STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018628	A. BUILDING: _____ B. WING _____	C 08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABRIDGE CARE COTTAGE OF KEWAUNEE	1100 BAUMEISTER DR KEWAUNEE, WI 54216

(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 07/25/2024, with information gathered through 08/06/2024, Surveyor conducted a complaint investigation at Abridge Care Cottage of Kewaunee. Four deficiencies were identified. Complaint was substantiated. Census: 15	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 and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 1did not receive his/her as-needed (PRN) morphine. Findings Include: On 06/20/2024, the Department received a concern that residents were not being cared for adequately. On 08/04/2024, Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility 10/17/2022 and is currently on hospice.	N 352		

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

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N 352	Continued From page 1 Resident 1's hospice documentation stated: "06/30/2024 - PT (patient) in bed with assessment. ... Per staff PT only has pain with repositioning. PT hypotensive ... PT with no nutrition today and unable to sip through a straw. Advised oral swabs only and to premedicate with morphine prior to repositioning. Staff state understanding. ..." Resident 1's hospice list of medication, dated 01/11/2024, documented: Morphine Concentrate 100 MG (milligram)/5 ML (milliliter) oral solution. Every 1 hour as needed. Reviewed on 02/06/2024. Resident 1's June and July 2024 Medication Administration Record (MAR) did not have the PRN morphine listed. On 08/06/2024 at 8:32 AM, Surveyor emailed Executive Director C and stated Resident 1's morphine was not listed on his/her MARs and hospice documented that s/he should receive prior to repositioning. On 8/06/2024 at 8:47 AM, Executive Director C emailed Surveyor and stated, "That was a difficult one to navigate. In the middle of June Hospice discontinued all medications and put [him/her] on comfort precautions. [S/He] also continually refused morphine, still does when staff asked [him/her] prior to changing/repositioning or when asked before the Hospice aide comes to do [his/her] shower in the early morning." Executive Director C stated the morphine should have been listed on the MARs to show that the medication was available. Executive Director C stated s/he would need to review Resident 1's documentation to determine if the morphine was made available	N 352		

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N 352	Continued From page 2 to him/her. Surveyor noted that Morphine is a common comfort medication that Hospice prescribes as a comfort medication for a resident. As of 08/06/2024 at 5:00 PM, Surveyor did not receive a response.	N 352		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all floors, walls, and ceilings were clean and well maintained throughout the facility. Findings include: On 06/28/2024, the Department received a complaint that the floors in the facility were creating a tripping hazard for residents. On 07/25/2024, at approximately 1:00 PM, Surveyor interviewed Executive Director F and Maintenance E. Maintenance E stated when the flooring was replaced, approximately 3 years ago, the vendor placed the plank flooring directly over the old tile without installing a subfloor. Executive Director F stated the building was leased and the owner did not feel it was their responsibility to replace the flooring. Discussions have been ongoing for approximately 3 months. Executive Director F stated quotes were being obtained and the licensee will replace the flooring.	N 491		

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N 491	Continued From page 3 On 07/25/2024, at approximately 2:30 PM, Surveyor toured the facility and observed the flooring in the common area, which was a type of laminate plank flooring, was taped down with what appeared to be clear packing tape and duct tape. Surveyor counted at least 20 strips of tape, ranging from four inches in length to 3 feet in length. Some flooring planks were lifted, which could create a tripping hazard for the residents.	N 491		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that cleaning compounds and toxic substances were stored in a secure area. Findings include: On 07/25/2024, at approximately 2:30 PM, Surveyor toured facility and observed a sign hanging on the wall next to the kitchen entrance, which was an open archway, that stated, "No Residents Allowed In Kitchen. Staff Only." Surveyor entered the kitchen and observed, in an unsecured kitchen sink cabinet, the following: -(2) gallon jugs of sanitizer for machine dishwasher -A 5 gallon container of commercial dishwashing detergent -A 32 ounce bottle of foaming bathroom cleaner	N 499		

