STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013806	A. BUILDING: _____ B. WING _____	R 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR APARTMENTS LLC	1350 JEFFERSON STREET BARABOO, WI 53913

(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
{U 000}	INITIAL COMMENTS On 10/25/2023, Surveyors conducted a verification visit at Greenbriar Apartments LLC. 6 deficiencies were identified. 2 deficiencies were repeat deficiencies. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 21	{U 000}		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on observation and interview the provider did not provide services to include sufficient medication management	U 118		

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

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U 118	Continued From page 1 Findings include: On 10/25/2023 at approximately 3:05 PM, Surveyors conducted an audit of the facilities medication cart and observed the following: 1.) Resident 32 had an albuterol HFA 90 MCG inhaler that expired on 02/01/2023 still in the medication cart. 2.) Resident 26 had an albuterol HFA 90 MCG inhaler that expired on 06/17/2023 still in the medication cart. 3.) Resident 26 had nystatin powder that expired on 06/17/2022 still in the medication cart. 4.) Resident 32 had bisacodyl 10 MG suppositories that expired on 09/2023 still in the medication cart. 5.) Resident 31 had a Spiriva inhaler that expired on 06/09/2023 still in the medication cart. 6.) Resident 24 had a Novolin insulin flexpen that expired on 12/22/2022 still in the medication refrigerator. On 10/25/2023 at 3:10 PM, Surveyors interviewed Administrator I who stated the facility has a nurse that takes care of the medical side of things at the facility. Administrator I stated s/he does not take care of the medical aspects of the facility so could provide no information as to why so many expired medications were left in the medication cart.	U 118		
{U 129}	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS.	{U 129}		

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{U 129}	Continued From page 2 Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, tenant medications were administered by a caregiver of the facility, was not delegated by a nurse to administer the medications. This is a repeat deficiency. See Statement of Deficiency (SOD) # JGBW12 dated, 05/16/2023 and SOD # TE1S11 dated 10/19/2021. Findings include: On 10/25/2023, at approximately 9:15 AM, Surveyors requested to review the staff files of all caregivers who administer medications to tenants of the facility. Administrator I provided the files of Caregiver K, Caregiver L, Caregiver M, Caregiver N and Caregiver O. Surveyor asked Administrator I if the files contained the delegation by an RN to administer the medications. Administrator I stated s/he thought so, and provided a binder titled RN Delegation. Surveyors reviewed the binder. The binder did not contain any delegation for staff to administer	{U 129}		

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{U 129}	Continued From page 3 medications. Surveyors reviewed the following staff files and noted the following: Example 1 - Caregiver M On 10/25/2023, at approximately 12:00 PM, Surveyor reviewed the staff file of Caregiver M. Caregiver M date of hire was 01/01/2023. The file did not contain any RN delegation for Caregiver M to administer medications to tenants of the provider. Example 2 - Caregiver K On 10/25/2023, at approximately 12:00 PM, Surveyor reviewed the staff file of Caregiver K. Caregiver K date of hire was 11/15/2013. The file did not contain any RN delegation for Caregiver K to administer medications to tenants of the provider. Example 3 - Caregiver L On 10/25/2023, at approximately 12:00 PM, Surveyor reviewed the staff file of Caregiver L. Caregiver L date of hire was 09/09/2017. The file did not contain any RN delegation for Caregiver L to administer medications to tenants of the provider. Example 4 - Caregiver N On 10/25/2023, at approximately 12:00 PM, Surveyor reviewed the staff file of Caregiver N. Caregiver N date of hire was 02/10/2023. The file did not contain any RN delegation for Caregiver N to administer medications to tenants of the provider. Example 5 - Caregiver O	{U 129}		

