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	0015404	A. BUILDING: _____ B. WING _____	C 07/19/2024

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N 000	Initial Comments On 07/01/2024, with additional information gathered through 07/19/2024, Surveyors conducted 5 complaint investigations at Cloverleaf Terrace LLC. Four of 5 complaints were substantiated. One complaint was unsubstantiated. Seven deficiencies were identified. Census: 13	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 record review and interview, the provider did not ensure Resident 2 received medications as ordered. Findings include: On 12/06/2023, 04/15/2024, 04/24/2024, and 04/30/2024, the department received complaint information alleging residents were not receiving medications as ordered. On 07/01/2024, Surveyors conducted complaint investigations. On 07/02/2024, Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 01/04/2022 with diagnoses of congestive heart	N 352		

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

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failure, atrial fibrillation, obstructive sleep apnea, and chronic pain. Surveyor reviewed Resident 2's individual service plan (ISP) and noted s/he required assistance with medication administration and management and received hospice services.

Surveyor reviewed "Nurse's Medication Notes" and noted the following medications and days where a medication was not available at the facility and Resident 2 did not receive the medication:
03/01/24 (Friday) 4 AM Acetaminophen "med not here"
04/16/2024 8 PM Ipratropium nebulizer "not here"
04/17/2024 12 PM Morphine "not here"
Surveyor noted at least 6 doses of ipratropium nebulizer (duoneb) that were not documented with staff initials to indicate whether Resident 2 was administered the medication or not.

On 07/11/2024, Surveyor reviewed Resident 2's Aspirus Wausau hospice medication list and noted the following related orders:
Acetaminophen CR 650 mg CR tablet - take 1,300 mg by mouth every 8 hours for pain.
Morphine 20 mg/mL 30 mL - Take 0.7 mL by mouth every 4 hours scheduled for pain/dyspnea. Indications: difficulty breathing.
Ipratropium-albuterol (Duoneb) 0.5-2.5 (3) mg/3mL nebulizer solution - Give at 8:00 AM, noon, 4:00 PM, 8:00 PM. Hold midnight dose and 4:00 AM dose if patient is sleeping. Indications dyspnea and wheezing.

Surveyor reviewed a hospice note from Physician E dated 04/02/2024:
"Patient has had increased dyspnea over the past three weeks. [S/he] is dyspneic at rest with episodes of wheezing despite scheduled

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N 352	Continued From page 2 morphine and Duonebs ..." On 07/12/2024 at approximately 11:38 AM, Surveyor reviewed written information from Hospice RN Supervisor D who stated "I just wanted to give you some more information as the patient's nurse is here today. I told [him/her] about the situation and asked if [s/he] knew of anything. [S/he] stated we had difficulty with the facility not placing new medications on their MAR when we gave them orders. The facility stated they needed the medication first or the supervisor had to come write the medication in their MAR. So this could lead to missed doses." On 07/03/2024 at approximately 12:36 PM, Surveyor interviewed Administrator A and Assistant Administrator (Asst. Admin) B. Surveyor inquired whether Resident 2 went without any doses of his/her duo nebulizer treatment and Asst. Admin B said yes. S/he recalled Resident 2 ran out of the medication on the morning of April 5th and Administrator A picked up the medication from the pharmacy on the 6th and brought it in. S/he said Resident 2 would have missed at least one dose, but s/he got it to the facility as soon as s/he could. Surveyor inquired whether other medications were missed as a result of them not getting to the facility. Administrator A said s/he lived nearby and tried hard to be sure medications were to the facility timely and ahead of time. S/he said "I'm not saying it [medication] was picked up timely and was here every time." Surveyor inquired whether it was documented if medications were not at the facility and Administrator A said it should be, but s/he couldn't say for sure. Asst. Admin B stated the pharmacy was not open on Saturday afternoons and Sundays, as well as evenings, so Administrator A was very diligent	N 352		

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N 352	Continued From page 3 about checking on medications that required manual refills. On 07/03/2024 at approximately 3:30 PM, Surveyors interviewed Administrator A who verified Resident 2 did not receive all medications as ordered due to them not being at the facility. Administrator A acknowledged the importance of having a backup plan for filling medication orders since their primary pharmacy had limited hours.	N 352		
N 427	83.38(1)(c) Leisure time activities. 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a daily activity program to meet the interests and capabilities of residents was provided. Findings include: On 04/30/2024, the department received	N 427		

