| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019745 | A. BUILDING: _____ B. WING _____ | R-C 03/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VITACARE LIVING BLOOMER I | 406 PRIDDY ST BLOOMER, WI 54724 |

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| {N 000} | Initial Comments<br><br>On 02/26/2025, Surveyor conducted a verification visit and complaint investigation at VitaCare Living Bloomer I. Data was reviewed through 03/04/2025.<br><br>The complaint was substantiated.<br><br>Three deficiencies were identified.<br><br>Two of 3 deficiencies were repeat violations. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024 and SOD ESN612, dated 08/23/2024.<br><br>Census: 8<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. | {N 000} | | |
| N 200 | 83.14(2)(e) Notify within 7 days of administrator change<br><br>The licensee shall notify the department within 7 days after there is a change in the administrator.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the licensee did not report to the Department within 7 days after there was a change in administrators.<br><br>Findings include:<br><br>On 02/26/2025 at approximately 9:30 a.m., Surveyor interviewed Director A and Administrator B. Surveyor reviewed the provider's contact information with Director A and Administrator B, which indicated Former Administrator (FA) C was listed as the administrator. Administrator B told Surveyor s/he began as the administrator on 01/06/2025. S/he said FA C worked with the | N 200 | | |

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

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| N 200 | Continued From page 1<br>former management company that was no longer being used.<br><br>On 02/26/2025, Surveyor reviewed the Department's electronic record for the provider. Surveyor did not locate a report indicating there was a change in administrator. | N 200 | | |
| {N 352} | 83.32(3)(h) Rights of Residents: Receive medication<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed (Resident 1 and Resident 2) received all medications in the dosages and at intervals prescribed by a practitioner.<br><br>Resident 1 did not receive 2 doses of warfarin in February 2025.<br><br>Resident 2 did not receive 5 doses of amlodipine and lisinopril in January 2025, and missed 3 doses of the amlodipine and lisinopril in February 2025.<br><br>This requirement is being cited for the third time. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024 and SOD ESN612, dated 08/23/2024. | {N 352} | | |

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| {N 352} | Continued From page 2<br>Findings include:<br><br>On 02/27/2025, Surveyor reviewed Resident 1 and Resident 2's record and medication administration record (MAR) for January and February 2025.<br><br>Resident 1<br><br>Resident 1 had a diagnosis of atrial fibrillation and was on warfarin to prevent blood clots. Resident 1's target INR (international normalized ratio) was 2 - 3. Resident 1's INR was checked weekly.<br><br>Resident 1's February 2025 MAR indicated s/he missed his/her doses of warfarin on 02/02/2025 and 02/03/2025. On 02/02/2025, Caregiver E documented, "Warfarin - not given, no warfarin in cart." On 02/03/2025, Caregiver F documented, "Warfarin - not in."<br><br>On 02/04/2025, Resident 1's INR was 1.9, which was below his/her target INR.<br><br>On 03/04/2025 at approximately 2:30 p.m., Surveyor interviewed Director A, Administrator B, and Assistant Director (AD) D on the phone. Surveyor asked why Resident 1 missed 2 doses of his/her warfarin. Director A told Surveyor Resident 1's INR check was entered on the wrong date. S/he said Resident 1 should have had his/her INR taken a day earlier and then pharmacy would send the doses for that week. Surveyor asked if the anticoagulation clinic was made aware Resident 1 missed 2 doses. Director A said, "I believe so."<br><br>Resident 2<br><br>Resident 2's January 2025 MAR indicated s/he | {N 352} | | |

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| {N 352} | Continued From page 3 | {N 352} | | |

missed doses of his/her amlodipine and lisinopril on 01/21/2025 - 01/25/2025. Staff documented the following:
01/21/2025, Caregiver G documented: "Lisinopril 5 Mg (milligram) Tab (tablet) - not here ... Amlodipine 5 Mg Tab - med out."
01/22/2025, Caregiver H documented: "Lisinopril 5 Mg Tab - waiting on pharmacy to deliver ... Amlodipine 5 Mg Tab - waiting on pharmacy to deliver."
01/23/2025, Caregiver H documented: "Lisinopril 5 Mg Tab - waiting on pharmacy ... Amlodipine 5 Mg Tab - waiting on pharmacy."
01/24/2025, Caregiver G documented: "Lisinopril 5 Mg Tab - med out ... Amlodipine 5 Mg Tab - med out."
01/25/2025, Caregiver G documented: "Amlodipine 5 Mg Tab - not here ... Lisinopril 5 Mg Tab - med out."

