STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019366	A. BUILDING: _____ B. WING _____	R-C 02/09/2024

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SAGE MEADOWS OF MIDDLETON - 5340	5340 CENTURY AVE MIDDLETON, WI 53562

(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 02/06/2024, with information obtained through 02/09/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation, verification visit, and probationary licensing survey at Sage Meadows of Middleton, a community-based residential facility (CBRF) located in Middleton, WI. As a result of the survey, 3 deficiencies were identified. Two deficiencies are repeat deficiencies from Statement of Deficiency (SOD) GLXI11, dated 09/28/2023. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. The complaint was unsubstantiated. Census: 34	{N 000}		
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 that Resident 1 received his/her prescribed medications in the dosage prescribed by his/her practitioner.	N 352		

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

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N 352	Continued From page 1 Out of 3 occasions from 01/01/2024 - 02/07/2024 when Resident 1's blood sugar fell within the range for holding his/her insulin as ordered by his/her medical provider, staff administered insulin on 2 occasions. Findings include: On 02/08/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 02/15/2023 with diagnoses including type 2 diabetes. Resident 1 was prescribed a Novolog FlexPen 100 units/mL, active from 12/08/2023 - 01/31/2024, with instructions to: "Inject 10 units subcutaneously twice a day with breakfast and dinner and inject 8 units at noon. Omit if not eating or blood glucose is less than 120..." Surveyor reviewed Resident 1's medication administration record (MAR) from 01/01/2024 - 02/07/2024 as well as his/her vitals history document for the same date range, where staff appeared to record Resident 1's blood sugar values. Surveyor observed 3 occasions in which Resident 1's blood sugar was documented as being under 120, 2 of which staff initialed off on administering Resident 1 his/her scheduled insulin dose: - 01/23/2024 (4:56 p.m.): Blood sugar documented as 110, insulin initialed as administered with the annotation that it was administered in his/her left abdomen - 01/24/2024 (8:01 a.m.): Blood sugar documented as 117, insulin initialed as administered with the annotation that it was administered in his/her right abdomen On 02/09/2024, at approximately 9:00 a.m., Surveyor interviewed Executive Director A,	N 352		

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N 352	Continued From page 2 Director of Operations B, and Lead Supervisor G. Executive Director A reported that s/he thought there was an order clarifying that Resident 1's insulin was to be held when his/her blood sugar was less than 120 and when s/he was not eating (both parameters having to be met to hold the insulin, as opposed to one of the parameters having to be met). Executive Director A reported s/he would send any additional information regarding the order. On 02/09/2024, at approximately 10:47 a.m., Executive Director A e-mailed Surveyor reporting that s/he would contact the pharmacy to change the order phrasing from "omit" to "hold" to help caregivers better understand the hold parameters for Resident 1's insulin.	N 352		
{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	{N 389}		

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{N 389}	Continued From page 3 interview, the individual service plan (ISP) was not updated for 2 of 4 residents reviewed when there was a change in resident needs and abilities. Resident 5's ISP was not updated to include new fall interventions. Resident 6's ISP was not updated to include behaviors of urinating/defecating in public spaces and on his/her clothing. This is a repeat deficiency. See statement of deficiency (SOD) GLXI11, dated 09/28/2023. Findings include: On 02/06/2024, Surveyor reviewed resident records and identified the following: Example 1: Resident 5 Resident 5 was admitted to the facility on 10/27/2023 with a diagnosis of dementia. Resident 5 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 5 was a resident on the provider's memory care floor. On 02/06/2024 at 9:15 AM while the Surveyor was touring the environment, Surveyor observed Resident 5 exit his/her room without their walker. Surveyor observed from the hallway Resident 5's walker in their room near his/her recliner. Resident 5 appeared confused and unsteady while walking the hallway towards the dining room. On 02/06/2024 at 10:00 AM, Surveyor observed Resident 5 sitting in a chair in a common area of	{N 389}		

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{N 389}	Continued From page 4	{N 389}		

the facility. Resident 5 stood up without his/her walker and started walking down the hallway towards his/her room. Surveyor observed staff chase after Resident 5 with his/her walker in hand.

Resident 5's temporary ISP did not document Resident 5 as a fall risk.

