STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020250	A. BUILDING: _____ B. WING _____	R 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMERSLEY HOUSE	5222 HAMMERSLEY ROAD MADISON, WI 53711

(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 04/24/2025, Surveyor conducted a complaint investigation and verification visit at Hammersley House. Eleven (11) deficiencies were identified. Five (5) are repeat violations. Twelve (12) previous deficiencies identified in statement of deficiency (SOD) FQ7B11, dated 02/04/2025 were substantially corrected. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 5	{N 000}		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not immediately notify Resident 2's physician when s/he experienced a change in his/her physical condition on 04/15/2025 which required emergency medical services (EMS) intervention.	N 169		

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

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N 169	Continued From page 1 Findings include: On 04/24/2025, at approximately 9:20 a.m., Surveyor conducted a complaint investigation and standard survey. Surveyor requested to review the record of Resident 2. Resident 2 was admitted to the provider on 08/09/2021 with diagnoses including down syndrome and diabetes mellitus. Surveyor reviewed an incident report dated 04/15/2025 that documented, "Residents blood sugar dropped to 38 units, [s/he] became hypoglycemic. Resident was sitting in the dining room when where[sic] [s/he] was napping, [s/he] then began to shake violently, staff though [s/he] was having a seizure. Staff checked [his/her] sugar with the Dexcom and realized [his/her] blood sugar had dropped. [Resident 2] was then guided to the floor and and[sic] turned on [his/her] side while we waited for EMS to arrive. POA was informed of incident." There was no documentation that Resident 2's physician was notified of the change in Resident 2's condition. At approximately 4:00 p.m., Surveyor reviewed the above concerns with Consultant D. Consultant D stated that s/he had no idea if Resident 2's physician was notified about the incident on 04/15/2025 and that Administrator F would have that information. Surveyor requested Administrator F provide documentation that Resident 2's physician was notified after the incident on 04/15/2025. As of 05/07/2025, no documentation has been received that Resident 2's physician was notified of his/her low blood sugar and seizure activity requiring EMS intervention on 04/15/2025.	N 169		

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{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 residents received all prescribed medications in the dosage and at intervals prescribed by their practitioner. Resident 2 and Resident 3 did not receive the correct dose(s) of sliding scale insulin appropriate to the parameters prescribed by their practitioner. Repeat deficiency from statement of deficiency (SOD) FQ7B11, dated 02/04/2025. Findings include: On 04/24/2025, at approximately 9:20 a.m., Surveyor requested to review the records of Resident 2 and Resident 3. Example 1 - Resident 2 Resident 2 was admitted to the provider on 08/09/2021 with diagnoses including diabetes mellitus. Surveyor reviewed physician orders for: -Admelog Solostar 100 unit/ML inject 5UN in the morning plus SS: <151=0UN; 151-200=3UN; 201-250=3UN; 251-300=4UN; 301-350=5UN;	{N 352}		

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{N 352}	Continued From page 3 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 **MAX OF 50UN/DAY** *Call clinic if blood sugar is >450 after 2 readings/4 hours apart and correction given; evaluate for illness; if blood sugar is <70 more than two per week. -Admelog Solostar 100 unit/ML inject 7UN at noon plus SS: <151=0UN; 151-200=2UN; 201-250=3UN; 251-300=4UN; 301-350=5UN; 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 **MAX OF 50UN/DAY** *Call clinic if blood sugar is >450 after 2 readings/4 hours apart and correction given; evaluate for illness; if blood sugar is <70 more than two per week. -Admelog Solostar 100 unit/ML inject 6UN in the evening plus SS: <151=0UN; 151-200=2UN; 201-250=3UN; 251-300=4UN; 301-350=5UN; 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 **MAX OF 50UN/DAY** *Call clinic if blood sugar is >450 after 2 readings/4 hours apart and correction given; evaluate for illness; if blood sugar is <70 more than two per week. -Admelog Solostar 100 unit/ML inject subcutaneously per sliding scale at bedtime: <201=0UN; 201-250=1UN; 251-300=3UN; 301-350=4UN; >350=5UN CALL MD. HOLD IF BS IS >100 **MAX OF 50UN/DAY** *Call clinic if blood sugar is >450 after 2 readings/4 hours apart and correction given; evaluate for illness; if blood sugar is <70 more than two per week. -Admelog Solostar 100 unit/ML inject subcutaneously 3 units with snacks up to three times daily; may be given between meals. **DO	{N 352}		

