STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019471	A. BUILDING: _____ B. WING _____	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT FITCHBURG - MEMORY CARE (THE)	5683 WILSHIRE DRIVE FITCHBURG, WI 53711

(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 04/22/2024, Surveyor conducted a probationary licensing survey at Courtyard at Fitchburg - Memory Care, a CBRF in Fitchburg. Five deficiencies were identified. Census: 20	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by:	N 239		

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

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N 239	Continued From page 1 Based on record review and interview, the provider did not ensure 2 of 3 employees reviewed obtained all department approved training as required. Caregiver C did not have training in fire safety and first aid and choking within 90 days after starting employment. Caregiver B, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. Findings include: On 04/22/2024 at approximately 9:30 a.m., Surveyor conducted a review of 3 employee records, provided by Administrator A, to verify compliance with department approved training requirements. The following concerns were identified: Example 1 - Caregiver C: The record for Caregiver C, hired 01/16/2024, did not contain evidence of training or evidence of meeting an exemption for fire safety or first aid and choking. On 04/22/2024 at approximately 11:00 a.m., Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C completed or met an exemption for fire safety training or first aid and choking training. Administrator A stated s/he would ensure Caregiver C received training. On 04/22/2024 at approximately 12:00 p.m.,	N 239		

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N 239	Continued From page 2 Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety or first aid and choking. Example 2 - Caregiver B The record for Caregiver B, hired 03/25/2024, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 04/22/2024 at approximately 11:00 a.m., Surveyor interviewed Administrator A. Administrator A confirmed Caregiver B performed job tasks that may expose the employee to blood or other bodily fluids. Administrator A stated Caregiver B transferred from an affiliated RCAC, so Administrator A would be surprised to find that Caregiver B had not received standard precaution training. Caregiver B stated s/he would follow up with Surveyor. On 04/22/2024 at approximately 12:00 p.m., Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for standard precautions. On 04/22/2024 at approximately 12:15 p.m., Administrator A followed up with Surveyor and confirmed Caregiver B had not received department approved training in standard precautions. Administrator A stated s/he scheduled Caregiver B to receive training later in the week.	N 239		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the	N 386		

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N 386	Continued From page 3	N 386		

assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 individual service plans (ISP) reviewed included all the resident's needs. Resident 1, Resident 2 and Resident 3's ISPs did not include their needs regarding their risk of falls. Resident 2's ISP did not include his/her dietary needs.

Findings include:

On 04/22/2024 at approximately 9:30 a.m., Surveyor reviewed resident records and identified the following concerns:

Example 1 - Resident 1:

Resident 1 was admitted to the provider's facility on 10/16/2023. Resident 1's record included a fall assessment, dated 10/31/2023, that indicated s/he was at a high risk for falls. Resident 1's ISP, dated 11/15/2023, did not address Resident 1's needs related to being a fall risk.

Example 2 - Resident 2:

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N 386	Continued From page 4 Resident 2 was admitted to the provider's facility on 03/21/2024. Resident 2's record included a fall assessment, dated 03/18/2024, that indicated s/he was at a high risk for falls and a physician order for a no-added salt diet and 1500 ml fluid restriction. Resident 2's ISP, dated 04/18/2024, did not address Resident 2's needs related to being a fall risk or his/her diet. Example 3 - Resident 3: Resident 3 was admitted to the provider's facility on 10/26/2023. Resident 3's record included a fall assessment, dated 10/24/2023, that indicated s/he was at a high risk for falls. Resident 3's ISP, dated 04/18/2024, did not address Resident 3's needs related to being a fall risk. On 04/22/2024 at approximately 11:00 a.m., Surveyor reviewed concern with Administrator A, Wellness Director D and Regional Wellness E that 3 of 3 ISPs did not address resident needs regarding their risk of falls and Resident 2 did not address his/her dietary needs. Wellness Director D acknowledged Surveyor's observation and made note to update the ISPs. Administrator A and Regional Wellness E denied any questions.	N 386		
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	N 387		

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N 387	Continued From page 5 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 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 1 of 3 residents reviewed had a individual service plan (ISP) that was signed by the resident and/or the resident's legal representative to acknowledge their involvement in, understanding of and agreement with the plan. Resident 1's ISP was not signed by his/her Health Care Power of Attorney. Findings include: On 04/22/2024 at approximately 9:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 10/16/2023 with an activated Health Care Power of Attorney. Resident 1's ISP was dated 11/15/2023. The ISP was not signed or dated by Resident 1's Health Care Power of Attorney. On 04/22/2024 at approximately 10:20 a.m., Surveyor requested a signed copy of Resident 1's ISP from Administrator A. Administrator A stated s/he did not have a signed ISP to provide and s/he wasn't sure why there was not a signed copy.	N 387		

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N 408	Continued From page 6	N 408		
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 record review and interview, the provider did not ensure the individual service plan (ISP) of 1 of 1 residents reviewed, that received a PRN psychotropic medication, included the rational for use and a detailed description of the behaviors which indicated the need for administration of PRN psychotropic medications. Resident 1's ISP did not include his/her use of Lorazepam PRN. Findings include: On 04/22/2024 at approximately 9:30 a.m.,	N 408		

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N 408	Continued From page 7 Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 10/16/2023. Resident 1's physician orders included Lorazepam 1 mg every 3 hours as needed for anxiety (Start Date: 02/15/2024). Resident 1's ISP, dated 11/15/2023, did not include the use of Lorazepam. On 04/22/2024 at approximately 11:00 a.m., Surveyor reviewed concern with Administrator A, Wellness Director D and Regional Wellness E that Resident 1's ISP did not include the use of Lorazepam. Wellness Director D confirmed Resident 1's use of Lorazepam and made note to update the ISP.	N 408		
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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N 525	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted at least quarterly. The provider had completed 1 fire drill in greater than 6 months. Findings include: On 04/22/2024 at approximately 10:45 a.m., Surveyor reviewed the provider's environmental records. The provider's record indicated 1 fire drill had been completed on 02/29/2024 at 3:15 p.m. On 04/22/2024 at approximately 11:00 a.m., Surveyor reviewed concern with Administrator A, Wellness Director D and Regional Wellness E that the provider had not conducted a fire drill quarterly. Administrator A stated the facility had been having maintenance staff from affiliated buildings cover at the facility, but had recently hired new maintenance personnel specific to that building that would take over fire drills.	N 525		