| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019111 | A. BUILDING: _____ B. WING _____ | C 02/27/2024 |

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| BAYVIEW SENIOR CARE LLC | 839 S 18TH AVE STURGEON BAY, WI 54235 |

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| N 000 | Initial Comments<br><br>On 02/19/2024, with information gathered through 02/27/2024, Surveyors investigated four (4) complaints and conducted a standard survey. Three (3) out of 4 complaints were substantiated and 3 new deficiencies were identified. As a result of the standard survey, 3 new deficiencies were identified. Six new deficiencies total were identified.<br><br>Census 41 | N 000 | | |
| N 446 | 83.41(1)(b) Equipment.<br><br>Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure they kept all kitchen equipment stored in a clean manner.<br><br>Findings Include:<br><br>On 12/11/2023, the department received a complaint alleging the microwave was dirty.<br><br>On 02/19/2024 at approximately 9:30AM, Surveyor toured the building with Director C. During the tour of the kitchen, Surveyor noted the interior of the microwave was dirty. Surveyor observed the interior microwave walls and door were covered in dried, splattered food. Surveyor noted a 2nd dirty microwave in a kitchenette | N 446 | | |

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

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| N 446 | Continued From page 1<br>located at the end of the hall after passing the chapel and activity room. The microwave had dried food splattered on the interior walls.<br><br>On 02/19/2024, at approximately 2:35PM, Surveyor observed the same two microwaves. The dried food splatter was still present on all interior surfaces of the microwaves.<br><br>On 02/22/2024 at 6:19AM, Surveyor received an email from Regional Director B regarding the microwaves. The emailed stated, " ...The microwaves were dirty when they were checked during the survey, however we had just finished breakfast and staff were still cleaning up from breakfast and hadn't gotten to the microwaves yet."<br><br>On 02/27/2024, at approximately 8:30AM, Surveyor interviewed Regional Director B and identified the microwaves were still dirty at approximately 2:35PM. Regional Director B acknowledged the findings. | N 446 | | |
| N 489 | 83.44(2)(a) Rooms clean and free from odors.<br><br>The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors.<br><br>This Rule is not met as evidenced by:<br>Based on interviews, observations and record review, the provider did not ensure all rooms were clean and free from odors for all common areas and personal rooms for Resident 1 & Resident 2.<br><br>Findings include: | N 489 | | |

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| N 489 | Continued From page 2<br><br>On 12/11/2023 and 12/20/2023, the department received complaint information alleging concerns with cleanliness and odors in the resident rooms and building.<br><br>DINING ROOM TABLES<br><br>On 02/19/2024 at approximately 10:00AM and 2:45PM, Surveyors observed the dining room. Surveyors noted the dining room to be unoccupied after meal service during both observations. Surveyors observed the tables still had used sugar wrappers and creamers, some silverware, and used plates and napkins on them after staff had cleaned up the dining room. Additionally, during the 2:45PM observation, tables were noted to have debris and dried liquid.<br><br>RESIDENT 1<br><br>On 02/19/2024 at approximately 10:19AM, Surveyors observed Resident 1's room. Surveyors observed a strong odor of feces when entering Resident 1's room. Surveyor's observed trash on the floor, crumbs, debris and a used bowl on a small table, clothing, and towels on the bathroom floor. Surveyors observed a towel on the recliner which had a brown mark that measured approximately 4-inch-long x 1/4 inch wide.<br><br>On 02/19/2024 at approximately 10:19AM, Surveyors interviewed Resident 1. Resident 1 stated his/her room hasn't been cleaned for a long time and his/her windows and blinds have never been cleaned.<br><br>On 02/21/2024 at approximately 11:00AM, Surveyor's reviewed Resident 1's most recent | N 489 | | |

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| N 489 | Continued From page 3 | N 489 | | |

individual service plan (ISP) with print date 09/06/2023, and noted Resident 1 requires assistance with housekeeping daily at 9:00AM.

On 02/19/2024 at approximately 2:03PM. Surveyors interviewed Caregiver E. Caregiver E stated Resident 1 refuses for staff to assist or clean his/her room often. Caregiver E stated s/he will keep up with cleaning the bathrooms and rooms between the housekeeping schedules.

RESIDENT 2

On 02/19/2024 at approximately 11:16AM, Surveyors observed Resident 2's room. Surveyors noted a strong odor of feces when entering Resident 2's room. Surveyors observed a pile of damp towels in Resident 2's bathroom, on the floor.

On 02/19/2024 at approximately 11:16AM, Surveyors interviewed Resident 2. Upon entering Resident 2's room, s/he immediately stated, "It's bad .... It is real bad ..." Surveyors asked him/her what was bad, and s/he pointed to his/her room. Surveyors asked Resident 2 when does the housekeeper come to clean his/her room. Resident 2 stated this does not happen because they do not have enough workers.

On 02/19/2024 at approximately 3:30PM, Surveyors interviewed Compliance Officer A, Regional Director B and Director of Nursing C.Regional Director B acknowledged Surveyors observations regarding the cleanliness of the dining area and cleanliness and odor Resident 1 and Resident 2's rooms. Regional Director B stated that the housekeeper cleans the resident rooms beginning with wing 1 on Monday, wing 2 on Tuesday, wing 3 on Wednesday, wing 4 on

