

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0018810</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>06/26/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAYTON TERRACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9200 W LAYTON AVENUE<br/>GREENFIELD, WI 53228</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| N 000                                                     | Initial Comments<br><br>On 06/26/2024, Surveyor completed a complaint investigation at Layton Terrace. As a result, 2 deficiencies were identified and 1 complaint was substantiated.<br><br>Census: 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N 000                                                                                         |                                                                                                                          |                                                                    |
| N 415                                                     | 83.37(2)(d) Documentation of medication administration.<br><br>Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident 's response shall be documented.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure each resident's medication administration record (MAR) was accurately maintained for 1 of 1 resident (Resident 1) reviewed. The provider did not accurately document when Resident 1 was or was not administered her/his medications.<br><br>Findings include:<br><br>On 04/18/2024, the department received a complaint a resident was not receiving her/his medications. | N 415                                                                                         |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAYTON TERRACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9200 W LAYTON AVENUE<br/>GREENFIELD, WI 53228</b> |                                                                                                                          |                                                                    |
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| N 415                                                     | <p>Continued From page 1</p> <p>On 05/06/2024, at 1:15 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/02/2024, with diagnoses including coronary artery disease, hypertension, malignant neoplasm of bronchus and lung, asymptomatic bradycardia, and dyspnea. Surveyor reviewed Resident 1's MARs for the months of January 2024, February 2024, March 2024, and April 2024, and identified the following dates did not contain staff initials indicating if the following medications were or were not administered to Resident 1:</p> <p>-Clopidogrel 75 milligrams (mg) 8:00 AM - 01/05/2024</p> <p>-Eliquis 2.5 mg 7:00 AM - 01/17/2024</p> <p>7:00 PM - 01/06/2024, 01/07/2024, 01/10/2024, 01/11/2024, 01/14/2024, 01/16/2024, 01/20/2024, 01/23/2024, 01/24/2024, 01/27/2024, 03/11/2024, 03/12/2024, 03/13/2024, 03/19/2024, 03/25/2024, 03/29/2024, 03/30/2024, 04/07/2024, 04/09/2024</p> <p>-Furosemide 20 mg 8:00 AM - 04/01/2024</p> <p>9:00 AM - 01/22/2024</p> <p>-Guanfacine 1 mg 7:00 PM - 02/01/2024, 02/05/2024, 02/06/2024, 02/11/2024, 03/16/2024, 03/19/2024, 03/25/2024, 03/29/2024, 03/30/2024, 04/07/2024, 04/09/2024</p> <p>8:00 PM - 01/14/2024, 01/23/2024, 01/28/2024</p> <p>-Isosorbide mononitrate 30 mg 8:00 AM - 01/10/2024, 01/29/2024</p> <p>-Losartan 50 mg 7:00 PM - 02/01/2024, 02/05/2024, 02/06/2024, 02/11/2024, 03/01/2024,</p> | N 415                                                                                         |                                                                                                                          |                                                                    |

Wisconsin Department of Health Services

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| N 415                                                     | Continued From page 2<br><br>03/16/2024,03/19/2024, 03/25/2024, 03/29/2024,<br>03/30/2024, 04/07/2024, 04/09/2024<br><br>8:00 PM - 01/14/2024, 01/23/2024, 01/28/2024<br><br>-Metoprolol succinate 100 mg 7:00 AM -<br>03/13/2024, 04/07/2024, 04/09/2024<br><br>7:00 PM - 02/01/2024, 02/05/2024, 02/06/2024,<br>02/11/2024, 03/11/2024, 03/12/2024, 03/13/2024,<br>03/16/2024, 03/19/2024, 03/25/2024, 03/29/2024,<br>03/30/2024<br><br>8:00 PM - 01/14/2024, 01/23/2024, 01/28/2024<br><br>-Preservision AREDS 2 7:00 PM - 02/01/2024,<br>02/05/2024, 02/06/2024, 02/11/2024, 03/16/2024,<br>03/19/2024, 03/25/2024, 03/29/2024, 03/30/2024,<br>04/07/2024, 04/09/2024<br><br>8:00 PM - 01/23/2024, 01/28/2024<br><br>-Senna laxative 8.6 mg 8:00 PM - 01/14/2024,<br>01/23/2024, 01/28/2024, 02/01/2024, 02/05/2024,<br>02/06/2024, 02/11/2024<br><br>-Simvastatin 20 mg 8:00 PM - 01/11/2024,<br>01/14/2024, 01/23/2024, 01/28/2024, 02/01/2024,<br>02/05/2024, 02/06/2024<br><br>-Systane ultra drops 7:00 AM - 03/22/2024,<br>04/01/2024<br><br>3:00 PM - 03/13/2024, 03/15/2024, 03/19/2024,<br>03/21/2024, 03/23/2024,03/25/2024, 03/26/2024,<br>03/28/2024, 04/02/2024, 04/04/2024, 04/06/2024,<br>04/09/2024, 04/16/2024, 04/20/2024,04/21/2024,<br>04/22/2024, 04/23/2024, 04/29/2024, 04/30/2024<br><br>4:00 PM - 01/20/2024, 01/23/2024, 02/01/2024, | N 415                                                                       |                                                                                                                          |                          |                                                                    |