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{N 352}	Continued From page 4 NOT GIVE SNACK COVERAGE ALONG WITH MEAL DOSING; MAX OF 50UN/DAY; HOLD IF SNACK BS>200. Surveyor reviewed Resident 2's April 2025 medication administration record (MAR), which documented the following occurrences when Resident 2's sliding scale insulin was not administered as ordered: -04/15/2025 at 9:59 a.m. Total Sliding Units Given: 251-300=4 Units; What Is Residents Blood Sugar?: 235 *Per order, 3 additional units of insulin should have been administered. -04/17/2025 at 10:42 a.m. Total Sliding Units Given: 301-350=5 Units; What Is Residents Blood Sugar?: 357 *Per order, 6 additional units of insulin should have been administered (morning dose) or 3 additional units of insulin if 10:00 AM snack dose. Example 2 - Resident 3 Resident 3 was admitted to the provider on 01/06/2016 with diagnoses including diabetes. Surveyor reviewed physician orders for: -Insulin aspart 100 unit/ml pen to inject subcutaneously in the morning based on sliding scale: <150=0UN; 150-200= 2UN; 201-250=4UN; 251-300=6UN; >300=8UN CALL MD. MAX DOSE OF 48UN PER DAY. -Insulin aspart 100 unit/ml pen to inject subcutaneously at noon based on sliding scale: <150=0UN; 150-200= 2UN; 201-250=4UN; 251-300=6UN; >300=8UN CALL MD. MAX DOSE OF 48UN PER DAY.	{N 352}		

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{N 352}	Continued From page 5	{N 352}		

-Insulin aspart 100 unit/ml pen to inject subcutaneously in the evening based on sliding scale: <150=0UN; 150-200= 2UN; 201-250=4UN; 251-300=6UN; >300=8UN CALL MD. MAX DOSE OF 48UN PER DAY.

-Insulin aspart 100 unit/ml pen to inject subcutaneously at bedtime based on sliding scale: <201=0UN; 201-250=2UN; 251-300=4UN; >300=6UN CALL MD. MAX DOSE OF 48UN PER DAY.

Surveyor reviewed Resident 3's April 2025 medication administration record (MAR), which documented the following occurrences when Resident 3's sliding scale insulin was not administered as ordered:

-04/05/2025 at 8:43 a.m.
Total Number of Units Given: 6 UNITS (251-300)
What Is Residents Blood Sugar?: 95
*Per order, no additional units of insulin should have been administered.

-04/11/2025 at 10:14 a.m.
Total Number of Units Given: 4 UNITS (201-250)
What Is Residents Blood Sugar?: 164
*Per order, 2 additional units of insulin should have been administered.

-04/15/2025 at 11:45 a.m.
Total Number of Units Given: 2 UNITS (151-200)
What Is Residents Blood Sugar?: 130
*Per order, no additional units of insulin should have been administered.

-04/19/2025 at 7:56 p.m.

