STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016731	A. BUILDING: _____ B. WING _____	C 08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE MEADOWS ASSISTED LIVING	**1001 PRIMROSE LANE FOND DU LAC, WI 54935**

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N 000	Initial Comments On 08/16/2024-08/27/2024, Surveyor conducted 3 complaint investigations and a standard survey at Maple Meadows Assisted Living. Four deficiencies were identified. One complaint was substantiated. Two complaints were unsubstantiated. Census: 19	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 employees reviewed obtained orientation training that included all the required topics before performing any job duties. Caregiver C did not have training in the	N 230		

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

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N 230	Continued From page 1	N 230		

orientation topics of: recognizing and responding to resident changes of condition, information regarding assessed needs and individual services for each resident for whom the employee if responsible, and emergency and disaster plan and evacuation procedures.

Caregiver D did not have training in the orientation topics of: recognizing and responding to resident changes of condition, information regarding assessed needs and individual services for each resident for whom the employee if responsible, and emergency and disaster plan and evacuation procedures.

Findings include:

On 08/16/2024, Surveyor conducted a review of 2 employees to verify compliance with orientation training requirements. The following was found:

The record for Caregiver C, hired 10/02/2023, did not contain evidence of training in recognizing and responding to resident changes of condition, information regarding assessed needs and individual services for each resident for whom the employee if responsible, and emergency and disaster plan and evacuation procedures.

The record for Caregiver D, hired 12/01/2023, did not contain evidence of training in recognizing and responding to resident changes of condition, information regarding assessed needs and individual services for each resident for whom the employee if responsible, and emergency and disaster plan and evacuation procedures.

On 08/27/2024 at 3:00 PM, Surveyor interviewed Administrator A and Wellness Director B regarding the above concerns. Both staff

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N 230	Continued From page 2 confirmed they could not locate evidence of orientation training in the above topics for Caregiver C and Caregiver D. Both staff stated the above topics would be added to their orientation training for all new staff.	N 230		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received prompt treatment appropriate to the resident's needs. From 06/01/2024-08/15/2024, Resident 1 had approximately 180 call light wait times exceeding 20 minutes. Findings include: On 08/16/2024 at 8:55 AM, Surveyor interviewed Resident 1. Resident 1 stated on average s/he waits 30-60 minutes for call pendants to be answered by staff. Resident 1 stated s/he was supposed to have 2 showers/week, but s/he's lucky if 1 shower is completed. Resident 1 stated staff always say they do not have time. Resident 1 reported concerns with Former Caregiver E not giving him/her showers and not answering call lights. On 08/27/2024, Surveyor reviewed Resident 1's	N 353		

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N 353	Continued From page 3 record and observed the following: Resident 1 was admitted to the facility on 10/02/2023 with diagnosis including quadriplegia, spinal stenosis, alcohol neuropathy, and dysfunction of bladder. Resident 1 was their own legal decision maker. Resident 1's individual service plan dated 03/29/2024 indicated Resident 1 required assistance from staff with activities of daily living (ADLs) including transfers, toileting, bathing, and medication administration. Resident 1's call light report, dated 06/01/2024-08/15/2024, was reviewed by Surveyor. It documented wait times of 20 minutes or higher, 17% of the time, or 180 times of approximately 1070 total pendant uses. On 08/27/2024 at 3:00 PM, Surveyor interviewed Administrator A, Wellness Director B, Market Leader F, Supervisor G, and Nurse H regarding the above concern. Surveyor asked why there were extended wait times occurring for the call light responses. The management team confirmed the above number of pushes over 20 minutes for Resident 1 was not within an appropriate range. The management team did not comment further.	N 353		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan	N 387		

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N 387	Continued From page 4 acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 individual service plans (ISP) reviewed were developed with involvement from the resident and resident's legal representative. Resident 1's, Resident 2's, and Resident 3's ISP was not developed or signed by him/herself or his/her legal representative. Findings include: On 08/16/2024-08/27/2024, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 10/02/2023. Resident 1 was their own legal decision maker. Resident 1's ISP dated 03/29/2024 did not contain a signature from him/herself. Resident 2 was admitted on 12/03/2019. Resident 2 had an activated healthcare power of attorney. Resident 2's ISP dated 04/05/2024 did not contain a signature from his/her legal representative.	N 387		

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N 387	Continued From page 5 Resident 3 was admitted on 11/21/2023. Resident 3 had an activated health power of attorney. Resident 3's ISP dated 11/21/2023 did not contain a signature from his/her legal representative. On 08/27/2024 at 3:00 PM, Surveyor interviewed Administrator A, Wellness Director B, Market Leader F, Supervisor G, and Nurse H regarding the above concern. Wellness Director B stated s/he was given verbal consents for Resident 2's and Resident 3's ISP. Wellness Director B stated the wellness coordinator position is responsible for obtaining required ISP signatures, so further follow is needed with that staff member. Surveyor noted Resident 2's record indicated frequent visits from Resident 2's legal representative. No further comment was provided.	N 387		
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 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	N 431		

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N 431	Continued From page 6 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 ensure the health of Resident 3 was monitored. From 01/01/2024-04/10/2024, the provider did not notify Resident 3's physician on 33 occasions when his/her blood sugar levels were within parameters to notify his/her medical provider. Findings include: On 04/17/2024, the Department received a complaint alleging concerns with the provider's ability to manage resident diabetes. On 08/16/2024-08/27/2024, Surveyor reviewed Resident 3's record and observed the following: Resident 3 admitted on 11/21/2023 with diagnosis including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, and Type 2 diabetes. Resident 3 had an activated healthcare power of attorney.	N 431		

