

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018399	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER EVIN AT OCONOMOWOC SPECIALTY CARE CBRF		STREET ADDRESS, CITY, STATE, ZIP CODE 1101 SILVER LAKE ST OCONOMOWOC, WI 53066		
(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 07/09/2024, with information gathered through 07/10/2024, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at Evin At Oconomowoc Speciality Care located at 1101 Silver Lake St, WI. Two citations of noncompliance were issued. Census: 21	N 000		
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. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 1's	N 408		

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

TITLE

(X6) DATE

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N 408	Continued From page 1 individual service plan [ISP] included the rationale for use and a detailed description of the behaviors which indicated the need for each PRN psychotropic medication available for Resident 1, including lorazepam and hydroxyzine. The findings include: On 07/09/2024 at 9:40 A.M., Surveyor observed Resident 1 in bed located in Resident 1's room. On 07/09/2024 at 10:54 A.M., Surveyor conducted an interview with Caregiver D. Caregiver D told Surveyor s/he administered medications to Resident 1. Caregiver D told Surveyor Resident 1 had prescriptions for scheduled and 'as needed' psychotropic medications to be administered related to Resident 1's mood and behavior. Caregiver D told Surveyor Resident 1 yelled at caregivers and other residents, refused meals, and scratched his/her abdominal skin until s/he opened the skin. Caregiver D told Surveyor Resident 1's psychotropic medications had been changed within recent months. On 07/09/2024 at 2:14 P.M., Surveyor reviewed Resident 1's record, as provided by Facility Registered Nurse (RN) C. Resident 1 was admitted to the facility in 2022 with diagnoses including dementia, major depressive disorder, and anxiety disorder. Facility RN C and Surveyor reviewed Resident 1's individual service plan (ISP) completed in December 2023 with an update dated 01/05/2024. Facility RN C told Surveyor s/he added the section titled, "PRN [as needed] Psychotropic Medication" on 01/05/2024. This section included, "[Resident 1] has as needed lorazepam [a psychotropic medication] for	N 408		

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N 408	Continued From page 2 anxiety. Take 0.25 mg [milligrams] every six hours as needed. [Resident 1] also has hydroxyzine [a psychotropic medication] 10 mg PRN three times per day as needed. [Resident 1] has a history of picking at [his/her] face and skin when anxious. Try all non-pharmacological measures before using medication." Facility RN C told Surveyor s/he did not include a detailed description of the behaviors which indicated the need for each PRN psychotropic medication available for Resident 1 regarding whether the caregivers were to administer Resident 1's lorazepam or hydroxyzine. Facility RN C told Surveyor the caregivers should have administered Resident 1's PRN hydroxyzine first and PRN lorazepam if the hydroxyzine was not effective, but s/he had not specified this in Resident 1's ISP. Surveyor reviewed Resident 1's medication administration record (MAR) for January 2024. The MAR documentation related to administration of Resident 1's PRN psychotropic medication did not reflect behaviors as documented in Resident 1's ISP section related to PRN psychotropic medications. Caregiver documentation included Resident 1 was administered lorazepam 0.5 mg on 01/01/2024 at 2:15 P.M. The documentation included, "Rationale for use?: Yes. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: [Resident 1] yelling at roommate, crying cause [sic] roommate was talking to [self]. Effectiveness of PRN medication?: Some relief." Caregiver documentation included Resident 1 was administered lorazepam 0.5 mg on 01/10/2024 at 2:31 P.M. The documentation included, ""Rationale for use?: Yes. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: [Resident 1] crying cause [sic] a man was sleeping in [his/her] bed	N 408		

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N 408	Continued From page 3 last night. Effectiveness of PRN medication?: Some relief. Presence of any side effects?: [Resident 1] still paranoid someone is in [his/her] room." Caregiver documentation included Resident 1 was administered lorazepam 0.5 mg on 01/14/2024 at 11:26 A.M. The documentation included, "Rationale for use?: Yes. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: High anxiety throwing wet wash clothes [sic] at staff cause [sic] [s/he] mad [s/he] has to take shower spraying staff with water. Effectiveness of PRN medication?: Some relief." Caregiver documentation included Resident 1 was administered lorazepam 0.5 mg on 01/18/2024 at 2:02 A.M. The documentation included, "Rationale for use?: Yes. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: Anxious [sic] due to another resident being in [his/her] bed. Effectiveness of PRN medication?: Significant relief." Facility RN C told Surveyor Resident 1's prescription for PRN lorazepam was discontinued on 04/02/2024, as noted within Resident 1's practitioner's orders and April 2024 MAR. Facility RN C told Surveyor s/he did not update Resident 1's ISP in regard to this discontinued PRN psychotropic. The documentation in Resident 1's April 2024 MAR related to administration of Resident 1's PRN psychotropic medication did not reflect behaviors as documented in Resident 1's ISP section related to PRN psychotropic medications. Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 04/05/2024 at 1:01 P.M. The documentation included, "Rationale for use?: Yes. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: anxiety. Effectiveness of PRN medication?: Significant	N 408		

