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N 000	Initial Comments On 06/03/2025 with additional information gathered through 06/09/2025, Surveyor conducted a facility self-report and complaint investigation at Caraton Commons 3. As a result 2 deficiencies were identified. The complaint was substantiated. Census: 20	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes 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 interviews and record review, the provider did not ensure a resident's individual service plan (ISP) was reviewed and revised. Resident 1 was non-ambulatory and required a sit to stand (mechanical lift) for transfers. Staff were aware Resident 1's knees tended to slide out of the knee pad on the sit to stand lift during transfers. Staff would support and stabilize Resident 1's knees by positioning their own legs	N 389		

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

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or hands on either side of Resident 1's knees as the resident stood to an upright position to ensure safe transfers. Resident 1's plan of care was not updated to reflect the need for staff to support Resident 1's knees when transferring with the sit to stand lift and on 01/26/2025, Former Caregiver C did not brace Resident 1's knees with her/his leg or hand during a transfer which resulted in Resident 1's knees buckling causing the resident to slip and dangle in the lift. Following the incident, Resident 1 was transferred to the ED (Emergency Department) and diagnosed with a right distal femur fracture. In addition, Resident 1 was re-admitted from the hospital following the above incident with a full leg splint on 01/27/2025 and had no pressure injuries. On 02/03/2025, Resident 1 developed a right heel pressure injury. The provider did not revise the ISP and implement interventions to meet Resident 1's needs to prevent pressure injuries and promote healing of an existing pressure injury.

Findings include:

On 02/18/2025, the Department received a concern regarding resident care and treatment.

On 02/10/2025, the Department received a facility self-report which indicated, "On 01/26/2025, [Former Caregiver C] was standing [Resident 1] in a sit to stand without a second staff and did not brace resident's knees, to assist them with remaining appropriately placed on the knee pads, with [Caregiver C's] leg or hand as [Caregiver C] was standing [Resident 1]. [Resident 1's] knees buckled causing [her/him] to lose [her/his] footing and [Resident 1] ended up dangling in the sit to stand sling with [her/his] buttocks partly on the bed...[Resident 1] was complaining of bilateral knee pain...[Resident 1] was sent to the ED and

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diagnosed with a right distal femur fracture and placed in a long splint...Hoyer lift has been obtained and [Resident 1's] transfer status has been changed indicating [s/he] is now a 2 assist Hoyer lift for all transfers. Education provided to caregiver staff on safe transfers and following care plan..."

On 06/04/2025, Surveyor reviewed Resident 1's closed medical record. Resident 1 was admitted to the facility on 08/09/2022 with diagnosis to include hypertension, weakness and unspecified cord compression. Additionally, the record indicated Resident 1 was his/her own person and was discharged from the facility on 02/05/2025.

Review of Resident 1's ISP dated, 11/04/2024 indicated, the resident was non ambulatory, required a sit to stand (mechanical lift) for transfers and a wheelchair for mobility. The ISP stated, "Resident will be safely transferred with one to two assist and a sit to stand mechanical lift."

On 06/04/2025, Surveyor reviewed an "Incident Report" for Resident 1 dated 01/26/2025, which indicated, "[Resident 1] was being transferred via sit to stand and [her/his] knees buckled, causing [her/him] to slip in the sit to stand and dangle. Staff had to lower resident to the ground in order to get [her/him] into the bed. [Resident 1] complains of bilateral knee pain..."

On 06/04/2025, Surveyor reviewed Resident 1's January 2025 observation notes and noted the following:

~ 01/26/2025- "Resident was being transferred via sit to stand and [her/his] knees buckled, causing [her/him] to slip in the sit to stand sling

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and dangle. Staff had to lower resident to the ground in order to reposition to get [her/him] into bed. Resident complains of bilateral knee pain...NOC (night) caregiver unaware of need to support resident's knee during transfer and resident ended up dangling in sit to stand..."

~01/27/2025- "Discharge report from hospital. [Resident 1] has a closed right femur fracture. [S/he] does have a splint in place..."

On 06/09/2025, Surveyor reviewed the ED report for Resident 1 dated 01/26/2025 which indicated, "[Resident 1] presents to ED on 01/26/2025 for evaluation of fall, leg pain. This morning, [Resident 1] had been moving from bed to wheelchair, slipped from bed and fell down onto buttocks, has had pain in [her/his] leg since that time...Has a chronic fracture of [her/his] right hip, but sustained an acute fracture of [her/his] right distal femur just above the knee. This was discussed with orthopedics and determined to be a non-operative injury given [her/his] baseline status and appropriate for outpatient follow up... [Resident 1] was placed in a posterior long leg splint. The resident will be able to return to [her/his] facility in the morning or very early afternoon."

