STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019869	A. BUILDING: _____ B. WING _____	R-C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY HARBOR MEMORY CARE ASSISTED LIVING OF	1936 TENNYSON LN MADISON, WI 53704

(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 From 09/17/2024 to 09/18/2024, Surveyors conducted a complaint investigation and verification visit at Bay Harbor Memory Care Assisted Living of Madison. Eight deficiencies were identified. Four deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) CJWV11, dated 02/13/2024 and MXVF12, dated 06/17/2024. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 46	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, interview and record review, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. Since 01/11/2024, the department has conducted 5 surveys at the facility resulting in 7 substantiated complaints, 3 self-report reviews resulting in findings and 28 total deficiencies. Findings include: On 01/11/2024, the provider was issued a probationary license as a Class CNA (non-ambulatory) facility with the ability to care for	N 196		

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

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N 196	Continued From page 1	N 196		

up to 60 residents with diagnoses including emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, physically disabled and advanced age.

Since 01/11/2024, the department has conducted the following surveys at the provider's facility:

- 02/13/2023 to 02/23/2024: Two complaint investigations resulting in 1 deficiency. Two of 2 complaints were substantiated.
- 04/08/2024 to 04/11/2024: One complaint investigation resulting in 1 deficiency. The complaint was substantiated.
- 06/17/2024 to 06/21/2024: Four complaint investigations, 3 self-report reviews, 2 verification visits and a standard survey resulting in 17 deficiencies, 1 which was a repeat deficiency. Two of 4 complaints were substantiated. Three of 3 self-reports resulted in deficiencies.
- 07/30/2024 to 07/31/2024: Three complaint investigations resulting in 1 deficiency. One of 3 complaints was substantiated.
- 09/17/2024 to 09/18/2024: One complaint investigation and a verification visit resulting in 8 deficiencies, 4 which were repeat deficiencies. The complaint was substantiated.

On 09/17/2024 at approximately 2:30 p.m., Surveyors reviewed new concerns and continued concerns, including resident tuberculosis screens, prompt and adequate treatment, medication administration, documentation of medication administration, updating individual service plans, accessibility throughout the facility and residents' ability to lock their rooms, with Administrator A. Administrator A acknowledged the provider had concerns to address and made note of Surveyors' concerns. Administrator A stated s/he was working with the facility's investor

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N 196	Continued From page 2 regarding privacy locks, but was unsure how accessibility would be addressed. Administrator A stated Health and Wellness J and the facility's LPNs were responsible for overseeing resident care and auditing charts, but "obviously weren't doing it enough."	N 196		
{N 302}	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 residents reviewed was screened by a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse for clinically apparent communicable disease within 90 days before or 7 days after admission. Resident 12 did not have a communicable disease screen completed.	{N 302}		

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{N 302}	Continued From page 3 This is a repeat deficiency. See Statement of Deficiency (SOD) MXVF12, dated 06/17/2024. Findings include: On 09/17/2024, Surveyor conducted a review of 3 residents to verify compliance with communicable disease screening requirements. Surveyor requested communicable disease screening, including tuberculosis testing, from Administrator A for Resident 12. The record for Resident 12, admitted 05/30/2024, did not contain evidence of a communicable disease screen having been completed. Surveyor reviewed a document provided by Administrator A for Resident 12, which appeared to be a page from his/her medical record showing a radiology report from an x-ray s/he underwent on 06/21/2024. The indication for the x-ray was documented as "hypoxia" (low levels of oxygen in body tissues) and the x-ray results indicated that pneumonia was possible in his/her right lung based on its appearance. There was no information from the document that indicated whether Resident 12 underwent further screening based on these findings and no other evidence of screening for other clinically apparent communicable diseases, including tuberculosis. At approximately 2:37 p.m., Surveyor interviewed Administrator A. Administrator A confirmed s/he could not find any other evidence of communicable disease screening having been completed for Resident 12.	{N 302}		
N 352	83.32(3)(h) Rights of Residents: Receive medication	N 352		

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N 352	Continued From page 4 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 ensure that 2 of 3 residents reviewed received all prescribed medications at intervals prescribed by their practitioners. From 08/11/2024 through the morning administrations on 09/17/2024, Resident 13 was administered his/her carbidopa/levodopa outside of his/her prescribed 15-minute window on 44 occasions across 30 days. From 08/11/2024 through the morning administrations on 09/17/2024, Resident 14 was administered his/her carbidopa/levodopa outside of his/her prescribed 15-minute window on 83 occasions across 34 days. Findings include: On 09/17/2024, Surveyors conducted a complaint investigation into allegations that medications were not being administered at the times they were supposed to be. According to the National Institute of Health and Parkinson's Foundation, carbidopa-levodopa, a drug combination prescribed to treat Parkinson's symptoms such as tremors, stiffness, and slowed movement, should be taken exactly as directed by the prescribing practitioner around the same	N 352		

