STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016902	A. BUILDING: _____ B. WING _____	C 10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBANY OAKS ASSISTED LIVING	750 CAROLAN DR ALBANY, WI 53502

(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 10/25/2023, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at Albany Oaks Assisted Living, a CBRF located in Albany, WI. As a result of the investigation, 3 violations of Chapter DHS 83 were issued. Complaint was substantiated Census: 13	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 observation, record review and interview, the provider did not ensure that residents received medications in the dosage and at intervals prescribed by a practitioner. From 10/01/2023 to 10/25/2023, 4 residents did not receive a total of 14 dosages of their prescribed medications. FINDINGS INCLUDE: On 09/26/2023, the Department received a complaint alleging inappropriate medication administration practices were occurring at the facility.	N 352		

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

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N 352	Continued From page 1 On 10/25/2023, Surveyor arrived at facility for a complaint investigation. On 10/25/2023 at 9:55 AM, Surveyor observed loose pills in multiple resident blister packs. Caregiver B stated the blister packs currently in the medication cart were sent to the facility on 10/01/2023. Caregiver B stated that pills in the #1 slot were to be administered on 10/01/2023, pills in the #2 slot are to be administered on 10/02/2023 etc. Caregiver B stated pills between the #2 (10/02/2023) slot and #24 (10/24/2023) slot should have been previously administered or documented as refused. EXAMPLE #1: Resident 1 On 10/25/2023 at 9:50 AM, Surveyor toured the facility. As Surveyor walked by Resident 1's room Surveyor could see loose pills under Resident 1's bed. Caregiver B looked under Resident 1's bed and picked up 5 partially dissolved pills off the floor. Caregiver B then placed the partially dissolved pills on Resident 1's bedside table (Picture #11). Caregiver B stated s/he could identify the partially dissolved pills by comparing them to Resident 1's pills in the medication cart. Caregiver B stated the pills were Resident 1's 2 Docusate tablets, 2 Acetaminophen tablets, and 1 Atenolol tablet. On 10/25/2023, Surveyor reviewed the resident roster. Resident 1 was admitted to the facility on 04/26/2022. On 10/25/2023, Surveyor reviewed Resident 1's individualized service plan (ISP) signed on 10/02/2023. Staff are to administer Resident 1's medications.	N 352		

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N 352	Continued From page 2 On 10/25/2023, Surveyor reviewed Resident 1's October 2023 medication administration record (MAR). Resident 1 is prescribed Acetaminophen 650 mg three times daily (TID), Senna-Docusate 8.6-50 mg twice daily (BID), and Atenolol 25 mg once daily. All administrations of Senna-Docusate, Acetaminophen and Atenolol were documented as administered from 10/01/2023 to 10/24/2023. On 10/25/2023, Surveyor reviewed Resident 1's Medication Error Report Forms. Surveyor reviewed 3 Medication Error Report Forms dated 10/25/2023. The Medication Error Report Forms stated Resident 1 did not receive 2 tablets of Docusate, 1 tablet of Atenolol and 2 tablets of Acetaminophen because they were found under Resident 1's bed. EXAMPLE #2: Resident 2 On 10/25/2023, Surveyor observed Resident 2's 31-day blister pack of Perservision AREDS 2 and observed capsules in the #11 and #14 slots (Picture #1). Surveyor observed Resident 2's 31-day blister pack of Pantoprazole 20 mg tablets and observed a tablet in the #14 slot (Picture #2). Surveyor observed Resident 2's 31-day blister pack of Escitalopram 10 mg tablets and observed a tablet in the #14 slot (Picture #3). On 10/25/2023, Surveyor reviewed the resident roster. Resident 2 was admitted to the facility on 08/31/2022. On 10/25/2023, Surveyor reviewed Resident 2's ISP signed on 10/17/2023. ISP states staff are to administer Resident 2's medications.	N 352		