On 06/03/2025 at 10:05 AM, Surveyor interviewed Caregiver E regarding Resident 1. Caregiver E indicated prior to the incident on 01/26/2025 Resident 1 required a sit to stand mechanical lift for transfers. Caregiver E stated, "I would make sure to get a second person when I transferred [Resident 1] because of [her/his] size and to make sure [her/his] knees stayed in the knee pad groove on the sit to stand because [Resident 1's] knees would slip out of the knee pad and buckle. I would have to hold both of

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[Resident 1's] knees with my hands or legs to when transferring [her/him]." Surveyor then asked Caregiver E if this information was on Resident 1's ISP. Caregiver E could not recall.

On 06/04/2025 at 10:15 AM, Surveyor interviewed Caregiver D regarding Resident 1. Caregiver D indicated prior to the incident on 01/26/2025 Resident 1 required a sit to stand mechanical lift with one to two staff for transfers. Caregiver D stated, "When I transferred [Resident 1] by myself I always made sure [her/his] knees were in place on the knee pad. I would hold my knee/leg or hand against [Resident 1's] knee to make sure it stayed in place because [Resident 1's] left knee tended to slip out of the knee pad." Surveyor then asked if this information was listed on Resident 1's ISP. Caregiver D stated, "I don't recall, but it was well known [Resident 1's] left knee tended to slip out of the knee pad when using the sit to stand lift... [Resident 1] would tell staff [her/himself] they needed to hold [her/his] knee in place or it would slip out...I would tell new staff [Resident 1's] left knee needed to be supported during transfers."

On 06/03/2025, Administrator A and RN (Registered Nurse)-B verified the ISP dated 11/04/2024 was Resident 1's most current ISP prior to the incident on 01/26/2025. Administrator A and RN-B acknowledged Resident 1's knees tended to slide out of the knee pad on the sit to stand lift during transfers and staff were directed to support the resident's knees during transfers. Surveyor then informed Administrator A and RN-B the ISP did not identify Resident 1's knees were prone to slide out of the sit to stand lift knee pad during transfers or the need for staff to support Resident 1's knees when transferring with the sit to stand lift. Administrator A and RN-B verified

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this information was not identified on the ISP dated 11/04/2024.

In conclusion, Resident 1's plan of care was not updated to reflect the need for staff to support Resident 1's knees during transfers to ensure the resident was transferred safely.

Pressure injury

Resident 1 was re-admitted to the facility on 01/27/2025 following the above incident and subsequently diagnosed with a acute fracture of the right distal femur just above the knee and placed in a full leg splint.

On 06/03/2025, Surveyor reviewed Resident 1's observation notes from 01/27/2025 through 02/03/2025 and the following was noted:

~01/27/2025 - "Discharge report from hospital: [Resident 1] has a closed right femur fracture [s/he] does have a splint in place. A referral was sent for [her/him] to see orthopedics..."

~02/03/2025 - "...New pressure wound to right heel present, half dollar in size and deep purple in color..."

~02/05/2025 - "Transport [Resident 1] to Skilled Nursing Facility...Medications packed...County rescue services enroute..."

A physician home visit for Resident 1 dated 02/03/2025 indicated, "Follow-up leg fracture pain...Brace in place with noted heel pressure area requiring monitoring."

Resident 1's ISP updated on 01/27/2025 indicated, Resident 1 was non-ambulatory,

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N 389	Continued From page 6 required a Hoyer lift for transfers, and staff assistance for ADLs (Activities of Daily Living). Additionally, the ISP stated, "[Resident 1] requires two staff for all toileting tasks. Staff to assist with cleansing of pull up with incontinence. [Resident 1] is not at risk for skin breakdown and has no wound(s)." Surveyor noted there was no plan of care to prevent pressure injuries from developing or promote healing of the existing pressure injury. In addition Resident 1's ISP dated 01/27/2025: -- Did not identify Resident 1's risk for pressure injuries due to age, diagnoses, immobility or incontinence. -- Did not identify strategies to prevent skin break down. (e.g. frequent repositioning, pressure relieving devices, monitoring skin under and around the leg brace/splint) -- Did not identify the presence of a pressure injury or strategies to manage the existing pressure injury On 06/03/2025 at 12:00 PM, Surveyor interviewed Administrator A and RN-B regarding Resident 1's pressure injury status. RN-B verified on 02/03/2025 Resident 1 developed a pressure injury on the right heel. Administrator A and RN-B verified the ISP dated 01/27/2025 was Resident 1's most current ISP following the incident on 01/26/2025. Administrator A and RN-B acknowledged the ISP dated 01/27/2025 was silent to preventing and treating pressure injuries for Resident 1 and indicated they were already making updates to address current resident needs.	N 389		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident	Y3244		