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N 352	Continued From page 5 times every day in order to appropriately manage symptoms (Sources: National Institutes of Health: National Library of Medicine, Levodopa and Carbidopa, June 20, 2024, https://medlineplus.gov/druginfo/meds/a601068.html (retrieval date - September 24, 2024); Parkinson's Foundation, Levodopa, no date, https://www.parkinson.org/living-with-parkinsons/treatment/prescription-medications/levodopa (retrieval date - September 24, 2024).). Patients with Parkinson's disease are typically prescribed "antiparkinsonian agents" (such as carbidopa-levodopa) with dosing intervals unique to each individual person "which require strict adherence." Medications not administered in accordance with a patient's schedule can cause a patient to feel an increase in their Parkinson's disease symptoms and, "Delaying medications by more than one hour, for example, can cause patients with Parkinson's disease to experience worsening tremors, increased rigidity, loss of balance, confusion, agitation, and difficulty communicating," (Source: Grissinger, M. (2018). Delayed administration and contraindicated drugs place hospitalized Parkinson's disease patients at risk. Pharmacy & Therapeutics 43(1): 10-11, 39). Example 1 - Resident 13 On 09/17/2024, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the provider on 02/08/2024 with diagnoses including Parkinson's disease. Resident 13's prescriptions included carbidopa/levodopa 25-100 mg tablet, active since at least 07/28/2024, with instructions to, "Take 1 tablet by mouth three times a day for Parkinsons must be passed within 15 minutes before or after scheduled time." Surveyor reviewed Resident 13's medication administration records (MARs), which showed the scheduled	N 352		

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N 352	Continued From page 6 administration times for his/her carbidopa/levodopa to be the following, active since 08/22/2024: - 6:00 a.m. - 11:00 a.m. - 7:30 p.m. From 08/01/2024 through 08/21/2024, the scheduled administration times of Resident 13's carbidopa/levodopa were the following: - 7:30 a.m. - 2:00 p.m. - 7:30 p.m. (same time as what was current) Surveyor reviewed the medication pass history for Resident 13's medication administration, which showed the times that staff documented administering his/her medications. From 08/11/2024 through the morning administrations on 09/17/2024, Surveyor observed the following 44 times across 30 days that Resident 13 was administered his/her carbidopa/levodopa outside of his/her prescribed 15-minute window: - 08/11/2024: Administered at 7:58 a.m. (28 minutes outside the scheduled time) - 08/12/2024: Administered at 7:02 a.m. (28 minutes outside the scheduled time) and 8:00 p.m. (30 minutes outside the scheduled time) - 08/13/2024: Administered at 9:23 p.m. (113 minutes outside the scheduled time) - 08/14/2024: Administered at 7:58 a.m. (28 minutes outside the scheduled time) - 08/15/2024: Administered at 7:09 p.m. (21 minutes outside the scheduled time) - 08/16/2024: Administered at 8:16 a.m. (46 minutes outside the scheduled time) - 08/17/2024: Administered at 7:59 p.m. (29	N 352		

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N 352	Continued From page 7	N 352		

minutes outside the scheduled time)
- 08/18/2024: Administered at 1:02 p.m. (58 minutes outside the scheduled time)
- 08/21/2024: Administered at 8:03 a.m. (33 minutes outside the scheduled time), 1:36 p.m. (24 minutes outside the scheduled time), and 7:02 p.m. (28 minutes outside the scheduled time)
- 08/22/2024: Administered at 5:15 a.m. (45 minutes outside the scheduled time)
- 08/23/2024: Administered at 6:25 a.m. (25 minutes outside the scheduled time) and 7:06 p.m. (24 minutes outside the scheduled time)
- 08/24/2024: Administered at 5:26 a.m. (34 minutes outside the scheduled time) and 11:56 a.m. (26 minutes outside the scheduled time)
- 08/25/2024: Administered at 5:20 a.m. (40 minutes outside the scheduled time)
- 08/29/2024: Administered at 11:28 a.m. (28 minutes outside the scheduled time)
- 08/30/2024: Administered at 12:50 p.m. (110 minutes outside the scheduled time)
- 08/31/2024: Administered at 5:14 a.m. (46 minutes outside the scheduled time) and 8:53 p.m. (83 minutes outside the scheduled time)
- 09/01/2024: Administered at 11:30 a.m. (30 minutes outside the scheduled time)
- 09/02/2024: Administered at 5:22 a.m. (38 minutes outside the scheduled time), 11:25 a.m. (25 minutes outside the scheduled time), and 8:22 a.m. (52 minutes outside the scheduled time)
- 09/05/2024: Administered at 8:19 a.m. (139 minutes outside the scheduled time)
- 09/06/2024: Administered at 11:22 a.m. (22 minutes outside the scheduled time)
- 09/07/2024: Administered at 12:05 p.m. (65 minutes outside the scheduled time)
- 09/08/2024: Administered at 12:31 p.m. (91 minutes outside the scheduled time) and 7:59