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N 431	Continued From page 7 Resident 3's individual service plan (ISP) dated 11/21/2023 documented: "Diabetes-Monitor blood sugar levels as directed by MD, Monitor for signs and symptoms of hyper/hypoglycemia, diabetic medication given as per MD order. Insulin dependent used to control diabetes." A review of Resident 3's physician orders included the following: "NovoLog Injection Solution 100 Unit/ML with a start date of 12/28/2023-02/16/204), (03/22/2024-04/09/2024) and instructions to Inject as per sliding scale: ... .401-450= 26 units. Give 26 units. Call Wellness Director (WD)/RN for MD on call to be notified. Endocrinology 1st, Bluestone if not available. 451-600= 28 units. Give 28 units. Call WD/RN for MD on call to be notified. Endocrinology 1st, Bluestone if not available, subcutaneously three times a day for diabetes. Give 10-15 min before eating. NovoLog Injection Solution 100 Unit/ML with a start date of (02/16/2024-03/22/2024), (03/22/2024-04/09/2024), and instructions to Inject as per sliding scale: ... ...451-600= 26 Give 26 units of insulin. If Meter reads HIGH, recheck BS with fingerstick. Call WD/RN. Monitor s/s, subcutaneously in the afternoon for Diabetes Hyperglycemia. With Lunch BS check. Monitor for s/s pf Hypo or Hyperglycemia. Give 10-15 minutes before eating lunch. NovoLog Injection Solution 100 Unit/ML with a start date of (04/09/2024-04/15/2024) and instructions to Inject as per sliding scale: ... ...451-600= 30 Give 30 units of insulin. If Meter reads HIGH, recheck BS with fingerstick. Call WD/RN. Monitor s/s, subcutaneously in the evening for Diabetes Hyperglycemia. With	N 431		

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N 431	Continued From page 8 Supper BS check. Monitor for s/s pf Hypo or Hyperglycemia. Give 10-15 minutes before eating Supper. Novolog Solution 100 Unit/ML with a start date of (03/27/2024-04/15/2024) and instructions to inject as per sliding scale: .....451-600= 10 unit. Give 10 units. Notify WD/RN. Call Endocrinology or Bluestone for further instructions, subcutaneously at bedtime for diabetes. Eat HS snack within 10-15 minutes of giving." Surveyor reviewed Resident 3's Medication Administration Record (MAR) from 01/01/2024-04/10/2024 and observed the following 33 occasions in which Resident 3's blood sugar was within the medical provider notification parameters: -01/03/2024: (evening): Blood sugar documented as 600 -01/04/2024: (evening): Blood sugar documented as 600 -01/06/2024: (evening): Blood sugar documented as 600 -01/12/2024 (afternoon): Blood sugar documented as 496 -01/12/2024: (evening): Blood sugar documented as 533 -01/16/2024: (evening): Blood sugar documented as 487 -01/24/2024: (evening): Blood sugar documented as 600 -01/25/2024: (evening): Blood sugar documented as 433 -01/30/2024: (evening): Blood sugar documented as 497 -01/31/2024: (evening): Blood sugar documented as 600 -02/04/2024: (afternoon): Blood sugar documented as 467	N 431		

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N 431	Continued From page 9 -02/04/2024: (evening): Blood sugar documented as 492 -02/19/2024: (morning): Blood sugar documented as 600 -02/23/2024: (afternoon): Blood sugar documented as 585 -02/23/2024: (evening): Blood sugar documented as 600 -03/08/2024: (afternoon): Blood sugar documented as 589 -03/12/2024: (evening): Blood sugar documented as 600 -03/14/2024: (evening): Blood sugar documented as 400 -03/16/2024: (bedtime): Blood sugar documented as 600 -03/18/2024: (evening): Blood sugar documented as 463 -03/20/2024: (afternoon): Blood sugar documented as 494 -03/20/2024: (evening): Blood sugar documented as 577 -03/22/2024: (evening): Blood sugar documented as 516 -03/25/2024: (evening): Blood sugar documented as 456 -03/26/2024: (bedtime): Blood sugar documented as 516 -03/27/2024: (evening): Blood sugar documented as 600 -03/27/2024: (bedtime): Blood sugar documented as 455 -03/28/2024: (evening): Blood sugar documented as 600 -04/04/2024: (bedtime): Blood sugar documented as 455 -04/05/2024: (bedtime): Blood sugar documented as 569 -04/06/2024: (bedtime): Blood sugar documented as 500	N 431		

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N 431	Continued From page 10 -04/10/2024: (evening): Blood sugar documented as 593 -04/10/2024: (bedtime): Blood sugar documented as 490 There was no evidence in Resident 3's record of his/her medical provider having been notified of the above 33 occasions. On 08/16/2024 at 10:40 AM, Surveyor interviewed Wellness Coordinator I. Wellness Coordinator I reported during Resident 3's entire admission his/her diabetes was hard to manage. Wellness Coordinator I stated Resident 3's insulin parameters changed frequently, but staff were to notify the WD if blood sugars were within the medical provider notification parameters. Wellness Coordinator I stated if the provider could not manage Resident 3's blood sugar s/he was often sent to the emergency room. Wellness Coordinator I reported Resident 3 did not like to follow his/her diabetic diet. Wellness Coordinator I reported that physician communications were documented in the residents' observation notes. On 08/27/2024 at 3:00 PM, Surveyor interviewed Administrator A, Wellness Director B, Market Leader F, Supervisor G, and Nurse H regarding the above concern. Wellness Director B stated s/he would be responsible to notify Resident 3's physician if blood sugars were within the medical provider notification parameters. Wellness Director B stated s/he did not document each time s/he communicated with Resident 3's physician.	N 431		