STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013818	A. BUILDING: _____ B. WING _____	R-C 01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHSTONE OF MAYVILLE	1071 HORICON ST MAYVILLE, WI 53050

(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 01/10/2024, Surveyors conducted a verification visit at Touchstone of Mayville. Seven deficiencies were identified. One of the 6 deficiencies was a repeat violations (see Statement of Deficiency (SOD) I87Y11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 6	{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 observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 1 was administered as needed (PRN) Lorazepam when the prescription had expired. Findings include: On 01/10/2024, at approximately 10:00 AM, Surveyors toured the med room and observed Resident 1's medication: "Lorazepam 1 MG Tab - Take ½ tablet (0.5 MG) by mouth daily as needed for anxiety/agitation. Origination Date: 02/16/2023, Prescription Expire	N 352		

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

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N 352	Continued From page 1 Date: 08/15/2023" The blister card documented that the medication had been administered on 09/01/2023, 10/11/2023, and 12/31/2023. Resident 1's December 2023 Controlled Substances Accountability Record documented that the Lorazepam had been administered on 12/31/2023. Resident 1's December 2023 Medication Administration Record documented that the Lorazepam had been administered on 12/31/2023. On 01/10/2024, at approximately 1:45 PM, Surveyor interviewed Assistant Administrator (AA) N. Surveyor reviewed the expired medications with AA N. Surveyor asked AA N if the provider had a policy/process in place for monitoring expired medications. AA N stated, "[S/he] was not aware of a current policy in place but would discuss the concern with staff members and implement a new process." AA N explained that s/he would discuss with staff also that the prescription date documented had to be current to administer the medication.	N 352		
N 400	83.37(1)(a) Written order for medications, supplements. Practitioner ' s order. There shall be a written practitioner ' s order in the resident ' s record for any prescription medication, over-the-counter medication or dietary supplements administered to a resident.	N 400		

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N 400	Continued From page 2	N 400		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure a written practitioner's order was in 3 of 3 resident records for prescription medication administered to the resident.

The provider was unable to provide written practitioner orders for Resident 2 or Resident 9 for prescription medications administered to the resident.
The provider was unable to provide written practitioner orders identifying Resident 4 was able to self-administer medications.

Findings include:

Example 1: Resident 2, Resident 9

On 01/10/2024 at approximately 11:00 AM, Surveyor reviewed Resident 2 and Resident 9's facility file.

Resident 2 did not have physician orders in facility record for medications being administered.

Resident 9 did not have physician orders in facility record for medications being administered.

On 01/10/2024, at approximately 2:00 PM, Surveyor shared findings with Administrator N. Administrator N stated s/he did not have physicians orders for medications that s/he could find. Administrator N stated s/he would contact the hospital and get the orders for medications. Administrator N stated s/he always went off of what the medication administration record from the pharmacy showed.

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N 400	Continued From page 3 Example 2: Resident 4 On 01/10/2024, at approximately 10:40 AM, Surveyors observed Resident 4 preparing to leave the facility. Caregiver BB walked up to Resident 4 and handed his/her 2:00 PM medication and reminded Resident 4 not to take the medication prior to 1:00 PM. Surveyors noted Resident 4 left the facility solo. On 01/10/2024, Surveyor reviewed Resident 4's record. Resident 4's January 2024 Medication Administration Record documented the 2:00 PM med was an Acetamin 325 MG (milligram) tablet. Resident 4's "Medication Authorization" form, dated 07/27/2010, documented: "I recommend that [him/her] Assisted Living staff assume responsibility for dispensing and monitoring medication to their resident and my patient" Resident 4's "Authority To Assist With And Administer Medications" form, dated 07/27/2016, documented: "Patient is to be assisted with administration of meds" Resident 4's Individual Service Plan, dated 11/29/2023, documented: "Staff Administer medications" On 01/10/2024, at approximately 1:45 PM, Surveyor interviewed Assistant Administrator (AA) N. AA N explained that Resident 4 should not have been given any medication to self-administer. AA N stated the medication	N 400		

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N 400	Continued From page 4 should have been given to Resident 4's companion and documented accordingly in his/her medication administration record.	N 400		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not develop and implement a system that ensured unused medications were disposed of in compliance with federal, state, and local standards or laws. The provider did not implement a policy for disposing	N 406		