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p.m. (29 minutes outside the scheduled time)
- 09/09/2024: Administered at 11:34 a.m. (34 minutes outside the scheduled time) and 8:37 p.m. (67 minutes outside the scheduled time)
- 09/10/2024: Administered at 9:19 p.m. (109 minutes outside the scheduled time)
- 09/11/2024: Administered at 5:10 a.m. (50 minutes outside the scheduled time) and 12:19 p.m. (79 minutes outside the scheduled time)
- 09/12/2024: Administered at 5:35 a.m. (25 minutes outside the scheduled time)
- 09/13/2024: Administered at 5:25 a.m. (35 minutes outside the scheduled time), 11:21 a.m. (21 minutes outside the scheduled time), and 8:23 p.m. (53 minutes outside the scheduled time)
- 09/14/2024: Administered at 11:28 a.m. (28 minutes outside the scheduled time)
- 09/15/2024: Administered at 11:47 a.m. (47 minutes outside the scheduled time)
- 09/17/2024: Administered at 5:17 a.m. (43 minutes outside the scheduled time) and 11:52 a.m. (52 minutes outside the scheduled time)

Resident 13's medication pass history and MARs did not account for any of the above administration timing gaps. Surveyor reviewed Resident 13's observation notes from 08/11/2024 - 09/17/2024 but did not observe entries or notes that accounted for any of the above administration timing gaps.

At approximately 2:37 p.m., Surveyor interviewed Administrator A. Administrator A acknowledged Surveyor's concern that Resident 13's carbidopa/levodopa tablets were not being administered within their specifically prescribed timeframes and reported s/he would follow up with staff about the concern.

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N 352	Continued From page 9 Example 2 - Resident 14 On 09/17/2024, Surveyor reviewed Resident 14's record. Resident 14 was admitted to the provider on 09/29/2023 with diagnoses including Parkinson's disease. Resident 14's prescriptions included carbidopa/levodopa 25-100 mg tablet, active since at least 07/28/2024, with instructions to, "Take 1 tablet by mouth 5 times a day for Parkinson's disease must be passed within 15 minutes before or after scheduled time." Surveyor reviewed Resident 14's medication administration records (MARs), which showed the scheduled administration times for his/her carbidopa/levodopa to be the following, active since 08/01/2024: - 6:00 a.m. - 9:00 a.m. - 12:00 p.m. - 6:00 p.m. - 9:00 p.m. Surveyor reviewed the medication pass history for Resident 14's medication administration, which showed the times that staff documented administering his/her medications. From 08/11/2024 through the morning administrations on 09/17/2024, Surveyor observed the following 83 times across 34 days that Resident 14 was administered his/her carbidopa/levodopa outside of his/her prescribed 15-minute window: - 08/11/2024: Administered at 5:32 a.m. (28 minutes outside the scheduled time), 12:46 p.m. (46 minutes outside the scheduled time), and 8:05 p.m. (55 minutes outside the scheduled time) - 08/12/2024: Administered at 6:24 a.m. (24 minutes outside the scheduled time)	N 352		

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N 352	Continued From page 10 - 08/13/2024: Administered at 8:32 p.m. (28 minutes outside the scheduled time) - 08/15/2024: Administered at 5:32 a.m. (28 minutes outside the scheduled time), 8:04 a.m. (56 minutes outside the scheduled time), and 8:23 p.m. (37 minutes outside the scheduled time) - 08/16/2024: Administered at 5:03 a.m. (57 minutes outside the scheduled time), 10:00 a.m. (60 minutes outside the scheduled time), 11:36 a.m. (24 minutes outside the scheduled time), 5:25 p.m. (35 minutes outside the scheduled time), and 8:07 p.m. (53 minutes outside the scheduled time) - 08/17/2024: Administered at 8:04 p.m. (56 minutes outside the scheduled time) - 08/18/2024: Administered at 7:31 a.m. (89 minutes outside the scheduled time) - 08/19/2024: Administered at 7:34 a.m. (86 minutes outside the scheduled time) and 6:38 p.m. (38 minutes outside the scheduled time) - 08/20/2024: Administered at 12:25 p.m. (25 minutes outside the scheduled time) and 6:40 p.m. (40 minutes outside the scheduled time) - 08/22/2024: Administered at 9:29 a.m. (29 minutes outside the scheduled time) and 8:39 p.m. (21 minutes outside the scheduled time) - 08/23/2024: Administered at 12:33 p.m. (33 minutes outside the scheduled time) - 08/24/2024: Administered at 8:28 p.m. (32 minutes outside the scheduled time) - 08/25/2024: Administered at 8:20 a.m. (40 minutes outside the scheduled time) and 8:11 p.m. (49 minutes outside the scheduled time) - 08/26/2024: Administered at 8:31 a.m. (29 minutes outside the scheduled time) and 6:24 p.m. (24 minutes outside the scheduled time) - 08/27/2024: Administered at 8:24 a.m. (36 minutes outside the scheduled time), 1:02 p.m. (62 minutes outside the scheduled time), and	N 352		