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Y3244	Continued From page 7 in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not ensure Resident 1 received adequate and appropriate care within the capacity of the facility. Resident 1 did not have a BM (bowel movement) for several days (01/28/2025 through 02/02/2025). The provider did not follow their bowel movement protocol to prevent constipation, resulting in Resident 1 being sent to the ED (Emergency Department) for treatment and diagnosed with impacted stool in intestine. Findings include: According to www.drugs.com/cg/fecal-impaction.html, "Fecal impaction is a buildup of hardened bowel movements that gets stuck in your rectum or	Y3244		

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colon. Fecal impaction may cause a partial or complete blockage. This can make it hard for you to pass a bowel movement...What causes or increases risk for fecal impaction; Changes as you age, such as constipation, not enough liquids, fiber, or calories in your nutrition, not enough movement or exercise, side effects of certain medicines, such as opioids, NSAIDs, or iron, toileting habits, such as ignoring the urge to pass a bowel movement, certain conditions such as depression..."

According to www.drugs.com/oxycodone.html, "Oxycodone is an opioid analgesic used to treat moderate to severe pain...Common Oxycodone side effects are: constipation..."

According to www.drugs.com/ferrous_sulfate.html, "Ferrous sulfate is a type of iron...Common ferrous sulfate side effects may include: constipation..."

The facility's bowel movement protocol, undated indicated, "Purpose: To address and prevent constipation with the potential to lead to bowel obstruction or fecal impaction. Procedure: After three days documented without bowel movement implement BM (bowel movement) protocol. First shift - administrator 1 serving of prune juice, Second shift - if no BM administer 1 dose of milk of magnesia, Third shift- if no BM administer 1 dose of bisacodyl suppository, document after each administration, Nurse to assess if no BM after administration of bisacodyl suppository."

On 02/18/2025, the Department received a concern regarding resident care and treatment.

On 06/03/2025, Surveyor reviewed the closed medical record for Resident 1. Resident 1 was

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Y3244	Continued From page 9	Y3244		

re-admitted to the facility on 01/27/2025 following hospitalization for a distal femur fracture. Additional diagnoses include hypertension, depression, anemia and weakness. Resident 1 was her/his own person and did not have an activated power of attorney.

Resident 1's ISP (Individual Service Plan) dated 01/27/2025 indicated, Resident 1 was non-ambulatory, required a mechanical lift for transfers, and staff assistance for ADL's (Activities of Daily Living). Additionally, the ISP stated, "[Resident 1] requires two staff for all toileting tasks. Staff to assist with cleansing of pull up with incontinence." Surveyor noted there was no plan of care to prevent constipation for Resident 1 when the resident had risk factors for constipation.

On 06/03/2025, Surveyor reviewed Resident 1's observation notes from 01/27/2025 through 02/03/2025 and the following was noted:

~01/27/2025 - "Discharge report from hospital: [Resident 1] has a closed right femur fracture [s/he] does have a splint in place. A referral was sent for [her/him] to see orthopedics...They prescribed [her/him] Oxycodone every four hours PRN for pain."

~01/28/2025 - "Clarification from MD: Please continue Oxycodone 5 mg four times daily scheduled and 5 mg every four hours PRN..."

~02/02/2025 - "...Resident has had no BM in seven days and was experiencing abdominal pain. Staff administered a PRN suppository with no results. Family requesting resident to be sent out. EMS (Emergency Medical Services) contacted and resident will be sent to hospital."