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N 352	Continued From page 3 On 10/25/2023, Surveyor reviewed Resident 2's October 2023 MAR. Resident 2's Perservision AREDS 2 is documented as administered on 10/11/2023 at 8:00 AM and on 10/14/2023 at 8:00 AM. Resident 2's Pantoprazole 20 mg is documented as administered on 10/14/2023 at 8:00 AM. Resident 2's Escitalopram 10 mg is documented as administered on 10/14/2023 at 8:00 AM. EXAMPLE #3: Resident 3 On 10/25/2023, Surveyor observed Resident 3's Symbicort Aero 160-4.5 inhaler had zero puffs left to administer (Picture #10). Caregiver B stated it was empty before his/her shift and s/he did not have any puffs to administer to Resident 3 that morning. Caregiver B stated Resident 3 does not have a second Symbicort inhaler in the facility. Caregiver B stated Resident 3 is scheduled to have 2 puffs from this Symbicort inhaler 2 times a day. Surveyor observed Resident 3's 31-day blister pack of 8:00 PM doses of Guaifenesin ER 600 mg tablets and observed a tablet in the #14 slot (Picture #5). On 10/25/2023, Surveyor reviewed the resident roster. Resident 3 was admitted to the facility on 07/14/2022. On 10/25/2023, Surveyor reviewed Resident 3's ISP signed on 01/25/2023. ISP stated staff are to administer Resident 3's medications. On 10/25/2023, Surveyor reviewed Resident 3's October 2023 MAR. Resident 3's 10/25/2023 8:00 AM dose of Symbicort Aero 160-4.5 Inhaler was documented as, 'no pass...inhaler is currently out of puffs.' Resident 3's 10/14/2023 8:00 PM dose of Guaifenesin ER 600 mg was documented as	N 352		

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administered.

EXAMPLE #4: Resident 4

On 10/25/2023, Surveyor observed Resident 4's 31-day blister pack of 8:00 PM doses of Mirtazapine 30 mg tablets and observed a tablet in the #18 slot (Picture #6). Surveyor observed Resident 4's 31-day blister pack of 8:00 PM doses of Metoprolol 25 mg tablets and observed a tablet in the #18 slot (Picture #7). Surveyor observed Resident 4's 31-day blister pack of 8:00 PM doses of Eliquis 5mg tablets and observed a tablet in the #18 slot (Picture #7). Surveyor observed Resident 4's 31-day blister pack of 8:00 PM doses of Melatonin 5 mg tablets and observed a tablet in the #18 slot.

On 10/25/2023, Surveyor reviewed the resident roster. Resident 4 was admitted to the facility on 06/05/2023.

On 10/25/2023, Surveyor reviewed Resident 4's ISP signed on 06/25/2023. ISP states staff are to administer Resident 4's medications.

On 10/25/2023, Surveyor reviewed Resident 4's October 2023 MAR. All of Resident 4's medications were documented as administered on 10/18/2023.

INTERVIEW:

On 10/25/2023 at 11:50 AM, Surveyor discussed the above concerns with Administrator A. Administrator A acknowledged 5 partially dissolved pills were found on Resident 1's bedroom floor. Administrator A acknowledged that Resident 3's Symbicort Aero inhaler was empty that morning and Resident 3 did not

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N 352	Continued From page 5 receive his/her morning dose of the inhaler. Administration A acknowledged that from 10/01/2023 to 10/25/2023 the following residents missed the following dosages of prescription capsules/tablets: 1.) Resident 2's - 10/11/2023 8:00 AM dose of Perservision AREDS 2 capsules 2.) Resident 2's - 10/14/2023 8:00 AM dose of Perservision AREDS 2 capsules 3.) Resident 2's - 10/14/2023 8:00 AM dose of Pantoprazole 20 mg tablet 4.) Resident 2's - 10/14/2023 8:00 AM dose of Escitalopram 10 mg tablet 5.) Resident 2's - 10/25/2023 8:00 AM Symbicort Aero Inhaler 2 puffs 6.) Resident 4's - 10/18/2023 8:00 PM dose of Mirtazapine 30 mg tablet 7.) Resident 4's - 10/18/2023 8:00 PM dose of Metoprolol 25 mg tablet 8.) Resident 4's - 10/18/2023 8:00 PM dose of Eliquis 5 mg tablet 9.) Resident 4's - 10/18/2023 8:00 PM dose of Melatonin 10 mg tablet CROSS REFERENCE N0388 DHS Chapter 83.35(3)(c) Implement, Follow The Individualized Service Plan	N 352		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individualized service plan (ISP) was implemented as written.	N 388		

