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N 000	Initial Comments On 11/07/2023, Surveyor conducted two complaints and a probationary survey at Traditions at Cedar Ridge II. Information was reviewed through 11/08/2023. Both complaints were substantiated. Ten deficiencies were identified. Census: 9	N 000		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting	N 243		

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

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N 243	Continued From page 1 employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 1 of 2 employees reviewed, obtained all staff training as required within 90 days after starting employment. Caregiver F did not have training in resident rights, challenging behaviors, and required client groups within 90 days after starting employment. Findings include: On 11/07/2023 at 10:28 AM, Surveyor requested training records for Caregiver F and Caregiver G from Director A, B, and C. The employee file for Caregiver F, hired 04/28/2023, did not contain evidence of training or evidence of meeting an exemption for resident rights; recognizing, preventing, managing, and responding to challenging behaviors; and the facility's client groups (terminally ill, irreversible	N 243		

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N 243	Continued From page 2 dementia/Alzheimer's, physically disabled, and advanced aged). On 11/07/2023, at approximately 2:30 PM, Surveyor interviewed Director A, B, and C, Director A stated the office had been searched and no evidence could be found for Caregiver F's all employee training. Director A was given the opportunity to submit any additional evidence of training by 11/08/2023.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate:	N 247		

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N 247	Continued From page 3 bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees obtained all task specific training. Caregiver F, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. Caregiver F, who performed dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Findings include: On 11/07/2026, Surveyor conducted a review of 2 employees to verify compliance with task specific training requirements. At 10:20 AM and 10:28 AM, Surveyor requested training records from Director A, B, and C for Caregiver F and Caregiver G. The employee file for Caregiver F, hired 04/28/2023, did not contain evidence of training	N 247		

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N 247	Continued From page 4 or evidence of meeting an exemption for the training for personal care of the residents and dietary duties. At approximately 2:30 PM, Surveyor interviewed Director A, B, and C. Director A stated the whole office had been searched and evidence of the training could not be found. Director A was given the opportunity to submit any additional evidence of training by 11/08/2023.	N 247		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that each resident that received a psychotropic medication was reassessed by a medical professional at least quarterly for their response to the drug and the possible side effects. This was discovered for 2 of 2 sampled residents that were given psychotropic medications.	N 407		

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N 407	Continued From page 5 Findings include: On 11/07/2023 at 1:15 PM, Survey requested the quarterly reviews of psychotropic medications for Resident 1 and Resident 5. Surveyor reviewed Resident 1's physician orders and medication administration record (MAR). Resident 1 had orders for the bipolar drug divalproex1000 milligrams (mg) after supper, since 11/18/202, and the antidepressant drug duloxetine 60 mg once daily, since 01/15/2023. Resident 1's record had a quarterly review by Former Director D for the year 2021. Former Director D was not a registered nurse, pharmacist, or medical practitioner. Surveyor reviewed Resident 5's physician orders and MAR. Resident 5 had orders for 2 different antidepressants, fluoxetine 60 mg daily and trazadone 250 mgs at bedtime. Resident 5 had received the medications since 03/08/2023. There were no reviews in Resident 5's chart. At approximately 2:30 PM, Director A, B, and C stated that no additional information could be found in the office files and the resident files.	N 407		
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	N 408		

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N 408	Continued From page 6	N 408		

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:
Based on record review and interview, the provider did not ensure each resident that received a pro re nata (PRN) "as the thing is needed" psychotropic medication was reassessed by a medical professional at least quarterly for the resident's response to the drug and the possible side effects. This was discovered for 1 of 2 sampled residents that were given PRN psychotropic medications.

Findings include:

On 11/07/2023 at 1:15 PM, Survey requested the monthly reviews of PRN psychotropic medications for Resident 1 and Resident 5.

Surveyor reviewed the physician orders and medication administration record (MAR) for Resident 5. Resident 5 had an order since 03/08/2023 for the anti-anxiety medication lorazepam 0.5 mg every 6 hours PRN for anxiety daily and the antidepressant medication trazadone 250 mgs at bedtime.

