STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018810	A. BUILDING: _____ B. WING _____	R-C 11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAYTON TERRACE	9200 W LAYTON AVENUE GREENFIELD, WI 53228

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{N 000}	Initial Comments On 11/01/2024, Surveyor concluded a standard survey, verification visit and 3 complaint investigations at Layton Terrace. Four deficiencies were identified. One of the 4 deficiencies were repeat violations (see SOD JJ9F11, dated 06/26/2024). Three complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 61	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not submit a written report to the department within 3 working days after an incident or accident resulting in emergency room treatment and hospitalization for 1 of 3 residents reviewed. Resident 2 had two falls on 03/23/2024, with the last fall resulting in a right, upper arm, fracture. There was no evidence the provider reported these incidents to the State Agency. Findings include:	N 165		

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

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N 165	Continued From page 1 Department Records: On 10/04/2023, Surveyor reviewed the provider's self-report history. The department did not receive a self-report for Resident 2's emergency room visits and hospitalization on 03/24/2024, due to fall. Record Review: From 10/09/2024 to 10/25/2024, Surveyor reviewed the records for Resident 2. Resident 2 was admitted to the facility on 08/09/2023. Resident 2's diagnoses included Alzheimer's disease, anxiety, hypertension, and pacemaker. Resident 2 had an Activated Healthcare Power of Attorney. Resident 2 was discharged after 07/02/2024. Progress Notes 03/23/2024 11:38 a.m. Unwitnessed Fall. Resident 2 was found lying on his/her left side. 03/23/2024 1:59 p.m. Unwitnessed Fall. Resident 2 stated s/he went to stand up from dining room table and got dizzy and fell. 03/24/2024- Resident 2 admitted to hospital for right, upper arm, fracture. Email Correspondence: On 11/01/2024 at 10:31 a.m., Surveyor received an email from Activated Healthcare Power of Attorney (AHCPOA) O. AHCPOA O stated Resident 2 fractured one arm at another facility before s/he moved in, and it was still healing. AHCPOA O stated the second arm fracture was at "Layton Terrace on 3/24/2024."	N 165		

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N 165	Continued From page 2 On 10/08/2024 at 11:48 a.m., Surveyor interviewed Senior Executive Director (SED) G and Nurse (DON) H. SED G explained when a resident is sent out with an injury, after a fall, the facility's protocol is to administer first aid, notify the nurse, call emergency medical services (EMS), write up incident reports and send to Quality Assurance and Performance Improvement team for review. The resident would be reassessed by the facility registered nurse (RN) and the individualized service plan (ISP) would be updated with fall interventions. A self-report would be sent to the Department if a resident had to be sent out to the emergency room or was hospitalized. On 10/09/2022 at 11:50 a.m., Nurse (DON) D provided a self-report dated 03/27/2024 for the incident on 03/23/2024. The self-report was not signed or dated. Surveyor interviewed DON D, and asked why there was no signature. DON D stated, "I don't know."	N 165		
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 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	N 387		

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N 387	Continued From page 3	N 387		

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 the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 2 of 3 resident records reviewed (Resident 3 and Resident 4).

Findings include:

On 10/08/2024 at 11:45 a.m., Surveyor requested Resident 4's assessment, ISP and any photocopies of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of the resident. On 10/09/2024 at 10:00 a.m. Surveyor requested Resident 3's complete file. On 10/09/2024 at 12:35 p.m., Executive Director C and Nurse (DON) D confirmed they provided Resident 3's complete file and requested documents for Resident 4.

From 10/09/2024 to 10/25/2024, Surveyor reviewed the records for Resident 3 and Resident 4.