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N 406	Continued From page 5 unused, discontinued, outdated, or recalled medications. Findings include: On 01/10/2024, at approximately 10:00 AM, Surveyors toured the med room and observed the following resident expired medications stored with current medications: Resident 4 Nyamyc powder; Origination Date: 10/11/2021, Prescription Expire Date: 10/11/2022, Use By Date: 10/07/2023 Cough & Cold 4 - 30 MG Tab; Origination Date: 12/28/2022, Prescription Expire Date: 12/28/2023, Use By Date: 12/28/2023 Resident 9 Anti-Diarrhe 2 MG Tab; Use By date: 11/14/2023; 29 tablets remaining Ibuprofen 200 MG Tab; Take 3 tablets by mouth every six hours as needed for pain for 5 days; Origination Date: 10/25/2023, Prescription Expire Date: 10/30/2023; 48 tablets remaining Resident 9's December 2023 MAR did not list the ibuprofen as a prescribed PRN medication. Resident 11 Ibuprofen 600 MG Tab; Take 1 tablet by mouth every six hours while awake for 3 days (1/31-2/2) then take 1 tablet by mouth every six hours as needed for pain; Origination Date: 01/31/2023, Prescription Expire Date: 02/03/2023 Nyamyc powder; Origination Date: Use By Date: 10/07/2023 Resident 11's December 2023 and January 2024 Medication Administration Record did not list the ibuprofen	N 406		

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N 406	Continued From page 6 On 01/10/2024, at approximately 1:45 PM, Surveyor interviewed Assistant Administrator (AA) N. Surveyor reviewed the expired medications with AA N. Surveyor asked AA N if the provider had a policy/process in place for monitoring expired medications. AA N stated, "[S/he] was not aware of a current policy in place but would discuss the concern with staff members and implement a new process." AA N explained that s/he would discuss with staff also that the prescription date documented had to be current to administer the medication. Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 406		
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.	N 408		

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N 408	Continued From page 7	N 408		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not document that 1 of 1 resident (Resident 1) was prescribed PRN (as needed) psychotropic medication Lorazepam and did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration.

Findings include:

On 01/10/2024, at approximately 10:00 AM, Surveyors toured the med room and observed Resident 1's medication:
"Lorazepam 1 MG Tab - Take ½ tablet (0.5 MG) by mouth daily as needed for anxiety/agitation."

On 01/10/2024, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility with diagnoses including depression and anxiety.

Resident 1's December 2023 Controlled Substances Accountability Record documented that the Lorazepam had been administered on 12/31/2023.

Resident 1's December 2023 Medication Administration Record (MAR) documented that the Lorazepam had been administered on 12/31/2023; Rationale: "agitated a lot."

Resident 1's Individual Service Plan, dated 11/29/2023, documented:
"Mental Health: Psychotropic medications; pharmacy to review quarterly."
"Behaviors: Staff will administer psychotropic

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N 408	Continued From page 8 medication per MAR as needed. Staff will notify the RN/MD (registered nurse/medical doctor) if behaviors continue to escalate or increase or if interventions are not helping." Surveyor noted the list of prescribed PRN medications were not identified in the ISP. The ISP did not identify when behaviors are beyond baseline and the Lorazepam should be administered. Surveyor did not observe any monthly PRN psychotropic reviews in Resident 1's record. On 01/10/2024, at approximately 1:45 PM, Surveyor interviewed Assistant Administrator (AA) N. AA N acknowledged the ISP should be individualized. AA N stated s/he was not sure if monthly reviews were completed for PRN psychotropic medications.	N 408		
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	N 431		

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N 431	Continued From page 9 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 observation, interview and record review, the provider did not monitor the health of 1 of 1 resident (Resident 11) by monitoring his/her oxygen levels. Findings include: On 01/10/2024, at approximately 10:00 AM, Surveyor observed oxygen tanks and a concentrator in Resident 11's room. On 01/10/2024, Surveyor reviewed Resident 11's record. Resident 11 admitted to the facility, 01/29/2018, with diagnosis including hypoventilation (when one breathes too slowly or shallowly, reducing the oxygen and increasing the carbon dioxide in the blood). Resident 11's hospital "Patient Discharge	N 431		

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N 431	Continued From page 10	N 431		

Instructions," dated 01/06/2024, documented:
"Diagnosis: pneumonia, cough, decreased oxygen level"
"Discharge Oxygen Instructions: Nasal Cannula 2LNC (liters) at night 3LNC with exertion."

Resident 11's January 2024 Medication Administration Record documented:
"Check oxygen saturation level three times daily (6:00AM, 2:00 PM, 8:00 PM) Oxygen at 1 to 2 liters per minute to maintain oxygen saturation of 93% or more"
01/07/2024 to 01/10/2024 documented the following oxygen saturation levels below 93% since hospitalization discharge:
01/07 - 6:00 AM 84; 2:00 PM 88
01/08 - 6:00 AM 84
01/09 - 6:00 AM 86; 2:00 PM 91
01/10 - 6:00 AM 84

Resident 11's Individual Service Plan, dated 12/04/2023, documented:
"Adaptive equipment: oxygen"
"Special Needs: Uses 2 liters of O2 (oxygen) when sleeping and needs [his/her] head elevated."
Resident 11's record did not contain parameters related to O2 levels and when to notify Resident 11's physician.