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{U 129}	Continued From page 4 On 10/25/2023, at approximately 12:00 PM, Surveyor reviewed the staff file of Caregiver O. Caregiver O date of hire was 06/22/2023. The file did not contain any RN delegation for Caregiver O to administer medications to tenants of the provider. On 10/26/2023, at 10:02 AM, Surveyor interviewed RN H regarding delegation of medication administration. RN H stated currently RN H works at the provider about 10 hours per week. RN H stated the medication administration record is monitored monthly to ensure it is completed correctly. As of right now, RN H stated they have ensured the medication room is organized and staff deliver medications correctly. A new staff member received job shadowing by the administrator or by RN H. Currently there is no written delegation of duty to administer medications and they are working on developing a policy and procedure to address this.	{U 129}		
U 158	89.26(2)(c) COMPREHENSIVE ASSESSMENT CONTENTS. The comprehensive assessment shall identify and evaluate the following factors relating to the person's need and preference for services: Medications and ability to self-administer medications. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the comprehensive assessment for 2 out of 2 tenants reviewed,	U 158		

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U 158	Continued From page 5	U 158		

identified and evaluated the tenant's need and preference related to medications and ability to self-administer medications.

Findings include:

On 10/25/2023, at approximately 9:15 AM, Surveyor interviewed Administrator I regarding tenants who self-administer insulin and medications. Administrator I stated Tenant 33 and Tenant 34 currently self-administer insulin.

Example 1 -Tenant 33

Surveyor reviewed Tenant 33's record and noted the record did not contain any comprehensive assessment which identified and evaluated the tenant's need and preference related to medications and ability to self-administer medications.

Surveyor interviewed Administrator I on 10/25/2023, at approximately 1:30 PM. Surveyor asked Administrator I if they completed any assessment related to self-administration of medication including insulin. Administrator I stated s/he was not certain as RN H addresses medical needs of the tenants.

Example 2 - Tenant 34

Surveyor reviewed Tenant 34's record and noted the record did not contain any comprehensive assessment which identified and evaluated the tenant's need and preference related to medications and ability to self-administer medications.

On 10/25/2023, at 10:48 AM, Surveyor interviewed Tenant 34. Tenant 34 informed

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U 158	Continued From page 6 Surveyor that staff does assist with administration of insulin but it really depends on which caregiver is passing medication. Sometimes they do it for Tenant 34 and sometimes, Tenant 34 does the administration. Surveyor interviewed Administrator I on 10/25/2023, at approximately 1:30 PM. Surveyor asked Administrator I if they completed any assessment related to self-administration of medication including insulin. Administrator I stated s/he was not certain as RN H addresses medical needs of the tenants. On 10/30/2023, at 10:25 AM, Surveyor interviewed RN H regarding medication administration including insulin. RN H stated that the tenants physician makes the decision if the tenant can self-administer medication. They do not complete any assessment related to the tenants ability to self-administer medications and insulin. RN H was not aware they needed to have any assessment related to self-administration of medication.	U 158		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 1 out of 4 tenants and	U 189		

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U 189	Continued From page 7 Greenbriar Apartments LLC entered into a signed, jointly negotiated risk agreement by date of occupancy. Findings include: On 10/25/2023, at approximately 10:30 AM, Surveyor reviewed the record of Tenant 34. Tenant 34 was admitted to the provider on 05/27/2023. The record did not contain any risk agreement. Surveyor interviewed Administrator I regarding the risk agreement, on 10/25/2023, at approximately 1:30 PM. Administrator I stated s/he was not aware each tenant needed to have a signed risk agreement completed by date of occupancy.	U 189		
U 268	89.34(17) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (17) SAFE ENVIRONMENT. To a safe environment in which to live. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a safe environment in which to live.	U 268		

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U 268	Continued From page 8 Findings include: Greenbriar Apartments LLC was licensed by the department on 09/01/2011 with a capacity to serve 32 tenants. On 10/25/2023 at approximately 8:57 AM, Surveyors toured the facility and observed the following: 1.) The carpet by Tenant 26's room was badly stained and bunched up creating a tripping hazard. 2.) There was a marked fire exit on the rear side of the building that was overgrown with weeds blocking a clear path for exit. 3.) There was an oxygen tank with oxygen in the tank sitting on the table in the dining room. The tank was viewed multiple times throughout the day including 8:45 AM without being in a storage container. 4.) The dryer vent contained a thick accumulation of dust and lint. Dryer sheets were observed on the vent and wires behind the dryer creating a fire hazard. 5.) Tenant 28's room had a very strong odor of cigarette smoke, burnt cigarettes on the night stand and the smoke detector was hanging down from the ceiling. 6.) A smoke detector in the basement was "chirping" alerting of a low battery in the smoke detector. 7.) Empty room 11 had a very strong sewer smell,	U 268		

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U 268	Continued From page 9	U 268		

there was no water in the toilet in the apartment. Odor present at 8:46 AM and at 2:16 PM.