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Y3244	Continued From page 10 ~02/03/2025- "[Resident 1] return to facility via EMS from hospital ED with diagnosis: Impacted stool in the intestine. [Resident 1] received a suppository and Senna in the ED. Extra-large amount of stool was extracted. At this time resident is comfortable and not in pain. Will continue to monitor." On 06/09/2025, Surveyor reviewed Resident 1's ED report dated 02/02/2025 which indicated, "Resident 1 presenting to the ED with constipation. [Resident 1] states [s/he] is having lower abdominal discomfort and described as a "fullness" and bloating...ED Course - PROCEDURE: Fecal Disimpaction. INDICATION: Fecal Impaction...NOTES: The resident was placed in the left lateral Sim's position. Digital rectal exam was performed. A significant amount of hard stool was encountered in the rectal vault which was dislodged. The resident tolerated the procedure well and thereafter reported improvement in symptoms. Interventions: Manual fecal disimpaction, Senna-S, Dulcolax suppository...Abdominal discomfort resolved after intervention. The ED "After Visit Summary" for Resident 1 dated 02/02/2025 documented, "Reason for Visit: Constipation. Diagnosis: Impacted stool in intestine..." A review of Resident 1's eMARs (electronic Medication Records) for 01/28/2025 through 02/02/2025 revealed physician orders for Ferrous Sulfate 325 mg (milligrams) twice daily, Oxycodone 5 mg one tablet four times daily, Oxycodone 5 mg one tablet every 4 hours PRN (as needed) for pain, Miralax 17 gm (grams) daily for constipation, Senna S 8.6-50 mg two tablets twice daily, milk of magnesium 30 ml (milliliters) PRN for constipation and bisacodyl 10 mg	Y3244		

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suppository rectally daily PRN for constipation. Common side effects of ferrous sulfate and Oxycodone is constipation.

Resident 1's eMAR for 01/28/2025 through 02/02/2025 documented the following:
On 01/28/2025 Resident 1 received two tablets of ferrous sulfate and three tablets of Oxycodone 5 mg.
On 01/29/2025 Resident 1 received two tablets of ferrous sulfate and five tablets of Oxycodone 5 mg.
On 01/30/2025 Resident 1 received two tablets of ferrous sulfate and five tablets of Oxycodone 5 mg.
On 01/31/2025 Resident 1 received two tablets of ferrous sulfate and six tablets of Oxycodone 5 mg.
On 02/01/2025 Resident 1 received two tablets of ferrous sulfate and five tablets of Oxycodone 5 mg.
On 02/02/2025 Resident 1 received two tablets of ferrous sulfate and six tablets of Oxycodone 5 mg.

On 06/03/2025, Surveyor reviewed the January 2025 and February 2025 "BM Tracking" reports for Resident 1. According to the reports Resident 1 did not have a BM on 01/28/2025, 01/29/2025, 01/30/2025, 01/31/2025, 02/01/2025 and 02/02/2025.

On 06/03/2025, Surveyor reviewed Resident 1's eMARs from 01/28/2025 through 02/02/2025 and noted the only PRN medication Resident 1 received was bisacodyl 10 mg suppository on 02/02/2025. The facility did not follow their BM protocol on 01/31/2025 when Resident 1 had no BM in 3 days. On 01/31/2025, first shift did not administer a serving of prune juice to Resident 1,

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second shift staff did not administer a dose of milk of magnesia and third shift staff did not give the bisacodyl suppository. Surveyor noted no bowel interventions were documented when Resident 1 did not have a BM for multiple days until 02/02/2025, when a bisacodyl suppository was given, with no results.

On 06/03/2025 at 11:50 AM, Surveyor informed Administrator A and RN (Registered Nurse)-B Resident 1's January 2025 and February 2025 BM tracking records indicated the resident did not have a BM from 01/28/2025 to 02/02/2025 and Surveyor only noted one time when bisacodyl suppository was administered to Resident 1; on 02/02/2025. Administrator A and RN-B verified Resident 1's last documented BM was on 01/26/2025 and the only PRN medication documented as being given was bisacodyl suppository on 02/02/2025. Administrator A explained staff should have reviewed the BM tracking reports and followed the facility's BM protocol when [Resident 1] didn't have a BM for three days. Surveyor informed Administrator A Resident 1's record contained no evidence the facility's BM protocol was followed. Administrator A verified Resident 1's record did not have evidence the BM protocol was followed and indicated staff will be re-education to document better and follow the BM protocol when necessary. Surveyor requested any additional information for Resident 1's BMs. Administrator A and RN-B verified they had no additional information to provide.

In conclusion, Resident 1 did not have a BM for several days. The provider did not follow their bowel movement protocol to prevent constipation, resulting in the resident being sent to the ED for treatment and diagnosed with impacted stool in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017257	A. BUILDING: _____ B. WING _____	C 06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARATON COMMONS 3	1525 ARCADIAN LN DE PERE, WI 54115

(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
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