STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019671	A. BUILDING: _____ B. WING _____	C 01/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE PORT WASHINGTON	1800 GRANITE LANE PORT WASHINGTON, WI 53074

(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 01/15/2025 with additional information gathered through 01/21/2025, Surveyors conducted four (4) complaint investigations at High Point Residence Port Washington. As a result, 3 of 4 complaints were substantiated and 7 deficiencies were identified. Two (2) of 7 deficiencies were repeat deficiencies. Census: 34	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee obtained all department approved training as required. Caregiver F did not have training in fire safety within 90 days after starting employment. Caregiver F did not have training in first aid and choking within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) R6OQ11, dated 03/13/2024. Findings include: On 01/15/2025, Surveyor conducted a review of 1 of 1 employee to verify compliance with department approved training requirements. Surveyor requested training records from Executive Director (ED) A for Caregiver F. Fire Safety The record for Caregiver F, hired 11/22/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 01/21/2025, at 1:30 PM, Surveyor interviewed ED A. ED A confirmed the provider did not have evidence Caregiver F completed or met an exemption for fire safety training. ED A stated Caregiver F was going to school and was going to do Fire Safety in between classes while at school. On 01/21/2025, Surveyor verified Caregiver F was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking	N 239		

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N 239	Continued From page 2 The record for Caregiver F, hired 11/22/2023, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 01/21/2025, at 1:30 PM, Surveyor interviewed ED A. ED A confirmed the provider did not have evidence Caregiver F completed or met an exemption for first aid and choking training. ED A stated Caregiver F was going to school and was going to do First Aid and Choking in between classes while at school. On 01/21/2025, Surveyor verified Caregiver F was not on the Community-Based Care and Treatment training registry for first aid and choking.	N 239		
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 1 of 1 (Resident 6) resident reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 1 was prescribed Levothyroxine 100 MCG Tab (thyroid drug) - take one tablet by mouth once a day at least 30 minutes before eating in the morning starting 10/16/24.	N 352		

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N 352	Continued From page 3 Findings Include: On 12/11/2024, the department received a complaint regarding medications not administered per physician's orders. On 01/15/2025, Surveyor conducted an onsite visit to the facility. A sample of residents was selected, including the record of Resident 6. Resident 6 admitted to the facility on 05/01/2024. Resident 6 admitted with order for Synthroid 88 MCG Tab - Take one tablet by mouth once a day - Surveyor observed the Synthroid was scheduled at 8:00 AM on the medication administration record (MAR). On 11/16/2024, medication order was changed to Levothyroxine 100 MCG tab - "Take one tablet by mouth once a day at least 30 minutes before eating in the morning." Levothyroxine was scheduled at 7:00 AM. Review of the Medication Admin Audit Report (MAAR) reflected Levothyroxine was scheduled to start 11/16/2024. There was no documentation Levothyroxine was administered on 11/16/024, 11/17/2024 and 01/12/2025. Review of MAAR reflected Levothyroxine was documented given: 11/18/2024 at 4:09 PM 11/20/2024 at 5:03 PM 11/21/2024 at 9:28 AM 11/22/2024 at 8:00 AM 11/23/2024 at 7:56 AM 11/24/2024 at 7:54 AM 11/25/2024 at 8:03 AM 11/29/2024 at 7:48 AM 12/02/2024 at 4:15 PM 12/03/2024 at 8:49 AM 12/06/2024 at 8:11 AM 12/07/2024 at 8:06 AM	N 352		

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N 352	Continued From page 4 12/08/2024 at 7:48 AM 12/09/2024 at 8:19 AM 12/10/2024 at 8:33 AM 12/12/2024 at 8:58 AM 12/13/2024 at 7:50 AM 12/14/2024 at 7:54 AM 12/17/2024 at 8:20 AM 12/18/2024 at 8:30 AM 12/19/2024 at 8:20 AM 12/20/2024 at 8:19 AM 12/21/2024 at 10:05 AM 12/24/2024 at 7:41 AM 12/25/2024 at 8:03 AM 12/27/2024 at 8:31 AM 12/30/2024 at 8:05 AM 12/31/2024 at 8:18 AM 01/01/2024 at 10:20 AM 01/03/2025 at 9:10 AM 01/04/2025 at 10:14 AM 01/05/2025 at 8:29 AM 01/06/2025 at 8:19 AM 01/08/2025 at 7:49 AM 01/11/2025 at 8:12 AM 01/13/2025 at 4:06 PM 01/14/2025 at 11:16 AM On 01/15/2025 at 2:37 PM, Surveyor interviewed Executive Director (ED) A. ED A confirmed Resident 6's Levothyroxine is to be given 30 minutes before meals. ED A stated breakfast is at 8:00 AM. Surveyor reviewed findings on the MAAR with ED A and Levothyroxine not documented at least 30 minutes prior to breakfast. ED A stated, "that's what it looks like." ED A stated s/he will look at and ensure staff are re-educated. The provider did not ensure residents reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner.	N 352		

