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	0018180	A. BUILDING: _____ B. WING _____	C 03/13/2024

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(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 03/07/2024, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation and standard survey at Willowick Moments, a CBRF located in Beloit, WI. As a result of the investigation, 3 violations of Chapter DHS 83 were issued. Complaint was substantiated Census: 24	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, observation and interview, the provider did not ensure residents received all prescribed medications in the dosage and at intervals prescribed by the practitioner. On 03/07/2024, Surveyor observed the contents of the medication cart with Caregiver E. Surveyor and Caregiver E discovered 13 dosages of medication from 03/01/2024 to 03/06/2024 had not been administered to 4 residents on the evening shift. FINDINGS INCLUDE: This facility provides care to the following client	N 352		

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N 352	Continued From page 1 groups: physically disabled, terminally ill, advanced aged, irreversible dementia and Alzheimer's. On 03/07/2024, Surveyors arrived at facility for a standard survey. On 03/07/2024 at 10:50 AM, Surveyor observed the contents of the medication cart with Caregiver E. Caregiver E stated s/he had passed medications that morning. Caregiver E stated s/he administered medications from the #7 slots on resident blister packs because it was March 7th. Caregiver E reported the facility utilizes one pharmacy for disposition of resident medications. Caregiver E stated resident medications come in 28-day to 31-day blister packs, and that most of the resident blister packs are delivered with cart fill at the end of the month. Caregiver E stated pharmacy fills and delivers resident medication as needed between cart fills. Surveyor observed all morning blister packs with that label, "Cycle Fill Order," had pills from #1 to the #7 slots punched out. Surveyor and Caregiver E observed resident blister packs containing bedtime medications. Surveyor and Caregiver E observed 4 residents had not been administered 13 dosages of medication from the #1 to the #6 slots. Caregiver E stated s/he did not know why the 13 dosages of medication were remaining in resident bedtime blister packs. EXAMPLE 1: Resident 2 On 03/07/2024, Surveyor reviewed Resident 2's facility facesheet. Resident 2 was admitted to the facility on 02/22/2021. Resident 2 had an activated power of attorney. Resident 2 is diagnosed with but not limited to: dementia.	N 352		

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N 352	Continued From page 2 On 03/07/2024, Surveyor reviewed Resident 2's individualized service plan (ISP). Resident 2's ISP states his/her medications are to be administered by staff. On 03/07/2024, Surveyor and Caregiver E observed the following bedtime blister packs contained pills from the #1 to #6 slot: 1.) Donepezil 5 mg tablet. The blister pack stated "BEDTIME" at the top and the label stated, "Cycle Fill Order". Tablets remained in the #2 and #3 slot (picture 2). 2.) Isosorb Mono 20 mg tablet. The blister pack stated "BEDTIME" at the top and the label stated, "Cycle Fill Order". Tablets remained in the #2 and #3 slot (picture 2). 3.) Acetaminophen 500 mg tablets. The blister pack stated "BEDTIME" at the top and the label stated, "Cycle Fill Order". Tablets remained in the #2 and #3 slot (picture 3). On 03/08/2024, Surveyor reviewed Resident 2's March 2024 medication administration record (MAR). Surveyor reviewed the following documentation: 1.) Donepezil 5 mg tablet ordered for 8:00 PM was documented as administered on 03/02/2024 and 03/03/2024. 2.) Isosorbide MN 20 mg tablet ordered for 8:00 PM was documented as administered on 03/02/2024 and 03/03/2024. 3.) Acetaminophen (2) 500 mg tablets ordered for 8:00 PM was documented as administered on 03/02/2024 and 03/03/2024. EXAMPLE 2: Resident 3 On 03/07/2024, Surveyor reviewed Resident 3's facility facesheet. Resident 3 was admitted to the facility on 04/28/2023. Resident 3 had an	N 352		

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activated power of attorney.