"Hypoxemia is a low level of oxygen in the blood. It starts in blood vessels called arteries. Hypoxemia isn't an illness or a condition. It's a sign of a problem tied to breathing or blood flow. It may lead to symptoms such as: Shortness of breath. Rapid breathing. Fast or pounding heartbeat. Confusion. A healthy level of oxygen in the arteries is about 75 to 100 millimeters of mercury (mm Hg). Hypoxemia is any value under 60 mm Hg. Levels of oxygen and the waste gas

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N 431	Continued From page 11	N 431		

carbon dioxide are measured with a blood sample taken from an artery. This is called an arterial blood gas test. Most often, the amount of oxygen carried by red blood cells, called oxygen saturation, is measured first. It is measured with a medical device that clips to the finger, called a pulse oximeter. Healthy pulse oximeter values often range from 95% to 100%. Values under 90% are considered low. Often, hypoxemia treatment involves receiving extra oxygen. This treatment is called supplemental oxygen or oxygen therapy. Other treatments focus on the cause of hypoxemia." (Source: Mayo Clinic website, Symptoms Hypoxemia, March 24, 2023, https://www.mayoclinic.org/symptoms/hypoxemia (retrieval date - January 12, 2024).)

"If you're using an oximeter at home and your oxygen saturation level is 92% or lower, call your healthcare provider. If it's at 88% or lower, get to the nearest emergency room as soon as possible." (Source: Cleveland Clinic website, Blood Oxygen Level, February 18/2022, https://my.clevelandclinic.org/health/diagnostics (retrieval date - January 12, 2024).)

On 01/10/2024, at approximately 2:30 PM, Surveyor interviewed Assistant Administrator (AA) N. Surveyor asked how Resident 11's oxygen levels were monitored when the saturation levels were below 93%. AA N stated there were no guidelines on what staff should do when Resident 11's saturation levels fell below 93%. Surveyor stated that it appeared Resident 11's oxygen levels had a pattern of being below 93% in the morning, had staff reported this pattern to Resident 11's primary physician. AA N stated Resident 11's primary physician had not been contacted and confirmed that Resident 11's oxygen levels had recorded at a concerning low

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N 431	Continued From page 12 level. AA N stated s/he would contact Resident 11's primary physician and ask for physician orders that identified guidelines for care when the saturation levels fell below 93%.	N 431		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation.	Z 010		

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Z 010	Continued From page 13	Z 010		

This Rule is not met as evidenced by:
Based on record review and interview the provider did not obtain criminal complaints for Caregiver DD. The provider did not obtain criminal complaints and judgements of conviction for Caregiver BB and Caregiver DD.

This is a repeat deficiency. See Statement of Deficiency (SOD) I87Y11, dated 05/24/2022.

Findings include:

On 01/10/2024 at approximately 2:00 PM, Surveyor reviewed Caregiver BB and Caregiver DD's facility file. The following was reviewed;

Caregiver BB hired 05/30/2023

On 09/29/2021, Caregiver BB had charges issued for disorderly conduct 947.01(1). The facility did not have a copy of the criminal complaint or judgement of conviction relating to the violation.

10/25/2021, Caregiver BB had charges issued for disorderly conduct 947.01(1). The facility did not have a copy of the criminal complaint or judgement of conviction relating to the violation.

On 9/26/2022, Caregiver BB had charges issued for disorderly conduct 947.01(1). The facility did not have a copy of the criminal complaint or judgement of conviction relating to the violation.

On 09/26/2022, Caregiver BB had charges issued for 2nd degree endangering safety 941.30(2). The facility did not have a copy of the criminal complaint or judgement of conviction relating to the violation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013818	A. BUILDING: _____ B. WING _____	R-C 01/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHSTONE OF MAYVILLE	1071 HORICON ST MAYVILLE, WI 53050

(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
Z 010	Continued From page 14 Caregiver DD hired 07/26/2023 On 07/05/2019, Caregiver DD had charges issued for disorderly conduct 947.01(1). The facility did not have a copy of the criminal complaint relating to the violation. On 01/31/2023, Caregiver DD had charges issued for disorderly conduct 947.01(1). The facility did not have a copy of the criminal complaint relating to the violation. On 08/02/2019, Caregiver DD had charges issued for disorderly conduct 947.01(1). The facility did not have a copy of the criminal complaint relating to the violation. On 01/10/2024 at approximately 2:30 PM, Surveyor shared findings with Administrator N and Licensee E. Licensee E stated s/he thought Caregiver BB had the information but the facility had not received it yet. Licensee E stated they would work on getting the records needed.	Z 010		