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N 388	Continued From page 6 On 10/09/2023, Resident 1 was assessed to have developed a stage 2 pressure wound to his/her coccyx. Resident 1 was to be repositioned every 2 hours to prevent skin break down. Resident 1's ISP states Resident 1's position is to be documented every 2 hours on the 'Mandatory Repositioning Sheet'. From 10/01/2023 to 10/24/2023, Resident 1's 'Mandatory Repositioning Sheet,' was missing over 50% of the documentation indicated to be completed according to the Resident's ISP. The ISP states Resident 1 to have daily bowel movement monitoring. If Resident 1 goes 3 days without a bowel movement s/he is to be administered PRN (as needed) Milk of Magnesia (laxative). From 10/01/2023 to 10/24/2023, there are 12 documented bowel movements on Resident 1's medication administration record (MAR). FINDINGS INCLUDE: This facility provides care to the following client groups: physically disabled, terminally ill, advanced aged, irreversible dementia and Alzheimer's. On 09/26/2023, the Department received a complaint alleging inappropriate medication administration practices were occurring at the facility. On 10/25/2023, Surveyor arrived at facility for a complaint investigation. RECORD REVIEW: On 10/25/2023, Surveyor reviewed the resident	N 388		

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roster. Resident 1 was admitted to the facility on 04/26/2022.

On 10/25/2023, Surveyor reviewed Resident 1's individualized service plan (ISP) signed on 10/02/2023. ISP stated Resident 1 is diagnosed with but not limited to: dementia. Resident 1 has an activated power of attorney and is receiving hospice services. Under the subsection titled, "BOWEL MOVEMENT MONITORING," the following is documented, "Staff to monitor and document bowel movements...If resident does not have a bowel movement in 3 days Milk of Mag (magnesia) is to be given." Under the subsection titled, "MANDATORY RESIDENT REPOSITIOING," the following is documented, "Resident should be rotated while in bed. Every 2 hours. Document on form on med cart each time...Resident has a wound and should be repositioned every 2 hours to help with pressure...Be free from pressure sores/wounds."

On 10/25/2023, Surveyor reviewed a nursing communication order sent to the facility by APNP (advanced practice nurse practitioner) D on 05/16/2023. The order states, "Reposition patient and perform incontinence cares at least every 2 hours and as needed due to impaired skin integrity."

On 10/25/2023, Surveyor reviewed communication notes between Resident 1's hospice providers and the facility. On 10/09/2023 at 10:40 PM, Hospice Nurse E documented, "[Resident 1] has a new open area on his/her coccyx. This was covered with a foam dressing to assist with healing and to try to prevent further break down."

On 10/25/2023, Surveyor reviewed Resident 1's

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facility observation notes from 10/10/2023 to 10/25/2023. On 10/10/2023 at 3:30 PM, Hospice Nurse E documented, "...Writer was assisted with turning pt to [his/her] left side by [Caregiver B]. Pt had a z-guard cream applied to [his/her] coccyx. New stage 2 pressure injury noted the measured (sic.) 0.2cm x 0.2 cm. Writer applied skin prep wipe to peri wound area and applied a 3x3 foam border dressing, so it did not interfere with dressing to buttock."