On 03/07/2024, Surveyor reviewed Resident 3's individualized service plan (ISP). Resident 3's ISP states his/her medications are to be administered by staff.

On 03/07/2024, Surveyor and Caregiver E observed the following bedtime blister packs contained pills from the #1 to #6 slot:
1.) Duloxetine DR 20 mg capsule. The blister pack stated "BEDTIME" at the top and the label stated, "Cycle Fill Order". Tablets remained in the #1 and #2 slot (picture 4).
2.) Duloxetine DR 60 mg capsule. The blister pack stated "BEDTIME" at the top and the label stated, "Cycle Fill Order". Tablet remained in the #2 slot (picture 4).

On 03/08/2024, Surveyor reviewed Resident 3's March 2024 medication administration record (MAR). Surveyor reviewed the following documentation:
1.) Duloxetine DR 20 mg capsule ordered for 8:00 PM was documented as administered on 03/01/2024 and 03/02/2024.
2.) Duloxetine DR 60 mg capsule ordered for 8:00 PM was documented as administer on 03/02/2024.

EXAMPLE 3: Resident 4

On 03/07/2024, Surveyor reviewed Resident 4's facility facesheet. Resident 4 was admitted to the facility on 12/20/2021. Resident 4 had an activated power of attorney.

On 03/07/2024, Surveyor reviewed Resident 4's individualized service plan (ISP). Resident 4's ISP states his/her medications are to be administered

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N 352	Continued From page 4 by staff. On 03/07/2024, Surveyor and Caregiver E observed the following bedtime blister packs contained pills from the #1 to #6 slot: 1.) Donepezil 10 mg tablet. The blister pack stated "BEDTIME" at the top and the label stated, "Cycle Fill Order". Tablet remained in the #2 slot (picture 5). 2.) Mirtazapine 7.5 mg tablet. The blister pack stated "BEDTIME" at the top and the label stated, "Cycle Fill Order". Tablet remain in the #2 slot (picture 5). On 03/08/2024, Surveyor reviewed Resident 4's March 2024 medication administration record (MAR). Surveyor reviewed the following documentation: 1.) Donepezil 10 mg tablet ordered for 8:00 PM was documented as administered on 03/02/2024. 2.) Mirtazapine 7.5 mg tablet ordered for 8:00 PM was documented as administered on 03/02/2024. Example 4: Resident 5 On 03/07/2024, Surveyor reviewed Resident 5's facility facesheet. Resident 5 was admitted to the facility on 07/29/2023. Resident 5 had an activated power of attorney. On 03/07/2024, Surveyor and Caregiver E observed the following bedtime blister packs contained pills from the #1 to #6 slot: 1.) Memantine 10 mg tablet. The blister pack stated "BEDTIME" at the top and the label stated, "Cycle Fill Order". Tablets remained in the #2 and #3 slots (picture 6). On 03/08/2024, Surveyor reviewed Resident 5's March 2024 medication administration record	N 352		

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N 352	Continued From page 5 (MAR). Surveyor reviewed the 8:00 PM dose of Memantine 10 mg was documented as administered on 03/02/2024 and 03/03/2024. EXIT INTERVIEW: On 03/13/2024 at 11:00 AM, Surveyor discussed the above concerns with Executive Director A, Nurse B, Licensee C, Nurse N and Caregiver O. Executive Director A, Nurse B, Licensee C, Nurse N and Caregiver O acknowledged 4 residents missed 13 doses of prescription medication from 03/01/2024 to 03/06/2024.	N 352		
N 362	83.33(1)(d) Grievance procedure: written summary The CBRF shall provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident ' s legal representative and the resident ' s case manager. The CBRF shall maintain a copy of the investigation. This Rule is not met as evidenced by: Based on record review and interview, the CBRF did not provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident ' s legal representative. Prior, to admission to provider Family Member D cared for Resident 1 at home. Resident 1 was diagnosed with but not limited to: dementia with progressive aphasia. On 01/03/2024, Resident 1 was admitted to the	N 362		

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facility for a 14-day respite stay.

