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	0019745	A. BUILDING: _____ B. WING _____	R-C 08/23/2024

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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 000}	Initial Comments On 08/08/2024, Surveyor conducted a complaint investigation and verification visit at VitaCare Living Bloomer I. Data collection continued through 08/23/2024. The complaint was substantiated. Eight deficiencies were identified. Four of the 8 were repeat violations (see SOD ESN611, dated 04/17/2024). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 14	{N 000}		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on interview and record review, the provider did not give Resident 3 a 30-day written	N 326		

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

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N 326	Continued From page 1 advance notice of discharge. Findings include: The provider is licensed to care for 17 residents in the client group of advanced aged. On 06/10/2024, the Department received a complaint alleging a resident was not discharged appropriately. On 08/08/2024 at approximately 10:45 AM, Surveyor interviewed Clinical Nurse Director (CND) A. CND A stated Resident 3 was moved to the facility across the parking lot so all the residents needing Hoyer lift (mechanical lift) assistance were in one building. At 12:58 PM, Surveyor interviewed Caregiver F. Caregiver F stated Resident 3 had a choice to move to the other building across the parking lot. Caregiver F stated the provider wanted all the residents who were Hoyer lift transfers in one building for staffing purposes. On 08/13/2024 at approximately 9:00 AM, Surveyor interviewed Caregiver G. Caregiver G stated Resident 3 had passed away unexpectedly on 08/09/2024. Caregiver G confirmed Resident 3 was moved due to convenience of having all the 2-assist residents in one building. Caregiver G stated Resident 3 had told him/her that s/he did not want to move. At 12:12 PM, Surveyor interviewed Caregiver H. Caregiver H indicated Resident 3 was not happy with his/her move between the facilities. At 2:20 PM, Surveyor interviewed Executive Director (ED) B. ED B stated Resident 3 was	N 326		

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N 326	Continued From page 2	N 326		

transferred to the facility across the parking lot because the room in this facility was small for a Hoyer lift to move around and the room needed updates. ED B stated that initially, Resident 3 was not happy about the move but after transitioning, s/he liked the new location. ED B stated Resident 3's move to the facility across the parking lot was treated as a transfer because they thought of both facilities as one. ED B stated they did let Resident 3's care team know about the move.

On 08/13/2024 at 1:26 PM, Surveyor received an email response from CND A from a documentation request submitted on 08/09/2024 at 4:29 PM. CND A stated Resident 3 did not discharge from the facility but moved to the facility across the parking lot on 06/28/2024. CND A stated, "[Resident 3] moved due to improvements needed for [his/her] current room and offer more room in the 'efficiency' style rooms found in Building 2 (facility across the parking lot)." CND A indicated Resident 3 did not need a 30-day notice due to only switching rooms within the buildings.

On 08/14/2024, Surveyor reviewed Resident 3's record and the provider's mechanical lift policy and procedure. Resident 3 was admitted on 06/15/2023 and was his/her own decision maker. The individual service plan (ISP), dated 06/06/2024, indicated Resident 3 was a 2-staff transfer with a Hoyer lift. The provider's mechanical lift policy and procedure stated, "Two people are to be present during transferring with all mechanical lifts."

On 08/21/2024 at 3:50 PM, Surveyor interviewed Managed Care Organization Supervisor (MCOS) I. MCOS I stated they did receive notification about Resident 3's move to the facility across the

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N 326	Continued From page 3 parking lot. MCOS I stated they considered it a lateral move and a 30-day notice was not required. MCOS I stated they had monthly contact with Resident 3 in June and July 2024. They also had an in-person visit on 07/17/2024 where there were not concerns reported and per MCO staff charting, Resident 3 was agreeable to the move. On 08/22/2024 at 8:30 AM, Surveyor interviewed CND A and ED B. CND A confirmed a 30-day discharge notice was not issued as they considered it a transfer. The provider did not give Resident 3 a 30-day written advance notice of discharge before s/he was discharged to the facility across the parking lot on 06/28/2024.	N 326		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1, Resident 2, and Resident 4 received all medications in the dosages and at intervals prescribed by a practitioner. Resident 1 did not receive 2 doses of nebulizer treatment in August 2024.	{N 352}		