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N 352	Continued From page 11 5:15 p.m. (45 minutes outside the scheduled time) - 08/29/2024: Administered at 6:21 a.m. (21 minutes outside the scheduled time), 8:02 a.m. (58 minutes outside the scheduled time), 12:23 p.m. (23 minutes outside the scheduled time), and 8:21 p.m. (39 minutes outside the scheduled time) - 08/30/2024: Administered at 9:33 a.m. (33 minutes outside the scheduled time) and 8:11 p.m. (49 minutes outside the scheduled time) - 08/31/2024: Administered at 5:30 p.m. (30 minutes outside the scheduled time) and 8:17 p.m. (43 minutes outside the scheduled time) - 09/01/2024: Administered at 5:19 a.m. (41 minutes outside the scheduled time), 8:39 a.m. (21 minutes outside the scheduled time), 1:14 p.m. (74 minutes outside the scheduled time), and 5:39 p.m. (21 minutes outside the scheduled time) - 09/02/2024: Administered at 5:22 a.m. (38 minutes outside the scheduled time), 12:45 p.m. (45 minutes outside the scheduled time), 6:46 p.m. (46 minutes outside the scheduled time), and 9:46 p.m. (46 minutes outside the scheduled time) - 09/04/2024: Administered at 6:30 a.m. (30 minutes outside the scheduled time) and 2:02 p.m. (122 minutes outside the scheduled time) - 09/05/2024: Administered at 10:56 a.m. (64 minutes outside the scheduled time) and 8:04 p.m. (56 minutes outside the scheduled time) - 09/06/2024: Administered at 5:11 a.m. (49 minutes outside the scheduled time), 10:40 a.m. (100 minutes outside the scheduled time), and 6:30 p.m. (30 minutes outside the scheduled time) - 09/07/2024: Administered at 5:37 a.m. (23 minutes outside the scheduled time), 12:58 p.m. (58 minutes outside the scheduled time), and	N 352		

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BAY HARBOR MEMORY CARE ASSISTED LIVING OF	1936 TENNYSON LN MADISON, WI 53704

(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 352	Continued From page 12	N 352		

6:28 p.m. (28 minutes outside the scheduled time)
- 09/08/2024: Administered at 12:28 p.m. (28 minutes outside the scheduled time)
- 09/09/2024: Administered at 5:24 a.m. (36 minutes outside the scheduled time), 8:18 a.m. (42 minutes outside the scheduled time), 11:38 a.m. (22 minutes outside the scheduled time), 6:36 p.m. (36 minutes outside the scheduled time), and 8:17 p.m. (43 minutes outside the scheduled time)
- 09/10/2024: Administered at 8:03 a.m. (57 minutes outside the scheduled time), 6:25 p.m. (25 minutes outside the scheduled time), and 8:01 p.m. (59 minutes outside the scheduled time)
- 09/11/2024: Administered at 5:09 a.m. (51 minutes outside the scheduled time), 8:04 a.m. (56 minutes outside the scheduled time), and 7:45 p.m. (105 minutes outside the scheduled time)
- 09/12/2024: Administered at 5:06 a.m. (54 minutes outside the scheduled time), 8:19 a.m. (41 minutes outside the scheduled time), and 8:02 p.m. (58 minutes outside the scheduled time)
- 09/13/2024: Administered at 9:22 p.m. (22 minutes outside the scheduled time)
- 09/14/2024: Administered at 7:25 a.m. (35 minutes outside the scheduled time), 9:58 a.m. (58 minutes outside the scheduled time), 5:09 p.m. (51 minutes outside the scheduled time), and 8:02 p.m. (58 minutes outside the scheduled time)
- 09/15/2024: Administered at 11:16 a.m. (44 minutes outside the scheduled time) and 8:15 p.m. (45 minutes outside the scheduled time)
- 09/16/2024: Administered at 5:15 a.m. (45 minutes outside the scheduled time), 12:23 p.m. (23 minutes outside the scheduled time), and

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	0019869	A. BUILDING: _____ B. WING _____	R-C 09/18/2024