At approximately 2:30 PM, Director A, B, and C

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N 408	Continued From page 7 stated that no additional information could be found in the office files and the resident files for Resident 5.	N 408		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure that each staff member who passes medications other than oral medications was delegated that duty by a registered nurse. This was discovered for 1 of 1 sampled caregiver that give the residents medications. Findings include: On 11/07/2023, at approximately 8:10 AM, Surveyor observed Caregiver F give Resident 2 and Resident 4 their subcutaneous insulin doses. At 10:20 AM and 10:28 AM, Surveyor requested of Director A, B, and C, evidence of delegation for Caregiver F for injections and other non-oral medications. Surveyor reviewed the employee file for Caregiver F and no delegation information was found.	N 416		

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N 416	Continued From page 8 At approximately 2:30 PM, Director A, B, and C stated they could not locate the delegations from an RN for Caregiver F to pass non-oral medications. Director A was given the opportunity to submit any additional evidence of training by 11/08/2023.	N 416		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the flooring and carpet was clean in the common areas and hallways used by all of the residents, and in 2 resident rooms. Findings include: On 10/03/2023 the department received a complaint carpets were not cleaned. On 11/07/2023 at 8:10 AM and 10:00 AM, Surveyor observed the carpet in the 2 main corridors. While the carpet itself appeared to be a medium gray with a small pattern, the traffic areas were soiled to a solid black. There was only 6 inches on each side of the carpet up against the walls that was clean. The thresholds into the rooms were soiled with black ground in dirt. Surveyor observed the carpet in the television lounge, in front of the main entrance, and the offices at in the front of the building. The carpet was black in the high traffic areas.	N 491		

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N 491	Continued From page 9 Resident 1's room had different carpet from the rest of the facility. It was a light grey with a larger print. There was a distinct area of dirt from the doorway to Resident 1's bed. Resident 2's room had several dark stains in the carpet and a large white/yellow stain approximately 12 inches in diameter in the middle of the room. The vinyl flooring in the dining room was sticky. On 11/07/2023 at 10:28 AM, Surveyor interviewed Director A, B, and C. They told Surveyor that there may have been talk about replacing the carpet but they were not aware of when the conversation took place, if it was in the budget, if any company bids were done, or if it was scheduled. On 11/07/2023 at 12:08 AM, Surveyor interviewed Resident 3 about the cleanliness of the facility. Resident 3 stated the dining room floor was sticky because it did not get mopped and "it is not your shoes." Resident 3 stated the carpets were never cleaned. Resident 3 stated that in the past, the former owners would shampoo the carpets and strip the kitchen floor as least once a year but the new owners had never done it. On 11/08/2023 at 12:03 PM, Surveyor interviewed Administrator E. Administrator E indicated there was no discussion to replace the carpet and s/he had seen the carpet the previous day and felt it was in good condition and clean.	N 491		
N 525	83.47(2)(d) Fire drills.	N 525		

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N 525	Continued From page 10 Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a record of fire drills done at least quarterly. This had the potential to affect all residents. Findings include: On 11/7/2023 at 10:20 AM, Surveyor interviewed Director A and asked for the record of fire drills. Director A indicated that the location of several of the inspections and drills may be on a laptop that Former Director (FD) D used to record information. Director A stated FD D put everything on his/her personal computer for work and did not believe there was a back-up with the information. Director A did not know if the computer was used for any resident charting but stated, "I saw her typing in that laptop all the time."	N 525		

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N 525	Continued From page 11 At 10:28 AM, Surveyor requested the fire drill records from Director A, B, and C since November of 2022, as this was the date given that the current owners took over. At approximately 2:30 PM, Surveyor was told by the directors the current information could not be located. Director A submitted fire drills from 2021 and 2022. The last drill was 07/03/2022. At 2:53 PM, Surveyor interviewed Resident 4 about fire drills. Resident 4 stated, "Not since I've been here." Resident 4 had been a resident of the facility since September 2022. At 2:55 PM, Surveyor interviewed Resident 2. Resident 2 indicated with a shake of his/her head there had been no fire drills in the current year. Resident 2 had been a resident at the facility since March of 2022. At 3:00 PM, Surveyor interviewed Resident 3. Resident 3 stated that no fire drills had been done this year when s/he was at the facility S/he stated they may have happened when s/he was out of the building. Resident 3 had been a resident of the facility since December 2020. On 11/08/2023 at 12:03 PM, Surveyor interviewed Administrator E about FD D using a personal computer for work purposes. Administrator E stated s/he did not know of this and was not told.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.	N 526		