Resident 3
Resident 3 was admitted to the facility on 11/19/2022. Resident 3 had an Activated Health Care Power of Attorney (AHCPOA) M. Resident 3

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N 387	Continued From page 4 was discharged on 07/10/2024. Surveyor observed Resident 3's ISP, dated 11/21/2022. It was not signed by AHCPOA M. Surveyor observed Resident 3's ISP, dated 08/27/2023. It was not signed by AHCPOA M. Surveyor observed Resident 3's ISP, dated 01/18/2024. It was not signed by AHCPOA M. Surveyor observed Resident 3's ISP, dated 04/21/2024. It was not signed by AHCPOA M. On 10/10/2024 at 6:38 p.m., Surveyor received an email from AHCPOA M, who stated s/he had a copy of the initial evaluation dated 10/19/2022. S/He believed Director of Nursing (DON) K reviewed that with him/her but did not have anything initialed or signed for it. AHCPOA M stated the only thing with his/her initials was the Level 3 care price and rent, bringing the cost to $7865 a month. AHCPOA M stated s/he did not recall anyone discussing the second update with him/her. AHCPOA M stated s/he became aware of the changes when the rent increased because Resident 3 was considered Level 6 care by Facility Nurse (DON) P. AHCPOA M stated DON P signed it on 3/15/2023 but the ISP was dated 08/27/2023. AHCPOA M stated, due to no information being given to the family, they requested a meeting with Executive Director A. Resident 4 Resident 4 was admitted to the facility on 02/01/2024. Resident 4 was her/his own person upon move-in. Resident 4's guardianship was activated on 05/17/2024. Resident 4 was	N 387		

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N 387	Continued From page 5 discharged on 07/01/2024. Surveyor observed Resident 4's ISP, dated 01/31/2024. It was not signed by Resident 4. Under responsible party, Surveyor observed Partner N's signature. On 10/29/2024, at 11:45 a.m., Surveyor reviewed the above documentation with Regional Director of Operations (RDOO) R, Regional Nurse (RDON) Q, Senior Executive Director (SED) G, and Nurse (DON) H. Executive Director C, DON D. RDON Q stated as soon as assessments are done, ISPs are completed. Within a week they try to sit down with the resident, guardian or activated power of attorney to go over the ISP document. If it is difficult to connect in person, they will do it over the phone and either fax or scan the documentation to the responsible parties to sign. SED G stated ISPs need to be updated and communicated with resident's families in a timelier fashion. SED G stated s/he believed there were several opportunities to do better for the families.	N 387		
{N 415}	83.37(2)(d) Documentation of medication administration. 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	{N 415}		

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{N 415}	Continued From page 6 shall be documented. This Rule is not met as evidenced by: 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. The provider did not have Resident 1's medications available. This is a repeat deficiency. See Statement of Deficiency (SOD) JJ9F11, dated 06/26/2024. Findings include: On 10/09/2024, at 11:15 a.m., Surveyor reviewed Resident 1's record and identified the following: 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 Medication Administration Record (MAR)'s for the months of September 2024. Surveyor observed dates that did not contain staff initials indicating if the medications were or were not administered. The following dates were identified: -Eliquis 2.5 mg 7:00 p.m. - Dates that were without staff initials indicating if the medications were or were not administered included:	{N 415}		

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{N 415}	Continued From page 7 09/18/2024, 09/20/2024 and 09/27/2024. -Preservision AREDS 2 Gelcap 9:00 p.m. (Prescription number: 6261443). Dates that were without staff initials indicating if the medications were or were not administered included: 09/06/2024. -Preservision AREDS 2 Gelcap 7:00 p.m. (Prescription number: 6551235). Dates that were without staff initials indicating if the medications were or were not administered included: 09/20/2024 and 09/27/2024. -Quetiapine 25 mg 8:00 p.m. The date that was without staff initials indicating if the medications were or were not administered included: 09/06/2024. -Systane ultra drops 8:00 a.m. - Dates that were without staff initials indicating if the medications were or were not administered included: 09/13/2024 and 09/27/2024 at 8:00 p.m. -Vitamin C 500 MG 7:00 p.m. - Dates that were without staff initials indicating if the medications were or were not administered included: 09/18/2024, 09/19/2024, 09/20/2024, 09/26/2024 and 09/27/2024. On 10/09/2024, at 10:35 a.m., Surveyor interviewed Senior Executive Director (SED) G, who reported staff were to initial the MAR when they passed a medication, and if a resident refused a medication, staff were to document the refusal. Senior Executive Director (SED) G reported the health service director would review the MARs to ensure a resident received medication if there was an issue or concern with	{N 415}		