On 01/07/2024, Family Member D emailed Executive Director A concerns related to Resident 1's care.

On 01/08/2024, Executive Director A responded to Family Member D's email. Executive Director A stated s/he would speak with staff and work to alleviate Family Member D's concerns related to Resident 1's care.

On 01/13/2024, Family Member D discharged Resident 1 from the facility due to concern for Resident 1's wellbeing.

On 03/07/2024 at 12:30 PM, Executive Director A stated s/he did not receive any grievances for residents from 12/01/2023 to 01/31/2024.

On 03/07/2024 at 10:42 PM, Licensee C sent an email to Surveyor. Licensee C confirmed no grievances had been submitted for Resident 1.

FINDINGS INCLUDE:

On 02/13/2024, the Department received a complaint related to Resident 1's care at the facility.

On 02/13/2024 at 1:00 PM, Surveyor interviewed Family Member D. Family Member D stated s/he was Resident 1's primary caregiver. Family Member D stated Resident 1 lived at home prior to admission to facility. Family Member D stated prior to Resident 1's stay at facility: Resident 1 used his/her wheelchair as needed, ambulate short distances independently, 1-assist for transfers, would feed themselves if placed in front of appropriate food/utensils, and s/he was awake

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most daytime hours. Family Member D stated s/he had Resident 1 admitted to provider for a 14-day respite stay on 01/03/2024; but s/he discharged Resident 1 from the facility 4 days early due to concerns of inadequate care. Family Member D stated on 01/07/2024 s/he emailed Executive Director A listing his/her concerns related to Resident 1's care and treatment. Family Member D stated s/he did not see any changes come as a result of this email. Family Member D stated Executive Director A never provided a written summary of his/her concerns and the actions taken to remedy the issues. Family Member D stated s/he was Resident 1's legal representative.

On 02/16/2024 at 2:32 PM, Family Member D forwarded an email conversation between himself/herself and Executive Director A. On 01/07/2024 at 10:43 PM, Family Member D sent the following message to Admission Director H and Executive Director A:
"Subject: Concerns over [Resident 1's] care...
[Admission Director H], wasn't sure if I (sic.) should contact you or [Executive Director A] on this so I am sending to both of you. Yesterday I stopped in to see [Resident 1] around 2:00PM. To put it politely, I have some concerns. I will explain them.
1) When I came in [s/he] was sitting in [his/her] wheelchair next to the couch asleep at a very contorted angle leaning off to the left with [his/her] chin on [his/her] chest. It had to be both uncomfortable and was probably affecting [his/her] ability to breathe properly. I went into [his/her] room after drawing this to someone's attention and got [him/her] pillow to prop between [him/her] and the couch to support [him/her]. I also located [his/her] neck pillow I had dropped off. It was on top of a box on the top shelf of

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N 362	Continued From page 8 [his/her] closet. I put it around [his/her] neck. While there were several staff there (sic.) they all seemed to be socializing. Sadly (sic.) the only person who seemed concerned was one of the clients. One of the staff, a young [man/woman], did offer some assistance but only after I started the process. I would have thought they would be more proactive. 2) In the process of trying to find [his/her] neck pillow I walked into [his/her] bathroom and observed a pair of [his/her] dirty/soiled underpants with feces in it sitting on the vanity next to the sink by [his/her] toiletries. The trash can was also full of soiled pants. Very unsanitary in my opinion. I don't know any people who dispose of their diapers next to their toothbrush! 3) The clothes [s/he] had on were soiled with food and there was an equally soiled sweatshirt sitting in the chair I had brought in in [his/her] room. The hamper was also full of dirty clothing. I'm concerned [s/he's] going to run out of clean clothes to wear. For reference I have never used [his/her] wheelchair at home to transport [him/her] and would never think of putting [him/her] in it to sleep. I use the chair in [his/her] room because, with the pillows, [s/he] is properly supported on the sides. [S/he] can't communicate when [s/he's] uncomfortable but if you could have seen [him/her] I think you would conclude it was NOT comfortable. I am upset that the staff was so unobservant or uncaring. Please understand I am not saying don't use the wheelchair, just don't use it as [his/her] primary seating method. I am also concerned over the sanitary conditions in [his/her] room. I take great pains at home to assure [s/he's] clean, comfortable and living in a healthy environment. I was very surprised to see the same care standard was not being employed there.	N 362		