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N 352	Continued From page 13 10:18 p.m. (78 minutes outside the scheduled time) - 09/17/2024: Administered at 9:22 a.m. (22 minutes outside the scheduled time) and 11:31 a.m. (29 minutes outside the scheduled time) Resident 14's medication pass history and MARs did not account for any of the above administration timing gaps. Surveyor reviewed Resident 14's observation notes from 08/11/2024 - 09/17/2024 but did not observe entries or notes that accounted for any of the above administration timing gaps. At approximately 2:37 p.m., Surveyor interviewed Administrator A. Administrator A acknowledged Surveyor's concern that Resident 14's carbidopa/levodopa tablets were not being administered within their specifically prescribed timeframes and reported s/he would follow up with staff about the concern.	N 352		
{N 353}	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents reviewed received prompt and adequate treatment. Resident 8 did not receive prompt treatment when reporting 8/10 leg pain with swelling and warm-to-touch skin.	{N 353}		

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{N 353}	Continued From page 14 This is a repeat deficiency. See Statement of Deficiency (SOD) CJWV11, dated 02/13/2024 and MXVF12, dated 06/17/2024. Findings include: On 09/17/2024 at approximately 12:00 p.m., Surveyor reviewed Resident 8's record. Resident 8's record indicated s/he was admitted to the facility on 05/20/2024 with diagnosis of dementia with behavioral disturbance and multiple sclerosis. Resident 8's record included the following progress notes: - 08/20/2024: Reporting 8/10 pain in left knee, some swelling noted and skin warm to touch. Some tenderness with palpation of knee. Demonstrating decreased weightbearing through left lower extremity. Unable to state cause of pain. - Physical Therapist *No documentation related to treatment or monitoring for knee pain from 08/21/2024 through 08/27/2024. - 08/28/2024: Continues to report 8/10 pain in left knee, but demonstrating improved tolerance to weightbearing through left lower extremity. Decreased swelling and warmth noted. Due to prolonged reports of 8/10 pain in left knee, may benefit from imaging or further medical assessment to rule out injury. - Physical Therapist. - 08/28/2024: Resident had a swollen left ring finger and a swollen knee. Rated pain at an 8. Unable to state what happened. Talked with Health Care Power of Attorney (HCPOA), who stated s/he will take Resident 8 to urgent care tomorrow. PRN pain medication given. - Health & Wellness J - 08/29/2024: Still has swollen finger. Pain 6/7.	{N 353}		

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{N 353}	Continued From page 15 Team will keep monitoring and update HCPOA tomorrow. - Health & Wellness J - 08/30/2024: Wound in each knee. Will perform wound care tomorrow. Swollen left ring finger, especially middle knuckle. Painful to touch or movement. - 09/01/2024: Still has wounds to both knees from previous falls. Call to HCPOA regarding left ring finger, which is still swollen. HCPOA will take Resident 8 to urgent care tomorrow. - 09/02/2024: 4th digit of left hand is still swollen but has no more bruising. Able to move back and forth without too much pain. Family will hold on taking to urgent care. - 9/06/2024: Taken to urgent care by HCPOA because of his/her knee. Diagnosed with cellulitis. An After Visit Summary, dated 09/06/2024, stated Resident 8 was diagnosed with cellulitis and prescribed Cephalexin 500 mg 4 times daily x 7 days. Resident 8's medication administration record (MAR) indicated PRN Acetaminophen for pain was administered on 08/28/2024 and 09/07/2024. On 09/17/2024 at approximately 2:00 p.m., Surveyor interviewed Health and Wellness J and LPN F. Surveyor asked how the facility addressed Resident 8's left leg pain when identified on 08/20/2024. LPN F replied, "We monitored it." Surveyor then asked LPN F and Health and Wellness J to provide a timeline and documentation of how the facility addressed Resident 8's left leg pain that led to a diagnosis of cellulitis on 09/06/2024. Health and Wellness J reviewed Resident 8's record and was unable to identify treatment or monitoring of Resident 8's left leg pain from 08/21/2024 through 08/27/2024. Health and Wellness J reviewed notes and stated from 08/28/2024 to 09/06/2024, the provider's	{N 353}		

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{N 353}	Continued From page 16 staff had communication with Resident 8's HCPOA, who frequently visited and ultimately decided to take Resident 8 to urgent care on 09/06/2024.	{N 353}		
N 356	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure residents were provided the least restrictive environment. Residents' ability to leave 2nd and 3rd floor to access the entire facility was restricted by use of key fob locks. Findings include: On 09/17/2024 at approximately 7:45 a.m., Surveyors entered the provider's facility and arrived on 2nd floor via elevator. Once on 2nd floor, Surveyors were unable to leave 2nd floor without staff using a key fob to open the door accessing the elevator corridor. Surveyors observed the 2 alternate exits to leave 2nd floor were stairwells, which had delayed egress doors to access.	N 356		

