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	0015632	A. BUILDING: _____ B. WING _____	R-C 10/02/2025

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CRANBERRY COURT ASSISTED LIVING I	2230 14TH ST SOUTH WISCONSIN RAPIDS, WI 54494

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{N 000}	Initial Comments On 10/01/2025, Surveyors conducted a verification visit and investigation into 3 complaints at Cranberry Court Assisted Living 1. Additional information was gathered on 10/02/2025. Three (3) of 3 deficiencies from SOD LMER12 were corrected. One (1) new deficiency was identified. Two (2) of 3 complaints were substantiated. Per state statutes a $200 re-visit fee was assessed. Census: 15	{N 000}		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician	N 431		

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

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or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure Resident 11 received increased health monitoring after a change in condition beginning the morning of 06/01/2025 and continuing through the night of 06/02/2025. On 06/03/2025 at 12:04 AM, Resident 11 was seen in the emergency department, admitted, diagnosed with sepsis secondary to pneumonia and died in the hospital on 06/10/2025. In addition, the provider did not ensure Resident 11's skin integrity was monitored despite knowing s/he had active pressure injuries and skin tears.

Findings include:

EXAMPLE 1:

On 06/27/2025, the Department received a complaint alleging concerns with the providers response to a change in condition.

Surveyor reviewed Resident 11's facility records on 10/01/2025 beginning at 10:36 AM. Resident 11 resided at the facility from 01/08/2025 - 06/02/2025. S/he was elderly, had diagnoses to include dementia and had an activated power of attorney for health care (POA N.)

Surveyor interviewed Caregiver O on 10/01/2025 at 7:53 AM. Caregiver O said during Resident 11's "last couple of days" at the facility s/he

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experienced a change in condition, "[S/he] was not getting out of bed, not eating and wouldn't drink anything. [S/he] would stay in bed, we would do all cares in bed. We would give [him/her] pain meds before we would do cares in bed, we would barely touch [him/her] and [s/he] was screaming in pain."

Surveyor interviewed Caregiver J on 10/01/2025 at 8:52 AM. Caregiver J recalled Resident 11's final days at the facility. S/he said Resident 11 had a changes with his/her breathing, "You could hear it in [his/her] lungs, it sounded like fluid, you could hear it like gurgling. [S/he] was sent out and they brought [him/her] back...[s/he] should not have been sent back sounding like that. [S/he] didn't look good. S/he was breathing differently."

Resident 11's June 2025 progress notes confirmed a change in condition beginning 06/01/2025 in the morning and continuing late into the night of 06/02/2025:

--06/01/2025 AM: "Staff reports resident experiencing low pitched rhonchi (abnormal lung sounds sometimes described as gurgling) ...increased weakness and requiring extensive two assist transfers. Resident exhibits increased behaviors, e.g. yelling, biting, swearing, and striking staff. Staff notified family."

Surveyor conducted a follow up interview with Caregiver O about this note on 10/01/2025 at 4:10 PM. Caregiver O said the notification to family occurred when POA N visited Resident 11. Caregiver O said POA N was not concerned about the breathing or behaviors.

--06/02/2025 10:25 AM: "Staff (Caregiver O) went to do AM cares. Resident screaming in pain and

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crying...Leaving in bed, waiting on family ...Resident seen at [medical center] d/t (due to) increased pain and weakness. Family reports no new dx (diagnosis) or orders." Surveyor note: an after visit summary (AVS) was not located in the record.

During the follow up interview with Caregiver O, s/he recalled when Resident 11 returned from the medical visit on 06/02/2025, s/he was very tired and still experiencing pain. Caregiver O recalled after Resident 11's return, staff did not monitor vitals like temperature, blood pressure or oxygen saturation and did not increase wellness checks beyond their "usual checks."

--06/02/2025 at 6:09 PM: "Resident is not doing the greatest and won't open their mouth (for medications.)"

--06/02/2025 at 8:38 PM, "in a lot of pain not very alert would not take meds [sic]"

--06/03/2025 at 12:12 AM: "resident unable to take medication due to being incoherent"

--06/03/2025: "Resident sent out via non emergent ambulance to [emergency room] d/t staff and family concerns of increased weakness, behaviors, and pain. Resident was admitted ... (for) sepsis and pneumonia. Family reports resident will not be returning to the community d/t increased level of care needs."

Resident 11's record did not include documentation of increased monitoring of Resident 11's temperature, oxygen saturation, blood pressure or pulse between 06/01-06/03/2025. Surveyor noted caregivers had the ability to monitor vitals as evidenced by

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documentation of vitals for Resident 11 after falls. The only medical assessment during the timeframe was the morning of 06/02/2025 and the record did not contain documentation from the visit.