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{N 352}	Continued From page 4 Resident 2 did not receive a 1 dose of Humalog and 2 doses of Metoprolol in July and August 2024. Resident 4 did not receive multiple medications as prescribed in July and August 2024, along with staff charting a Lidocaine patch as given when it should have been on hold. This is a repeat deficiency. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024. Findings include: On 06/10/2024, the Department received a complaint alleging residents were not receiving medications as prescribed. The provider is licensed to serve up to 17 residents in the client group advanced aged. On 08/08/2024 at 1:40 PM, Surveyor requested the records for Resident 1 and Resident 2, including the last 3 months of medication administration records (MAR). On 08/09/2024 at 04:29 PM, Surveyor requested from Clinical Nurse Director (CND) A via email, the June, July, and August 2024 MARs for Resident 1, Resident 2, and Resident 4, after finding only the May 2024 MAR was provided. On 08/14/2024, Surveyor reviewed Resident 1, Resident 2, and Resident 4's MARs. Resident 1 Resident 1 was admitted on 05/23/2024 and had his/her medications managed by the provider.	{N 352}		

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{N 352}	Continued From page 5 The August 2024 MAR indicated the following medication was not available in the medication cart for staff to administer for the following dates and times: Iprat-Albut 0.5-3mg/3ml - inhale 1 vial via nebulizer 4 times daily 08/07/2024 8:00 AM 08/07/2024 12:00 PM. Resident 2 Resident 2 was admitted to the facility on 02/17/2018 and had his/her medications managed by the provider. The July and August 2024 MAR indicated the following medications were not available in the medication cart for staff to administer for the following dates and times: Humalog 100 Units/ml Kwikpen - sliding scale injection daily before every meal 07/31/2024 12:00 PM Metoprolol Suc 25 mg extended release (Er) - take 1 tablet by mouth daily 08/01/2024 5:00 PM 08/02/2024 5:00 PM. Surveyor reviewed Resident 2's blood glucose record, which indicated his/her blood glucose level at 12:00 PM on 07/31/2024 was 197. Per Resident 2's Humalog sliding scale, s/he should have received 7 Units of insulin. Resident 4 Resident 4 was admitted to the facility on 12/18/2023 and had medications managed by the provider. The July and August 2024 MAR indicated the following medication was not	{N 352}		

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{N 352}	Continued From page 6	{N 352}		

available in the medication cart for staff to administer for the following dates and times:

Clotrimazole 1% cream - apply topically twice daily to groin
07/30/2024 8:00 AM

Tramadol HCL 50 mg - take 1 tablet twice daily for chronic pain
08/01/2024 8:00 PM
08/02/2024 8:00 PM.

The August 2024 MAR indicated the following medication was charted by staff as given on the following dates but was put on hold 08/01/2024 through 08/11/2024:

Lidocaine 5% patch - place 1 patch on the skin daily for 12 hours and remove at 8:00 PM
08/02/2024 8:00 AM
08/05/2024 8:00 AM.

On 08/08/2024 at approximately 10:45 AM, Surveyor interviewed Clinical Nurse Director (CND) A. CND A stated they reassigned medication courses to staff and had been doing audits on the medications and the medication carts.

At 12:58 PM, Surveyor interviewed Caregiver F. Caregiver F stated medications had improved in the last month. Caregiver F stated they sometimes had issues with hospice putting in medication orders and the medication not showing up in the MAR right away.

