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 12/10/2024

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 On 12/10/2024, Surveyors conducted two verification visits at Bay Harbor Memory Care Assisted Living of Madison, a CBRF in Madison. Six deficiencies were identified. Six deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) CJWV11, dated 02/13/2024, SOD T7VK11, dated 07/31/2024, SOD MXVF12, dated 06/17/2024 and SOD MXVF13, dated 09/18/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 40	{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 6 surveys at the facility resulting in 7 substantiated complaints, 3 self-report reviews resulting in findings and 33 total deficiencies. This is a repeat deficiency. See Statement of Deficiency (SOD) MXV13, dated 09/18/2024. Findings include: On 01/11/2024, the provider was issued a	{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}		

probationary license as a Class CNA (non-ambulatory) facility with the ability to care for 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.
- 12/10/2024: Verification visit resulting in 5 deficiencies, all which were repeat deficiencies.

On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed continued concerns, including resident tuberculosis screen, medication administration, resident access throughout the facility and service plans that required updating, with RN R, Administrator S, Executive Director T and Health and Wellness J. RN R acknowledged Surveyors' concerns and stated s/he had just

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{N 196}	Continued From page 2 started with the provider 2 days prior, but was working to get resident records updated. Administrator S stated his/her company just began management of the facility 10 days prior and was working to address concerns. Executive Director T stated s/he believed prior management had stopped addressing concerns.	{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 1 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	N 302		

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N 302	Continued From page 3 disease screen completed. This is a repeat deficiency. See Statement of Deficiency (SOD) MXVF12, dated 06/17/2024 and MXVF13, dated 09/18/2024. Findings include: On 12/10/2024, Surveyor requested documentation of Resident 12's communicable disease screening from RN R as part of a verification visit. On 12/10/2024 at approximately 11:00 a.m., Surveyor reviewed records provided by RN R. 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 RN R 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. On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that Resident 12 did not have follow up since identifying s/he did not have a communicable disease screen, including tuberculosis test, upon admission during	N 302		

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N 302	Continued From page 4 Surveyors' last visit to the facility. Administrator S acknowledged concern and stated his/her company had just taken over management of the facility 10 days prior and was still going through documentation and corrective actions.	N 302		
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 ensure that 4 of 6 residents reviewed received all prescribed medications at intervals prescribed by their practitioners. From 11/15/2024 through the morning administration on 12/08/2024, Resident 20 received his/her Furosemide 6 times when the medication should have been held based on blood pressure parameters. From 11/15/2024 through the morning administration on 12/10/2024, Resident 15 did not receive his/her medication as prescribed by his/her physician 7 times due to lack of medication availability. From 11/15/2024 through the morning administrations on 12/10/2024, Resident 13 was administered his/her Carbidopa/Levodopa outside of his/her prescribed 15-minute window on 25	N 352		

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N 352	Continued From page 5 occasions across 26 days. From 11/15/2024 through the morning administrations on 12/10/2024, Resident 14 was administered his/her Carbidopa/Levodopa outside of his/her prescribed 15-minute window on 42 occasions across 26 days. This is a repeat deficiency. See Statement of Deficiency (SOD) MXVF13, dated 09/18/2024. Findings include: On 12/10/2024, Surveyors conducted a verification visit regarding residents receiving their medications as prescribed. Example 1 - Resident 20 On 12/10/2024, Surveyor reviewed Resident 20's record. Resident 20 was admitted to the provider on 03/11/2024 with diagnoses including edema. Resident 20's prescriptions included Furosemide 20mg, start date of 10/27/2024, with instructions to, "Take 1 tablet by mouth once daily in the morning for edema-check B/P prior to giving, hold if SBP <110." Surveyor reviewed Resident 20's medication administration records (MARs), which showed the scheduled administration time for his/her Furosemide to be at 8:00 a.m. From 11/15/2024 through 12/08/2024, surveyor reviewed the medication pass history for Resident 20's medication administration, which showed the blood pressures that staff documented while administering his/her medications. From 11/15/2024 through the 12/08/2024 morning administrations, Surveyor observed the following 6 times across 24 days that Resident 20 was administered his/her Furosemide outside of	N 352		

