STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016157	A. BUILDING: _____ B. WING _____	C 01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING ALTOONA I	887 BRIAR LANE ALTOONA, WI 54720

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N 000	Initial Comments On 12/18/2024, Surveyor conducted a complaint investigation at Care Partners Assisted Living Altoona I. Data collection continued through 01/02/2025. The complaint was substantiated. One deficiency was identified and was a repeat deficiency (see Statement of Deficiency (SOD) 2R0011, dated 02/09/2021). Census: 15	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was reviewed and revised when there was a change in Resident 1's needs. This is a repeat deficiency. See Statement of	N 389		

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

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Deficiency (SOD) 2R0011, dated 02/09/2021.

Findings include:

On 08/21/2024, the Department received a complaint regarding resident care.

On 12/18/2024, Surveyor requested Resident 1's record.

Resident 1 had an admission date of 03/25/2023, and passed away on 08/07/2024.

On 12/18/2024 at 12:05 PM, Surveyor interviewed Director A about Resident 1's care. Director A stated Resident 1 was enrolled on hospice when s/he became the director back in July of 2024. Director A further stated Resident 1 had alarms but s/he would break them, take the batteries out, and unplug the alarms him/herself. S/he would frequently toilet him/herself and was a fall risk. Director A informed Surveyor the hospice provider would frequently order alarms to replace them but Resident 1 would hide them. Surveyor asked Director A what fall interventions were in place for Resident 1. Director A stated Resident 1 was on a 2-hour toileting schedule during the night shift to prevent self-toileting, and staff checked on him/her frequently.

Surveyor reviewed the incident reports for Resident 1 provided by Vice President of Clinical Operations (VPCO) B:

- 09/09/2023: Staff were doing rounds and found resident on the floor.
- 09/10/2023: Staff went to put laundry away and found resident sitting on his/her bottom, no complaints of pain.
- 07/24/2024: Staff found resident on the floor.

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Resident reported s/he was organizing photos and fell. No injuries noted. Hospice notified and alarms were ordered.
- 08/03/2024: Staff found resident lying on his/her back with head towards his/her television stand. Two staff assisted resident off the floor. No injuries were noted on the fall report. Hospice notified and ordered a different alarm. Power of Attorney (POA) did not want resident sent out.
- 08/05/2024: Staff found resident on his/her bathroom floor. Alarm not working. Staff replaced alarm again. Hospice assessed resident. Clip/tab alarm ordered. No injuries were noted on the fall report.

Surveyor reviewed Resident 1's ISP. The ISP had an original date of 04/10/2023 and was last reviewed on 02/07/2024. The ISP identified Resident 1 had the following needs:

- Supervision: Needs some supervision.
- Medications administered by staff.
- Nursing procedures: None
- Adaptive equipment: Walker, grab bars, and shower bench.
- Bathing: Prefers to shower twice weekly. Stand by one assist with showers. May need assistance with back and lower body.
- Toileting: Some incontinence of bladder. Wears depends and is on 2-hour toileting schedule with cueing and reminders. Staff assist with hygiene.
- Safety Concerns: Has no safety alarms or mats.
- Skin Assessment: No history of skin breakdown. Redness at times with dry skin.
- Mobility: Ambulates independently with walker. Does not use walker every time s/he ambulates. Staff will re-direct to use walker.

On 01/02/2025, Surveyor received Resident 1's records, requested from the hospice agency via

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N 389	Continued From page 3 email on 12/23/2024. The following nurse case management visit notes were reviewed: - 07/24/2024: "BRUISE ON [HIS/HER] LEFT UPPER ARM ABOUT THE SIZE OF A GOLF BALL, IT IS PURPLE IN COLOR (PATIENT IS ON BABY ASPIRIN). FACILITY STAFF STATED THEY JUST NOTICED IT TODAY BUT UNSURE ON HOW IT GOT THERE. PATIENT WAS UNABLE TO TELL ME HOW [S/HE] GOT IT. WILL CONTINUE TO MONITOR." -07/25/2024: "INCIDENT DATE/INCIDENT TIME: YESTERDAY AFTERNOON ON PM SHIFT (7/24). HOSPICE WAS NOT TOLD ABOUT INCIDENT UNTIL THIS MORNING (7/25). DESCRIPTION OF INCIDENT: RESIDENT WAS FOUND ON THE FLOOR BY STAFF MEMBER YESTERDAY AFTERNOON. STAFF ASKED WHAT HAPPENED AND PATIENT STATED [S/HE] WAS "ORGANIZING PICTURES" AND FELL DOWN. STAFF ASKED THE OTHER RESIDENT THAT WAS PRESENT WHAT HAPPENDED AND [S/HE] STATED THE SAME THING. ROM (range of movement) IS INTACT. PATIENT DENIES PAIN. VITAL SIGNS STABLE. NO INJURIES NOTED... CURRENT INTERVENTIONS: BED ALARM NEW INTERVENTIONS: Q2H CHECKS" -07/26/2024: On-call nursing visit for complaint of pain, "...PATIENT DOES REPORT THERE IS PAIN IN [HIS/HER] BACK AND EXPLAINS, "IT IS UNDER MY ARMPIT [sic] DOWN TO MY HIP", [sic] WRITER DOES ASK IF PATIENT WOULD ALLOW FOR WRITER TO SEE/ASSESS [HIS/HER] BACK. PATIENT SAYS YES AND IS	N 389		