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Please understand I am not a chronic complainer but I am concerned. I hope these issues will be reviewed and corrected.
Thank you for your attention to this matter, [Family Member D]"

On 01/08/2024 at 10:11 AM, Executive Director A sent Family Member D the following message. "Good Morning [Family Member D], First let me start off by saying I apologize that your visit with [Resident 1] was not up to par. I will speak with the staff that was (sic.) on the schedule this weekend about this. I will definitely voice the concerns, and make sure this will not happen in the future. I will make sure all [his/her] needs are taken care of, and after meals [s/he] may lie down for comfort instead of being in [his/her] chair. After I speak with staff, I will give you a follow-up call, to go over anything you may have. Again (sic.) I apologize for this and will take care of it immediately. Thank you".

On 03/07/2024, Surveyor arrived at facility for a complaint investigation.

On 03/07/2024 at 12:30 PM, Surveyor interviewed Executive Director A and Nurse B. Executive Director A stated had not received any grievances in January 2024. Executive Director A stated s/he did not have any grievance summaries for 2024.

On 03/07/2024 at 10:42 PM, Licensee C sent an email containing Resident 1's facility documentation, and stated, "see attached - there were no grievances submitted for this resident".

EXIT INTERVIEW:

On 03/13/2024 at 11:00 AM, Surveyor spoke with

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N 362	Continued From page 10 Executive Director A, Nurse B, Licensee C, Nurse N and Caregiver O. Surveyor stated s/he had a copy of an email conversation between Family Member D and Executive Director A about Family Member D's concerns related to Resident 1's care and treatment. Executive Director A stated s/he did not recall an email conversation regarding concerns related to Resident 1's care. Executive Director A stated s/he remembered speaking with Family Member D on the phone to follow up on something, but could not recall the details. Executive Director A, Nurse B, Licensee C and Nurse N acknowledged the facility did not have a grievance summary on file for Resident 1. CROSS REFERENCE: N0431 DHS Chapter 83.38(1)(g) Health Monitoring	N 362		
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	N 431		

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report significant deviations from normal food and fluid intake patterns to the resident ' s physician 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 1's physical health was adequately monitored to meet his/her needs.

On 01/03/2024, Family Member D admitted Resident 1 to the facility for a 14-day respite stay. Family Member D reported Resident 1 did not have any skin integrity issues upon admission.

On 01/07/2024, Family Member D emailed Admission Director H and Executive Director A to report concerns related to Resident 1's care and condition.

On 01/13/2024, Family Member D discharged Resident 1 from the facility 4 days earlier than originally planned due to concerns for Resident 1's wellbeing. That evening Family Member D observed sores and bruises on Resident 1's ankles and feet.

On 01/15/2024, Palliative Nurse Practitioner F

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assessed Resident 1. Palliative Nurse Practitioner F documented Resident 1 had multiple abrasions and bruises on his/her ankles and feet.

On 03/08/2024, Surveyor reviewed Resident 1's facility record. There was zero documentation related to abrasions and bruises developing on Resident 1's ankles and/or feet.

FINDINGS INCLUDE:

This facility provides care to the following client groups: physically disabled, terminally ill, advanced aged, irreversible dementia and Alzheimer's.

On 02/13/2024, the Department received a complaint related to resident care at facility.