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N 408	Continued From page 4 relief." Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 04/12/2024 at 3:56 P.M. The documentation included, "Rationale for use?: [Resident 1] is very anxious. Writer tried to turn a movie on, took a walk around the unit and tried music. All were ineffective. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: [Resident 1] was breathing heavily and yelling that [s/he] needs help and is worried but does not know why. [Resident 1] stated it is the worst day of [his/her] life. Effectiveness of PRN medication?: Significant relief." Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 04/12/2024 at 3:33 A.M. The documentation included, "Rationale for use?: Anxiety. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: [Resident 1] has not gone to bed. Keeps repeating how long been have [Resident 1] been here and why [Resident 1] here. Keeps saying how [s/he] needs information and needs to call [his/her] daughter and son. Effectiveness of PRN medication?: Minimal relief." Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 04/14/2024 at 8:20 P.M. The documentation included, "Rationale for use?: Yes. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: anxious." Effectiveness of this administration was not documented. Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 04/14/2024 at 8:27 A.M. The documentation included, "Rationale for use?: Anxiety. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: anxiety. Effectiveness of PRN medication?: Minimal relief." Caregiver documentation included	N 408		

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N 408	Continued From page 5 Resident 1 was administered hydroxyzine 10 mg on 04/15/2024 at 10:41 A.M. The documentation included, "Rationale for use?: Waiting on pharmacy for lorazepam [scheduled dose], [Resident 1] is very shaky and anxious. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: very anxious and having anxiety issues. Effectiveness of PRN medication?: Some relief." Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 04/20/2024 at 8:17 P.M. The documentation included, "Rationale for use?: Yes. [Resident 1] was having anxiety. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: anxiety. Effectiveness of PRN medication?: Significant relief." Surveyor reviewed Resident 1's May 2024 MAR. The MAR documentation related to administration of Resident 1's PRN psychotropic medication did not reflect behaviors as documented in Resident 1's ISP section related to PRN psychotropic medications. Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 05/07/2024 at 6:46 P.M. The documentation included, "Rationale for use?: Anxiety. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: [Resident 1] was having a hard time relaxing due to bleeding from open sores within [his/her] fold of the stomach. [Resident 1] scratched open [his/her] sores. Effectiveness of PRN medication?: Complete relief." Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 05/23/2024 at 6:22 P.M. The documentation included, "Rationale for use?: Yes. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: [Resident 1] is upset about living here. [Resident 1] was begging writer	N 408		

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N 408	Continued From page 6 not to leave them alone and was shaking. [Resident 1] keeps asking where [s/he] lives and doesn't [sic] believe [s/he] lives here. Writer tried to calm [him/her] down and redirect [him/her] but it was not helping. Effectiveness of PRN medication?: Significant relief." Caregiver documentation included Resident 1 was administered hydroxyzine 10 mg on 05/31/2024 at 7:06 P.M. The documentation included, "Rationale for use?: Very anxious and suicidal tend [sic]. Given for intended use/according [to] service plan?: Yes. Description of behaviors requiring use: [Resident 1] telling med [medication] passer [s/he] was thinking of dying. Effectiveness of PRN medication?: Significant relief." Resident 1's ISP included a section titled "Aggressive/Combative" including, "[Resident 1] requires staff assistance to manage/redirect aggressive/combative behaviors. [S/he] will [sic] has a history of yelling at other residents in common areas. [S/he] also forces [his/her] wheelchair through areas that bump into other resident tables and assistive devices. Please monitor when in common areas and redirect as needed." Resident 1's ISP included a section titled, "Suicidal tendencies" including, "[Resident 1] has suicidal thoughts. [S/he] never stated a plan just stated [s/he] is ready to be with God." These 2 sections included within Resident 1's ISP did not address the use/administration of Resident 1's PRN psychotropic medications in response to behavior. Facility RN C told Surveyor Resident 1 had not been administered any PRN psychotropic medication since 05/31/2024, as documented within Resident 1's MAR. Facility RN C told Surveyor Resident 1's behaviors had improved within recent changes in Resident 1's scheduled psychotropic medications. Facility RN C told	N 408		

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N 408	Continued From page 7 Surveyor s/he would update Resident 1's current ISP to include a detailed description of the behaviors which indicated the need for PRN psychotropic medication administration.	N 408		
N 538	83.48(3)(a) Fire detection systems inspected annually. 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. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the fire detection system was inspected annually. The last fire detection system inspection was completed on 03/09/2023. The findings include: On 07/09/2024 at 9:00 A.M., Surveyor observed the facility was equipped with a fire detection system, as required, during a tour of the facility with Administrator A. On 07/09/2024 at 12:52 P.M., Facility Manager B and Surveyor reviewed the facility's fire detection system inspection documentation, as provided by Administrator. Surveyor reviewed a fire detection system inspection dated 03/09/2023. Facility Manager B said the inspection contractor was behind schedule and had not conducted a fire detection system inspection since 03/09/2023. Facility Manager B told Surveyor s/he called the inspection contractor after Surveyor's arrival at	N 538		

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N 538	Continued From page 8 the facility to set up an appointment for the inspection to be completed on 07/16/2024.	N 538			