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N 352	Continued From page 6 his/her blood pressure parameter of a systolic blood pressure lower than 110 as prescribed: - 11/15/2024: Administered at 10:48 a.m. with a blood pressure of 106/67 - 11/16/2024: Administered at 8:47 a.m. with a documented blood pressure of 104/86 - 11/18/2024: Administered at 9:40 a.m. with documented blood pressure of 100/64 - 11/19/2024: Administered at 7:08 a.m. with a documented blood pressure of 100/66 - 11/22/2024: Administered at 9:14 a.m. with a documented blood pressure of 100/63 - 12/05/2024: Administered at 9:16 a.m. with a documented blood pressure of 107/63 On 12/10/2024 approximately 1:00 p.m., Surveyor interviewed RN R. RN R acknowledged Surveyor's concern that Resident 20's Furosemide tablets were not being administered within the specific instructions prescribed. RN R said "That's concerning to me too." Example 2 - Resident 15 On 12/10/2024 at approximately 11:00 a.m., Surveyor reviewed Resident 15's record. Resident 15 was admitted to the provider's facility on 04/29/2024 with diagnoses including dementia. Resident 15's physician orders included the following: - Mirtazapine 15 mg 1 tablet daily (Start Date: 11/11/2024) for behavioral disorder associated with dementia - Aripiprazole 1 mg/1 ml 5 ml daily (Start Date: 10/09/2024) for behavioral disorder associated with dementia - Melatonin 5 mg 2 tablets daily (Start Date: 11/06/2024) for insomnia	N 352		

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N 352	Continued From page 7 Resident 15's MAR, dated 11/15/2024 to 12/10/2024, documented the following occurrences of Resident 15 not receiving his/her medication as prescribed: - 11/15/2024: Aripiprazole and Melatonin not administered - "Do not have it." *Aripiprazole was documented as refused on 11/16/2024 and 11/17/2024. - 11/18/2024: Aripiprazole not administered - "Don't have it." - 11/21/2024: Aripiprazole not administered - "Not in med cart" - 11/22/2024: Mirtazapine not administered - "Not in at this time." - 11/27/2024: Aripiprazole not administered - "Don't have it." - 12/02/2024: Mirtazapine not administered - "Do not have it." On 12/10/2024 at approximately 1:00 p.m., Surveyor reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that Resident 15 did not receive his/her medications as prescribed due to lack of medication availability. Health and Wellness J stated s/he was unaware of medication availability concerns and that caregivers had the ability to reorder medications when needed. Example 3 - Resident 13 On 12/10/2024 at approximately 11:00 a.m., 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 (Start Date: 10/27/2024) - Take 1 tablet by mouth three	N 352		

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N 352	Continued From page 8 times a day for Parkinsons must be passed within 15 minutes before or after scheduled time." Surveyor reviewed Resident 13's MAR which showed the scheduled administration times for his/her Carbidopa/Levodopa to be 6:00 a.m., 11:00 a.m. and 7:30 p.m. Surveyor reviewed the medication pass history for Resident 13's medication administration, which showed the times that staff documented administering his/her medications. From 11/15/2024 through the morning administrations on 12/10/2024, Surveyor observed the following 25 times across 26 days that Resident 13 was administered his/her Carbidopa/Levodopa outside of his/her prescribed 15-minute window: - 11/15/2024: Administered at 5:30 a.m. (30 minutes outside the scheduled time) and 7:50 p.m. (20 minutes outside the scheduled time) - 11/20/2024: Administered at 11:35 a.m. (35 minutes outside the scheduled time) - 11/21/2024: Administered at 5:44 a.m. (16 minutes outside the scheduled time), 11:35 a.m. (35 minutes outside the scheduled time) and 7:58 p.m. (28 minutes outside the scheduled time) - 11/22/2024: Administered at 7:47 p.m. (17 minutes outside the scheduled time) - 11/24/2024: Administered at 8:32 a.m. (152 minutes outside the scheduled time) - 11/25/2024: Administered at 8:29 p.m. (59 minutes outside the scheduled time) - 11/26/2024: Administered at 11:16 a.m. (16 minutes outside the scheduled time) and 8:18 p.m. (48 minutes outside the scheduled time) - 11/27/2024: Administered at 5:07 a.m. (53 minutes outside the scheduled time) and 7:59 p.m. (29 minutes outside the scheduled time) - 11/28/2024: Administered at 10:21 a.m. (39 minutes outside the scheduled time) *Progress note documented this was given early due to	N 352		