On 02/13/2024 at 1:00 PM, Surveyor interviewed Family Member D. Family Member D stated s/he was Resident 1's primary caregiver. Family Member D stated Resident 1 lived at home prior to admission to facility. Family Member D stated s/he admitted Resident 1 to facility for a 14-day respite stay on 01/03/2024. Family Member D stated Resident 1's respite stay was paid for in full before admission. The agreement was for Resident 1 to be discharged back to home on 01/17/2024. Family Member D stated the respite stay for Resident 1 was planned so Family Member D could recover from his/her cardiac operation. Family Member D stated on 01/07/2024 s/he emailed Admission Director H and Executive Director A list of his/her concerns related to Resident 1's care and treatment. Family Member D stated s/he did not see any changes come as a result of this email. Family Member D stated s/he discharged Resident 1

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	0018180	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS	3024 SOUTH BARTELLS DRIVE BELOIT, WI 53511

(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
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from the facility 4 days early due to concerns related to facilities management of Resident 1's care. Family Member D discovered upon return to home Resident 1 had developed sores and bruises on his/her ankles and feet. Family Member D stated on 01/15/2024 s/he took pictures of the sores and bruises on Resident 1's ankles and feet.

On 02/16/2024 at 2:32 PM, Family Member D forwarded an email conversation between himself/herself and Executive Director A. On 01/07/2024 at 10:43 PM, Family Member D sent an email to Executive Director A and Admission Director H listing concerns related to Resident 1's care and treatment at facility. On 01/08/2024 at 10:11 AM, Executive Director A emailed Family Member D stating s/he would talk to facility staff about Family Member D's concerns.

On 02/17/2024 at 2:41 PM, Family Member D emailed Surveyor photos of Resident 1's ankles and feet. Surveyor reviewed picture 8 and picture 9:
1.) Picture 8 - The photo is in JPEG (Joint Photographic Experts Group) format. The image is dated 01/15/2024. The picture shows lateral side of the left foot and ankle. On the lateral side of the left foot there was an approximately 0.5 inch by 1 inch skin integrity issue, reddish purple in color.
2.) Picture 9 - The photo is in JPEG (Joint Photographic Experts Group) format. The image is dated 01/15/2024. The photo shows the medial side and frontal plane of the right foot. The frontal plane of the right foot shows an approximately 0.5 in x 0.5 in bruise, yellow coloring throughout located above the ankle. The medial side of the right foot had an approximately 1.0 in by 0.5 in skin integrity issue with white dry skin and a small

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black scab attached to the wound bed.

On 03/07/2024, Surveyors arrived at the facility for a complaint investigation.

On 03/07/2024 at 12:30 PM, Surveyors discussed Resident 1's stay with Executive Director A and Nurse B. Executive Director A denied receiving any grievances related to Resident 1's care and treatment. Nurse B stated s/he had concerns related to number of psychotropic medications Resident 1 had been prescribed. Nurse B stated s/he followed up with Resident 1's psychiatrist. Resident 1's psychiatrist had instructed Nurse B to maintain the prescribed medication regimen. Nurse B denied any other concerns related to Resident 1's treatment/care being reported to them.

On 03/07/2024 at 10:42 PM, Licensee C emailed Surveyor Resident 1's facility record.

On 03/08/2024, Surveyor reviewed Resident 1's facility record.

On 03/08/2024, Surveyor reviewed Resident 1's facility assessments. Surveyor reviewed one assessment completed on Resident 1. It was his/her admission assessment completed by Nurse B on 12/21/2023. Nurse B did not document any skin integrity issues in Resident 1's admission assessment.

On 03/08/2024, Surveyor reviewed Resident 1's individualized service plan (ISP) signed by Resident 1's legal representative on 01/03/2024. In the ISP subsection titled, "Nursing Procedures/Care Needs: Resident does not have any nursing procedures or care needs that need to be performed by nurse manager. The

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subsection related to grooming and dressing the following is documented, "[s/he] will need complete assistance with all aspects of cares. [S/he] is dependent with [his/her] ADLs (activities of daily living) ...".