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| N 489 | Continued From page 4<br>Thursday and caregivers should be cleaning the resident rooms as needed. Regional Director B acknowledged the findings.<br><br>On 02/21/2024 at approximately 6:19AM, Regional Director B sent the following email:<br><br>"...After you left a PM caregiver told us that the night before you came, [Resident 2's] toilet overflowed. It ran over so much that the water had seeped through the wall into the hallway. We feel that this seepage may have contributed to the strong odors in his apartment ..."<br><br>On 02/26/2024 at approximately 8:30AM, Surveyor interviewed Regional Director B. Regional Director B reported the provider had arranged for a plumber and someone to look at the drywall. | N 489 | | |
| N 490 | 83.44(2)(b) Toilet and bathing area.<br><br>All toilet and bathing areas, facilities and fixtures shall be clean and in good working order.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and observations, the provider did not ensure the toilet was clean for (4) out of four (4) resident bathrooms.<br><br>Findings Include:<br><br>On 12/11/2023 and 12/20/2023, the department received complaint information alleging concerns with cleanliness of resident bathrooms.<br><br>On 02/19/2024 from approximately 10:19AM to approximately 11:15AM, Surveyors observed resident bathrooms. Surveyors noted the | N 490 | | |

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| N 490 | Continued From page 5<br>following:<br><br>-Approximately 10:19AM: Resident 1's toilet was observed to have spots that appeared to be specks of feces inside the toilet bowl and dried brown feces smeared along the inside edge of the toilet seat.<br>-Approximately 11:15AM: Resident 2's toilet was observed to have a brown ring in the bowl at the water line and had brown specks that appeared to be feces on the floor below the toilet.<br>-Approximately 10:59AM: Resident 3's toilet was observed to have a brown ring in the bowl at the water line.<br>-Approximately 10:50AM: Resident 4's toilet was observed to have an abundance of spots that appeared to be specks of feces inside the toilet bowl.<br><br>On 02/19/2024, at approximately 10:19AM, Surveyors interviewed Resident 1. Resident 1 stated his/her room hasn't been cleaned for a long time.<br><br>On 02/19/2024, at approximately 2:03PM. Surveyors interviewed Caregiver E. Caregiver E stated Resident 1 refuses for staff to assist or clean his/her room often. Caregiver E stated s/he will keep up with cleaning the bathrooms and rooms between the housekeeping schedules.<br><br>On 02/19/2024, at approximately 11:16AM, Surveyors interviewed Resident 2 regarding houskeeping. Resident 2 stated this does not happen because they do not have enough workers.<br><br>On 02/19/2024 at approximately 3:30PM, Surveyors interviewed Compliance Officer A, Regional Director B and Director of Nursing C. | N 490 | | |

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| N 490 | Continued From page 6<br><br>Regional Director B acknowledged Surveyors' observations regarding the cleanliness of the 4 resident toilets. Regional Director B stated that the housekeeper cleans the resident rooms beginning with wing 1 on Monday, wing 2 on Tuesday, wing 3 on Wednesday, wing 4 on Thursday and caregivers should be cleaning the resident rooms as needed. Regional Director B acknowledged the findings. | N 490 | | |
| N 525 | 83.47(2)(d) Fire drills.<br><br>Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure quarterly fire drills included the total evacuation time.<br><br>Findings Include: | N 525 | | |

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| N 525 | Continued From page 7<br><br>The provider is licensed as a class CNA (nonambulatory) to provide services and care for physically disabled, irreversible dementia/Alzheimer's, public funding, terminally ill and advanced age.<br><br>On 02/19/2024, at approximately 12:00PM, Surveyor reviewed the provider's quarterly fire drills. The fire drills completed on 01/19/2023, 05/02/2023, 07/28/2023, 08/15/2023, 12/14/2023 did not include the total evacuation time. Further review of the fire drills revealed the form used to document the drills did not include a place to document the total evacuation time.<br><br>On 02/19/2024, at approximately 3:00PM, Surveyors interviewed Regional Director B. Regional Director B acknowledged the missing information and confirmed s/he will make the necessary changes. | N 525 | | |
| N 526 | 83.47(2)(e) Other evacuation drills.<br><br>Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure tornado, flooding, or other disaster evacuation drills were conducted at least semi-annually.<br><br>Findings Include:<br><br>The provider is licensed as a class CNA (nonambulatory) to provide services and care for | N 526 | | |

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| N 526 | Continued From page 8<br>physically disabled, irreversible dementia/Alzheimer's, public funding, terminally ill and advanced age.<br><br>On 02/19/2024, at approximately 12:00PM, Surveyor reviewed the provider's drills for tornado, flooding, or types of emergencies. Surveyor noted only one drill, dated 08/15/2023 was completed for the year 2023.<br><br>On 02/19/2024, at approximately 3:00PM, Surveyors interviewed Compliance Officer A. Compliance Officer A stated s/he was not aware the requirement for semi-annually but would ensure a second drill is completed moving forward. | N 526 | | |
| N 538 | 83.48(3)(a) Fire detection systems inspected annually.<br><br>After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the fire detection system was inspected, cleaned and tested annually.<br><br>Findings Include:<br><br>The provider is licensed as a class CNA (nonambulatory) to provide services and care for physically disabled, irreversible dementia/Alzheimer's, public funding, terminally ill and advanced age. | N 538 | | |

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| N 538 | Continued From page 9<br><br>On 02/19/2024 at approximately 12:15PM, Surveyor reviewed the provider's inspections and drills. Surveyor could not locate a current inspection for the fire detection system.<br><br>On 02/19/2024, at approximately 3:00PM, Surveyor interviewed Regional Director B and Compliance Officer A. Compliance Officer A explained the company that services the fire detection system has been to the building a few times but have not yet completed an inspection. Regional Director B confirmed the fire detection system has not been inspected since the obtaining the license. The last inspection was completed when the building was licensed under another provider.<br>Note: The provider was licensed on 09/15/2022.<br><br>On 02/27/2024, at approximately 8:30AM, Regional Director B confirmed the fire detection system will be inspected later this week. | N 538 | | |