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N 427	Continued From page 4 complaint information alleging there were no activities at the facility. On 01/24/2024, at approximately 10:00 AM to 12:00 PM and 2:00 PM to 3:00 PM, Surveyors observed residents sitting in the common areas, wandering the facility, and sitting in their rooms. On 07/01/2024 at approximately 1:30 PM, Surveyors toured the facility. Surveyors observed an activity calendar posted in the dining area. The activity calendar indicated "May 2024". No activity calendar was posted for June 2024 and July 2024. On 07/01/2024 at approximately 2:10 PM, Surveyors interviewed Administrator A. Administrator A acknowledged that scheduled activities have not been scheduled on an activity calendar or provided for a while. Administrator A explained they will talk to the residents about activities they enjoy and develop a daily activity calendar. On 07/02/2024, at approximately 10:00 AM, Surveyors reviewed the provider's Admission Agreement. The Admission Agreement stated leisure time activities/outings, community activities, and activity programming daily are included under the services offered to the residents.	N 427		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b)	N 454		

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N 454	Continued From page 5 Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of	N 454		

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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 a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not maintain Resident 1's record to include his/her assessments, documentation to accurately describe his/her condition, and individual service plan (ISP).

Findings include:

On 07/01/2024, Surveyors conducted a complaint investigation.
At approximately 1:50 PM, Surveyors requested to review Resident 1's record. Administrator A stated s/he looked for his/her record and could not find his/her face sheet, assessments, and ISP. Administrator A indicated s/he knew they had been done, but it was no longer in the facility.

On 07/03/2024 at approximately at 3:30 PM, Surveyors interviewed Administrator A who

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N 454	Continued From page 7 verified the facility did not maintain Resident 1's face sheet, assessments, and ISP.	N 454		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the residents' living environment was safe, clean, comfortable, and homelike. -Toxic substances were unsecured in 3 separate areas of the facility. -Damage to walls and floor boards in common areas and resident shower/bathrooms were not repaired. -The resident shower/bathrooms were unclean. -An air vent had layered thick dust. -A walker, wheelchair, and a mechanical lift were blocking an identified fire exit door. The exit door had a sign on it that said it was broken and to not use it. -The entrance vestibule had a pungent wet wood odor for the entirety of the visit. -A baby monitor was plugged in and sitting on the counter that conjoined the kitchen and common dining area. Findings include: On 04/15/2024 and 04/24/2024, the department received complaint information alleging fire doors were blocked.	N 481		

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N 481	Continued From page 8 On 07/01/2024, Surveyors conducted complaint investigations. VESTIBULE & COMMON AREA At approximately 10:00 AM, Surveyors entered the facility through the front entrance that led into a vestibule. The vestibule door was open to the common area. Surveyors noted a distinct, wet wood-like odor that was overpowering and more prominent with fresh air blowing in. Administrator A walked into the area and stated s/he could not smell it. Surveyors were in the area again at approximately 12:30 PM and 3:00 PM and the odor was still present and observed by both Surveyors. Surveyor observed approximately 2 - at least 6 inch white patches on the wall behind a recliner in the common area. The wall was painted a bright color, and the patches were not painted to match. KITCHEN At approximately 12:30 PM, Surveyors toured the facility with Assistant Administrator B. Surveyors observed the following: A refrigerator located in the pantry located in the back of the kitchen had red blood-like liquid pooled on a package of smoked sausage on a shelf which was dripping down to the floor of the refrigerator, front of the base of the refrigerator, and an approximate 6-inch drip line on the floor. At approximately 12:36 PM, Assistant Administrator B stated "that definitely looks like meat blood ...they are supposed to put the meat on the bottom shelf." The refrigerator had dried, black debris on the edges of the shelves and drawers, dark brown crumbs on the base of the refrigerator, and black	N 481		

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marks on the drawer handles.
The conjoined freezer had an unlabeled quart sized Styrofoam container of ice cream-like substance labeled "Diane's." Administrator B said it was ice cream from the restaurant next door, but was unsure of when it was purchased, opened, and put in the freezer.
The cupboard under the sink in the open kitchen was unlocked and contained Zep air freshener aerosol can, 2 bottles of liquid dishwasher detergent, 3 spray cans of aerosol disinfectant, and a bottle of dish soap.