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N 356	Continued From page 17 On 09/17/2024 at approximately 7:55 a.m., Surveyor interviewed Maintenance G. Surveyor asked if the door to the elevator corridor would open if Surveyor pushed on the door without the use of a key fob. Maintenance G replied, "No, the door requires a key fob or door code to open." Maintenance G, who was present during Surveyors past visit which identified the door restriction as a concern, stated the facility was still working on a "fix" to the doors. On 09/17/2024 at approximately 9:00 a.m., Surveyor toured the provider's facility. Surveyor observed there was 1 elevator and 2 stairways to reach each of the 4 habitable floors of the facility. Surveyor observed the 1st floor included resident mailboxes, lounge area, library and dining room, which was used to serve lunch and supper. Surveyor observed the elevator was able to access each of the 4 floors; however, the elevator corridor to leave 2nd or 3rd floor was restricted by use of a key fob. Stairways from each floor was only accessible via delayed egress. From 09/17/2024 at approximately 7:45 a.m. to 2:00 p.m., Surveyors required staff assistance to leave 2nd and 3rd floors each time they visited the floors and observed residents also require staff assistance to leave the floors. During 1 occurrence at 11:57 a.m., Surveyor was unable to locate staff to provide assistance off 3rd floor and followed outside agency staff who had a key fob of their own off the unit. On 09/17/2024 at approximately 2:30 p.m., Surveyors reviewed concern that 2nd and 3rd floor residents were restricted access to the remainder of the building via key fob locks that limited access to the elevator corridor. Administrator A, who identified the key fob locks	N 356		

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N 356	Continued From page 18 as mag locks, confirmed access throughout the facility remained limited and stated the provider's plan was to have key fob locks on all 4 floors. Surveyor asked Administrator A if the provider had received an approved waiver from the department allowing key fob restrictions in the facility. Administrator A replied, "No." Administrator A stated s/he wasn't sure what the provider's solution would be if key fob locks were not allowed.	N 356		
{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, interview, and observation, the provider did not ensure that the individual service plan (ISP) for Resident 15 was updated to reflect changes in his/her needs and physical condition as it related to his/her mobility and his/her fall prevention / fall risk mitigation interventions.	{N 389}		

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{N 389}	Continued From page 19 This is a repeat deficiency. See Statement of Deficiency (SOD) MXVF12, dated 06/17/2024. Findings include: On 09/17/2024, Surveyor watched Caregiver M conduct the morning medication pass on the second floor of the facility. Throughout the medication pass, Resident 15 was observed propelling him/herself in his/her manual wheelchair in the hallways and common areas. At approximately 10:35 a.m., Surveyor interviewed Caregiver N about the fall prevention sensors, which were observed by Surveyor within resident bedrooms. Caregiver N reported that when a fall was detected the sensor alerted the front staff (located outside of the residential unit areas), who then used their walkie-talkies to alert the caregiving staff to check on that resident. On 09/17/2024, Surveyor reviewed Resident 15's record. Resident 15 was admitted to the facility on 04/29/2024 with diagnoses including unspecified dementia with behavioral disturbance. Resident 15 was documented as having an activated power of attorney (POA) for healthcare. Surveyor reviewed 2 incident reports since 08/11/2024 in Resident 15's record, which documented the following 2 falls s/he experienced: - 08/31/2024 (1:41 p.m.): Unwitnessed fall - "Resident was trying to transfer from bed to sit in walker. It slid and [s/he] fell by side of the bed." - 09/07/2024 (6:55 p.m.): Unwitnessed fall - "Resident was seen sitting on the floor in front of [his/her] wheelchair, no noted injuries at this time."	{N 389}		

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{N 389}	Continued From page 20 A "Fall Risk Evaluation" document, dated 09/03/2024, in Resident 15's record documented that Resident 15 experienced 7 falls in the past 90 days. Surveyor observed that 1 of the falls reviewed from his/her incident reports (on 08/31/2024) would have occurred within this range. Across the top of the evaluation, the following was documented: "Fall Risk Evaluation to be completed according to company policies and procedures regarding Fall Prevention and Management. Including updating the individuals [sic] care plan to best match the current Fall Risk Evaluation." The evaluation documented that Resident 15 utilized a 4-wheeled walker for ambulation (but not a wheelchair), was resistant to staff assistance with cares, and forgot to use his/her ambulatory devices. One section documented: "Based on the individuals [sic] history and information, are there any risk management interventions or methods in place for fall prevention?" The reply documented was, "resident does have a call pendant." Surveyor reviewed Resident 15's observation notes from 08/11/2024 through 09/17/2024, which didn't document anything related to fall prevention but documented an entry related to his/her wheelchair use from his/her 09/07/2024 fall (same fall as documented above): "...Resident slipped out of chair when Supervisor was doing walking rounds. Resident was found sitting on [his/her] bottom by wheelchair. Staff assisted with positioning [him/her] back into [his/her] wheelchair..." Surveyor reviewed 2 different copies of Resident 15's ISP - one that was signed as last reviewed on 07/29/2024, and his/her current one (dated the date of the survey). Resident 15's last reviewed ISP documented the following related to his/her	{N 389}		