Resident 5's ISP dated 12/20/2023 showed the following information:
"-Ambulation: [Resident 5] is independent with ambulation. [Resident 5] will ambulate independently within the community.
-Fall Risk: [Resident 5] has been identified as a medium fall risk. Care staff will remind [Resident 5] to use [his/her] walker to safely ambulate. Care staff will make sure [Resident 5] room/floor is clear and free from clutter.
-Transferring: [Resident 5] is a standby assistance with all transfers. [Resident 5] uses a walker daily."

The ISP did not direct staff to encourage/remind Resident 5 to use his/her call pendent when needing assistance and did not identify Resident 5 as utilizing therapy services to mitigate Resident 5's fall risk.

Resident 5's incident reports documented:
"01/03/2024: As staff was walking by resident room, [s/he] noticed that resident is laying on the floor. Staff immediately asked resident what happened. Resident stated that [s/he] fell. [S/he] was trying to change [his/her] shoes. Staff asked [him/her] if [s/he] is in any pain, but resident stated "no."
-01/05/2024: While coming down the hall from another resident's room, staff noticed resident lying on the floor in the common area. No injuries

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{N 389}	Continued From page 5 or pain reported at this time. Before staff assisted off of the floor, resident stated that [s/he] was trying to get [his/her] lunch off of the floor. Walker was not in reach when staff found the resident." Resident 5's progress noted documented: "12/13/2023: ...Care staff had to continue to redirect resident to use [his/her] walker. -01/04/2024: Follow up on fall on 01/03/2024. Writer made contact with resident. Resident was sitting in common area in the recliner. Writer asked resident if [s/he] had any pain, resident declined having pain. Writer did encourage resident to use his/her pendent to ask for assistance, Writer is unsure if resident could fully understand the concept and importance of using [his/her] pendent. Writer also reminded the importance of using [his/her] walker to safely move around to prevent [him/her] falling. Care staff continue to monitor resident and continue to encourage resident to use [his/her] walker. -01/05/2024: Follow to fall on 01/05/2024. Staff alerted writer that resident was found on the floor. Writer went to check on resident. [S/he] had no bruises with sitting in the chair in the common area and did not remember having the fall did state that [s/he] was trying to look for something earlier and couldn't find it. Did check resident for bruises, bumps, on head. Writer also explained to resident and encouraged [him/her] that [s/he] needs to use [his/her] pendant and to remember to use [his/her] walker when [s/he] is looking for items." On 02/06/2024 at 1:47 PM, Surveyors interviewed Executive Director A, Director of Operations B and Clinical Assistant G. Executive Director A stated Resident 5 started therapy services. Clinical Assistant G confirmed Resident 5's ISP provided to the Surveyor was the most recent.	{N 389}		

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{N 389}	Continued From page 6 Surveyor asked why therapy services were not updated on Resident 5's ISP. Executive Director A did not provide an answer but noted s/he would look for any notes indicated when Resident 5 started therapy services. On 02/08/2024 at 11:05 AM, Director of Operations B provided a therapy note documenting: "02/08/2024 (2 days after survey start): Pt started therapy services on 01/2/2024. Working on general functional mobility within facility. Pt has just started on all 3 therapy services including PT, OT, and ST." The email did not include an answer to why therapy services were not updated on Resident 5's ISP. Example 2: Resident 6 Resident 6 was admitted to the facility on 03/23/2023 with a diagnosis of dementia. Resident 6 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 6 was a resident on the provider's memory care floor. On 02/06/2024 at 9:50 AM, Surveyor toured Resident 6's room. Surveyor did not observe any clothes or any areas to store clothes in Resident 6's bedroom. On 02/06/2024 at 10:35 AM, Surveyor interviewed Executive Director A, Director of Operations B, and Clinical Assistant G. Clinical Assistant G stated Resident 6 had behaviors of urinating and defecating in public areas and on his/her clothes. Clinical Assistant G stated the provider had permission from Resident 6's legal representative to lock his/her clothes in the laundry room.	{N 389}		