On 08/13/2024 at 2:20 PM, Surveyor interviewed Executive Director (ED) B. ED B stated s/he does a monthly changeover of medications. ED B stated staff were responsible for letting ED B

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{N 352}	Continued From page 7 know if medications were not in the medication cart. ED B stated some medications were put on hold, such as vitamins and diabetic supplies, due to the pharmacy not covering them. On 08/22/2024 at 8:30 AM, Surveyor interviewed CND A and ED B. ED B stated Resident 1 was under hospice care and they would have handled his/her medications. ED B stated that if staff did not notify him/her when medications were getting low or out, then s/he would not know. CND A stated Resident 2 received his/her medications from a local pharmacy, where ED B would have been able to pick them up. CND A stated Resident 4 also was under hospice care and did not understand why staff were still able to chart a medication was given when it was on hold. CND A stated s/he would have to look into it and see if there was a glitch in their electronic MAR. CND A stated staff were perhaps not putting in the correct response when charting and would need to follow up with staff. Surveyor gave provider a deadline of 5:00 PM 08/22/2024 to submit any further documentation. Surveyor did not receive any further documentation from the provider. The provider did not ensure Resident 1, Resident 2, and Resident 4 received all medications in the dosages and at intervals prescribed by a practitioner, when Resident 1 did not receive 2 doses of nebulizer treatment in August 2024, Resident 2 did not receive a 1 dose of Humalog and 2 doses of Metoprolol in July and August 2024, and Resident 4 did not receive multiple medications as prescribed in July and August 2024, and staff charted Resident 4's Lidocaine patch as given when it should have been on hold.	{N 352}		

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N 427	Continued From page 8	N 427		
N 427	83.38(1)(c) Leisure time activities. 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on interview, observation, and record review, the provider did not ensure a daily activity program was provided to residents. Findings include: The provider is licensed to care for 17 residents in the client group of advanced aged. On 06/10/2024, the Department received a complaint about activities. On 08/08/2024 at approximately 9:15 AM, Surveyor observed an activity calendar posted on a bulletin board in the dining room hallway. The August 2024 activity calendar indicated that on a Thursday, there would be morning chat, garden day, and a game scheduled for the day. The calendar did not indicate a specific time for the activities to begin.	N 427		

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N 427	Continued From page 9 At 9:17 AM, Surveyor interviewed Housekeeper D. Housekeeper D stated s/he believed staff could be doing more activities with residents and had observed staff sitting in a chair on their phones instead of interacting with residents. At approximately 9:58 AM, Surveyor observed 2 residents sitting at a dining room table coloring a picture. At 10:10 AM, Surveyor interviewed Resident 1. Resident 1 stated staff did not usually do activities but s/he had enough hobbies and visitors to keep him/her busy. Resident 1 stated some staff would sit down occasionally with him/her and play dice or cards. At 12:40 PM, Surveyor interviewed Caregiver E. Caregiver E stated there were no activities done in the community with residents and usually activities were not brought in from the community. Caregiver E stated they could provide more activities for the residents and sometimes it was a matter of staff having time. At 12:58 PM, Surveyor interviewed Caregiver F. Caregiver F also confirmed more activities could be provided for the residents and some days the residents did not want to do the scheduled activity. Caregiver F stated s/he wished staff had more time to do one on one activities with residents. At approximately 3:00 PM, Surveyor observed the July 2024 activity calendar, which was an exact copy of the August 2024 activity calendar for each day. From 9:00 AM to 3:40 PM, Surveyor did not	N 427		

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N 427	Continued From page 10 observe scheduled activities from the August 2024 activity calendar conducted. Surveyor took a lunch break from approximately 2:00 PM to 2:30 PM. On 08/13/2024 at 2:30 PM, Surveyor interviewed Executive Director (ED) B. ED B stated staff were responsible for doing activities with residents and they did not have designated activity staff. ED B stated staff did not always follow the activity calendar and could be doing more activities with residents. ED B stated some staff were better at conducting activities with residents than others. It was a matter of getting staff to do activities. ED B confirmed they did not have a vehicle for taking residents on community outings. ED B stated s/he was told once their census increased, they would be able to hire designated activity staff. On 08/22/2024 at 8:30 AM, Surveyor interviewed Clinical Nurse Director (CND) A and ED B. CND A stated activities were part of staff's tasks for their shift and should be offering them to residents. CND A stated Assistant Director (AD) C was trying to get more volunteers and usually there were more activities going on during the day.	N 427		
{N 441}	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all employees followed hand washing procedures according to the Centers for Disease Control and Prevention (CDC) standards.	{N 441}		

