STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310631	A. BUILDING: _____ B. WING _____	R-C 04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON SUPPORTIVE CARE	4615 W HAMPTON AVE MILWAUKEE, WI 53218

(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 04/08/2024, Surveyors completed a verification visit for Statements of Deficiency NSSB11 and YBO813 and a standard survey for Hampton Supportive Care. As a result, 13 of the previous deficiencies were corrected, and 9 deficiencies were identified. Six of 9 deficiencies were repeat deficiencies. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 6	{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, record review, and interviews, the provider and its operation did not comply with all laws governing the Community-Based Residential Facility (CBRF). The licensee did not ensure compliance with DHS 83 was achieved and maintained. The licensee did not comply with requirements and special orders outlined in a Notice and Order letter from the Department. As a result of the verification visit and complaint investigations, 9 deficiencies were identified. Five of the 9 violations were repeat deficiencies related to staff health screening, toxic substances, administrator change, resident records, and facility complies with laws. This is a repeat deficiency. See Statement of	N 196		

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

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N 196	Continued From page 1 Deficiency (SOD) YBO813, dated 05/25/2023, and SOD YBO812, dated 10/07/2022. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 36 residents within correctional clients, advanced aged, physically disabled and emotionally disturbed/mental illness. On 03/19/2024, Surveyor reviewed Department records and identified the following: On 09/11/2023, Statement of Deficiency (SOD) YBO813 and Notice and Order letter was sent via email. The following deficiencies were identified: 83.14(2)(a) Licensee Ensures Facility Complies with Laws (repeat deficiency) 83.31(4)(b) Allowable Reasons for Involuntary Discharge 83.31(4)(c) Involuntary Discharge Notice Requirements 83.32(3)(l) Rights of Residents: Least Restrictive Environment 83.38(1)(a) Personal Care 83.41(3)(b) Food Safety (repeat deficiency) 83.43(1) Environment Safe, Clean, and Comfortable (repeat deficiency) 83.45(3) Toxic Substances 83.45(4) Pest Control The Notice and Order letter included the following: Special Orders: "1. Pursuant to Wis. Stat. § 50.03(5g)(b)6.,	N 196		

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N 196	Continued From page 2 WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager for each current resident with a copy of Statement of Deficiency (SOD) YBO813 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the Department, to verify compliance with Order #1. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the Department representatives upon request." On 09/13/2023, Statement of Deficiency (SOD) NSSB11 and Notice and Order letter was sent via email. The following deficiencies were identified: 83.12(4)(a) Reporting When Resident's Whereabouts Unknown 83.17(2)(a) Employees Screened For Communicable Disease 83.31(7)(a) Discharge Information: Facility Information 83.35(3)(b) Service Plan Development: Parties Involved (repeat deficiency) 83.35(3)(d) Service Plans Updated Annually Or On Changes 83.37(3)(c) Medication Storage: Locked Cabinet 83.38(1)(i) Behavior Management 83.42(1) Resident Record Maintained (repeat deficiency) The Notice and Order letter included the following: Special Orders: "1. Pursuant to Wis. Stat. §§ 50.03(5g)(b)3. and (b)6., effective immediately, the licensee will	N 196		

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N 196	Continued From page 3 comply with requirements specified by Wis. Admin. Code § DHS 83.38(1)(i) and will not admit or retain a person with harmful behavior patterns (e.g., aggression, elopement, or other behavioral safety risks) unless the CBRF provides sufficient resources (e.g., qualified caregivers, adequate supervision, safety measures, acceptable security systems, treatment programs) to care for such an individual and is able to protect the resident and others. The licensee's corrective measures, at a minimum, shall include the development (or review) of written procedures to address Behavior Management. The procedure shall include, but is not limited to: (a) identifying specific behavior patterns that are or may be harmful to the resident or others, (b) assessing and documenting contributing factors to the behaviors, (c) developing and implementing the Individualized Service Plan (ISP) with specific individualized interventions to reduce incidences of these behaviors, (d) staff response when the identified interventions are not effective, (e) monitoring the effectiveness of any behavioral intervention including the use of PRN psychotropic medications, and (f) notifying the resident's legal representative and physician when there is a significant change in a resident's mental condition. Additionally: All managers and resident care staff, as appropriate, shall receive training on the procedures required by Order #1. The training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.	N 196		