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N 352	Continued From page 9 Resident 13 going out with family. - 11/29/2024: Administered at 8:39 a.m. (159 minutes outside the scheduled time) and 8:49 p.m. (79 minutes outside the scheduled time) - 12/02/2024: Administered at 5:29 a.m. (31 minutes outside the scheduled time), 11:21 a.m. (21 minutes outside the scheduled time) and 7:49 p.m. (19 minutes outside the scheduled time) - 12/03/2024: Administered at 5:39 a.m. (21 minutes outside the scheduled time) - 12/04/2024: Administered at 8:06 p.m. (36 minutes outside the scheduled time) - 12/06/2024: Administered at 8:07 p.m. (37 minutes outside the scheduled time) - 12/07/2024: Administered at 5:15 a.m. (45 minutes outside the scheduled time) and 7:56 p.m. (26 minutes outside the scheduled time) - 12/08/2024: Administered at 11:41 a.m. (41 minutes outside the scheduled time) - 12/09/2024: Administered at 7:14 p.m. (16 minutes outside the scheduled time) 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 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 - December 10, 2024); Parkinson's Foundation, Levodopa, no date, https://www.parkinson.org/living-with-parkinsons/treatment/prescription-medications/levodopa (retrieval date - December 10, 2024).). Patients with Parkinson's disease are typically prescribed "antiparkinsonian agents" (such as	N 352		

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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).

On 12/10/2024 at approximately 12:55 p.m., Surveyor interviewed Caregiver U regarding the administration of Carbidopa/Levodopa. Caregiver U stated s/he tried his/her best to administer Carbidopa/Levodopa within the 30 minute interval; however, it was difficult at times due to providing cares.

On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that residents receiving Carbidopa/Levodopa did not receive the medication within the prescribed interval several times from 11/15/2024 to 12/10/2024. RN R wrote down Surveyors' concern.

Example 4 - Resident 14

On 12/10/2024 at approximately 11:00 a.m., Surveyor reviewed Resident 14's record. Resident 14 was admitted to the provider on 09/23/2023 with diagnoses including Parkinson's disease. Resident 14's prescriptions included Carbidopa/Levodopa 25-100 mg tablet (Start

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N 352	Continued From page 11 Date: 11/04/2024) - Take 1 tablet by mouth five times a day for Parkinsons must be passed within 15 minutes before or after scheduled time." Surveyor reviewed Resident 14's MAR, which showed the scheduled administration times for his/her Carbidopa/Levodopa to be 6:00 a.m., 9:00 a.m., 12:00 p.m., 6:00 p.m. and 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 11/15/2024 through the morning administrations on 12/10/2024, Surveyor observed the following 42 times across 26 days that Resident 14 was administered his/her Carbidopa/Levodopa outside of his/her prescribed 15-minute window: - 11/15/2024: Administered at 5:31 a.m. (29 minutes outside the scheduled time) - 11/16/2024: Administered at 8:30 a.m. (30 minutes outside the scheduled time) - 11/18/2024: Administered at 10:15 a.m. (75 minutes outside the scheduled time) *Progress note documented medication was administered on time, but passer had trouble with computer. - 11/19/2024: Administered at 8:02 a.m. (58 minutes outside the scheduled time) - 11/20/2024: Administered at 6:30 a.m. (30 minutes outside the scheduled time) - 11/21/2024: Administered at 8:22 a.m. (38 minutes outside the scheduled time), 11:39 a.m. (21 minutes outside the scheduled time) and 9:49 p.m. (49 minutes outside the scheduled time) - 11/22/2024: Administered at 8:34 a.m. (26 minutes outside the scheduled time) and 11:22 a.m. (38 minutes outside the scheduled time) - 11/24/2024: Administered at 8:37 a.m. (23 minutes outside the scheduled time) and 8:16 p.m. (44 minutes outside the scheduled time) - 11/25/2024: Administered at 12:27 p.m. (27	N 352		