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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, observation and interview, the provider did not ensure Individual Service Plans (ISPs) were updated to reflect the needs of two (2) of 2 residents reviewed. Resident 1's ISP was not updated to reflect toileting assistance with bowel movements and appropriates to mitigate his/her risk for chronic constipation. Resident 2's ISP was not updated to reflect smoking and the need for supervision. This is a repeat deficiency. See Statement of Deficiency (SOD) R6OQ12, dated 07/02/2024. Findings include: On 01/07/2025, the Department received a complaint alleging concerns with care.	N 389		

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N 389	Continued From page 6 On 01/15/2025 at approximately 9:30 AM, Surveyors requested Resident 1 and Resident 2's record including face sheets, ISP's, observation notes, incident reports, call log documentation, medication administration record (MAR) and/or hospital discharge summaries from Executive Director (ED) A. Resident 1: On 01/15/2025 at approximately 10:35 AM, Surveyor interviewed Resident 1 who was sitting in a wheelchair in his/her room. Surveyor observed Resident 1 was wearing a call button hanging around his/her neck. Resident 1 confirmed s/he needs staff assistance with toileting but stated when s/he presses his/her button it takes staff "a half an hour to an hour to help me." At 10:45 AM, Surveyor observed Resident 1's bathroom. Resident 1's toilet riser had fecal matter on the seat and wall by the toilet paper holder. On 01/15/2025 at approximately 2:00 PM, Surveyor reviewed Resident 1's record and noted the following: Resident 1 admitted to the facility on 09/12/2023 with diagnoses including but not limited to, dementia, depression, multiple sclerosis, hypertension (high blood pressure), anemia (low iron), acute pain, sleep disorders and chronic kidney disease. Resident 1 requires assistance with transfers, mobility, dressing, bathing, medication management and bladder incontinence.	N 389		

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N 389	Continued From page 7 Resident 1's ISP was updated on 10/12/2024 and read in part: "Bowel" - "Continent, Independent" with a goal of "Work on constipation w/NP (Nurse Practitioner)" and an "Intervention" of "frequent constipation working w/NP..." and an additional date of "10/24/24." "Urination" - "Daily insentience [sic], 1 assist" with no goal identified and an "Intervention" of "on toilet schedule...staff to encourage." The ISP reflected urinary incontinence but was not updated to reflect Resident 1's individualized needs surrounding bowel continence. On 01/15/2025 at 3:00 PM, Surveyor interviewed ED A who confirmed Resident 1 needs staff assistance with activities of daily living to include toileting. ED A reported Resident 1 struggles with constipation and it has increased within the last 6 months, but they are working with his/her NP. On 01/15/2025 at approximately 4:45 PM, Surveyors toured the facility with ED A. Surveyors and ED A observed the fecal matter on Resident 1's toilet and wall. Surveyors explained the fecal matter was observed initially around 10:45 AM and still had not been cleaned by staff. ED A acknowledged Surveyors concerns and reported that was not acceptable and would address it with staff. On 01/16/2025 at 8:13 AM, Surveyor interviewed Family B. Family B stated s/he visited Resident 1 on 01/14/2025 and 01/15/2025 in the evening. Family B shared his/her observation of Resident 1's toilet and wall which had fecal matter on both the toilet riser and wall near the toilet paper	N 389		

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N 389	Continued From page 8	N 389		

holder. Family B confirmed it did not appear Resident 1's toilet had been cleaned since prior to 01/14/2025. Family B stated s/he or family try to keep Resident 1's room clean. Family B confirmed Resident 1 has problems with constipation and they are working with the doctor to address. Family B acknowledged s/he has talked to Executive Director A regarding his/her concerns.

Resident 2:

On 01/15/2025 at approximately 10:45 AM, Surveyor interviewed Resident 2 who was wandering around his/her room. Surveyor observed Resident 2 working on a puzzle. Resident 2 acknowledged s/he smokes. Resident 2 also acknowledged s/he was cold, and Surveyor observed a plastic shield over the PTAC (packaged terminal air conditioner) unit, unable to adjust the temperature.