Resident 2's February 2025 MAR indicated s/he missed doses of his/her amlodipine and lisinopril on 02/24/2025 - 02/26/2025. Staff documented the following:
02/24/2025, Caregiver E documented: "Lisinopril 5 Mg Tab - Skipped - med out of stock, Nurse notified ... Amlodipine 5 MG Tab - Skipped - med out of stock, Nurse notified."
02/25/2025, Caregiver H documented: "Lisinopril 5 Mg Tab - Skipped - med out of stock, Nurse notified ... Amlodipine 5 MG Tab - Skipped - med out of stock, Nurse notified."
02/26/2025, Caregiver G documented: "Lisinopril 5 Mg Tab - med out ... Amlodipine 5 Mg Tab - med out."

Amlodipine and lisinopril are antihypertensive medications that are used to control high blood pressure.

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| {N 352} | Continued From page 4<br><br>On 02/27/2025, Surveyor emailed Director A and Administrator B and asked if Resident 2's blood pressure was monitored on the dates s/he missed these medications. Surveyor also asked if Resident 2's prescribing physician was notified that Resident 2 missed these doses of his/her prescribed medications. Surveyor requested documentation to indicate Resident 2's blood pressure was monitored and his/her physician was notified of the missed doses.<br><br>On 02/28/2025, Director A replied via email, which read, in part: "Documentation cannot be found." Director A did include blood pressure readings for Resident 2, but this did not include blood pressure readings from 01/21/2025 - 01/25/2025. On 02/26/2025, Resident 2's blood pressure was 145/89.<br><br>On 03/04/2025 at approximately 2:30 p.m., Surveyor interviewed Director A, Administrator B, and AD D on the phone. Surveyor asked why Resident 2 missed doses of his/her amlodipine and lisinopril. AD D said Resident 2's MAR indicated the medications were scheduled in the AM, but pharmacy sent medications with a label that indicated PM. The medications were in the PM slot instead of the AM slot. S/he explained this occurred in January and in February. Surveyor asked who was responsible for medications that come in to ensure accuracy when placing the medications into the medication cart. AD D said it was management and the lead's responsibility. Surveyor asked if staff administering medications notified management of the missing medications. AD D said they did not notify anyone.<br><br>The provider did not ensure Resident 1 and Resident 2 received all prescribed medications. | {N 352} | | |

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| N 399 | 83.36(2) Maintain current written staffing schedule<br><br>Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not maintain an accurate staffing schedule.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024.<br><br>Findings include:<br><br>On 12/05/2024, the Department received a complaint alleging the schedule was not accurate.<br><br>On 02/27/2025, Surveyor reviewed the February 2025 schedule.<br><br>On 02/08/2025, there were no staff on the schedule to work from 10:00 p.m. - 6:00 a.m.<br>On 02/12/2025, there were no staff on the schedule to work from 6:00 a.m. - 2:00 p.m.<br>On 02/17/2025, there were no staff on the schedule to work the overnight shift from 2:00 a.m. - 6:00 a.m. (which would have been 02/18/2025).<br>On 02/20/2025, there were no staff on the schedule to work from 10:00 p.m. - 6:00 a.m.<br><br>On 02/27/2025, Surveyor emailed Director A and Administrator B and asked who worked on the dates and times listed above. | N 399 | | |

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| N 399 | Continued From page 6<br><br>On 02/28/2025, Director A replied, via email, and indicated the following staff were working on those dates and times:<br>02/08/2025 - Caregiver I and Caregiver J worked form 10:00 p.m. - 6:00 a.m.<br>02/12/2025 - Caregiver K and Caregiver G worked from 6:00 a.m. - 2:00 p.m.<br>02/17/2025 - Caregiver J worked from 2:00 a.m. - 6:00 a.m.<br>02/20/2025 - Caregiver L and Caregiver M worked from 10:00 p.m. - 6:00 a.m.<br><br>On 03/04/2025 at approximately 3:00 p.m., Surveyor interviewed Director A , Administrator B, and Assistant Director D on the phone. Surveyor asked why the schedule was not kept accurate to reflect who was working. Director A told Surveyor, "I am doing the best I can." S/he said it was difficult to keep the 2 facilies separate in their electronic system. Director A said she was utilizing a paper copy of the schedule going forward so s/he could easily update and make changes to it. | N 399 | | |