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{N 352}	Continued From page 6 Total Number of Units Given: 2 UNITS (201-250) What Is Residents Blood Sugar?: 180 *Per order, no additional units of insulin should have been administered. At approximately 4:00 p.m., Surveyor reviewed the above concerns with Consultant D. Consultant D stated that training was provided for staff and acknowledged the concern that on many occurrences the administered dose of insulin did not align with the physician's specified parameters.	{N 352}		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the CBRF did not provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. The provider staffed the facility with 1 caregiver with at least 1 resident requiring 2 staff members to evacuate in case of an emergency. Findings include: On 04/24/2025 at approximately 9:00 a.m., Surveyor observed Caregiver E was the only staff member in the facility. Surveyor asked Caregiver E what the staffing patterns were for each shift. Caregiver E stated that there is one caregiver on first shift, one on second shift, one on third shift and the provider will use agency staff. Surveyor asked if there was any other staff besides	N 396		

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N 396	Continued From page 7	N 396		

caregivers, such as a housekeeper, cook, activities person, ect. Caregiver E stated caregivers are expected to complete the cooking, housekeeping, and activities. Surveyor asked Caregiver E if 1 staff member was adequate to meet the needs of the residents and the household. Caregiver E stated it's hard.

At approximately 11:00 a.m., Surveyor interviewed Resident 5, who is his/her own decision maker. Resident 5 stated there are not enough staff in the building. S/he stated that staff can't fix lunch, dinner, do laundry, do dishes and take care of residents, that it's too much for one person and it's neglectful. Resident 5 stated that the residents there have needs, toileting, bathing, ect. so how is all of that supposed to get done, it can't.

At 11:26 a.m., Surveyor interviewed Resident 3 who was sitting up in his/her wheelchair in his/her bedroom. Surveyor asked Resident 3 about concerns. Resident 3 stated the residents work together to help each other. Resident 3 stated Resident 2's room is next to his/hers and s/he will get low blood sugars and need staff assistance. Resident 2 has a harder time getting around and is less verbal than him/her so s/he will go check on Resident 2 and get staff members when s/he needs assistance. Staff have never asked him/her to assist with other residents, but when s/he sees that someone needs help and cannot find a caregiver, s/he will help out of necessity.

Surveyor reviewed Resident 3's evacuation assessment which identified Resident 3 as having an evacuation time of over 4 minutes and needs limited assistance from two staff to evacuate.

Surveyor reviewed Resident 3's current individual

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N 396	Continued From page 8 service plan (ISP) which identified that Resident 3 required a sit to stand to transfer, but did not identify the amount of staff or level of assistance s/he needs to evacuate in an emergency. Surveyor reviewed the April staff schedule which confirmed the provider's staffing ratio is one caregiver for first shift, one for second shift and one for third shift. At approximately 2:30 p.m., Surveyor reviewed the above concerns with Consultant D who stated s/he understands the concerns and would share them with the licensee.	N 396		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the facility maintained a proof-of-use record for Resident 4's hydrocodone that was audited, signed, and dated daily by the administrator or designee. Findings include:	N 409		

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N 409	Continued From page 9 At 3:22 p.m., Surveyor observed Caregiver E and the second shift caregiver doing the narcotic counts of medication. Caregiver E stated that staff don't typically do narc counts and that the counts are off. Surveyor observed a punch card of Resident 4's Hydrocodone-Apap 5-325 with an order to take (1) tablet orally every 8 hours as needed for pain. Surveyor reviewed the proof-of-use record with Caregiver E. The proof-of-use record documented Resident 4 was administered hydrocodone on 04/04/2025 and the amount of hydrocodone left was 3 tablets. There was no date, time or signature documenting the count of hydrocodone eventually went down to 2 tablets. On 04/21/2025, documentation that another hydrocodone was administered and the count was 1 tablet. The administrator or designee did not audit, sign and date the proof-of-use record for Resident 4's hydrocodone. At approximately 4:00 p.m., Surveyor reviewed the above concerns with Consultant D. Consultant D stated s/he is not in the house daily but will re-train the staff on proof-of-use records and the importance of auditing them.	N 409		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication	{N 415}		

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{N 415}	Continued From page 10	{N 415}		

administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure the person administering medication accurately documented in the resident record the medication(s) that were taken in the medication administration record (MAR).