On 01/15/2025 at approximately 2:00 PM, Surveyor reviewed Resident 2's record and noted the following:

Resident 2 admitted to the facility on 11/24/2023 with diagnoses to include but not limited to, Alzheimer's Disease, depression, chronic obstructive pulmonary disease, hyperlipidemia (high cholesterol), essential hypertension (high blood pressure) and age-related osteoporosis (bone disease). Resident 2 requires assistance with hygiene, bathing, oral cares, medication management, memory (forgetful), socialization (cueing to participate in activities) and safety concerns. Resident 2's ISP noted, "likes to take walks outside. Family wants [him/her] to be able to take walks, wander guard on." On 7/08/2024, Resident 2's ISP was updated to reflect, "Res.

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N 389	Continued From page 9 non elopement risk: may go outside [with] staff or family only." The ISP reflected safety concerns but did not address Resident 2 smoking. On 01/15/2025 at 1:50 PM, Surveyors interviewed Caregiver D. Caregiver D acknowledged s/he was working on 12/23/2024 and was the caregiver that found Resident 2 on the ground. Caregiver D stated s/he had taken Resident 2 outside and sat him/her on a chair and gave a cigarette. Caregiver D went into the building and returned to bring Resident 2 inside and found Resident 2 on the ground. Caregiver D stated Resident 2 is not on a smoking schedule, Resident 2 will ask for a cigarette and staff provide the cigarettes. Resident 2's family will bring the cigarettes in and give to staff. On 01/15/2025 at 3:00 PM, Surveyor interviewed ED A who confirmed Resident 2 smokes and staff need to assist and accompany Resident 2 outside. ED A confirmed Resident 2 had an incident on 12/23/2024 where s/he was outside smoking unsupervised and had a fall. ED A acknowledged Resident 2 can only go outside with staff or family. The provider did not ensure Individual Service Plans (ISP) were updated to reflect the needs of two (2) of 2 residents reviewed. Cross Reference: Y3244 CH 50.09(1)(L) Care	N 389		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is	N 406		

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discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure expired medications were separated from other medications in current use for 6 out of 6 residents reviewed.

Findings include:

On 01/15/202510:30 AM, Surveyor observed the medication cart with Caregiver D. Surveyor observed the following medication to be expired:
Resident 7 - APAP 500 MG - 48 pills - "Do Not Use Beyond: 01/04/25"
Resident 8 - APAP 325 MG - 34 pills - "Do Not

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N 406	Continued From page 11 Use Beyond: 12/27/24" - Senna S 8.6 MG - 18 pills - "Do Not Use Beyond: 12/27/24" - Tzanidine 2 MG - 50 pills - "Do Not Use Beyond: 12/27/24" - Loperamide 2 MG - 20 pills - "Do Not Use Beyond: 12/27/24" - Meclizine 25 MG - 22 pills - "Do Not Use Beyond: 12/27/24" Resident 9 - APAP 500 MG - 9 pills - "Do Not Use Beyond: 01/04/25" Resident 10 - Ibuprofen 600 MG - 20 pills - "Do Not Use Beyond: 11/18/24" Resident 11 - Loperamide 2 MG - 2 pills - "Do Not Use Beyond: 11/22/24" Resident 12 - APAP 325 MG - 48 pills - "Do Not Use Beyond: 01/04/25" Surveyor interviewed Caregiver D. Caregiver D confirmed the medications identified for Resident 7, Resident 8, Resident 9, Resident 10, Resident 11 and Resident 12 were expired. Caregiver D stated s/he believes the lead person's job is responsible for checking and pulling expired medications. Caregiver D stated med passers should check date prior to administering. Caregiver D was unsure if any residents received expired medications. On 01/15/2025 at 3:00 PM, Surveyor interviewed Executive Director (ED) A. ED A stated s/he was unaware there were expired medications in the cart. ED A stated today (01/15/2025) was cycle fill and staff were switching the medications out. Surveyor stated these medications were as needed (PRN) and kept in the cart in the med room. ED A provided Surveyor with a printout reflecting the last day a PRN medication was given. The report did not reflect a date range, but reflected:	N 406		