At approximately 12:41 AM, a pot of corn, mashed potatoes, stuffing, 2 baking pans of baked chicken containing 6 pieces of chicken, and a pan of cheesecake squares were uncovered. Surveyor observed 5 of 13 residents eating in the dining room with plates partially to fully eaten. There were no covers or covering materials within the vicinity of the food. The food remained uncovered until the meal service was concluded.

The range fan above the stove had rust spots and the venting had debris on it.
A baby monitor was plugged in and sitting on the counter that connected the kitchen and dining room. The baby monitor light was on and audible.

REAR HALLWAY
At approximately 12:52 PM, Surveyors observed a mechanical Hoyer lift, a folded-up wheelchair with seat cushions, and a rollator walker that were positioned in front of the south rear exit door, obstructing the pathway to the door. Surveyor noted 2 resident rooms on each side of the hallway and exit door and additional resident rooms in closer vicinity to the south rear exit door

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than to the front entrance door. The exit door had a handwritten sign taped to it that said "Do Not Use DOOR BROKEN Thank you!"
Surveyor observed a framed "CLOVERLEAF TERRACE, LLC EVACUATION ROUTE" map on the wall and noted the south rear exit was identified as an emergency exit on the exit diagram. At approximately 12:54 PM, Surveyor interviewed Administrator A who stated the sign was on the door because the door did not latch how it should and gets stuck.

Surveyors observed an approximate 2 foot by 2-foot wall air return vent in the south rear resident hallway had debris and dust-like substance throughout the surface of the vent.

REAR HALL BATHROOM
At approximately 12:53 PM, Surveyors observed the resident shower/bathroom and noted the following:
-a salon chair that had duct tape covering over half of the seat that appeared to be rolling up at the edges
-2 stacked bath mats in front of the shower with the top rug being ¾ the size of the bottom mat; the bottom mat was cream in color underneath the top rug, but soiled dark brown on the area surrounding the top mat and the top mat varied in color from dark gray to white, as well as white debris and white circular stains throughout the mat
-the bottom of the toilet bowl had multiple 1 inch to 3 inch brown rust-color marks and scratches.

FRONT HALL BATHROOM
At approximately 12:56 PM, Surveyors observed hallway resident shower/bathroom. Surveyors noted the following:
-the white baseboard surrounding the room was

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scratched, scuffed, chipped, and had debris in multiple areas throughout the room
-an approximate 3 foot black scrape above the baseboard near the entrance of the bathroom
-white debris was noted on multiple areas of the tile floor
-the white tile outside of the shower was chipping, grout was missing, and the wall and baseboard was damaged on the corner of entrance of the shower
-at least 14 drip lines of an unknown substance on the wall next to the toilet with a brown stain below them on the baseboard.
-a metal shelf that housed gloves and resident personal belongings that was cluttered and had multiple areas with rust, debris, and unknown white stains.

Surveyor noted a spray bottle of North Woods RTU disinfectant cleaning spray on the floor in front of the toilet. Surveyor observed the bottle to remain on the floor of the unsecured resident shower/bathroom for the entirety of Surveyors' visit.

FRONT HALLWAY
At approximately 12:56 PM, Surveyor noted at least 4 hand-size patches on the front hallway walls with mismatched paint.

At approximately 12:57 PM, Surveyors and Assistant Administrator B opened an unsecure storage room. Directly in front of the door, Surveyors observed a large utility cart with a bottle of North Woods toilet bowl cleaner, a spray bottle of disinfectant cleaner, a jug of Dawn dish soap, a spray bottle of Windex window cleaner, a spray bottle of disinfectant cleaning spray, a bottle of furniture polish, and a jug of Clorox bleach wipes.

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N 481	Continued From page 12 Assistant Administrator B stated the door should have been locked. Surveyor noted a second unsecured door in the room connected to the kitchen and pantry. Surveyor inquired whether that door was locked as well and Assistant Administrator B said that it was not usually locked. S/he verified residents had access to the storage room and toxic substances. On 07/03/2024 at approximately 3:20 PM, Surveyors interviewed Administrator A who acknowledged the referenced concerns and the facility not being clean, safe, comfortable, and homelike. Cross Reference: Y3235 50.09(1)(f) Privacy	N 481		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	N 525		

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This Rule is not met as evidenced by:
Based on record review and staff interview the provider did not ensure fire drills were conducted quarterly including at least one drill simulating the conditions during usual sleeping hours between 01/01/2023 and 07/01/2024.