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N 196	Continued From page 4 A copy of these written procedures will be made available to department representatives upon request." On 03/20/2024, Surveyors completed a standard survey and 2 verification visits for SOD NSSB11 and SOD YBO812. The following deficiencies were identified: 83.14(2)(a) Licensee Ensures Facility Complies with Laws (repeat deficiency) 83.14(2)(e) Notify Within 7 Days of Administrator Change (repeat deficiency) 83.15(3)(b) Administrator responsible for staff training 83.17(2)(a) Employees Screened for Communicable Disease (repeat deficiency) 83.19 Orientation 83.21(1)-(3) All Employee Training 83.42(1) Resident Record Maintained (repeat deficiency) 83.35(5)(b) Annual Evaluation Of Evacuation Limits (repeat deficiency) 83.45(3) Toxic Substances (repeat deficiency) On 04/08/2024, at 10:00 AM, Surveyor interviewed Owner D. Owner D reported Former Administrator A was responsible for completing the tasks identified in the notice and order letters. Owner D reported s/he did not believe Former Administrator A completed the special orders in the notice and order letters. Owner D did not provide documentation verifying the special orders were completed.	N 196		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7	N 200		

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N 200	Continued From page 5 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on interview and record review, the provider did not notify the Department of a change in Administrator. Administrator I reported s/he became employed as administrator of the facility in January 2024. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) YBO812, dated 10/07/2022, and SOD YBO811, dated 02/03/2022. Findings include: On 03/20/2024, at 9:00 AM, Surveyor interviewed Administrator I. Administrator I reported s/he was hired by Owner D for the Administrator position. When Surveyor inquired if notification was sent to the department, Administrator I reported s/he was not aware of the requirement to notify the department within 7 days. On 03/20/2024, at 4:30 PM, Surveyor reviewed Department records and found no evidence the provider submitted notification to the Department of the change in administrator.	N 200		
N 215	83.15(3)(b) Administrator responsible for staff training The administrator shall be responsible for the training and competency of all employees. This Rule is not met as evidenced by: Based on record review and interview,	N 215		

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N 215	Continued From page 6 Administrator I did not ensure training and competency of all employees for 3 of 3 caregivers (Caregivers J, K, and L) reviewed. Findings include: On 03/20/2024, Surveyor reviewed employee files and identified the following: Caregiver J was hired on 01/09/2024. Caregiver J's record did not contain evidence of completed training in prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; recognizing and responding to resident changes of condition. Caregiver K was hired on 01/16/2024. Caregiver K's record did not contain evidence of completed training in prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; recognizing and responding to resident changes of condition; resident rights, client group and recognizing, preventing, managing, and responding to challenging behaviors. Caregiver L was hired on 01/09/2024. Caregiver L's record did not contain evidence of completed training in prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency	N 215		

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N 215	Continued From page 7 and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; recognizing and responding to resident changes of condition; resident rights, client group and recognizing, preventing, managing, and responding to challenging behaviors. On 03/20/2024, at 11:00 AM, Surveyor interviewed Administrator I. Administrator I reported s/he was unaware of what trainings were needed by staff prior to performing job duties or training to occur within 90 days of starting employment. Administrator I reported s/he just started employment at the time the staff were hired, and Former Administrator A was assisting with hiring staff at the time. Administrator I was unaware staff did not receive all trainings as required. On 03/20/2024, at 4:30 PM, Surveyor reviewed the department files. Surveyor reviewed an email from Former Administrator A, dated 12/04/2024, which stated, "I would like to officially inform the department of my resignation as administrator at Hampton Supportive Care effectively [sic] 01/04/2024 ..."	N 215		
{N 220}	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening	{N 220}		

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{N 220}	Continued From page 8 and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: The provider did not ensure 3 of 3 employees (Caregiver J, Caregiver K, and Caregiver L) were screened for communicable diseases including tuberculosis (TB) by a physician (MD), physician assistant (PA), clinical nurse practitioner (CNP) or a licensed registered nurse (RN). Caregiver J, Caregiver K, and Caregiver L were not screened for communicable diseases, including TB. This is a repeat deficiency. See Statement of Deficiency (SOD) NSSB11, dated 07/31/2023. Findings include: On 03/20/2024, at 10:05 AM, Surveyor reviewed employee files and observed the following: Caregiver J was hired on 01/09/2024. There was no evidence Caregiver J was screened for communicable diseases including TB by an MD, PA, CNP or RN. Caregiver K was hired on 01/16/2024. There was no evidence Caregiver K was screened for communicable diseases including TB by an MD, PA, CNP or RN. Caregiver L was hired on 01/09/2024. There was no evidence Caregiver L was screened for communicable diseases including TB by an MD, PA, CNP or RN.	{N 220}		