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{N 389}	Continued From page 21 falls: - Under the "Fall Risk" heading: "Resident is a high fall risk because of they forget their limitations, gait is unsteady , [sic] forget to let someone help transfer, medications and/or a cognitive impairment...Resident's Desired Outcomes: To maintain minimal falls with the teams [sic] implementation of interventions..." The ISP also documented that for mobility, "Team will assist resident with walking and help resident with any walking device..." In reviewing the current ISP for Resident 15, Surveyor observed a new section titled, "Fall Prevention Camera," which documented: "[Company brand name] fall prevention camera is installed and active in resident's room. The system is set up for fall detection and prevention of falls...The system is set up...to find the cause of the fall either physically or environmental...." The goal of the device use was documented as, "To continue to use the system to be able to find the cause of a fall and reduce the risk of falling until the next review." Surveyor observed the same information under the "Fall Risk" heading as documented in Resident 15's 07/29/2024 ISP (with no changes or added interventions) as well as the same information regarding his/her mobility needs. Surveyor did not observe any specific interventions documented that staff were implementing to mitigate Resident 15's fall risk or any information about his/her ambulatory assistive devices. Based on Resident 15's ISP and the interview with Caregiver N, Surveyor observed that the fall detection camera's purpose was to alert staff after a fall but by itself did not	{N 389}		

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{N 389}	Continued From page 22 prevent resident falls. At approximately 1:20 p.m., Surveyor interviewed Caregiver N again. While interviewing Caregiver N, Resident 15 was observed propelling him/herself in his/her wheelchair throughout the common areas. Caregiver N clarified that Resident 15 used a range of assistive devices - including a front-wheeled (2 wheeled) walker, 4-wheeled walker, and manual wheelchair. Caregiver N reported that Resident 15 had been using the wheelchair more recently, but continued to use all 3 for ambulation. When asked how staff know which to utilize to promote Resident 15's safe ambulation, Caregiver N reported that typically staff asked Resident 15 what s/he wanted to use that day. Caregiver N reported that Resident 15 was currently addressing his/her walking with physical therapy sessions. At approximately 2:37 p.m., Surveyor interviewed Administrator A. Administrator A confirmed that the call pendant use, as documented from Resident 15's fall risk evaluation on 09/03/2024, was something s/he had access to since his/her admission. Administrator A acknowledged Surveyor's concern that updated information regarding Resident 15's mobility needs were not addressed in his/her ISP. Administrator A acknowledged Surveyor's concern that there were no specific fall prevention interventions implemented for Resident 15, despite him/her having a history of falls at the facility and at least 2 falls since his/her ISP was last reviewed on 07/29/2024. Administrator A reported s/he would have to follow up with staff about updating Resident 15's fall prevention measures.	{N 389}		

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{N 415}	Continued From page 23	{N 415}		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the dosage of medication administered was documented for 2 of 2 residents reviewed that received sliding scale insulin. Resident 17's record did not include the number of insulin units administered and Resident 9's record included incorrect documentation of insulin administration. This is a repeat deficiency. See Statement of Deficiency (SOD) MXVF12, dated 06/17/2024. Findings include: On 09/17/2024 at approximately 12:00 p.m., Surveyor reviewed Resident 9 and Resident 17's records, which identified the following concerns: Example 1 - Resident 17: Resident 17 was admitted to the provider's facility	{N 415}		