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N 406	Continued From page 12 Resident 7 received last PRN medication on 04/23/2024. Resident 8 received last PRN medication on 11/06/2024. Resident 9 received last PRN medication on 09/02/2024. Resident 10 received last PRN medication on 09/01/2024. Surveyor did not receive documentation for Resident 11 or Resident 12. ED A acknowledged s/he would look into the expired medications. The provider did not ensure expired medications were separated from other medications in current use for 6 out of 6 residents reviewed.	N 406		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure 19 of 19 residents' medications were securely stored. Findings include: The facility is licensed to provide services for up to 44 residents who may be advanced aged and/or irreversible dementia/Alzheimer's. The census at time of survey was 34. On 01/15/2025, Surveyors entered the facility at approximately 9:00 AM. Surveyors observed a medication cart sitting near the entrance/exit of	N 419		

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N 419	Continued From page 13 Phase II side. Surveyors observed Resident 14's Cefdinir 300 MG medication, 10 pills dispensed on 01/14/2025, and Prednisone 10 MG, 20 pills dispensed on 01/14/2025, sitting unattended on the top of the medication cart. Surveyors did not observe any staff, however observed Resident 4 wandering the area and s/he stopped to talk with Surveyors. At approximately 9:13 AM, Caregiver E returned to the cart. On 01/15/2025 at approximately 10:15 AM, Surveyor interviewed Caregiver F on Phase II side of the building. Caregiver F stated s/he was not a med passer. Caregiver F acknowledged s/he was helping with the cycle fill and s/he was replacing empty pill pockets and placing new pill pockets in the holder. Caregiver F verified s/he does not pass medications. Surveyors did not observe a med passer in the area with Caregiver F. Caregiver F was pulling the holder, tossing the previous pill pocket on the floor and placing the new pill pocket in the holder and returning to the medication cart. Surveyors observed some pill pockets still contained medications. On 01/15/2025 at 10:33 AM, Surveyors toured the facility and observed a cardboard box sitting on the floor next to the medication cart for Phase I side. Residents were sitting at the table in the dining room and there was an activity on the back side of the dining room. Surveyors observed the cart to be locked and no caregivers in site. Surveyor interviewed Caregiver D. Caregiver D stated s/he was the designated med passer for Phase I, with 18 residents residing on this unit. Caregiver D stated today [01/15/2025], was the scheduled cycle fill. Caregiver D stated after the meds are passed for 01/15/2025, s/he takes the new pill pockets out of the box and places them in the holder in the cart and takes the prior month	N 419		

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N 419	Continued From page 14 pill pockets out. Surveyor observed the medication room across hallway from med cart. The medication room door was closed, but the room was not locked. Surveyor observed the sink to have pill pockets, some of the pill pockets with medications that were not given. On 01/15/2025 at 11:30 AM, Surveyors observed the box still on the floor with the flap open and full of new pill pockets. On 01/15/2025 at 3:00 PM, Surveyors interviewed Executive Director (ED) A. Surveyors shared observation with ED A upon entrance there were pill pockets for Resident 14 on top of the med cart on Phase II side and cycle fill pill pockets were in the box on the floor next to the med cart on Phase I and the med room door was unlocked with medications on the counter. ED A acknowledged all medications should be locked up. On 01/15/2025 at 4:45 PM, Surveyors toured with ED A. The box was no longer on the floor on Phase I, however the door to the medication room was still unlocked. Surveyors and ED A observed pill pockets in the sink and counter with medications in them. Surveyors and ED A observed residents wandering the unit. ED A stated the med room door is to be locked at all times and pointed to the note hanging on the outside of the door. ED A locked the door to the med room when s/he closed the door. The provider did not ensure residents' medications were locked/securely stored.	N 419		
N 481	83.43(1) Environment safe, clean, and comfortable	N 481		

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N 481	Continued From page 15 Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike. Findings include: On 01/15/2025 at approximately 10:30 AM, Surveyors toured the facility and observed the following: *A couch and chair sitting in the hallway obstructing an exit to the outside (near Resident 1's room). *Two mechanical lifts sitting in the hallway obstructing an exit to the outside (near Resident 3's room). *A layer of dust on an emergency light in the kitchen (located above desk). *Numerous spots of possible food splatter on a ceiling tile in the kitchen (near the stove). *An air vent in the kitchen had a brown/red like substance resembling rust (above the stove/prep area). *Resident 4's room had a substance resembling feces on the toilet seat, toilet and floor. The bathroom floor was sticky with urine spots. The vent in bedroom was also dirty. *Resident 2's room had stains on the carpet and a plastic shield preventing the cover from being opened and temperature adjusted.	N 481		

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*Resident 1's room had a substance resembling feces/blood on the toilet riser and wall near the toilet paper holder.
*Resident 5's room had stains on the carpet, a substance resembling feces on the side of the toilet, the toilet paper holder was broke with the toilet paper sitting on the floor and the garbage can was overflowing with soiled briefs and clean briefs laying on the floor by the garbage can.