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{N 441}	Continued From page 11 This is a repeat deficiency. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024. Findings include: The provider is licensed to serve up to 17 residents in the client group advanced aged. On 08/08/2024 at approximately 10:45 AM, Surveyor interviewed Clinical Nurse Director (CND) A. CND A stated s/he re-educated all staff on hand hygiene, posted posters, and had been doing audits of hand hygiene with staff. On 08/08/2024, from 11:00 AM to 11:10 AM, Surveyor observed Caregiver F during medication pass. At 11:00 AM, Caregiver F did a blood glucose check for Resident 2. When s/he returned to the medication cart, s/he removed his/her gloves and did not perform hand hygiene before charting on the computer and grabbing Resident 5's blood glucose supplies. Caregiver F then went to the kitchen sink and washed his/her hands prior to checking Resident 5's blood glucose. Caregiver F returned to the medication cart and removed his/her gloves. Surveyor did not observe Caregiver F perform hand hygiene after removing his/her gloves. On 08/08/2024 from 11:38 AM to 11:56 AM, Surveyor observed Caregiver F during medication pass. After medication administration to Resident 5, Caregiver F removed his/her gloves and did not perform hand hygiene. According to information found on https://www.cdc.gov/handhygiene/providers/guideline.html, "The Core Infection Prevention and Control Practices for Safe Delivery on All	{N 441}		

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{N 441}	Continued From page 12 Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC)" includes the following recommendations for hand hygiene in healthcare settings: Health care personnel should use alcohol-based hand rub or wash with soap and water for the following clinical indications: - Immediately before touching a patient - Before performing an aseptic task or... handling invasive medical devices - Before moving from work on a soiled body site to a clean body site on the same patient - After touching a patient or the patient's immediate environment - After contact with blood, body fluids, or contaminated surfaces - Immediately after glove removal." At 12:58 PM, Surveyor interviewed Caregiver F. Caregiver F asked how s/he did with hand hygiene during the medication pass Surveyor observed. Surveyor pointed out a few times Caregiver F forgot to do hand hygiene and Caregiver F indicated his/her disappointment, stating s/he thought s/he did a good job. On 08/22/2024 at 8:30 AM, Surveyor interviewed CND A and Executive Director (ED) B. CND A acknowledged there was still room for improvement with staff hand hygiene.	{N 441}		
N 444	83.40 Oxygen storage. Oxygen storage. Oxygen storage shall be in an area that is well ventilated and safe from environmental hazards, tampering, or the chance	N 444		

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N 444	Continued From page 13 of accidental damage to the valve stem. If oxygen cylinders are in use, oxygen cylinders shall be secured in an upright position. If stored upright, cylinders must be secured. If stored horizontally, cylinders shall be on a level surface where they will remain stationary. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure oxygen was secured when stored upright in a resident room. Findings include: On 08/08/2024 at 10:10 AM, Surveyor observed 2 large cylindrical oxygen tanks stored in the upright position inside Resident 1's room approximately a foot from the wall between his/her closet and television stand. Surveyor observed both portable wheeled carriers for the 2 oxygen tanks sitting against the wall, parked behind the tanks. Both tanks were unsecured. A smaller portable oxygen tank was secured in the oxygen charge that Resident 1 stated was not working but the company was supposed to be coming to fix it that day. On 08/22/2024 at 8:30 AM, Surveyor interviewed Clinical Nurse Director (CND) A and Executive Director B. CND A stated Resident 1 did mess with his/her oxygen tanks in his/her room. CND A stated s/he would make sure Resident 1 and staff were educated on oxygen storage.	N 444		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary	N 452		

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N 452	Continued From page 14 conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food in a sanitary manner. Surveyors found multiple food items that were not labeled and dated in the refrigerator and freezer. This had the potential to affect 14 of 14 residents residing in the facility. Findings include: On 06/10/2024, the Department received a complaint alleging food was not safely stored. On 08/08/2024 at 9:17 AM, Surveyor interviewed Housekeeper D. Housekeeper D stated s/he would help unload the food truck every Tuesday. Housekeeper D stated s/he would help repackage, date, and label food. Assistant Director (AD) C would do the weekly food orders. At 9:43 AM, Surveyor interviewed AD C. AD C	N 452		

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N 452	Continued From page 15	N 452		

confirmed s/he did the weekly food orders. AD C stated they keep a lower food stock and not much extra on hand because they do order weekly. AD C stated that when s/he first started doing food orders, it was a bit of a mess but has improved.