Resident 1's folic acid 1mg was documented as administered throughout the month of April 2025, although it was not available.

Resident 2's admelog solostar was not documented at each administration time for the month of April 2025.

Resident 3's zinc oxide 40% ointment was documented as administered throughout the month of April 2025, although it was not available.

Repeat deficiency from statement of deficiency (SOD) FQ7B11, dated 02/04/2025.

Findings include:

On 04/24/2025, at approximately 9:20 a.m., Surveyor reviewed the Records of Resident 1, Resident 2 and Resident 3.

Example 1 - Resident 1
Resident 1 was admitted to the provider on 11/11/2024.

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{N 415}	Continued From page 11 Surveyor reviewed Resident 1's April 2025 MAR, which included a physician order for folic acid 1mg tablet to take 1 tablet daily. From April 1-April 19, 2025, Resident 1's folic acid was documented as: Unavailable - 4 days Administered - 14 days No documentation - 1 day Example 2 - Resident 2 Resident 2 was admitted to the provider on 08/09/2021. Surveyor reviewed physician orders for: -Admelog Solostar 100 unit/ML inject 5UN in the morning plus SS: <151=0UN; 151-200=3UN; 201-250=3UN; 251-300=4UN; 301-350=5UN; 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 -Admelog Solostar 100 unit/ML inject 7UN at noon plus SS: <151=0UN; 151-200=2UN; 201-250=3UN; 251-300=4UN; 301-350=5UN; 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 -Admelog Solostar 100 unit/ML inject 6UN in the evening plus SS: <151=0UN; 151-200=2UN; 201-250=3UN; 251-300=4UN; 301-350=5UN; 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 -Admelog Solostar 100 unit/ML inject subcutaneously per sliding scale at bedtime: <201=0UN; 201-250=1UN; 251-300=3UN; 301-350=4UN; >350=5UN CALL MD. HOLD IF BS IS >100 -Admelog Solostar 100 unit/ML inject	{N 415}		

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{N 415}	Continued From page 12 subcutaneously 3 units with snacks up to three times daily; may be given between meals. **DO NOT GIVE SNACK COVERAGE ALONG WITH MEAL DOSING; MAX OF 50UN/DAY; HOLD IF SNACK BS>200. Surveyor reviewed Resident 2's medication administration record (MAR) for April 2025. Resident 2's blood sugars and insulin administered was not documented on the following dates/times: -04/02/2025 at bedtime -04/05/2025 at morning and noon -04/16/2025 at morning and noon -04/17/2025 at morning Example 3 - Resident 3 Resident 3 was admitted to the provider on 01/06/2016. Surveyor reviewed Resident 3's April 2025 MAR, which included a physician order for zinc oxide 40% ointment to apply to affected area(s) twice daily. From April 1-April 19, 2025, Resident 3's zinc oxide was documented as: Unavailable - 10 times Administered - 28 times At 3:22 p.m., Surveyor reviewed the medication cart with Caregiver E. Caregiver E confirmed that Resident 1's folic acid and Resident 3's zinc oxide were not available for administration and have not been available for the month of April.	{N 415}		
{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In	{N 431}		

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{N 431}	Continued From page 13 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not monitor the health of Resident 2 to meet the needs of his/her diabetic parameters and blood sugar results. Repeat deficiency from statement of deficiency (SOD) FQ7B11, dated 02/04/2025.	{N 431}		