On 10/25/2023, Surveyor reviewed Resident 1's 'Mandatory Resident Repositioning Sheet,' for October 2023. From 10/01/2023 to 10/24/2023, the following position(s) were not documented:
1.) 10/01/2023 - 12:00 AM, 2:00 AM, 4:00 AM, 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM
2.) 10/02/2023 - 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM
3.) 10/03/2023 - 8:00 PM
4.) 10/04/2023 - 8:00 AM, 4:00 PM, 8:00 PM
5.) 10/05/2023 - 6:00 AM
6.) 10/06/2023 - 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM
7.) 10/07/2023 - 12:00 AM, 2:00 AM, 4:00 AM, 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM
8.) 10/08/2023 - 2:00 AM, 4:00 AM, 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM
9.) 10/09/2023 - 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM
10.) 10/10/2023 - 4:00 PM, 6:00 PM, 8:00 PM
11.) 10/11/2023 - 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM
12.) 10/12/2023 - 6:00 AM, 8:00 AM, 4:00 PM, 6:00 PM, 8:00 PM
13.) 10/13/2023 - 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM

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14.) 10/14/2023 - 12:00 AM, 2:00 AM, 4:00 AM, 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM
15.) 10/15/2023 - 12:00 AM, 2:00 AM, 4:00 AM, 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM
16.) 10/16/2023 - 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM
17.) 10/17/2023 - 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM, 4:00 PM, 6:00 PM, 8:00 PM
18.) 10/18/2023 - 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM
19.) 10/20/2023 - 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM
20.) 10/22/2023 - 12:00 AM
21.) 10/23/2023 - 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM

On 10/25/2023, Surveyor reviewed Resident 1's October 2023 medication administration record (MAR). The 7th order is, "BOWEL MOVEMENT MONITORING Monitor and document their bowel movement." From 10/01/2023 to 10/24/2023, the following days have zero documentation of Resident 1's bowel movements: 10/01/2023, 10/02/2023, 10/03/2023, 10/04/2023, 10/06/2023, 10/10/2023, 10/11/2023, 10/12/2023, 10/17/2023, 10/19/2023, 10/22/2023 and 10/24/2023.

INTERVIEW:

On 10/25/2023 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged staff are instructed to document Resident 1's position every 2 hours on the 'Mandatory Resident Repositioning Sheet." Administrator A acknowledged that a gross amount of documentation is missing from Resident 1's October 2023 'Mandatory Resident Repositioning Sheet.' Administrator A acknowledged that Hospice Nurse E assessed a

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N 388	Continued From page 10 new pressure sore developed on Resident 1's coccyx on 10/09/2023. Administrator A acknowledged that staff are instructed to document Resident 1's daily bowel movements in the MAR so staff know when/if Resident 1 requires a PRN dose of Milk of Magnesia. Administrator A acknowledged that from 10/01/2023 to 10/24/2023, staff documented Resident 1's daily bowel movement 12 times. Administrator A acknowledged Resident 1's ISP was not being implemented as written. CROSS REFERENCE N0352 DHS Chapter 83.32(3)(h) Rights Of Residents: Receive Medication	N 388		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a current written staffing schedule which includes the employee's full name, job assignment and time worked was maintained. FINDINGS INCLUDE: On 09/26/2023, the Department received a complaint alleging inappropriate medication administration practices were occurring at the facility.	N 399		

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N 399	Continued From page 11 On 10/25/2023, Surveyor arrived at facility for a complaint investigation. On 10/25/2023, Surveyor reviewed the facility September 2023 staffing schedule. The staffing schedule did not have employees full name and job assignments listed. The staffing schedule did not have time worked noted on many entries. On 10/25/2023 at 11:00 AM, Surveyor discussed the above concerns with Administrator A. Administrator A acknowledged Surveyor had been provided the most updated September 2023 staffing schedule. Administrator A acknowledged the staffing schedule did not have employees full name(s) and job assignments listed. Administrator A acknowledged that a majority of staff did not have time worked noted on the staffing schedule. Surveyor asked Administrator A what hours Caregiver F worked on 10/22/2023. Administrator A stated s/he looked at Caregiver F's time sheet and Caregiver F did not work on 10/22/2023. Administrator A acknowledged that Caregiver F's first name was listed as working on 10/22/2023, and Caregiver F does not share a first name with any other staff. Administrator A acknowledged the current written staffing schedule was not accurately maintained.	N 399		