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{N 415}	Continued From page 8 a resident. On 10/29/2024, at 11:45 a.m., Surveyor reviewed the above documentation with Regional Director of Operations (RDOO) R, Regional Director of Nursing (RDON) Q, SED G, and Director of Nursing (DON) H. On 10/29/2024 at 11:48 a.m., Surveyor interviewed RDON Q regarding Resident 1's MAR. RDON Q stated section leaders were supposed to be reviewing the MARs for accuracy. RDON Q stated the floor staff have daily, 'stand-up' meetings to discuss things like this. RDON Q stated, "The goal is to have no exceptions."	{N 415}		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure medication administration was provided to 1 of 1 resident reviewed. The provider did not ensure Resident 1 received all their prescribed medications from 09/01/2024-09/30/2024.	N 432		

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N 432	Continued From page 9 Findings include: On 10/09/2024, at 11:15 a.m., Surveyor reviewed Resident 1's record and identified the following: 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 September 2024. Surveyor observed dates that did not contain staff initials indicating if the medications were unavailable to administer. The following dates were identified: -Eliquis 2.5 mg 7:00 p.m. - Dates that indicated medications were unavailable: 09/02/2024. "Medication not available." 09/05/2024. "Other-not in cart." 09/16/2024. "Medication not available." -Preservision AREDS 2 Gelcap 9:00 p.m. (Prescription number: 6261443). Dates that indicated medications were unavailable: 09/07/2024. "Medication not available." 09/08/2024. "Medication not available." 09/10/2024. "Medication not available." 09/14/2024. "Other- med not available." 09/15/2024. "Medication not available." 09/16/2024. "Medication not available." 09/17/2024. "Medication not available." -Preservision AREDS 2 Gelcap 7:00 p.m. (Prescription number: 6551235). Dates that indicated medications were unavailable: 09/19/2024. "Other-on order." 09/23/2024. "Medication not available." -Quetiapine 25 mg 8:00 p.m. Dates that indicated	N 432		

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medications were unavailable: 09/03/2024. "Medication not available." 09/04/2024. "Medication not available. Will notify the nurse." 09/05/2024. "Other-not in cart." 09/07/2024. "Medication not available." 09/08/2024. "Medication not available." 09/10/2024. "Medication not available." 09/15/2024. "Medication not available." 09/16/2024. "Medication not available."

-Vitamin C 500 MG 7:00 p.m. - Dates that indicated medications were unavailable: 09/17/2024. "Medication not available." 09/23/2024. "Medication not available."

On 10/08/2024, at 11:18 a.m., Surveyor interviewed Caregiver E, who stated Resident 1 just moved out last week. Caregiver E stated Resident 1 was known to refuse cremes and wraps. Caregiver E stated Resident 's medication was not always in the cart. Surveyor asked Caregiver E who managed reordering of the medication. Caregiver E stated, "I believe either the RN (Nurse) or the LPN (Licensed Practical Nurse) does that."

On 10/08/2024, at 12:45 p.m., Surveyor interviewed Caregiver I, who stated Resident 1 refused leg treatments and creams. Caregiver I stated, "S/He was not big on them." Caregiver I stated there were times when Resident 1 did not have medication available. Caregiver I stated s/he thought it had something to do with him/her getting his/her medications from an outside pharmacy.

On 10/29/2024, at 11:45 a.m., Surveyor reviewed the above documentation with Regional Director of Operations (RDOO) R, Regional Nurse (RDON) Q, Senior Executive Director (SED) G,

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N 432	Continued From page 11 and Nurse (DON) H. On 10/29/2024 at 11:48 a.m., Surveyor interviewed RDON Q regarding Resident 1's medication not being available. RDON Q stated Resident 1 received his/her medication from a different pharmacy other than the one the facility typically used. RDON Q stated Resident 1's Activated Healthcare Power of Attorney (AHCPOA) J took him/her to most physician appointments. Oftentimes, the facility did not receive paperwork back from AHCPOA J. RDON Q stated the outside pharmacy was not the issue. SED G stated there were several barriers with the family. RDON Q stated, "Those September medications should have been reviewed."	N 432		