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| CEDARHURST SENIOR LIVING | 143 PRAIRIE OAKS DRIVE VERONA, WI 53593 |

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| N 000 | Initial Comments<br><br>On 10/04/2023, Surveyor conducted a standard survey and complaint investigation at Cedarhurst Senior Living.<br><br>6 deficiencies were identified.<br><br>Complaint was substantiated.<br><br>Census 15 | N 000 | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the provider did not update Resident 3's individual service plan annually or when there was a change in the resident's needs.<br><br>This is a repeat deficiency from Statement of Deficiency (SOD) 5UV911 dated 04/04/2022, and SOD 5UV912 dated 09/14/2022. | N 389 | | |

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

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| N 389 | Continued From page 1<br>Findings include:<br><br>On 10/04/2023 at approximately 12:20 PM, Surveyor reviewed Resident 3's facility file. Resident 3 admitted to the provider on 03/10/2022, with diagnosis of dementia without behavioral incidents. Resident 3's individual service plan (ISP) dated 03/01/2022, indicated Resident 3 requires 24 hour supervision due to exit seeking behaviors as well as redirection to prevent wandering or elopement incidents. The ISP lists that it is the service provider's responsibility to ensure all door alarms are activated at all times to ensure Resident 3 does not elope and that family had agreed to extra staffing to ensure Resident 3 was being monitored at all times.<br><br>Resident 3's file contained an Elopement Risk Evaluation completed on 09/03/2022. The risk evaluation notes a total score of 57. According to the risk assessment any score above 16 is considered high risk and recommends moving to a secure memory care neighborhood.<br><br>Resident 3's file contained a self-report dated 09/12/2023 that stated staff had to get help from another resident assistant and returned to find Resident 3 was no longer in the building. Staff alerted Administrator A that Resident 3 was missing and Administrator A walked outside and noticed a fire truck and ambulance across the street. Administrator A then started driving in the direction of the fire truck and ambulance and saw Resident 3 sitting down by first responders. Resident was then escorted back to the facility.<br><br>Attached to the self-report was a statement from Caregiver C. Caregiver C states Resident 3 was attempting to assist another resident out of a | N 389 | | |

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| N 389 | Continued From page 2 | N 389 | | |

chair and Caregiver C stepped in and explained to Resident 3 that the other resident needed a wheelchair. Resident 3 then started hitting, biting, throwing things, and then grabbed another residents' arm causing a skin tear. Caregiver C then left the area to get juice and get another staff member and indicates they were not gone for more than 5 minutes. When Caregiver C returned to the area the alarm to the door was going off and Resident 3 was gone. The report indicates safety checks were done every hour after this incident.

On 10/04/2023 at approximately 2:53 PM, Surveyor interviewed Administrator A. Administrator A stated the individual service plan would be updated immediately. Administrator A stated s/he was not sure why the individual service plan indicates family would allow an extra caregiver to monitor Resident 3. Administrator A stated the facility has never had another staff member for just Resident 3, and that the individual service plan would be updated accordingly. Administrator A stated the individual service plan that was given to Surveyor was the most up-to-date individual service plan the facility had for Resident 3.

Summary

On 09/03/2022, records indicate Resident 3 was assessed at very high risk for elopements. Resident 3 had a documented elopement on 09/12/2023. The documentation indicates there was an elopement a week prior to the incident on 09/12/2023. The individual service plan was dated 03/01/2022. There were no new interventions put into place after the first elopement, then 1 week later another elopement with injury occurred. After the 2nd elopement the

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| N 389 | Continued From page 3<br>individual service plan was not updated. | N 389 | | |
| N 481 | 83.43(1) Environment safe, clean, and comfortable<br><br>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the provider did not ensure a living environment that was safe and homelike.<br><br>This is a repeat deficiency from Statement of Deficiency (SOD) G94T12 dated 10/08/2020, SOD 5UV911 Dated 04/04/2022, and SOD 5UV912 dated 09/14/2022.<br><br>Findings include:<br><br>On 10/04/2023 at approximately 10:55 AM, Surveyor toured the facility and observed the following:<br><br>1.) In the laundry room behind the washing machine the wall was badly water damaged. The wall had a black substance growing on it consistent with mold. The wall was damaged from approximately a foot up from the floor to about 4 feet across.<br><br>2.) The inside of the stove contained burnt food on the bottom of the stove and food spilled on the inside of the glass. The microwave had dried on | N 481 | | |

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| N 481 | Continued From page 4<br>food particles coating the inside of the microwave.<br><br>3.) The dining room floor was covered with food particles that were from multiple meals as evidenced by the different types of foods observed on the floor.<br><br>4.) 2 dryers had venting that consisted of non-rigid venting.<br><br>5.) 2 chairs in the common TV area were missing cushions exposing bare metal springs.<br><br>On 10/04/2023 at approximately 2:53 PM, Surveyor shared findings with Administrator A. Administrator A stated s/he was not aware that the laundry room wall was damaged. Administrator A stated s/he would address the other concerns right away. | N 481 | | |
| N 499 | 83.45(3) Toxic substances.<br><br>Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the provider did not ensure that cleaning compounds and toxic substances were labeled and stored in a secure area.<br><br>Findings include:<br><br>On 10/04/2023 at approximately 10:55 AM, Surveyor toured the facility. The following was | N 499 | | |