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minutes outside the scheduled time) and 9:33 p.m. (33 minutes after the scheduled time)
- 11/26/2024: Administered at 11:16 a.m. (44 minutes outside the scheduled time) and 7:58 p.m. (62 minutes outside the scheduled time)
- 11/27/2024: Administered at 5:04 a.m. (56 minutes outside the scheduled time), 8:07 a.m. (53 minutes outside the scheduled time), 11:22 a.m. (38 minutes outside the scheduled time) and 5:20 p.m. (40 minutes outside the scheduled time)
- 11/29/2024: Administered at 8:44 a.m. (164 minutes outside the scheduled time)
- 12/02/2024: Administered at 5:09 a.m. (51 minutes outside the scheduled time), 8:37 a.m. (23 minutes outside the scheduled time), 11:42 a.m. (18 minutes outside the scheduled time), 5:32 p.m. (28 minutes outside the scheduled time) and 8:29 p.m. (31 minutes outside the scheduled time)
- 12/03/2024: Administered at 5:39 a.m. (21 minutes outside the scheduled time), 8:03 a.m. (57 minutes outside the scheduled time), 12:22 p.m. (22 minutes outside the scheduled time), 5:08 p.m. (52 minutes outside the scheduled time) and 8:04 p.m. (56 minutes outside the scheduled time)
- 12/04/2024: Administered at 9:47 a.m. (47 minutes outside the scheduled time)
- 12/06/2024: Administered at 7:48 p.m. (72 minutes outside the scheduled time)
- 12/07/2024: Administered at 5:09 a.m. (51 minutes outside the scheduled time), 8:16 a.m. (44 minutes outside the scheduled time) and 8:20 p.m. (40 minutes outside the scheduled time)
- 12/08/2024: Administered at 8:39 a.m. (21 minutes outside the scheduled time), 5:44 p.m. (16 minutes outside the scheduled time) and 7:49 p.m. (71 minutes outside the scheduled time)
- 12/09/2024: Administered at 5:41 a.m. (19

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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
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minutes outside the scheduled time), 12:25 p.m. (25 minutes outside the scheduled time) and 8:19 p.m. (41 minutes outside the scheduled time) - 12/10/2024: Administered at 9:33 a.m. (33 minutes outside the scheduled time)

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 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 - December 10, 2024); Parkinson's Foundation, Levodopa, no date, https://www.parkinson.org/living-with-parkinsons/treatment/prescription-medications/levodopa (retrieval date - December 10, 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).

On 12/10/2024 at approximately 12:55 p.m.,

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N 352	Continued From page 14 Surveyor interviewed Caregiver U regarding the administration of Carbidopa/Levodopa. Caregiver U stated s/he tried his/her best to administer Carbidopa/Levodopa within the 30 minute interval; however, it was difficult at times due to providing cares. On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that residents receiving Carbidopa/Levodopa did not receive the medication within the prescribed interval several times from 11/15/2024 to 12/10/2024. RN R wrote down Surveyors' concern.	N 352		
{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 and interview, the provider did not ensure residents were provided the least restrictive environment. Residents' ability to leave 2nd floor to access the entire facility was restricted by a lock that required a key fob or keycode to disengage. This is a repeat deficiency. See Statement of	{N 356}		