On 08/08/2024 at 12:32 PM, Surveyor toured the kitchen. Surveyor observed multiple food items in the freezers that were not labeled or dated:

Standup Freezer #1
-meat patties in plastic bag with no label or date
-sauce package with no label
-approximately 10 bags of vegetables with no date
-pie crust with no date
-package of meat with no label or date

Standup Freezer #2
-package of ravioli with no date
-approximately 3 bags of fries with no date
-multiple packages of bread and buns with no date.

At 12:58 PM, Surveyor interviewed Caregiver F. Caregiver F stated that usually 1 to 2 staff were responsible for dating food and putting it away when it arrived. Caregiver F stated the food was shared with the other facility across the parking lot.

On 08/08/2024 at 1:26 PM, Surveyor toured the kitchen. Surveyor observed in Refrigerator #1, a couple pies and a cake uncovered with no label or date. Surveyor also observed in Refrigerator #2, several containers of food opened, with no date and/or the date exceeded 7 days.

According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code,

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N 452	Continued From page 16 and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, ready to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (Servsafe Coursebook, 7th Ed., 2017, p. 5-23) On 08/22/2024 at 8:30 AM, Surveyor interviewed Clinical Nurse Director A and Executive Director B. CND A stated it was expected staff wrote a received and open date on food.	N 452		
{N 481}	83.43(1) Environment safe, clean, and comfortable 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, comfortable, and homelike environment. This is a repeat deficiency. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024.	{N 481}		

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{N 481}	Continued From page 17 Findings include: The provider is licensed to serve up to 17 residents in the client group advanced aged. On 08/08/2024, from approximately 9:15 AM to 2:48 PM, Surveyor toured the physical environment and observed the following: 1. In the east hallway by the dining room, the carpet had 2 long frayed strips approximately 3 to 4 feet long posing a trip hazard. 2. Upon entrance to the facility there was a strong smell of urine 3. Resident 6's room walls had numerous scrapes that removed paint in multiple areas. The end of Resident 6's bed was cracked at the footboard. The bathroom door had 1 to 2 holes on either side. The wall behind the entrance door had an attempted repair with tape still in place. The carpet had stains and small frays. 4. The kitchen floor and counter were sticky and had food debris. All kitchen cabinets were worn on the exterior. Bottom drawer to right of sink was off its track. Multiple cabinets and drawers had food debris and grime in them. The main kitchen entrance door had a hole on the hallway side. 5. The carpet outside the pantry door had a small foot-long frayed strip, posing a trip hazard. 6. Refrigerator #1 had food grime and debris from spilled juice and other matter. At 9:17 AM, Surveyor interviewed Housekeeper D. Housekeeper D stated s/he had been off for a couple weeks and staff did their best to fill in. Housekeeper D stated this was his/her first day back. Surveyor mentioned the strong smell of urine when first entering the building and Housekeeper D stated s/he would investigate it right away. Housekeeper D stated they did get a	{N 481}		

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{N 481}	Continued From page 18	{N 481}		

new stove for the kitchen and there had been bids taken for new flooring.

At 10:04 AM, Surveyor interviewed Resident 6. Resident 6 initially stated nothing had been fixed in his/her room since Surveyor was last there in April 2024. Resident 6 stated Maintenance J had started to repair the hole behind his/her bedroom entrance door 2 weeks ago but had not finished the repair.