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N 389	Continued From page 4 ABLE TO ASSIST WRITER IN SITTING ON EDGE OF BED AND ALLOWING FOR TOP SHIRT TO BE REMOVED. PATIENT HAS A TANK TOP ON WHICH PATIENT ALLOWED WRITER TO PULL UP AND VIEW [HIS/HER] BACK. PATIENT HAS PALE AND DRY SKIN...PATIENT HAS A 3 X 5 CIRCULAR BRUISE IN THE MIDDLE OF [HIS/HER] SCAPULA/BACK. LEFT SIDED BACK HAS BRUISING ALSO NOTED IN A STRAIGHT LINE AND IS DEEP UNDER THE SKIN AND SHADOWY. ALSO ON LEFT SHOULDER BLADE IS A PALE BRUISE NOTED. PATIENT ALSO HAS A LARGE GREATER THAN 4 X 5 CIRCULAR BRUISE ON [HIS/HER] LEFT UPPER ARM BETWEEN SHOULDER AND ELBOW. PATIENT DENIED HAVING ANY FALLS... WRITER SPEAKS WITH FACILITY STAFF MEMBER... FACILITY STAFF REPLY THEY HAD NO IDEA PATIENT HAD ANY BRUISING ON [HIS/HER] BACK BUT THAT THEY WERE AWARE OF THE BRUISE ON [HIS/HER] LEFT UPPER EXTREMITY. PER CHARTING PATIENT DID HAVE A [sic] UNWITNESSED FALL YESTERDAY WHICH FACILITY STAFF REPORT THERE WERE NO INJURIES. FACILITY STAFF STATE THERE WAS NO FALL TODAY. WRITER DOES DISCUSS THE OPTION OF SCHEDULED EXTRA STRENGTH TYLENOL WHICH PATIENT ALREADY HAS P.R.N. ORDER FOR AND CONTINUING WITH P.R.N. MORPHINE THAT PATIENT ALSO HAS ORDERED TO TREAT PATIENT'S PAIN. WRITER ALSO ENCOURAGED FACILITY STAFF TO BE SURE THAT PATIENT IS USING [HIS/HER] WALKER WHEN AMBULATING AND	N 389		

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N 389	Continued From page 5 THAT THEY (THE STAFF) SHOULD BE PHYSICALLY VISUALLY SEEING PATIENT FREQUENTLY. WRITER HAS LEFT WRITTEN ORDERS WITH FACILITY STAFF. WRITER DOES TALK WITH PATIENT'S POA (power of attorney), POA REPORTS THAT [S/HE] KNEW OF THE FALL YESTERDAY AND THE BRUISE ON PATIENT'S ARM. [POA] AGREES WITH SCHEDULING TYLENOL FOR 7 DAYS AND USE OF MORPHINE IN BETWEEN IF PAIN IS NOT RELIEVED. [POA] ALSO AGREES THAT PATIENT NEEDS TO BE MONITORED MORE CLOSELY..." - 08/03/2024: CALL RECEIVED FROM FACILITY TO REPORT THAT PATIENT HAD A FALL THIS AM. CALLER STATES THAT PATIENT HAS INJURIES TO [HIS/HER] LEFT PINKY FINGER AND BRUISING TO THE SIDE OF [HIS/HER] FACE. PATIENT DENIES PAIN. CALLER DOES STATE THAT PATIENT SEEMS MORE CONFUSED THAN NORMAL. INCIDENT DATE: 8/3/24 INCIDENT TIME: 0530 DESCRIPTION OF INCIDENT: PATIENT WAS FOUND ON THE FLOOR NEXT TO BED BY FACILITY STAFF AROUND 0530 WHEN THEY WERE GOING TO GET [HIM/HER] READY FOR THE DAY. FACILITY OVERNIGHT STAFF REPORTED NO INJURIES, HOWEVER WHEN FACILITY AM STAFF WENT INTO PATIENT'S ROOM TO ASSESS, PATIENT HAD A SWOLLEN AND BRUISED RIGHT PINKY FINGER, BRUISING NOTED AROUND RIGHT EYE, AND A SMALL LACERATION TO THE RIGHT SIDE OF FACE. FACILITY OVERNIGHT STAFF REPORT BED ALARM DID NOT GO OFF.	N 389		