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{N 431}	Continued From page 14 Findings include: On 04/24/2025, at approximately 9:20 a.m., Surveyor reviewed the record of Resident 2 who was admitted to the provider on 08/09/2021 with diagnoses including down syndrome and diabetes mellitus. Surveyor reviewed physician orders for: -Admelog Solostar 100 unit/ML inject 5UN in the morning plus SS: <151=0UN; 151-200=3UN; 201-250=3UN; 251-300=4UN; 301-350=5UN; 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 **MAX OF 50UN/DAY** *Call clinic if blood sugar is >450 after 2 readings/4 hours apart and correction given; evaluate for illness; if blood sugar is <70 more than two per week. -Admelog Solostar 100 unit/ML inject 7UN at noon plus SS: <151=0UN; 151-200=2UN; 201-250=3UN; 251-300=4UN; 301-350=5UN; 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 **MAX OF 50UN/DAY** *Call clinic if blood sugar is >450 after 2 readings/4 hours apart and correction given; evaluate for illness; if blood sugar is <70 more than two per week. -Admelog Solostar 100 unit/ML inject 6UN in the evening plus SS: <151=0UN; 151-200=2UN; 201-250=3UN; 251-300=4UN; 301-350=5UN; 351-400=6UN; >400=CALL MD. HOLD IF BS IS >100 **MAX OF 50UN/DAY** *Call clinic if blood sugar is >450 after 2 readings/4 hours apart and correction given; evaluate for illness; if blood sugar is <70 more than two per week.	{N 431}		

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{N 431}	Continued From page 15	{N 431}		

-Admelog Solostar 100 unit/ML inject subcutaneously per sliding scale at bedtime: <201=0UN; 201-250=1UN; 251-300=3UN; 301-350=4UN; >350=5UN CALL MD. HOLD IF BS IS >100 **MAX OF 50UN/DAY**
*Call clinic if blood sugar is >450 after 2 readings/4 hours apart and correction given; evaluate for illness; if blood sugar is <70 more than two per week.

-Admelog Solostar 100 unit/ML inject subcutaneously 3 units with snacks up to three times daily; may be given between meals. **DO NOT GIVE SNACK COVERAGE ALONG WITH MEAL DOSING; MAX OF 50UN/DAY; HOLD IF SNACK BS>200.

Surveyor reviewed Resident 2's progress notes for April 2025 which documented:
-04/01/2025, "Writer called residents endocrinologist regarding low blood sugar, updated on residents condition. Endocrinology clinic had no new orders at this time."
-04/03/2025, "Residents blood sugars very stable at the beginning of the day today, during lunch residents blood sugar was 106 staff held noon doses of insulin, 7 units and 29 units to avoid it dropping any more. Resident ate 100% lunch blood sugar then went up to 182. Around 2:00 pm resident had a snack and bs reached 233 around that time staff then gave resident 3 units of snack insulin will continue to monitor, throughout the afternoon before supper time."
-04/03/2025, Incident Report (found on floor)
-04/15/2025, Incident Report (seizure)

Surveyor reviewed an incident report dated 04/15/2025 that documented, "Residents blood sugar dropped to 38 units, [s/he] became

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{N 431}	Continued From page 16	{N 431}		

hypoglycemic. Resident was sitting in the dining room when where[sic] [s/he] was napping, [s/he] then began to shake violently, staff thought [s/he] was having a seizure. Staff checked [his/her] sugar with the Dexcom and realized [his/her] blood sugar had dropped. [Resident 2] was then guided to the floor and and[sic] turned on [his/her] side while we waited for EMS to arrive. POA was informed of incident." There was no documentation that Resident 2's physician was notified of the change in Resident 2's condition.

Surveyor reviewed Resident 2's medication administration record (MAR) for April 2025.

Resident 2's blood sugars were documented as below 70 on the following dates/times:
04/01/2025 at 8:42 a.m., BS = 60
04/01/2025 at 8:08 p.m., BS = 57
04/10/2025 at 12:13 p.m., BS = 55
04/15/2025 at 5:25 p.m., BS = 38
04/16/2025 at 6:29 p.m., BS = 58

Resident 2's blood sugars and insulin administered was not documented on the following dates/times:
-04/02/2025 at bedtime
-04/05/2025 at morning and noon
-04/16/2025 at morning and noon
-04/17/2025 at morning

Surveyor reviewed a hospital summary that documented that Resident 2 was admitted to the hospital on 04/17/2025 with diagnoses including hyperglycemia and multiple rib fractures. Resident 2 had not been discharged from the hospital at the time of the survey.