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N 526	Continued From page 12 This Rule is not met as evidenced by: Based on record review and interview, the provider did not have record of weather and disaster/emergency evacuation drills done at least twice a year. This had the potential to affect all residents. Findings include: On 11/7/2023 at 10:20 AM, Surveyor interviewed Director A and asked for the record of weather and disaster/emergency evacuation drills. Director A indicated that the location of several of the inspections and drills may be on a laptop that Former Director (FD) D used to record information. Director A stated FD D put everything on his/her personal computer for work and did not believe there was a back-up with the information. Director A did not know if the computer was used for any resident charting but stated, "I saw her typing in that laptop all the time." At 10:28 AM, Surveyor requested the weather and disaster/emergency evacuation drills records from Director A, B, and C since November of 2022, as this was the date given that the current owners took over. At approximately 2:30 PM, Surveyor was told by the directors the only information that was found in the office was a tornado drill on 06/15/2022. At 2:53 PM, Surveyor interviewed Resident 4 about weather and emergency evacuation drills. Resident 4 stated, "Not since I've been here." Resident 4 had been a resident of the facility since September 2022. At 2:55 PM, Surveyor interviewed Resident 2.	N 526		

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N 526	Continued From page 13 Resident 2 indicated with a shake of his/her head there had been no weather and disaster emergency evacuation drills in the last year. Resident 2 had been a resident at the facility since March of 2022. At 3:00 PM, Surveyor interviewed Resident 3. Resident 3 stated that no weather and disaster emergency evacuation drills had been done in the last year when s/he was at the facility. S/he stated they may have happened when s/he was out of the building. Resident 3 had been a resident of the facility since December 2020. On 11/08/2023 at 12:03 PM, Surveyor interviewed Administrator E about FD D using a personal computer for work purposes. Administrator E stated s/he did not know of this and was not told.	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview the provider did not have an annual fire inspection report from the local fire department. This had the potential to affect all the residents. Findings included: On 11/7/2023 at 10:20 AM, Surveyor interviewed Director A and asked for the last 2 fire inspections. Director A indicated that the location	N 530		

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(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 530	Continued From page 14 of several of the inspections and drills may be on a laptop that the Former Director (FD) D used to record information. Director A stated FD D put everything on his/her personal computer for work and did not believe there was a backup with the information. Director A did not know if the computer was used for any resident charting, however, "I saw her typing in that laptop all the time." At 10:28 AM, the same information was asked of Directors A, B, and C. At 2:35 PM, Directors A, B, and C gave Surveyor an inspection dated 06/08/2022. The directors indicated that was the only one found. Director A stated that was all that could be found after going through all the paperwork that had not been filed by the Former Director D. On 11/08/2023 at 12:03 PM, Surveyor interviewed Administrator E about FD D using a personally computer for work purposes. Administrator E stated s/he did not know that and was not told.	N 530		
N 534	83.48(1)(a) Smoke detection system. Except as provided under sub. (2), the CBRF shall have an interconnected smoke detection system pursuant to s. 50.035(2) Stats., and shall have an interconnected heat detection system to protect the entire CBRF so that if any detector is activated, an alarm audible throughout the building will be triggered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the smoke detectors had been tested at least every other month by	N 534		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019328	A. BUILDING: _____ B. WING _____	C 11/08/2023

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N 534	Continued From page 15 staff. This had the potential to affect all the residents. Findings include: On 11/07/2023 at 10:20 AM and 10:28 AM, Surveyor requested of Director A, B, and C the documentation that the smoke detectors were checked at least every other month since the change of ownership. At 2:35 PM, Directors A, B, and C gave Surveyor the record of testing that could be located in the office. Director A stated that was all that could be found after going through all the paperwork that had not been filed by Former Director D. The spread sheets had one entry for the year 2023. The entry was dated 02/13/2023. The rest of the months were blank\. The previous years were recorded on a different spreadsheet. .	N 534		