On 03/08/2024, Surveyor reviewed Resident 1's facility observation notes. On 01/03/2024 at 9:45 PM, Nurse B documented Resident 1 was admitted to the facility. On 01/13/2024 at 1:00 PM, Nurse B documented Resident 1 was discharged from the facility.

On 03/08/2024 at 9:50 AM, Surveyor spoke with Doctor J on the phone. Doctor J stated s/he was Resident 1's primary care provider (PCP). Doctor J stated s/he assessed Resident 1 in November 2023; and no skin integrity issues were identified at that time. Doctor J stated s/he had access to Resident 1 electronic health record (EHR) and stated on 01/15/2024 a palliative care nurse had documented sores on Resident 1's feet.

On 03/08/2024 at 10:35 AM, Surveyor spoke with Clinical Manager G and Palliative Nurse L on the phone. Clinical Manager G stated s/he had access to Resident 1's EHR. Clinical Manager G stated Palliative Nurse Practitioner F assessed Resident 1 on 01/15/2024 and abrasions and bruises on Resident 1's bilateral lower extremity.

On 03/08/2024 at 10:47 AM, [Name of Palliative Care Provider] faxed Resident 1's record to Surveyor.

On 03/08/2024, Surveyor reviewed Resident 1's palliative care notes. On 01/15/2024, Palliative Nurse Practitioner F documented the following, "Date of Visit: January 15, 2024 11:00 CST (central standard time) ...Palliative Care Note...

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"[Family Member D] recently had a cardiac procedure done and [s/he] was respite at an assisted living facility for about a week and a half...[S/he] has some noted bruising and abrasions to [his/her] feet and ankles and what appears to be an open blister that is drying on one of [his/her] heals (sic.). [S/he] looks unkempt...As far as leg abrasions, all are dry and not draining. Advised to monitor for s/s (signs and symptoms) of infection and can apply TAO (triple anti-biotic ointment) if needed and a dry dressing."

On 03/08/2024 at 4:51 PM, Surveyor emailed Palliative Nurse Practitioner F the pictures Family Member D took Resident 1's feet and ankles on 01/15/2024 (picture 8 & picture 9). Surveyor asked if the attached pictures were what s/he observed on Resident 1's feet and ankles during their 01/15/2024 visit.

On 03/08/2024 at 4:57 PM, Palliative Nurse Practitioner F responded to Surveyor's email with the following, "Yes that is what I observed on my visit on 1/15 and I speak of it in my note dated 1/15 as below: "[S/he] has some noted bruising and abrasions to [his/her] feet and ankles and what appears to be an opened blister that is drying on one of [his/her] heals (sic.). [S/he] looks unkempt." [Palliative Nurse Practitioner F]"

EXIT INTERVIEW:

On 03/13/2024 at 11:00 AM, Surveyor spoke with Executive Director A, Nurse B, Licensee C, Nurse N and Caregiver O. Surveyor explained the health monitoring Resident 1 received related to skin integrity of the bilateral lower extremity was not adequate as evidenced by the following: Resident 1 had zero documented skin integrity issues

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N 431	Continued From page 17 before admission to facility, zero assessments/observations were documented related to skin integrity concerns by the facility, Family Member D discovered skin integrity issues on Resident 1's feet/ankles upon return home from the facility, Family Member D took photos of sores/bruises on Resident 1's feet/ankles on 01/15/2024, Palliative Nurse Practitioner M documented abrasions and bruising on Resident 1's feet/ankles approximately 45 hours post discharge from facility and Palliative Nurse Practitioner M verified the pictures Family Member D took of Resident 1's feet/ankles were what s/he observed on 01/15/2024. Executive Director A, Nurse B, Licensee C and Caregiver O, denied questions/concerns related to Surveyor's findings. CROSS REFERENCE: N0362 DHS Chapter 83.33(1)(d) Grievance Procedure: Written Summary	N 431		