On 01/15/2025 at 10:55 AM, Surveyors interviewed Caregiver C who stated resident rooms get cleaned weekly on shower days, but staff should also clean daily and take garbage out as needed.

On 01/15/2025 at approximately 4:45 PM, Surveyors toured the facility with ED A. Surveyors and ED A observed the fecal matter on Resident 1's toilet and wall; Resident 5's toilet had fecal matter, broken toilet paper holder and stains on carpet; Resident 2's stains on carpet and plastic shield on PTAC (packaged terminal air conditioner) unit; couch and chair in the hallway obstructing exit; and 2 sit to stands in the hallway. Surveyors explained the fecal matter was observed initially around 10:45 AM on tour and still had not been cleaned by staff. ED A acknowledged Surveyors concerns and reported that was not acceptable and s/he would address it with staff immediately. ED A stated s/he would have maintenance move the couch/chair and the sit to stands should be stored in the indent of the hallways.

On 01/16/2025 at 8:13 AM, Surveyor interviewed Family B who stated s/he visited the facility in the evenings on 01/14/2025 and 01/15/2025. Family B shared his/her observation of Resident 1's toilet and wall which had fecal matter on both the toilet

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N 481	Continued From page 17 riser and wall near the toilet paper holder. Family B confirmed it did not appear Resident 1's toilet had been cleaned since prior to 01/14/2025. Family B stated s/he or family try to keep Resident 1's room clean. Family B stated Resident 1 is missing meals, as s/he has a hard time maneuvering around the couch/chair obstructing the hallway. Family B stated the couch/chair have been in hallway outside of Resident 1's room for about a week, but in the hallway around corner to the dining room for about a month prior. Family B acknowledged s/he has talked to Executive Director A regarding his/her concerns. The provider did not ensure a living environment that was safe, clean, comfortable and homelike.	N 481		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	Y3244		

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Y3244	Continued From page 18 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure adequate and appropriate care was provided within the capacity of the facility for Resident 1. Findings include: On 01/07/2025, the Department received a complaint alleging concerns with care and long wait times when requesting assistance with the pendant/call system. On 01/15/2025 at approximately 9:30 AM, Surveyors requested Resident 1's record including face sheet, individual service plan (ISP), observation notes, incident reports, call log documentation, medication administration record (MAR) and/or hospital discharge summaries from Executive Director (ED) A. On 01/15/2025 at approximately 10:35 AM, Surveyor interviewed Resident 1 who was sitting in a wheelchair in his/her room. Surveyor observed Resident 1 was wearing a call button hanging around his/her neck. Resident 1 confirmed s/he needs staff assistance with toileting but stated when s/he presses his/her call button it takes staff "a half an hour to an hour to help me." At approximately 2:00 PM, Surveyor reviewed Resident 1's record and noted the following: Resident 1 admitted to the facility on 09/12/2023 with diagnoses including but not limited to, dementia, depression, multiple sclerosis, hypertension (high blood pressure), anemia (low	Y3244		

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iron), acute pain, sleep disorders and chronic kidney disease.

Review of Resident 1's ISP updated on 10/12/2024, identified the following:

*TRANSFER ABILITIES: Assist of 1. "Staff to assist with all transfers."

*MOBILITY: Assist of 1. "Assist of 1 with walker - self propel w/ wheelchair. 10/12/24 - staff to use sit to stand w/all transfers."

*EMOTIONAL/BEHAVIOR: Anxious. "Can be arguementative [sic] at times. Staff to redirect or reapproach."

*MEDICATION MANAGEMENT: Dependent. "Staff to administer all medications."

*SAFETY: Low risk/supervision. "History of falls."

*BATH: Supervision or cueing. "Staff to assist w/transfers and lower bottom."

*DRESSING: Assist of 1. "Staff assist w/bottoms. Supervision for tops."

*BOWEL: Continent, independent. "Frequent constipation working w/NP (nurse practitioner)."

*URINATION: Daily insentience [sic]. "On toilet schedule - refuse at times - staff to encourage."