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{N 356}	Continued From page 15 Deficiency (SOD) MXVF13, dated 09/18/2024. Findings include: On 12/10/2024 at approximately 8:00 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 via elevator without staff using a key fob or keycode to open the door accessing the elevator corridor. Surveyors observed the alternate exits from the 2nd floor were via 2 stairwells that had delayed egress to access. On 12/10/2024 at approximately 8:10 a.m., Surveyor confirmed with Caregiver Q that s/he was only able to open the door accessing the elevator via use of a key fob or keycode. Caregiver Q stated the door was locked to keep residents safe because the unit had wanderers. Surveyor pushed on the door for greater than 15 seconds to ensure the door operated correctly. The door did not disengage after 15 seconds. On 12/10/2024 at approximately 8:30 a.m., Surveyor interviewed Resident 18. Resident 18 stated s/he went to the provider's common area, located on the first floor, for lunch and supper daily but required staff to let him/her off the unit to access the elevator. Resident 18 stated s/he must wait up to 15 minutes to be let off the unit at times. On 12/10/2024 at approximately 12:30 p.m., Surveyor reviewed the needs of residents residing on 2nd floor with Caregiver Q. Caregiver Q identified 3 residents that were bedbound, 6 residents that required a wheeled walker for mobility and 5 residents that required a wheelchair for mobility, indicating these residents	{N 356}		

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{N 356}	Continued From page 16 would have required use of the elevator. On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that residents residing on 2nd floor were restricted to the 2nd floor of the facility without use of a key fob or keycode. Executive Director T acknowledged Surveyors' concern and stated the maintenance department was working on having the door to the elevator corridor changed to delayed egress.	{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 3 of 4 residents reviewed was updated. Resident 15, Resident 14 and Resident 13's ISPs were not updated to reflect changes in their needs and/or physical	N 389		

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N 389	Continued From page 17	N 389		

condition as it related to their mobility and fall prevention/fall risk mitigation interventions.

This is a repeat deficiency. See Statement of Deficiency (SOD) MXVF12, dated 06/17/2024 and MXVF13, dated 09/18/2024.

Findings include:

On 12/10/2024, Surveyors conducted a verification visit and reviewed ISPs. The following concerns regarding ISPs were identified:

Example 1 - Resident 15:

On 12/10/2024 at approximately 8:00 a.m., Surveyors observed Resident 15 in the dining room. Resident 15 was in a wheelchair with a chair alarm connected.

On 12/10/2024 at approximately 11:00 a.m., Surveyors reviewed Resident 15's record. Resident 15 was admitted to the facility on 04/29/2024 with diagnoses including dementia with behavioral disturbance. Resident 15's record included the following:

- Progress Note, dated 11/16/2024: Writer got help to get Resident 15 off the floor.
- Progress Note, dated 11/25/2024: "Follow Up - Fall - Refused to let [writer] [do] vitals."
- Incident Report, dated 12/02/2024: Staff contacted by [fall detection device]. Staff entered Resident 15's room and found him/her on the floor.

Resident 15's ISP, dated 07/29/2024, documented the following regarding mobility and falls:

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N 389	Continued From page 18 - 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 implementation of interventions..." - Mobility Heading: "Team will assist resident with walking and help resident with any walking device... Resident desires to remain independent to walk without the assistance of a walking device." Resident 15's ISP was not updated to include his/her use of a wheelchair, his/her use of a fall detection device, his/her use of a chair alarm or his/her change in needs following falls on 11/16/2024, 11/25/2024 or 12/02/2024. On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that Resident 15's ISP was not updated to reflect his/her current needs. Health and Wellness J stated Resident 15 had been using a wheelchair for mobility for approximately 1 month. RN R stated s/he had just started with the facility 2 days prior and was working on getting ISPs updated. Executive Director T stated the provider would need to review residents using the fall detection devices and update the ISPs to include the use of the device. Example 2 - Resident 14 On 12/10/2024 at approximately 11:00 a.m., Surveyors reviewed Resident 14's record. Resident 14 was admitted to the facility on 09/09/2023 with diagnoses including Parkinson's disease. Resident 14's record included the	N 389		