On 10/02/2025 at 8:59 AM, Surveyor received and reviewed Resident 1's hospital records:

--06/03/2025 Emergency Department provider notes: 12:04 AM presented with "global weakness, mental status changes ...has not been eating or drinking much in the last 48 hours...is likely volume depleted ...developed increased shortness of breath and productive cough...Patient is awake though not particularly alert. [S/he] groans in pain...Glucose (level) 44 mg/dl ...at this point, patient's mental status changes are thought to be due to underlying infection ...blood pressure has improved with IV hydration...will admit to hospital service this afternoon for additional management"

--06/10/2025: Resident 11 died in the hospital at 5:40 AM. The report noted s/he was diagnosed with pneumonia which lead to sepsis. The "Final Diagnosis/Probable Cause of Death" was "Hypoxic respiratory failure secondary to pneumonia."

Surveyor interviewed Executive Director (ED) A on 10/01/2025 at 1:42 PM and 4:19 PM, and s/he confirmed Surveyor's review of the record. Surveyor asked about their process for obtaining AVSs. ED A stated normally they request them from POAs, but in this case they did not receive it prior to Resident 11's conditioning worsening later that night. Surveyor summarized concerns the provider did not increase monitoring 06/01 - 06/02/2025 to potentially include vitals and more

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frequent wellness checks. ED A acknowledged there were gaps in the documentation regarding Resident 11's condition between 06/01-06/02/2025 and potential missed opportunities to inform POA N and/or Resident 11's physician that his/her condition was worsening.

EXAMPLE 2:

The Department received a complaint alleging concerns with the provider's management of pressure injuries and skin tears.

Surveyor interviewed Caregiver O on 10/01/2025 at 7:53 AM. S/he said Resident 11's skin "was like tissue paper...[s/he] had a lot of skin breakage with falls." Caregiver O said s/he was not aware of any pressure injuries on his/her bottom or anywhere else.

Surveyor interviewed Caregiver J on 10/01/2025 at 8:52 AM. S/he recalled Resident 11 had pressure injuries on his/her tailbone and also experienced skin tears on his/her legs due to falls.

During the aforementioned review of Resident 11's records, Surveyor noted the following:

The preadmission assessment dated 01/07/2025 did not identify the presence of pressure injuries, but did identify a history and risk of skin integrity concerns. It read in part, "More skin sensitivity - Previous L (left) leg wound."

Resident 11's individual service plan read in part, "SKIN INTEGRITY: Skin check completed during each shower of the week and changes reported to [managers] or medical practitioner." Date

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N 431	Continued From page 6 initiated: 01/07/2025 Resident 11's record included documentation from home health RN visits which indicated Resident 11 developed pressure injuries and skin tears after admission: --02/04/2025 - pressure injury identified on right buttocks --02/11/2025 - skin tear identified on right shin --02/21/2025 - the buttock pressure injury was identified as stage 3 --03/20/2025 - "change in condition of wounds...now has 3 wounds on bottom...Please notify of any new changes in condition." --04/08/2025 - wounds on right inner and outer shin, left outer shin and right forearm. Facility staff informed to notify home health of any changes in condition or if right forearm dressing becomes soaked. Resident 11's record contained documentation of showers. The forms had a section titled "SKIN ASSESSMENT" which prompted for charting if concerns were present. --March 2025: showers charted on 03/09, 03/21 and 03/28. The only charting of skin concerns was on 03/21 when concerns were identified on the right forearm, right foot, left knee and buttocks/tailbone area. --April 2025: showers charted on 04/11 and 04/26. The skin assessment section was blank and no skin concerns were charted. --May 2025: showers charted on 5/16 and 5/30. The skin assessment section was blank and no skin concerns were charted. Surveyor interviewed home health RN P on 10/01/2025 at 11:50 AM. RN P said s/he was involved in Resident 11's wound care during his/her last month at the facility (May 2025.) S/he	N 431		

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N 431	Continued From page 7 confirmed Resident 11 had stage 3 pressure injuries on his/her coccyx. RN P also said there were skin tears on his/her legs and shins which were sustained during falls. RN P added, "I do remember after one of the falls...they didn't let me know about the new wounds...they are supposed to notify so we can reassess...I found out when I came in the next time and no one proactively communicated with me." During the aforementioned interviews with Executive Director (ED), s/he confirmed Resident 11 developed pressure injuries and also sustained skin tears during falls. ED A said home health was responsible for wound care, but acknowledged caregivers had a role in monitoring skin integrity. ED A said the skin assessment documentation in Resident 11's record was not accurate and described his/her intentions to re-educate caregivers on the importance of monitoring, documenting and reporting skin integrity concerns.	N 431		