On 01/16/2025 at 8:13 AM, Surveyor interviewed Family B. Family B stated s/he or another family member visits every day. Family B stated s/he has had Resident 1 push his/her pendant and Resident 1 has to wait for staff to respond. Family B stated s/he was visiting, and Resident 1

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needed a PRN (as needed) medication. Resident 1 pressed his/her pendant and Family B left 1 ¼ hours after Resident 1 pressed button, and staff had not responded. Family B looked for staff but was unable to find anyone. Family B stated Resident 1 has problems with constipation and Resident 1 needs assistance to the toilet. Family B expressed concerns with the amount of time Resident 1 waits for staff assistance.

On 01/16/2025 at 5:24 PM, Surveyor sent a follow up email to ED A and Administrator (ADM) G regarding Resident 1's call log documentation originally requested while onsite on 01/15/2025. ED A sent a return email on 01/17/2025 at 9:08 AM stating s/he was working on obtaining the call log.

On 01/21/2025 at 10:10 AM, Surveyor sent an additional follow up to ED A regarding an additional documentation request to include Resident 1's call log. At 11:31 AM, Surveyors received the call log documentation via email from ED A.

On 01/21/2025 at 12:30 PM, Surveyor reviewed a sample of call light data from 01/01/2025 to 01/21/2025 for Resident 1. The call light data demonstrated several response times that exceeded 20 minutes. The data was as follows:

01/03/2025 at 3:47 PM: 2 hours 40 minutes and 19 seconds
01/03/2025 at 9:06 PM: 7 hours 7 minutes 42 seconds
01/04/2025 at 8:53 AM: 6 hours 54 minutes and 38 seconds
01/04/2025 at 9:27 AM: 6 hours 21 minutes and 27 seconds
01/05/2025 at 8:38 AM: 27 minutes and 6

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seconds
01/05/2025 at 9:28 AM: 6 hours 7 minutes and 29 seconds
01/06/2025 at 11:46 AM: 1 hour 42 minutes and 38 seconds
01/06/2025 at 8:02 PM: 23 minutes and 12 seconds
01/06/2025 at 8:33 PM: 35 minutes and 0 seconds
01/06/2025 at 10:16 PM: 13 hours 15 minutes and 54 seconds
01/07/2025 at 11:03 AM: 2 hours 4 minutes and 40 seconds
01/08/2025 at 9:01 AM: 56 minutes and 11 seconds
01/09/2025 at 8:17 PM: 3 hours 7 minutes and 33 seconds
01/10/2025 at 6:09 PM: 27 minutes and 35 seconds
01/11/2025 at 5:44 PM: 44 minutes and 34 seconds
01/11/2025 at 6:32 PM: 50 minutes and 26 seconds
01/11/2025 at 8:21 PM: 10 hours 41 minutes and 1 second
01/12/2025 at 2:48 PM: 39 minutes and 47 seconds
01/13/2025 at 8:16 AM: 9 hours 55 minutes and 42 seconds
01/13/2025 at 1:15 PM: 4 hours 58 minutes and 14 seconds
01/14/2025 at 8:33 AM: 1 hour 44 minutes and 29 seconds
01/14/2025 at 1:00 PM: 30 minutes and 16 seconds
01/14/2025 at 4:23 PM: 1 hour 9 minutes and 44 seconds
01/14/2025 at 7:55 PM: 1 hour 30 minutes and 31 seconds
01/15/2025 at 8:22 PM: 2 hours 37 minutes and

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Y3244	Continued From page 22 22 seconds 01/16/2025 at 2:17 AM: 30 minutes and 43 seconds 01/16/2025 at 12:35 PM: 1 hour 7 minutes and 34 seconds 01/16/2025 at 2:31 PM: 1 hour 50 minutes and 52 seconds 01/16/2025 at 7:04 PM: 42 minutes and 8 seconds 01/17/2025 at 4:58 PM: 52 minutes and 54 seconds 01/17/2025 at 6:36 PM: 51 minutes and 43 seconds 01/19/2025 at 6:00 AM: 54 minutes and 42 seconds 01/19/2025 at 7:55 PM: 35 minutes and 55 seconds 01/20/2025 at 8:58 AM: 1 hour 37 minutes and 29 seconds 01/20/2025 at 12:44 PM: 1 hour 22 minutes and 4 seconds 01/20/2025 at 6:03 PM: 8 hours 49 minutes and 44 seconds On 01/21/2025 at 1:30 PM, Surveyors reviewed call log data with ED A and ADM G who acknowledged the long call light times were unacceptable. ED A reported staff should be answering resident call lights within 10 minutes. ED A reported s/he will educate staff on the importance of responding to call lights. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually or On Changes	Y3244		