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N 389	Continued From page 19 following: - Incident Report, dated 11/21/2024: Resident was found on the floor when writer entered the room. - Incident Report, dated 12/09/2024: Resident was found on the floor next to his/her bed. Resident 14's ISP, dated 08/26/2024, documented the following regarding mobility and falls: - 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 implementation of interventions." - Ambulating/Transferring Heading: "Resident requires the assistance of 1 person transferring and/or ambulating using a gait belt ...Resident's Desired Outcome: To move efficiently from bed to wheelchair/device and so forth with a 1 person assist using gait belt." Resident 14's ISP was not updated to include his/her change in needs following falls on 11/21/2024 and 12/09/2024. On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that Resident 14's ISP was not updated to reflect his/her current needs. RN R stated s/he had just started with the facility 2 days prior and was working on getting ISPs updated. Example 2 - Resident 13	N 389		

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N 389	Continued From page 20 On 12/10/2024 at approximately 11:00 a.m., Surveyors reviewed Resident 13's record. Resident 13 was admitted to the facility on 02/08/2024 with diagnoses including Parkinson's disease. Resident 13's record included the following: - Incident Report, dated 11/26/2024: Resident had gotten up from the chair from the bistro and had fallen. Resident 13's ISP, dated 03/14/2024, documented the following regarding mobility and falls: - 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 implementation of interventions." - Mobility Heading: "Team will go to residents room and see if [s/he] needs assistance to get to meal. Provide assistance as needed ... Resident's Desired Outcome: Resident desires to remain independent to walk without the assistance of walking devices." Resident 13's ISP was not updated to include his/her change in needs following a fall on 11/26/2024. On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that Resident 13's ISP was not updated to reflect his/her current needs. RN R stated s/he had just started with the facility 2 days prior and was working on getting ISPs updated.	N 389		

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N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician 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 1 of 4 residents reviewed	N 431		

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that had orders for daily weight, blood pressure and/or blood sugar monitors had their health monitored daily. Resident 19 did not have his/her weight monitored daily as ordered.

This is a repeat deficiency. See Statement of Deficiency (SOD) T7VK11, dated 07/31/2024.

Findings include:

On 12/10/2024 at approximately 11:00 a.m., Surveyor reviewed Resident 19's record. Resident 19 was admitted to the provider's facility on 01/11/2024 with diagnoses including heart failure. Resident 19's orders included Furosemide 20 mg (Start Date: 02//07/2024) "Take 1 tablet by mouth once daily as needed for edema. Look at weight log. If resident has gained 3 lbs in one day or 5 lbs over a week, notify med passer to administer as needed 20 mg. Notify physician of increase in edema or weight gain that does not go down in response to Furosemide dose." Surveyor reviewed Resident 19's record, dated 10/15/2024 to 12/10/2024, which included weights on the following dates: 10/21/2024, 10/28/2024, 11/04/2024, 11/11/2024, 11/18/2024, 11/25/2024 and 12/09/2024. The weight documentation indicated the weights were monitored weekly, rather than daily, with a 2-week time span between Resident 19's 11/25/2024 weight and 12/09/2024 weight.

On 12/10/2024 at approximately 1:00 p.m., Surveyors reviewed concern with RN R, Administrator S, Executive Director T and Health and Wellness J that Resident 19's weights were not monitored daily as ordered. RN R reviewed Resident 19's record and confirmed Surveyors' concern. RN R stated s/he would make changes in the provider's electronic charting program to

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N 431	Continued From page 23 "trigger" caregivers to monitor Resident 19's weight daily.	N 431		