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| N 499 | Continued From page 5<br>observed on tour of the facility;<br><br>1.) Under the kitchen sink that is not closed off to residents, there was a bottle of Pinale cleaner, pine scrub cleaner, 2 bottles of pine scrub cleaner spray, a bottle of Safe 2 Clean, 1 gallon of dish sanitizer, an unmarked spray bottle containing a clear liquid, a gallon jug of jewel pot and pan cleaner, 2 bottles of odor eliminator spray, 3 cans of glass cleaner, and 1 bottle of Shurhard plus.<br><br>On 10/04/2023 at approximately 2:30 PM, Surveyor shared findings with Administrator A. Administrator A stated the chemicals in the kitchen are supposed to be locked up and secured. Administrator A stated s/he would address the chemicals not being secured. | N 499 | | |
| N 526 | 83.47(2)(e) Other evacuation drills.<br><br>Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the provider did not have semi-annual evacuation drills in 2022.<br><br>Findings include:<br><br>On 10/04/2023 at approximately 11:50 AM, Surveyor requested semi-annual evacuation drills for 2022. Surveyor reviewed the file and did not find any evacuation drills for 2022.<br><br>On 10/04/2023 at approximately 11:55 AM, Surveyor interviewed Maintenance B. | N 526 | | |

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| N 526 | Continued From page 6<br>Maintenance B stated the facility did not have the evacuation drills from 2022. Maintenance B stated if there is documentation for the drills s/he did not know where the documentation was. | N 526 | | |
| N 535 | 83.48(1)(b) Smoke and heat detectors per NFPA 72.<br><br>Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by CBRF personnel according to manufacturer ' s recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the provider did not ensure smoke detectors were tested at least every other month.<br><br>Findings include:<br><br>On 10/04/2023 at approximately 11:50 AM, Surveyor reviewed documentation of smoke detector testing supplied by Maintenance B. Surveyor could not locate any documented bi-monthly smoke detector tests.<br><br>On 10/04/2023 at approximately 11:55 AM, Surveyor interviewed Maintenance B who confirmed that there was no documentation of smoke detector testing. Maintenance B stated when s/he checks the fire extinguishers, s/he typically looks at the smoke detectors as well, but | N 535 | | |

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| N 535 | Continued From page 7<br>did not have any documentation that it was being done. | N 535 | | |
| N 617 | 83.55(6)(b) Bath and toilet areas: water temperature<br><br>The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the provider did not ensure the temperature of all the water heaters connected to sinks, showers, and tubs used by residents was at a temperature of at least 140 degrees Fahrenheit. The temperature at the fixture was 100.2 degrees Fahrenheit at the lowest temperature measured.<br><br>Findings include:<br><br>The Centers for Disease Control and Prevention provides a link to "Controlling Legionella in Potable Water Systems". Found at https://www.cdc.gov/legionella/wmp/control-toolkit/potable-water-systems.html<br><br>The Centers for Disease Control states the following;<br><br>Install thermostatic mixing valves as close as possible to fixtures to prevent scalding while | N 617 | | |

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| N 617 | Continued From page 8 | N 617 | | |

permitting circulating hot water temperatures above 120°F (49°C).

Monitor temperature, disinfectant residuals, and pH frequently based on performance of water management program or Legionella performance indicators for control. Adjust measurement frequency according to the stability of performance indicator values. For example, the measurement frequency should be increased if there is a high degree of measurement variability.

Store hot water at temperatures above 140°F (60°C) and ensure hot water in circulation does not fall below 120°F (49°C). Recirculate hot water continuously, if possible.

Store and circulate cold water at temperatures below the favorable range for Legionella (77-113°F, 25-45°C); Legionella may grow at temperatures as low as 68°F (20°C).

On 10/04/2023 at approximately 10:55 AM, Surveyor observed the water heaters used to supply the facility with hot water. The water heater was set at 120 degrees Fahrenheit.

On 10/04/2023 at approximately 11:02 AM, Surveyor took a water temperature reading in Resident 1's bathroom at the sink. The temperature reached 100.2 degrees Fahrenheit.

On 10/04/2023 at approximately 11:06 AM Surveyor took a water temperature reading in Resident 2's bathroom at the sink. The temperature reached 101.2 degrees Fahrenheit.

On 10/04/2023 at approximately 2:20 PM, Surveyor took a water temperature reading at the kitchen faucet. The temperature reached 101.3

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| N 617 | Continued From page 9<br>degrees Fahrenheit.<br><br>On 10/04/2023 at approximately 2:53 PM, Surveyor interviewed Administrator A who stated s/he would talk to maintenance about increasing the water temperature. | N 617 | | |