STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016351	A. BUILDING: _____ B. WING _____	C 11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN GRAND ASSISTED LIVING SUITES	900 MEADOW LN NEENAH, WI 54956

(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 11/21/2024, with information gathered through 11/27/2024, Surveyor conducted 2 complaint investigations at American Grand Assisted Living Suites. Three deficiencies were identified. One of 3 deficiencies was a repeat violation (see Statement of Deficiency (SOD) QP0C11, SOD QP0C12, SOD QP0C13, and SOD QP0C15. Two of 2 complaints were unsubstantiated. Census: 67	N 000		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit	N 310		

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

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N 310	Continued From page 1 may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the admission agreement included the rate for charged services for 1 of 2 residents (Resident 1). Findings Include: On 08/15/2024, the Department received a concern regarding admission agreements. On 11/21/2024, Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility on 03/07/2024. Resident 1's "Admission Agreement," undated, had an area to document cost of services. This portion of the of the document was left blank. The admission agreement did not include the rate charged for basic services being provided. On 11/21/2024, at approximately 12:30 PM, Surveyor interviewed Administrator A and South Director B. Administrator A stated, "I don't know why I did not write in the service fees."	N 310		

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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 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 1 out of 2 residents reviewed. This deficiency is being cited for the fifth time. See Statement of Deficiency (SOD) QP0C11, dated 12/11/2019, SOD QP0C12, dated 01/19/2021, SOD QP0C13, dated 09/16/2021, and SOD QP0C15, dated 10/14/2022. Resident 2's ISP did not document that s/he displayed behaviors of placing him/herself on the floor. Findings include: On 11/21/2024, Surveyor reviewed Resident 2's record.	N 389		

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N 389	Continued From page 3 Resident 2 moved into the facility, 11/29/2023, with diagnoses including dementia with behavioral disturbance and agitation. Resident discharged to a skilled nursing facility on 06/28/2024. Resident 2's "Observation" notes documented: 02/23/2024 6:45 PM - After taking his/her 5PM Trazadone the resident has become very agitated and restless, screaming nonstop, yelling at staff, and crawling on the floor in his/her bedroom ... at one point writer was walking past the resident's room and watched him/her place him/herself on the ground from his/her recliner chair and begin crawling around on the ground screaming for help. 02/23/2024 10:00 PM - Still placing him/herself on the floor and screaming for help and crawling around on the floor. 03/02/2024 5:45 PM - Resident yelled for staff to come help him/her, as staff entered his/her room s/he yelled at staff to 'Shut Up" and used profanity. [S/he] then grabbed a pillow placed it in his/her doorway and laid him/herself down on the ground and yelled at staff. 03/09/2024 6:00 PM - At 4:15 PM resident was found lying on the floor in his/her room on his/her left side under his/her recliner ... 03/26/2024 2:30 PM - Resident was yelling for help when staff walked into the room Resident was found lying on the floor with a blue blanket underneath him/her that appears to have come off the bed while Resident was moving around. 03/28/2024 1:30 PM - Found on the floor when receiving lunch. Around him/her was feces all the way into the bathroom. 04/05/2024 5:30 PM - Resident has been very anxious, throwing him/herself to the floor no matter where s/he is put whether its his/her bed,	N 389		

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recliner, or wheelchair.
04/09/2024 2:45 AM - Resident has been yelling nonstop since 11PM, s/he continues to scream at staff and place him/herself on the floor and scoot out of his/her room on his/her bottom and yelling for help. Staff will assist him/her and as soon as they leave his/her room s/he will put him/herself on the floor and yell for help again.
04/27/2024 4:15 AM - Resident for over twenty times crawled out of bed and onto floor ...
05/14/2024 12:30 AM - Resident was found on floor by RN (registered nurse) ...
06/08/2024 9:30 PM - Resident was screaming and yelling at staff and putting him/herself on the floor and being combative
06/13/2024 10:15 PM - Resident was extremely aggressive and combative today. Resident kept putting him/herself on the floor and screaming for help.
06/20/2024 9:15 AM - Continues with high level of agitation AEB (as evidenced by) screaming "HELP" repetitively even after cares have been provided, repetitively laying self on floor, even after s/he has been helped up off floor per his/her request. Episodes of combativeness with staff attempting to meet his/her needs.