At 10:45 AM, Surveyor interviewed Clinical Nurse Director (CND) A. CND A stated they had bids out for carpet and had picked out the colors. CND A stated they wanted to go with a local contractor and were told the job was a couple weeks out yet. Surveyor asked CND A if they asked the Department for an extension to get the work done. CND A stated they had not requested an extension. CND A stated Resident 6's room was an ongoing issue due to his/her electric wheelchair. CND A stated Maintenance J was there a couple days and fixed everything. CND A stated it was Resident 6's responsibility to let them know if there was any maintenance that needed to be done in his/her room. CND A stated they cleaned the kitchen and Maintenance J had repaired what was put in for.

At 12:00 PM, Resident 6 stated s/he did not know if anyone reached out about repairing his/her bed. His/Her room had not been painted since s/he moved to the facility in 2018. Resident 6 stated Maintenance J had tried to fix the wall by the shower in his/her bathroom but staff had hit it with the Hoyer lift and broken it again.

Surveyor reviewed the carpet bid and work order provided by CND A. The bid was dated 07/15/2024 and was not signed. It did not have a

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{N 481}	Continued From page 19	{N 481}		

date indicated when work would be completed. The work order was dated 03/20/2024 and indicated Resident 6's toilet paper holder had been fixed on 03/28/2024.

On 08/22/2024 at 4:12 PM, Surveyor interviewed Maintenance J. Maintenance J stated s/he had Resident 6's room taken care of last week and replaced his/her room door. Maintenance J stated s/he patched a bunch of holes in Resident 6's room after the April 2024 survey but new holes showed up due to Resident 6's powered wheelchair and the Hoyer lift. Maintenance J stated s/he had 16 buildings for just him/her to maintain, with lots of travel time. Maintenance J stated s/he was not aware of the hole in the kitchen door and would look at it today as s/he was currently at the facility. Maintenance J stated work orders were put into their electronic system and s/he had to put the orders back in if a job was not competed, so they would continue to show up. Maintenance J acknowledged sometimes s/he would forget to put the work order back in and would forget about the request.

On 08/22/2024 at 8:30 AM, Surveyor interviewed CND A and Executive Director (ED) B. CND A stated the kitchen cabinetry would not be able to be replaced until it was fiscally feasible. CND A stated it was in their policy and procedure that they needed 2 bids before moving forward with work. ED B stated that another contractor was at the facility 2 days ago for their 2nd bid on the carpet. CND A stated it had been a challenge to get contractors in for bids. CND A stated they had spoken with Resident 6 about the damage in his/her room and would be monitoring his/her safety with use of his/her motorized wheelchair. ED B stated Resident 6 owned his/her bed and they would help Resident 6 get his/her care team

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{N 481}	Continued From page 20 involved to replace it.	{N 481}		
{N 499}	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all cleaning compounds, insecticides and toxic substances were stored in a secure area. This is a repeat deficiency. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024. Findings include: The provider is licensed to serve up to 17 residents in the client group advanced aged. On 08/08/2024 at 9:41 AM, Surveyor observed the following substances unsecured: Beauty Salon -disinfectant spray -fungicide and virucide -clipper disinfectant. All substance labels had warnings to keep out of reach of children. At 10:45 AM, Surveyor interviewed Clinical Nurse Director (CND) A. CND A stated they had installed a lock on the cabinet in the beauty salon. Surveyor brought concerns forward and CND A	{N 499}		

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{N 499}	Continued From page 21 stated the beautician was working today at the other facility across the parking lot. CND A stated the cabinet should be secured if no one is in the room. At 11:56 AM, Surveyor observed the toxic substances had been removed from the unsecured beauty salon cabinet. At 12:40 PM, Surveyor interviewed Caregiver E. Caregiver E stated the beauty salon was usually locked. At approximately 3:20 PM, Surveyor interviewed CND A. CND A confirmed s/he had removed the toxic substances from the beauty salon. On 08/22/2024 at 8:30 AM, Surveyor interviewed CND A and Executive Director B. CND A stated they had it on Maintenance J's work list to find a door lock for the beauty salon and planned to keep it locked at all times.	{N 499}		