident 8's room and noted the room smelled of incontinence. Surveyor observed the bathroom and noted there was bowel like substance on the toilet seat. Resident 8's ISP, signed 12/27/2022, documented: "Bathing: Resident wishes to be clean and free of body odor. Resident will receive bathing/showering assistance (2) time(s) a week. Date Initiated: 11/16/2022." Resident 8's August 2023 'Task Report' documented: Bathing Assist completed: 08/09, 08/13, 08/16, 08/23, 08/27, 08/30 Surveyor noted bathing opportunites scheduled on 08/02, 08/06, and 08/20 were not documented with bathing assistance by a staff member. On 09/01/2023, at approximately 1:30 PM,	N 425		

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N 425	Continued From page 6 Surveyor interviewed Executive Director I, Clinical Risk Manager J, Registered Nurse Specialist K, and Nurse O. Executive Director I stated resident showering schedules would be discussed with the care staff and to have proper documentation if a resident should refuse cares. Surveyor asked if Resident 8 received all scheduled showers/baths. Executive Director I stated that based on the documentation, s/he would not be able to state if Resident 8 did or did not receive his/her scheduled shower/bath.	N 425		
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	N 431		

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N 431	Continued From page 7 status in the resident ' s record. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not monitor the health of 1 of 1 residents and/or make arrangements for physical health services when a change of condition occurred. Resident 9 had a change of condition regarding skin integrity, which was not properly monitored. Findings include: On 08/07/2023, the Department received a complaint alleging resident cares were not being provided. On 09/01/2023, Surveyors reviewed Resident 9's record. Resident 9's "Body/Skin Check," dated 7/18/2023, documented: "Major bruising all over the left leg from the shin to the back of the thigh. ... Progress note in [computer system]." Resident 9's "Progress Notes" documented: "07/08/2023 - Facility staff called this nurse and stated resident was having knee pain and that [s/he] was not able to ambulate on it and there was some swelling. ... Spoke with POA (power of	N 431		

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N 431	Continued From page 8	N 431		

attorney) and [s/he] was going to call the [son/daughter] to see if [s/he] could take resident to ER (emergency room) to be evaluated ... [Son/Daughter] arrived and took resident to ER ... Resident arrived back at facility. Diagnosis is acute left knee pain. Dr. ordered Diclofenac 1% gel to be administered 4 times daily."
"07/19/2023 - F/U (follow up) with resident as [s/he] is still having pain/discomfort and favoring left knee, bruising still present but is healing. ..."

Resident 9's "Fall Risk Assessment," dated 06/14/2023, documented s/he was assessed as a moderate risk for falls.

Resident 9's "Individual Service Plan," dated 07/02/2022, documented:
"Skin Condition: Resident wishes to have good skin health. Report to the nurse any changes in skin integrity. Date Initiated: 05/16/2022."

On 09/01/2023, at approximately 12:00 PM, Surveyor asked Nurse O if there were any incident reports or additional skin assessments completed on Resident 9 regarding the significant bruising that was documented on 07/18/2023. Nurse O stated s/he had provided Surveyor with all documentation that was available. Nurse O stated staff were to fill out a skin assessment each time the resident was assisted with showering/bathing.

Resident 9's July and August 2023 'Task Report' documented:
Bathing Assist completed: 07/07, 07/10 (Resident Refused), 07/14, 07/17, 07/21, 07/28, 07/31, 08/04, 08/11, 08/14, 08/18, 08/21, 08/25

On 09/01/2023, at approximately 1:30 PM, Surveyor interviewed Executive Director I, Clinical

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N 431	Continued From page 9 Risk Manager J, Registered Nurse Specialist K, and Nurse O. Surveyor asked what incident occurred that resulted in Resident 9 having significant bruising along his/her left leg that was documented on 07/18/2023. Executive Director I stated s/he knew that the family was aware of the bruising, but the documentation did not detail what occurred. Surveyor asked how Resident 9's skin integrity was monitored. Executive Director I stated staff should have documented in the progress notes or on a skin assessment form when Resident 9 was provided cares.	N 431		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that 2 out of 3 rooms (Resident 8 and Resident 9) observed were clean and free from odor. Findings Include: On 08/07/2023, the Department received a complaint alleging resident rooms were not clean. On 09/01/2023, at approximately 10:45 AM, Surveyor toured Resident 9's room with Caregiver P. Surveyor and Caregiver P immediately noted the smell of what appeared to be incontinence emanating strongly throughout the room. Surveyor observed the following: -Garbage can in the restroom that had at least 10 soiled wet wipes	N 489		

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N 489	Continued From page 10	N 489		

-Bed was made for the day. Surveyor pulled the blanket back and noticed no sheets on the bed, and a mattress protector that was half on. Caregiver P and Surveyor touched the blanket and determined that it was slightly damp and smelled of urine.
-A towel folded up and placed on the seat of Resident 9's recliner. The towel had some discoloring and was dry to the touch. Surveyor noted the towel had a stiff feeling that resembled when a towel becomes damp and then dries in place.
-A garbage can next to the chair that contained a blue towel that was dry but smelled strongly of what appeared to be urine.
-Resident 9's wheelchair had a green towel placed unfolded on the seat that smelled strongly of what appeared to be urine.

On 09/01/2023, at approximately 11:30 AM, Surveyor walked through the common area and Resident 8 stopped Surveyor and asked him/her a question. Surveyor noted that Resident 8 smelled of incontinence. Three different staff members came to assist Resident 8. Surveyor noted that no staff member asked Resident 8 if s/he would like to go to his/her room and 'clean up.' Surveyor walked to Resident 8's room and noted the room smelled strongly of what appeared to be bowel. Surveyor observed the window was open while the air conditioning unit was running.

On 09/01/2023, at approximately 1:30 PM, Surveyor interviewed Executive Director I, Clinical Risk Manager J, Registered Nurse Specialist K, and Nurse O. Surveyor explained the observations. Executive Director I stated s/he would address the concerns with the housekeeping staff and the caregivers. Executive

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N 489	Continued From page 11 Director I stated soiled items should not be allowed to stay in a room after cares.	N 489		