Resident 2's "Care Plan," undated, documented: Mobility & Walking - As Needed Assistance: Has a history of falls and is a high fall risk. Uses a four wheeled walker for ambulation. Has a tendency to ambulate without his/her walker. Staff are to ensure [Resident 2] has on proper footwear for all ambulation. Staff are to remind [Resident 2] to use his/her walker bring him/her his/her walker in the event s/he is ambulating without.
Fall Interventions: Impulsive with standing and ambulation, high fall risk, needs SBA/CGA (standby assist/contact guard assist) for

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N 389	Continued From page 5 ambulation, transfers, ADLS (activities of daily living). Staff are to provide frequent safety checks when [Resident 2] is in [his/her] room alone. Behaviors: Having episodes of agitation and aggression with staff. [S/he] is having difficulty sleeping since admission to facility. [Resident 2] presents confused and anxious and does not understand why [s/he] is here. Dementia Diagnosis: Has a diagnosis of dementia with behavioral disturbance. This can present itself as but not limited to anxiety, irritability, agitation, physical or verbal aggression, sleep disturbances, pacing, wandering, loss of self-confidence, restlessness and fidgeting, and care refusal. Staff should be aware of this and approach with a patience. On 11/21/2024, at approximately 12:30 PM, Surveyor interviewed Administrator A and South Director B. Administrator A stated Surveyor was provided Resident 2's most current ISP/Care Plan before his/her discharge and it should have been individualized to reflect his/her specific behaviors and provide adequate guidance for staff regarding those behaviors.	N 389		
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	N 408		

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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 observation, record review and interview, the provider did not ensure 2 of 2 residents' prescribed PRN (as needed) psychotropic medications were documented on the Individualized Service Plan (ISP).

Resident 2's ISP did not identify s/he was on 2 different doses of PRN Haloperidol or include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration.
Resident 3's ISP did not identify s/he was on PRN Quetiapine Fumarate or include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration.

Findings include:

Example 1: Resident 2

On 11/21/2024, Surveyor reviewed Resident 2's record.

Resident 2 admitted to the facility, 11/29/2023, with diagnoses including chronic obstructive pulmonary disease (COPD), dementia with

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behavioral disturbance, and history of alcohol dependence. Resident 2 discharged on 06/28/2024.

Resident 2's May 2024 MAR (Medication Administration Record) documented:
"Haloperidol 1 MG (milligram) tablet - Take 1 tablet by mouth every 30 minutes until calm - Max 5 MG/Day (restlessness, agitation)."
Administered: 05/05, 05/15, and twice on 05/24.

"Haloperidol 0.5 MG tablet - Take 1 tablet by mouth twice daily as needed for restlessness, agitation."
Administered: 05/01, 05/02, 05/05, 05/08, 05/09, 05/10, 05/13, 05/14, 05/18, 05/21, 05/29 and 05/31.

The MAR did not document a rationale for administration.

Resident 2's May 2024 "Observations" did not document any behaviors.

Resident 2's ISP, undated, documented:
"Medication Management: Will require staff assistance with administration of all prescribed medications, in a timely manner as prescribed by [his/her] PCP (primary care physician)."
"Psychotropic Medications - Using: Takes a scheduled psychotropic medication for behaviors. Staff should monitor for any signs of increased of behaviors such as but not limited to: increased agitation, increased aggression, increased restlessness/pacing."
"Behaviors: Having episodes of agitation and aggression with staff. [S/he] is having difficulty sleeping since admission to facility. [Resident 2] presents confused and anxious and does not understand why [s/he] is here."

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"Dementia Diagnosis: has a diagnosis of Dementia with behavioral disturbance. This can present itself as but not limited to anxiety, irritability, agitation, physical or verbal aggression, sleep disturbances, pacing, wandering, loss of self-confidence, restlessness and fidgeting, and care refusal. Staff should beware of this and approach with a patience. These symptoms can make [Resident 2] lash out at those around [him/her]. Use a calm quiet voice and attempt to stay an arm's length away."

On 11/21/2024, at approximately 12:30 PM, Surveyor interviewed Administrator A and South Director B. Administrator A stated Surveyor was provided Resident 2's most recent ISP before his/her discharge and Administrator A thought the MAR language was included in the ISP. Administrator A stated s/he would follow up with a resident's primary care physician when clarification was needed on medications.

Example 2: Resident 3

On 11/21/2024, at approximately 12:00 PM, Surveyor and South Director B observed Resident 3's blister card of PRN Quetiapine, with a dispensed date of 09/19/2024, in the med cart.

On 11/21/2024, Surveyor reviewed Resident 3's record.

Resident 3 moved into the facility on 11/18/2020.

Resident 3's November 2024 MAR documented: "Quetiapine Fumarate 25 MG Tab (tablet) - Take ½ tablet (12.5 MG) by mouth during the day as needed."
The MAR documented administration on 11/09 at 4:25 PM and 11/20 at 4:29 PM with the rationale

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N 408	Continued From page 9 of "attempted redirection multiple times." Resident 3's ISP, dated 10/05/2023 and 09/25/2024, documented: "Psychotropic Medications: No psychotropic medications used or administered at this time." "Elopement Risk: In the evenings [s/he] sundown's and tries to leave the facility and has eloped." "Attitude: None, resident displays positive attitude." "Interaction: None, resident displays positive interaction with others independently and without incident." "Aggressive/Combative: None, resident displays no aggressive/combative behaviors." On 11/21/2024, at approximately 12:30 PM, Surveyor interviewed Administrator A and South Director B. Administrator A stated s/he thought the MAR language was included in the ISP. South Director B stated s/he would review the ISP.	N 408		