At approximately 4:00 p.m., Surveyor reviewed the above concerns with Consultant D who

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provided Surveyor with an investigation into Resident 2's rib fractures after his/her hospital admission that had been conducted by Administrator F. Consultant D stated s/he understands the concerns of monitoring Resident 2's health if his/her blood sugar and insulin are not documented and monitored accurately. Surveyor asked if there was documentation that Resident 2's physician was notified about Resident 2's low blood sugar and subsequent seizure that required EMS intervention on 04/15/2025 or low blood sugar readings and insulin documentation on 04/16/2025 and 04/17/2025, as well as documentation explaining why Resident 2 was sent to the hospital on 04/17/2025. Consultant D stated that s/he was unsure, and Administrator F would have to provide Surveyor with that documentation. Surveyor requested Administrator F provide documentation by 04/25/2025.

On 04/25/2025, at 1:03 p.m., Administrator F provided documentation that Resident 2's physician was notified of Resident 2's hospital admission and fractures with an admission date of 04/17/2025.

On 04/28/2025, at 6:50 p.m., Administrator F provided Surveyor a screen shot of Resident 2's electronic record documenting that Resident 2's physician was notified of his/her low blood sugars on 04/01/2025.

As of 05/07/2025, no documentation has been received that Resident 2's physician was notified of his/her low blood sugar on 04/15/2025 and seizure activity requiring EMS intervention, the monitoring of Resident 2's blood sugars and insulin administration on 04/16/2025 and 04/17/2025, or why Resident 2 was sent to the

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{N 431}	Continued From page 18 emergency room on 04/17/2025. CROSS REFERENCE N0325 DHS 83.32(3)(h) Right of Residents: Receive Medication N0415 DHS 83.37(3)(d) Documentation of Medication Administration	{N 431}		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all equipment and utensils were cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. The provider had a two tub sink and did not have a way of sanitizing dishes.	N 447		

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N 447	Continued From page 19 Findings include: On 04/24/2025 at 9:53 a.m., Surveyor observed Caregiver E put dish soap into a sink full of water and dishes. Caregiver E washed the dishes by hand and rinsed them in the second sink tub then set them in a drying wrack to dry. Surveyor asked Caregiver E if s/he had a way to sanitize the dishes after s/he washed them. Caregiver E stated no. Caregiver E stated that s/he would normally put the dishes in the dishwasher, but the provider has been out of dishwasher pods. Surveyor noted that the dishwasher was running.	N 447		
{N 450}	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure a weekly menu was available to residents and that deviations from the planned menu were documented. Repeat deficiency from statement of deficiency (SOD) FQ7B11, dated 02/04/2025. Findings include:	{N 450}		

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{N 450}	Continued From page 20 On 04/24/2025 at approximately 9:00 a.m., Surveyor toured the facility and was unable to locate documentation of a menu. Surveyor observed a white board located near the kitchen that had the date, breakfast, lunch and dinner, but no food items listed. At 9:02 a.m., Surveyor interviewed Caregiver E if the facility had a menu. Caregiver E pointed at a binder on top of the refrigerator and stated yes, but that s/he could not reach it. Surveyor got the binder and observed 5 weeks' worth of menus. Surveyor asked what week the of menus the provider was on. Caregiver E stated s/he believes it was week 5. Surveyor looked at week 5 and read the menu documenting lunch as baked macaroni & cheese, zucchini, baked apples and dessert and asked Caregiver E if that's what was being provided for lunch. Caregiver E stated no, that s/he goes into the pantry and makes whatever s/he would eat and whatever they have the supplies for. At approximately 11:00 a.m., Surveyor asked Resident 4 if s/he was aware of what was for lunch today. Resident 4 stated no, not usually. At approximately 11:25 a.m., Surveyor asked Resident 3 if s/he was aware of what was for lunch today. Resident 3 stated s/he forgot, maybe mashed potatoes and peas. At 11:48 a.m., Surveyor observed the write board located near the kitchen; it had not been updated with the menu for the day and was still blank. Surveyor asked Caregiver E what s/he was making for lunch. Caregiver E stated Cornish hen and mashed potatoes.	{N 450}		