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{N 389}	Continued From page 7 Resident 6's ISP dated 06/28/2023 did not document behaviors related to urinating/defecating in public spaces or on his/her clothing. Resident 6's ISP dated 02/06/2024 documented: "-Laundry (Behavior Patterns/Other): [Resident 6's] [wife/husband] is open to [Resident 6's] tote of laundry to be kept in the laundry room." The ISP did not direct staff that Resident 6 exhibited behaviors related to urinating/defecating in public spaces and on his/her clothing. The ISP did not identify interventions or approaches for staff to utilize in managing the above behavior. Resident 6's progress notes documented: "08/08/2023: Write made contact with residents POA; Writer spoke with POA about some behaviors with Resident urinating on the floor as well as in [his/her] tote of clothing. Writer asked POA if [s/he] open to allowing the staff to keep residents clothing in the laundry room. POA did inform writer that [s/he] fully understand and knows about this behavior with resident and [s/he] is ok with it. 09/03/023: The resident had shower this morning. The resident has been peeing on the couch in [his/her] room and sometimes on the floor. 01/26/2024: Resident was sleeping in common area when staff arrived. Staff noticed that resident did urine in corner of common area. 02/04/2024: Resident did defecate in the back common area. Staff did clean entire area and gave resident a shower." On 02/06/2024 at 1:47 PM, Surveyors interviewed Executive Director A, Director of Operations B and Clinical Assistant G. Clinical Assistant G confirmed the ISP given to the Surveyor for	{N 389}		

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{N 389}	Continued From page 8 Resident 6 was the most updated. Surveyor asked how a new staff member would know what interventions to follow for Resident 6's urinating/defecating behavior. Clinical Assistant G acknowledged Resident 6's ISP did not include Resident 6's behavior of urinating/defecating in public areas and on his/her clothing. Clinical Assistant G noted Resident 6's ISP should have been updated.	{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 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 record review and interview, the provider did not ensure that the individual service plans (ISPs) for 2 of 2 residents who were	{N 408}		

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prescribed as needed (PRN) psychotropic medication included the rationales for use and detailed descriptions of the behaviors indicating the need for their administration.

The ISP for Resident 1, who was prescribed PRN Olanzapine, did not include the rationale for use and detailed descriptions of the behaviors indicating the need for its administration.

The ISP for Resident 4, who was prescribed PRN Lorazepam, did not include the rationale for use and detailed descriptions of the behaviors indicating the need for its administration.

This is a repeat deficiency. See Statement of Deficiency (SOD) GLXI11, dated 09/28/2023.

Findings include:

Example 1 - Resident 1

On 02/06/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 02/15/2023 with diagnoses including dementia with behavioral disturbance. Resident 1 was documented as having an activated power of attorney for healthcare. Resident 1's prescriptions included Olanzapine 10 mg tablets with a start date of 10/30/2023 and instructions to: "Take 1/2 tablet (5 mg) by mouth twice a day as needed for severe anxiety/agitation."

On 02/07/2024, Surveyor reviewed Resident 1's current ISP, provided by Director of Operations B, which documented the following related to PRN psychotropic medication use: "[Resident 1] is currently taking psychotropic medications. Please see Mar...Care staff will administer [Resident 1] psychotropic medications as scheduled/as

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needed. Care Staff will notify community [registered nurse] on any changes and concerns." Surveyor did not observe detailed descriptions of behaviors indicating the need for administration of Resident 1's PRN Olanzapine in his/her ISP.

On 02/09/2024, at approximately 9:00 a.m., Surveyor interviewed Executive Director A, Director of Operations B, and Lead Supervisor G. Executive Director A reported that s/he thought Nurse H, who was no longer with the provider, had been working on updating the PRN psychotropic medication administration-related information in residents' ISPs. Nothing further was said.

Example 2 - Resident 4

On 02/06/2024, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider on 09/21/2022 with diagnoses including unspecified dementia and restless leg syndrome. Resident 4 was documented as having an activated power of attorney for healthcare and receiving hospice services. Resident 4's prescriptions included Lorazepam 0.5 mg tablets with a start date of 11/17/2023 and instructions to: "Take 1 tablet by mouth every four hours as needed for anxiety, nausea, restlessness, seizure activity (not for unresponsive seizure)."

On 02/07/2024, Surveyor reviewed Resident 4's current ISP, provided by Director of Operations B, which documented the following related to PRN psychotropic medication use: "[Resident 4] is currently taking psychotropic medications. Please see Mar...Care staff will administer [Resident 4] psychotropic medications as scheduled/as needed. Care Staff will notify community [registered nurse] on any changes and concerns."

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{N 408}	Continued From page 11 Surveyor did not observe detailed descriptions of behaviors indicating the need for administration of Resident 4's PRN Lorazepam in his/her ISP. On 02/09/2024, at approximately 9:00 a.m., Surveyor interviewed Executive Director A, Director of Operations B, and Lead Supervisor G. Executive Director A reported that s/he thought Nurse H, who was no longer with the provider, had been working on updating the PRN psychotropic medication administration-related information in residents' ISPs. Nothing further was said.	{N 408}		