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAYTON TERRACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9200 W LAYTON AVENUE<br/>GREENFIELD, WI 53228</b> |                                                                                                                          |                                                                    |
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| N 415                                                     | Continued From page 3<br><br>02/02/2024, 02/11/2024, 02/18/2024<br><br>7:00 PM - 03/08/2024, 03/11/2024, 03/12/2024,<br>03/13/2024, 03/16/2024, 03/19/2024, 03/25/2024,<br>03/29/2024, 03/30/2024, 04/07/2024, 04/09/2024,<br>04/19/2024,<br><br>8:00 PM - 01/23/2024, 01/28/2024, 02/01/2024,<br>02/05/2024, 02/06/2024, 02/11/2024<br><br>-Vitamin D3 1,000 units 7:00 AM - 03/30/2024<br><br>7:00 PM - 03/15/2024, 03/16/2024, 03/19/2024,<br>03/25/2024, 03/29/2024, 03/30/2024, 04/07/2024,<br>04/09/2024<br><br>8:00 PM - 03/01/2024, 03/03/2024<br><br>On 06/26/2024, at 12:35 PM, Surveyor<br>interviewed Executive Director A. Executive<br>Director A reported staff were to initial when they<br>passed a medication, and if a resident refused a<br>medication, staff were to document the refusal.<br>Executive Director A reported the health service<br>director would review the MARs to ensure a<br>resident received medication if there was an<br>issue or concern with a resident, but did not<br>happen on a regular basis. Executive Director A<br>reported they had a lot of residents and were<br>unable to review the MARs on a daily basis. | N 415                                                                                         |                                                                                                                          |                                                                    |
| N 431                                                     | 83.38(1)(g) Health monitoring.<br><br>As appropriate, the CBRF shall teach residents<br>the necessary skills to achieve and maintain the<br>resident ' s highest level of functioning. In<br>addition to the assessed needs as determined<br>under s. DHS 83.35(1), the CBRF shall provide or<br>arrange services adequate to meet the needs of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N 431                                                                                         |                                                                                                                          |                                                                    |

Wisconsin Department of Health Services

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| N 431                                                     | <p>Continued From page 4</p> <p>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 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.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the provider did not monitor the health and make arrangements for physical health services for 1 of 1 resident (Resident 1). Resident 1's weight and oxygen saturation were not monitored as ordered on a daily basis.</p> <p>Findings include:</p> <p>On 01/18/2024, the department received a</p> | N 431                                                                                         |                                                                                                                          |                                                                    |

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| N 431                                                     | <p>Continued From page 5</p> <p>complaint regarding residents not receiving correct medications.</p> <p>On 05/06/2024, at 1:15 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/02/2024 with diagnoses coronary artery disease, hypertension, malignant neoplasm of bronchus and lung, asymptomatic bradycardia, and dyspnea. Resident 1's medication administration record (MAR) for January 2024, reported Resident 1 had an order for furosemide 20 milligrams (mg), start date 01/10/2024, with instructions to take half a tablet (10mg) by mouth if weight increase of more than 3 pounds (lbs) from baseline and to notify physician if weight increase of more than 5lbs and of oxygen saturation is less than 90%. Resident 1's January 2024 MAR did not report any vitals or weights for Resident 1. Resident 1's January MAR indicated Resident 1 was to receive daily vitals and weights to start on 01/30/2024.</p> <p>Resident 1's February MAR indicated Resident 1 was to receive daily vitals and weights. Resident 1's February MAR reported Resident 1 refused vitals 11 days in February 2024. The dates Resident 1 refused vitals are as follows:<br/>02/01/2024, 02/02/2024, 02/03/2024, 02/06/2024, 02/09/2024, 02/11/2024, 02/14/2024, 02/16/2024, 02/19/2024, 02/22/2024, 02/23/2024.</p> <p>Resident 1's February MAR did not have any documentation of vitals and weight or documented refusals on 02/04/2024, 02/05/2024, 02/07/2024, 02/08/2024, 02/10/2024, 02/12/2024, 02/13/2024, 02/15/2024, 02/18/2024, 02/20/2024, 02/21/2024, 02/24/2024.</p> <p>Resident 1's February MAR reported Resident 1's vitals on 02/17/2024 were the following:</p> | N 431                                                                                         |                                                                                                                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAYTON TERRACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9200 W LAYTON AVENUE<br/>GREENFIELD, WI 53228</b> |                                                                                                                          |                                                                    |
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| N 431                                                     | <p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- Blood pressure: 132/80</li> <li>- Oxygen saturation: 64%</li> <li>- Pulse: 121 beats per minute (bpm)</li> <li>- Weight: 160 lbs</li> <li>- Respirations: 77 breaths per minute (bpm)</li> </ul> <p>Surveyor did not review any documentation a call was placed to the physician.</p> <p>Resident 2's March 2024 MAR reported Resident 1's weight was recorded as the following:</p> <ul style="list-style-type: none"> <li>- 03/18/2024: 100 lbs</li> <li>- 03/25/2024: 100 lbs</li> <li>- 03/29/2024: 100 lbs</li> </ul> <p>Resident 1's progress notes for February 2024 reported the following:</p> <ul style="list-style-type: none"> <li>- "02/06/2024, Resident 1's oxygen level was 81 ... " Surveyor did not review any documentation a call was placed to the physician.</li> <li>- "02/21/2024, writer notice resident right hand was swollen from [her/his] middle hand to [her/his] wrist so we have resident to just elevate it."</li> <li>- "02/25/2024, Resident was sent out to St. Lukes memorial hospital at 0330. Resident was sent out for having symptoms of congestive heart failure and fluid retention (coughing up pink phlegm and saying [s/he] does not feel well, hand very swollen) (POA-HC B) came out to see [her/him] and requested [s/he] be sent out to the hospital."</li> <li>- "03/01/2024, Resident got back from the hospital 715 [sic] this evening with new meds [sic]."</li> </ul> <p>Surveyor reviewed hospital discharge paperwork.</p> | N 431                                                                                         |                                                                                                                          |                                                                    |