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{N 452}	Continued From page 21	{N 452}		
{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 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 ensure food was stored under conditions that prevented food borne illnesses. Repeat deficiency from statement of deficiency (SOD) FQ7B11, dated 02/04/2025. Findings include: On 04/24/2025 at approximately 9:00 a.m., Surveyor toured the provider's kitchen. Surveyor observed the following concerns in the provider's refrigerator: - 5 bags of cheese that state they are to be consumed within 7 days of opening, that did not	{N 452}		

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{N 452}	Continued From page 22 have a date of opening on it. - 2 containers of black forest ham that state it is to be consumed within 7 days of opening, that did not have a date of opening on it. - An open container of hard salami that state it is to be consumed within 7 days of opening, that did not have a date of opening on it. - 2 plastic contains of pico de gallo that did not have an airtight seal or a date of opening on it. One of the containers of pico de gallo had white spots on it, likely a sign of spoilage. - A bag of green grapes that were soft, started to brown and decay. - A brown bag of take-out food that did not have a label or date. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) At 9:05 a.m., Surveyor interviewed Caregiver E and asked if she was aware when any of the food in the refrigerator was opened. Caregiver E stated that s/he knows the take-out food belonged to a resident and was from yesterday. At approximately 9:35 a.m., Surveyor reviewed the above concerns with Consultant D. Consultant D stated training had been provided and staff are aware food needs to be labeled and dated.	{N 452}		
N 499	83.45(3) Toxic substances.	N 499		

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N 499	Continued From page 23 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 cleaning compounds and toxic substances were stored in a secure area. The provider had cleaning compounds and toxic substances stored in a cabinet that was not secured under the kitchen sink. Findings include: On 04/24/2025, Surveyor conducted a complaint investigation and verification visit. The provider was issued a probationary license on 08/01/2024 as a class CNA (nonambulatory) community based residential facility able to serve up to 8 residents within the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and traumatic brain injury. At 9:53 a.m., Surveyor toured the provider's kitchen. Surveyor observed the following cleaning compounds, not secured, in a cabinet under the kitchen sink: 2 gallons of bleach, a gallon of Fabuloso, multipurpose cleaner, Glasstop cleaner, and Behold. Surveyor interviewed Caregiver E and asked if the cabinet was able to be secured. Caregiver E stated s/he was unsure and attempted to secure the broken child's lock that was on the cabinet. Throughout the duration of the survey, Surveyor	N 499		

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N 499	Continued From page 24 observed residents independently ambulating throughout the facility with independent access to the kitchen.	N 499		
N 612	83.55(3) Bath and toilet areas: hand drying. Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 4 out of 4 public bathrooms had paper towels, cloth towel dispensing units or electric hand dryers. Findings include: On 04/24/2025, Surveyor conducted a complaint investigation and verification visit. The provider was issued a probationary license on 08/01/2024 as a class CNA (nonambulatory) community based residential facility able to serve up to 8 residents within the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and traumatic brain injury. At approximately 9:50 a.m., Surveyor observed one of the provider's public bathrooms; there was no paper towel in the paper towel holder. Surveyor then went down the hall to get paper towel from another bathroom; there was no paper towel in the second bathroom.	N 612		

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N 612	Continued From page 25 At 9:56 a.m., Surveyor told Caregiver E that there was no paper towel in the bathroom. Caregiver E stated yes that a resident had just made him/her aware. Caregiver E confirmed that all 4 bathrooms were out of paper towel. Throughout the duration of the survey, Surveyor observed residents independently using the bathrooms.	N 612		