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N 499	Continued From page 4 -(4) 75 wipe containers of disinfecting wipes -A 32 ounce bottle of window cleaner -A bottle of ice machine cleaner -(2) gallon jugs of dishwasher descaler -14.2 ounce spray can of furniture polish	N 499		
Y3098	50.07 PROHIBITED ACTS 50.07 Prohibited acts. (1) No person may: (a) Intentionally fail to correct or interfere with the correction of a class A or class B violation within the time specified on the notice of violation or approved plan of correction under s. 50.04 as the maximum period given for correction, unless an extension is granted and the corrections are made before expiration of extension. (b) Intentionally prevent, interfere with, or attempt to impede in any way the work of any duly authorized representative of the department in the investigation and enforcement of any provision of this subchapter. (c) Intentionally prevent or attempt to prevent any such representative from examining any relevant books or records in the conduct of official duties under this subchapter. (d) Intentionally prevent or interfere with any such representative in the preserving of evidence of any violation of any of the provisions of	Y3098		

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Y3098	Continued From page 5 this subchapter or the rules promulgated under this subchapter. (e) Intentionally retaliate or discriminate against any resident or employe for contacting or providing information to any state official, or for initiating, participating in, or testifying in an action for any remedy authorized under this subchapter. (f) Intentionally destroy, change or otherwise modify an inspector?s original report. (2) Violators of this section may be imprisoned up to 6 months or fined not more than $1,000 or both for each violation. This Rule is not met as evidenced by: Based on record review and interview, the provider intentionally interfered with and/or impeded an investigation by the Department of an alleged violation or enforcement by the Department. The provider did not provide financial statements to determine if checks that are being paid to vendors and/or staff are being returned due to insufficient funds. Findings include: On 06/20/2024 and 07/01/2024, the Department received a concern alleging that the provider did not have funds to pay for supplies, staff and	Y3098		

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Y3098	Continued From page 6	Y3098		

vendors; checks were being returned due to insufficient funds.

On 07/25/2024, at approximately 11:30 AM, Surveyor interviewed Executive Director C. Executive Director C stated s/he had been with the provider for approximately 30 days and staff had reported to him/her that they had been buying items for the provider, such as paper toweling, toilet paper, gloves, because the previous Executive Director B had told them there were no funds for those purchases; the company credit card was being denied. Executive Director C stated there had been concerns with some staff members paychecks having to be reissued due to non-sufficient funds.

On 07/29/2024, at approximately 2:10 PM, Surveyor interviewed Resident Manager D. Resident Manager D stated, "[Previous Executive Director B] and I would try to order supplies for the facility through [vendor] and the orders would be declined. Staff checks were bouncing. Bills weren't getting paid, such as water, sanitation, music vendors. We always had to reissue new checks."

On 07/30/2024, at approximately 9:55 AM, Surveyor interviewed Executive Director C. Surveyor requested documentation to show proof of payment for utility bills and payroll.

On 08/02/2024 at 12:49 PM, Executive Director C emailed Surveyor and stated, "[Licensee A] and I discussed all of this this morning after searching for all invoices. [Previous Executive Director B] and [Resident Manager D] were scheduling events that included having vendors come to events that were unapproved, knowing that the company was struggling and would have difficulty

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Y3098	Continued From page 7 paying these bills. [Previous Executive Director B] was purchasing things, planning things without discussing with [Licensee A] or our accountant, knowing full well where the company is at financially." On 08/04/2024 at 1:06 PM, Surveyor emailed Executive Director C requesting 2024 monthly check statements to determine if payments were being returned due to insufficient funds. On 08/05/2024, at approximately 10:30 AM, Surveyor interviewed Executive Director C. Surveyor requested documentation to show proof of payment for utility bills and payroll. As of 08/05/2024 at 5:00 PM, Surveyor did not receive requested documentation.	Y3098		