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0018810</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>06/26/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAYTON TERRACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9200 W LAYTON AVENUE<br/>GREENFIELD, WI 53228</b> |                                                                                                                          |                                                                    |
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| N 431                                                     | <p>Continued From page 7</p> <p>Resident 1 was admitted to St. Lukes Hospital on 02/25/2024 for hypervolemia. Resident 1 was discharged from St. Lukes Hospital on 03/01/2024.</p> <p>"Heart failure requires that you, your family and any caregivers pay close attention to any changes in your symptoms. If you notice anything new, or a sudden worsening of a current symptom, contact your health care professional right away. In many instances, your medical team can make changes to your medication or advise you on lifestyle changes that can help you feel better ...The most common symptoms to track are:<br/>Any shortness of breath and or extra fatigue while moving through your regular daily routine.<br/>Your heart rate if you feel like your heart is racing or throbbing.<br/>Daily weight. Many people are first alerted to worsening heart failure when they notice a weight gain of more than two or three pounds in a 24-hour period or more than five pounds in a week. This weight gain may be due to retaining fluids since the heart is not functioning properly. It's a good idea to track your weight and check in with your health care professional if you notice sudden changes. Make sure you know the amount of weight gain your health care professional considers to be a problem for you.<br/>Any swelling from fluids collecting in your body - most often in the ankles, lower legs and feet - and especially if you notice any increase in swelling.<br/>Blood pressure. It's important to track blood pressure and to know your numbers.<br/>Confusion or impaired thinking. These symptoms might be first noticed by others in your family, so it could be helpful to invite their feedback.<br/>Other factors. You might also be asked to keep track of other factors, such as appetite, diuretic</p> | N 431                                                                                         |                                                                                                                          |                                                                    |

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| N 431                                                     | <p>Continued From page 8</p> <p>("water pill") use or your ability to sleep. If you have been prescribed oxygen, your health care professional might ask you to track how much oxygen you use."<br/>(Source: American Heart Association, June 13, 2023, <a href="https://www.heart.org/en/health-topics/heart-failure/warning-signs-of-heart-failure/managing-heart-failure-symptoms">https://www.heart.org/en/health-topics/heart-failure/warning-signs-of-heart-failure/managing-heart-failure-symptoms</a> (retrieval date - August 13, 2023))</p> <p>On 06/26/2024, at 12:35 PM, Surveyor interviewed Executive Director A. Executive Director A reported staff are responsible for reporting concerns with residents to the floor nurse or the health service director. Executive Director A reported the floor nurse is usually the one who contacts the physician or family with resident concerns. Executive Director A reported when a resident requires daily or weekly vitals, it is the family's responsibility to set up home health as their staff do not complete daily vitals, staff only complete monthly vitals. When Surveyor inquired why the staff were indicating about half of the month, Resident 1 had refuse vitals if staff are unable to take daily vitals, Executive Director A did not know. When Surveyor inquired about the 60 lbs difference in Resident 1's weight between February 2024 and March 2024, Executive Director A reported Resident 1 weighed more than 100 lbs and those weights were incorrect.</p> | N 431                                                                                         |                                                                                                                          |                                                                    |