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N 389	Continued From page 6 CURRENT INTERVENTIONS: Q2H CHECKS, BED ALARM IN PLACE NEW INTERVENTIONS: Q1H CHECKS ...NEW ORDERS WRITTEN FOR ACETAMINOPHEN 1,000MG THREE TIMES DAILY FOR PAIN CONTROL. PATIENT'S DAILY ASPRIN DOSE WAS HELD FOR 5 DAYS, ORDERS LEFT FOR FACILITY. WRITER ALSO LEFT ORDERS TO ICE PATIENT'S RIGHT PINKY FINGER FOUR TIMES DAILY FOR 20 MINUTES." -08/05/2024: "PATIENT IS SITTING IN RECLINER WITH FEET ELEVATED WHEN WRITER ARRIVES. PATIENT HAS JUST FINISHED TAKING A SHOWER WITH FACILITY STAFF ASSISTANCE. STAFF REPORT THEY FOUND PATIENT ON THE FLOOR IN THE BATHROOM. NO ALARMS WERE GOING OFF. PATIENT HAD LOOSE STOOL ON [HIM/HERSELF], IN CLOTHES AND ON THE BATHROOM FLOOR. FACILITY STAFF DID ASSIST PATIENT WITH SHOWER AND THEN INTO HER CHAIR. FACILITY STAFF REPORT NO NEW INJURIES. PATIENT HAS MULTIPLE BRUISES TO UPPER BUTTOCKS AND BACK IN VARIOUS STAGES OF HEALING. PATIENT HAS MODERATE AMOUNT OF BRUISING AND ERYTHEMA TO RIGHT SIDE OF FACE. PATIENT HAS SWOLLEN DISCOLORED RIGHT WRIST AND PINKY ON THE RIGHT HAND. PATIENT DOES STATE THAT IT HURTS AND USING FACIAL PAIN SCALE PAIN IS RATED AT 4 BY WRITER. WRITER DOES ASK THAT FACILITY STAFF GIVE PATIENT 2 TYLENOL EXTRA STRENGTH AT THIS TIME. PATIENT'S BRUISES AND ERYTHEMA WERE ALL REPORTED FROM FALLS ON FRIDAY AND	N 389		

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N 389	Continued From page 7 SATURDAY. STAFF REPORT THERE ARE NO NEW BRUISES FROM THIS FALL. WRITER HAS ORDERED A NEW TABS ALARM FOR PATIENT TO HAVE AS STAFF ARE UNSURE IF THE ONE IN BED IS WORKING CORRECTLY. WRITER HAS ENCOURAGED FACILITY STAFF TO BE FREQUENTLY VISUALIZING PATIENT." -08/06/2024: "...PT HAD INCREASED FATIGUE, WAS LETHARGIC, HAD SOME MILD STOMACH PAIN, HEAD PAIN. PT WAS SLOUCHING IN CHAIR AND MOANING IN PAIN ON WRITER ARRIVAL... HOYERED PT INTO BED DUE TO CHANGE IN CONDITION. PT DID NOT OPEN UP EYES. PT VOMITTED ANOTHER MODERATE AMOUNT OF GREEN DARK LIQUID LATE LAST NIGHT BUT NONE TODAY SO FAR. WRITER CONTACTED DR. (doctor) REGARDING PROGRESSION OF PT QUICK DECLINE RELATED TO POSSIBLE BRAIN BLEED. PT WAS IN SEVERE PAIN DURING VISIT- DR. GAVE ORDERS TO SCHEDULE PAIN/COMFORT MEDS. AFTER TWO DOSES OF PRN AND SCHEDULED MORPHINE PATIENT WAS BECOMING COMFORTABLE... 02 WAS DECREASED TO MID 70S-80S, HR WAS ELEVATED TO 110-120S, LOW BP, AFEBRILE, AND RR 21 PRIOR TO MORPHINE GIVEN. AFTER MORPHINE, PT RELAXED AND COMFORTABLE. WRITER WENT OVER MEDICATION CHANGES AND ORDERS... PATIENT HAS BRUSING ON THE RIGHT SIDE OF FACE, RIGHT UPPER BACK, RIGHT HAND WITH POSSIBLE BROKEN PINKY, AND RIGHT FOREARM DUE TO FALL OVER THE	N 389		

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N 389	Continued From page 8 WEEKEND. BRUISES ARE IN VARIOUS STAGES OF HEALING. MORPHINE SCHEDULED 0.5ML EVERY 2 HOURS SCHEDULED LORAZEPAM SCHEDULED 0.25ML EVERY 4 HOURS SCHEDULED ALL ORAL MEDICATIONS DISCONTINUED TODAY PT IS HOYER LIFT, PUREE DIET, HOB TO BE ELEVATED AT 30 FOR SAFETY IN BED..." - 08/07/2024: "DEATH NOTE: PATIENT [RESIDENT 1] CONFIRMED AND PRONOUNCED AT 0934 ON 8/7/24. ABSENCE OF VS, NO PULSE, NO RESPIRATIONS, NO PUPILLARY RESPONSE." Resident 1's ISP did not include documentation for the increased frequency of falls, implementation and use of alarms, health monitoring/documentation for bruises/skin assessments, Resident 1's non-compliance with alarms (as reported by Director A) when alarms did not sound. The ISP did not reflect orders from hospice to increase visualization to 1-hour checks on 08/03/2024.	N 389		