8.) There was a white substance all over the floor by the dishwasher and water damage on the bottom of the wall by the dishwasher.

9.) The basement had an electric heater pulling out of the wall exposing wires, creating a potential shock hazard.

10.) Tenant 24's door frame contained a 12 inch section of missing wood towards the bottom of the door with rough sharp edges. The hallway outside the room contained a strong urine-like odor noted at 2:20 PM.

11.) Tenant 26's bathroom door contained a 4 inch circular hole. Some edges were splintered and sharp to the touch.

12.) Tenant 35's door frame and door contained multiple scrapes and gouges in the wood varnish. Some edges splintered and rough to the touch.

13.) Tenant 31's door frame and door contained multiple scrapes and gouges in the wood varnish. Some edges splintered and rough to the touch.

14.) Tenant 36's door frame and door contained multiple scrapes and gouges in the wood varnish. Some edges splintered and rough to the touch.

An article written by the Childrens hospital of Minnesota named "Oxygen Safety at Home" dated 2023 found at https://www.childrensmn.org/educationmaterials/childrensmn/article/15583/oxygen-safety-at-home/#:~:text=Prevent%20injury&text=A%20falling%20tank%20or%20vessel,%2C%20rack%2C%20or%

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U 268	Continued From page 10 20stable%20base. An oxygen tank that falls over is very dangerous. If it falls over or is dropped, it could break causing the pressurized oxygen to escape rapidly. This pressure can cause the tank or vessel to fly through the air. On 10/25/2023 at approximately 2:52 PM, Surveyors shared findings with Administrator I. Administrator I stated the rooms are in the process of being redone and that the rooms were unlocked because of the construction in the rooms. Administrator I stated s/he was not aware there were expired medications in the rooms. Administrator I asked where oxygen tanks were sent back to. Administrator I stated Resident 28's room smelled very strong of cigarette smoke and s/he would get maintenance to fix the smoke detector right away. Administrator I stated the facility does not help residents take care of cats that are staying at the facility in their rooms that it is the responsibility of the Tenant to take care of their animals. Administrator I stated the staff help residents with housekeeping. On 10/25/2023 at approximately 3:10 PM, Surveyors were able to speak with Licensee C via Administrator A's cell phone. Licensee C started yelling at Surveyors that instead of "giving violations to the facility and taking food out of residents mouths", Surveyors should be explaining what needs to happen and help the facility out. Licensee C stated that "[s/he] didn't even want the [explicit] facility". Licensee C also stated "[s/he] would just have his/her attorney take care of it and appeal it or something". Licensee C stated to Surveyors, "you should roll up your sleeves and help the tenants out."	U 268		

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Z 010	Continued From page 11	Z 010		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make every reasonable effort to	Z 010		

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Z 010	Continued From page 12 obtain a copy of the criminal complaint related to Caregiver M's conviction of 947.01(1) Disorderly Conduct and 940.19(1) Battery which occurred within 5 years of employment. Findings include: On 10/25/2023 at approximately 10:30 AM., Surveyor reviewed Caregiver M's employee record. Caregiver M was hired on 01/01/2023. Caregiver M's record included a conviction of 947.01(1) Disorderly Conduct and 940.19(1) Battery on 11/08/2018. On 10/25/2023 at approximately 10:45 AM, Surveyor interviewed Administrator I. Surveyor asked if the provider made attempts to obtain a copy of the criminal complaint related to Caregiver M's 11/08/2018 conviction. Administrator I replied, "No" and explained that s/he was not employed as the Administrator at the time Caregiver M was hired. Surveyor asked who had hired Caregiver M. Administrator I stated Licensee C conducted the background check for Caregiver M. Surveyor asked if Licensee C had obtained a copy of the criminal complaint and judgement of conviction. Administrator I stated they were not aware this needed to be done, so no s/he did not.	Z 010		