Findings include:

On 04/15/2024, the department received complaint information alleging there were no fire drills being conducted at the facility.

This facility is licensed as a Class C non-ambulatory (CNA). A class C non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. This facility serves residents who are traumatic brain injury, developmentally disabled, advanced aged, terminally ill, physically disabled, and who have irreversible dementia or Alzheimer's disease.

On 07/01/2024 Surveyor reviewed the provider's records for fire drills at the facility. There was no evidence of fire drills conducted between 01/01/2023 and 07/01/2024. The drills were not done quarterly and there were no drills that indicated nighttime simulation.

On 07/01/2024 at approximately 10:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed to Surveyor there was no evidence that drills were conducted in 2023 and in Quarter 1 and Quarter 2 of 2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015404	A. BUILDING: _____ B. WING _____	C 07/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVERLEAF TERRACE LLC	401 CENTER ST BIRNAMWOOD, WI 54414

(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 525	Continued From page 14 Administrator A stated they did do some drills but did not have the documentation.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure evacuation drills, such as tornado, flooding or other emergency or disaster, were conducted at least semi-annually in 2023. Findings include: On 04/15/2024, the department received complaint information alleging there were no evacuation drills, such as tornado, flooding or other emergency or disaster, being conducted at the facility semiannually. This facility is licensed as a Class C non-ambulatory (CNA). A class C non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. This facility serves residents who may have traumatic brain injury, developmentally disabled, advanced aged, terminally ill, physically disabled, and/or who have irreversible dementia or Alzheimer's disease. On 07/01/2024 at approximately 10:25 AM, Surveyor reviewed the provider's records for	N 526		

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N 526	Continued From page 15 other evacuation drills at the facility. There was no evidence of other evacuation drills conducted semi-annually in 2023. On 07/01/2024 at approximately 10:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed to Surveyor there was no evidence that evacuation drills were conducted semiannually in 2023. Administrator A stated they did do some drills but did not have the documentation.	N 526		
Y3235	50.09(1)(f) Privacy (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 1's privacy and unrestricted communication was protected when an auditory monitor was placed in his/her room	Y3235		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015404	A. BUILDING: _____ B. WING _____	C 07/19/2024

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CLOVERLEAF TERRACE LLC	401 CENTER ST BIRNAMWOOD, WI 54414

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Y3235	Continued From page 16	Y3235		

and the receiver was stored on a counter in the common area audible to anyone in the facility.

Findings include:

On 04/15/2024, the department received complaint information alleging there were privacy and confidentiality concerns at the facility.

This facility is licensed as a Class C non-ambulatory (CNA). A class C non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. This facility serves residents who may have traumatic brain injury, be developmentally disabled, advanced aged, terminally ill, physically disabled, and/or who have irreversible dementia or Alzheimer's disease.

On 07/01/2024 at approximately 2:00 PM, Surveyor interviewed Resident 1 in his/her room. Resident 1 was admitted to the facility in March 2024. Resident 1 is non ambulatory, communicated verbally, and could move his/her head to nod and look right to left and required assistance for repositioning, toileting, bathing and feeding. Resident 1 explained the baby monitor was used at their previous facility, but s/he does not like that the speaker allows others to hear conversations from their room or when they call out for staff to assist with cares.

On 07/01/2024 at approximately 11:30 AM, Surveyors observed a baby monitor receiver plugged into an outlet on the kitchen counter that separated the common kitchen and the dining room. Surveyor heard a caregiver's conversation

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Y3235	Continued From page 17 with Resident 1, whom at the time was in Resident 1's personal living space. The conversation was amplified in the dining room from the monitor in the kitchen. On 07/01/2024 at approximately 2:10 PM, Surveyor interviewed Family Member C who was visiting Resident 1. Family Member C stated they unplug the baby monitor every time they visit to protect Resident 1's privacy. On 07/01/2024 at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A explained Resident 1 brought the monitor from his/her previous facility as a way to call for assistance. Administrator A stated if caregivers were not in the kitchen, they were supposed to bring the monitor with them. Administrator A acknowledged the baby monitor created a concern for privacy in communication. Administrator A will explore a different type of call Resident 1 can use. The provider did not ensure privacy was protected when an auditory monitor was placed in Resident 1's room and the speaker was stored on a counter in the common area audible to anyone in the facility. Cross Reference: N0454 83.42(1) Resident Record Maintained	Y3235		