STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015629	A. BUILDING: _____ B. WING _____	C 09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHORES OF SHEBOYGAN ASSISTED LIVING I	3315 SUPERIOR AVE SHEBOYGAN, WI 53081

(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 08/30/2023, with information gathered through 09/07/2023, Surveyor conducted 3 complaint investigations and a standard survey at Shores of Sheboygan Assisted Living I, a CBRF in Sheboygan. Three deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) 25LX12, dated 10/19/2020. Three of 3 complaints were unsubstantiated. Census: 38	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.	N 239		

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

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N 239	Continued From page 1	N 239		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 3 employees obtained all department approved training as required.

Caregiver C, 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 08/30/2023, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver C.

Standard Precautions

On 08/30/2023 at approximately 8:30 a.m., Surveyor interviewed Caregiver C. Caregiver C confirmed s/he was a caregiver and assisted residents with personal cares.

On 08/30/2023 at approximately 10:00 a.m., Surveyor reviewed employee records. The record for Caregiver C, hired 02/16/2023, did not contain evidence of training or evidence of meeting an exemption for standard precautions.

On 08/30/2023, at approximately 12:00 p.m., Surveyor interviewed Administrator A.

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N 239	Continued From page 2 Administrator A confirmed Caregiver C performed job tasks that may expose the employee to blood or other bodily fluids. Administrator A confirmed the provider did not have evidence Caregiver C completed or met an exemption for standard precaution training prior to assuming these job duties. On 08/31/2023, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for standard precautions. On 08/31/2023 at approximately 5:00 p.m., Administrator A updated Surveyor and stated the provider identified that Caregiver C had not had training in standard precautions during Surveyor's 08/30/2023 visit, so training took place earlier in the morning on 08/31/2023. Administrator A stated the provider's new business office manager was now taking responsibility of the "on boarding" process for new employees to ensure trainings were complete.	N 239		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication.	N 407		

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N 407	Continued From page 3	N 407		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed that received a scheduled psychotropic medication was reassessed by a pharmacist, practitioner or registered nurse at least quarterly for the desired responses and possible side effects of the medication. Resident 1 was not assessed at least quarterly for his/her use of Escitalopram.

Findings include:

On 08/30/2023 at approximately 10:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 06/27/2023. Resident 1's physician orders included Escitalopram Oxalate 20 mg (Start Date: 11/21/2022) - Give 2 tablets by mouth 1 time daily for depression. Resident 1's record included 1 fax to Resident 1's physician, dated 06/23/2023, requesting the physician review the use of Resident 1's psychotropic medication. The fax did not indicate the psychotropic reviews had been reviewed by the physician.

On 08/30/2023 at approximately 11:00 a.m., Surveyor interviewed Wellness Director B. Surveyor asked Wellness Director B if Resident 1 had any completed scheduled psychotropic reviews for Resident 1. Wellness Director B stated s/he did not have any completed scheduled psychotropic reviews. Wellness Director B explained that his/her position was open for a while prior to his/her hire in the spring and the facility's fax was down for a while, so scheduled psychotropic reviews were behind.

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N 408	Continued From page 4	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 2 of 2 residents reviewed had the rational for use and detailed description of behaviors which indicated the need for administration of PRN psychotropic medication included in their individual service plans (ISP). Resident 1 and Resident 2's ISPs did not include the rational for use and detailed description of their behaviors to indicate the need for administration of their PRN psychotropic medications. This is a repeat deficiency. See Statement of	N 408		

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N 408	Continued From page 5 Deficiency (SOD) 25LX12, dated 10/19/2020. Findings include: On 08/30/2023 at approximately 10:30 a.m., Surveyor reviewed resident records. The following was documented: - Resident 1 was admitted to the provider's facility on 06/27/2023. Resident 1's physician orders included Clonazepam .5 mg (Start Date: 06/27/2022) - Give 1 tablet every 8 hours as needed for anxiety. Resident 1's ISP, dated 08/29/2023, did not include the rational for use and detailed description of behaviors which indicated the need for administration of the PRN psychotropic. Resident 1's medication administration record (MAR), dated 08/01/2023 to 08/30/2023, indicated the Clonazepam was administered 51 times. - Resident 2 was admitted to the provider's facility on 04/08/2023. Resident 1's physician orders included Alprazolam .5 mg (Start Date: 04/08/2023) - Give 1 tablet every 24 hours as needed for anxiety. Resident 2's ISP, dated 05/11/2023, did not include the rational for use and detailed description of behaviors which indicated the need for administration of the PRN psychotropic. Resident 2's MAR, dated 08/01/2023 to 08/30/2023, indicated the Alprazolam was not administered at all. On 08/30/2023 at approximately 11:15 a.m., Surveyor reviewed concern with Wellness Director B that 2 of 2 residents reviewed that received PRN psychotropic medications did not have the rational for use and detailed description of behaviors included in their ISPs. Wellness Director B reviewed the ISPs and confirmed Surveyor's observation. Wellness Director B	N 408		

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N 408	Continued From page 6 stated s/he would update the ISPs and possibly have Resident 2's psychotropic medication discontinued.	N 408		