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{N 415}	Continued From page 24 on 01/25/2024 with diagnosis of diabetes. Resident 17's physician orders included Humalog 100 u/ml (Start Date: 07/15/2024 - 09/09/2024) - Inject 3 times/day per sliding scale: <100=0 units, 100-140=3 units, 141-180=5 units, 181-240=6 units, BS >240=8 units. Resident 17's Medication Administration Record (MAR), dated 08/11/2024 to 09/17/2024, did not document the number of insulin units administered on the following dates: - 08/14/2024 7:35 a.m. Blood Sugar (BS) 140 - 08/14/2024 11:31 a.m. BS 147 - 08/14/2024 4:26 p.m. BS 168 Example 2 - Resident 9: Resident 9 was admitted to the provider's facility on 04/12/2023 with diabetes. Resident 9's physician orders included Insulin Aspart 100u/ml (Start Date: 07/25/2024) - Inject 2 times/day per sliding scale: 0-149=0 units, 150-199=2 units, 200-249=4 units, 250-299=6 units, 300-349=8 units, 350 or greater=10 units and notify physician. Resident 9's MAR, dated 08/11/2024 to 09/17/2024, documented incorrect dosages of administration on the following dates: - 08/11/2024 9:07 a.m. BS 207 - 8 units documented as administered, rather than 4 units. - 08/11/2024 12:48 p.m. BS 295 - 10 units documented as administered, rather than 6 units. - 08/14/2024 12:21 p.m. BS 130 - 4 units documented as administered, rather than 0 units. On 09/17/2024 at approximately 1:00 p.m., Surveyor reviewed insulin documentation concerns with LPN F. LPN F stated Resident 9 would have received the correct amount of sliding scale insulin, but that documentation was incorrect because caregivers added "standing	{N 415}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019869	A. BUILDING: _____ B. WING _____	R-C 09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY HARBOR MEMORY CARE ASSISTED LIVING OF	1936 TENNYSON LN MADISON, WI 53704

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{N 415}	Continued From page 25 order" of insulin with the sliding scale orders on 08/11/2024 and 08/14/2024. On 09/17/2024 at approximately 2:30 p.m., Surveyors reviewed medication documentation concerns with Administrator A. Surveyors asked who was responsible for auditing medication documentation. Administrator A stated LPN F and Health and Wellness Director J were responsible for auditing records. Administrator A stated, "[LPN F and Health and Wellness Director J] obviously weren't doing [audits] enough."	{N 415}		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the facility had at least 2 grade level or ramped exits to grade for each habitable floor. The provider did not have 2 grade level exits or ramped exits for 2nd, 3rd and 4th floors. Findings include: On 09/17/2024 at approximately 9:00 a.m., Surveyor toured the provider's facility. Surveyor	N 631		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019869	A. BUILDING: _____ B. WING _____	R-C 09/18/2024

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BAY HARBOR MEMORY CARE ASSISTED LIVING OF	1936 TENNYSON LN MADISON, WI 53704

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N 631	Continued From page 26	N 631		

observed there was 1 elevator and 2 stairways to reach each floor of the facility. The facility has 4 habitable floors and the ability to serve up to 60 residents with diagnoses including emotionally disturbed, mental illness, irreversible dementia/Alzheimer's, physically disabled and advanced age. Surveyor observed non-ambulatory residents in rooms on 2nd, 3rd, and 4th floors.

On 09/17/2024 at approximately 12:00 p.m., Surveyor interviewed Caregiver M. Caregiver M reviewed the resident roster with Surveyor and reported the following:

- 2nd Floor was occupied by 2 residents that were bedridden, 3 residents that required a wheelchair, 5 residents that required a walker and 2 residents that required a wheelchair or walker for mobility.
- 3rd floor was occupied by 6 residents that required a walker, 1 resident that required a cane and 1 resident that required a wheelchair for mobility.
- 4th floor was occupied by 1 resident that required a wheelchair, 1 resident that required a wheelchair or walker and 2 residents that required walkers for mobility.

On 09/17/2024 at approximately 2:30 p.m., Surveyor interviewed Administrator A regarding the accessibility of the facility. Administrator A stated there had always been only 1 elevator to reach all 4 floors of the facility. Administrator A explained the facility was built to accommodate a 2nd elevator if needed, but that a 2nd elevator was never installed.

On 09/18/2024 at approximately 8:00 a.m., Surveyor reviewed facility files on record with the department. Records included the floor plan

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	0019869	A. BUILDING: _____ B. WING _____	R-C 09/18/2024

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BAY HARBOR MEMORY CARE ASSISTED LIVING OF	1936 TENNYSON LN MADISON, WI 53704

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N 631	Continued From page 27 submitted to the department that indicated the facility had 2 elevators, with no notation that only 1 elevator was operational. On 09/18/2024 at approximately 2:00 p.m., Surveyor asked Administrator A if the provider had updated the department to inform that the facility had 1 operational elevator rather than 2 as identified on the plans submitted. Administrator A forwarded Surveyor's question to CEO O to address. On 09/18/2024 at approximately 2:30 p.m., CEO O responded, "There were never two operational elevators, only one, including at the time of the multiple license approvals." Surveyor asked CEO O if the provider had submitted alternate floor plans that indicated the facility had only 1 operational elevator or had any communications with the department regarding the use of 1 elevator rather than 2. As of 09/20/2024 at 8:00 a.m., Surveyor had not received a response from CEO O. The facility, which had 23 residents requiring assistive devices for mobility and 2 residents that were bedridden residing on 2nd, 3rd, and 4th floors, did not have 2 exits to grade or ramped exits.	N 631		