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{N 220}	Continued From page 9 On 03/20/2024, at 11:00 AM, Surveyor interviewed Administrator I. Administrator I confirmed s/he was aware of the code requirement to ensure an MD, PA, CNP or RN screened employees for TB. Administrator I reported s/he was unaware staff needed to be screened for communicable diseases. Administrator I reported s/he just started employment at the time the staff were hired. Administrator I reported Former Administrator A was assisting with hiring at the time, so s/he was unaware staff did not receive the communicable disease screening or TB testing until Surveyor requested the files.	{N 220}		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff reviewed received orientation in the required topics: (1) Prevention and reporting of resident abuse, neglect, and misappropriation of resident	N 230		

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N 230	Continued From page 10 property; (2) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (3) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (4) Community Based Residential Facility (CBRF) policies and procedures; (5) Recognizing and responding to resident changes of condition. Prior to performing job duties, Caregiver J, Caregiver K and Caregiver L did not receive orientation training in prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; recognizing and responding to resident changes of condition. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 36 residents within client groups of correctional clients, advanced aged, physically disabled and emotionally disturbed/mental illness. On 03/20/2024, at 10:00 AM, Surveyor conducted a review of 3 employee files to verify compliance with orientation training requirements. Surveyor reviewed training records and identified the following: Example 1- Caregiver J was hired on 01/09/2024. Caregiver J's record did not contain evidence of orientation training in prevention and reporting of resident abuse, neglect, and misappropriation of	N 230		

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N 230	Continued From page 11	N 230		

resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; recognizing and responding to resident changes of condition.

Example 2- Caregiver K was hired on 01/16/2024. Caregiver K's record did not contain evidence of orientation training in prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; recognizing and responding to resident changes of condition.

Example 3- Caregiver L was hired on 01/09/2024. Caregiver L's record did not contain evidence of orientation training in prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; recognizing and responding to resident changes of condition.

Surveyor reviewed the staffing schedule for the months of January 2024, February 2024, and March 2024. The schedule indicated Caregiver J, Caregiver K, and Caregiver L were performing job duties on the floor with the residents.

On 03/20/2024, at 11:00 AM, Surveyor interviewed Administrator I. Administrator I

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N 230	Continued From page 12 reported s/he was unsure of what trainings were needed by staff prior to performing job duties. Administrator I confirmed Caregiver J, Caregiver K, and Caregiver L were working as caregivers on the floor. Administrator I reported s/he just started employment at the time the staff were hired. Administrator I reported Former Administrator A was assisting with hiring staff at the time, so s/he was unaware staff did not receive all trainings as required.	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting	N 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 243	Continued From page 13 employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 2 of 3 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver K and Caregiver L did not have training in resident rights within 90 days after starting employment. Caregiver K and Caregiver L did not have training in recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment. Caregiver K and Caregiver L did not have training in required client groups within 90 days after starting employment. Findings include: The provider is licensed as a class CNA	N 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310631	A. BUILDING: _____ B. WING _____	R-C 04/08/2024

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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
N 243	Continued From page 14 (non-ambulatory) CBRF (community-based residential facility) able to serve up to 36 residents within correctional clients, advanced aged, physically disabled and emotionally disturbed/mental illness. On 03/20/2024, at 10:00 AM, Surveyor reviewed employee records and identified the following: Resident Rights Caregiver K was hired on 01/16/2024. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for resident rights. Caregiver L was hired on 01/09/2024. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for resident rights. Recognizing, Preventing, Managing and Responding to Challenging Behaviors Caregiver K was hired on 01/16/2024. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Caregiver L was hired on 01/09/2024. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to residents within the client groups of alcohol/drug dependent, advanced age, and emotionally disturbed/mental illness.	N 243		

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	310631	A. BUILDING: _____ B. WING _____	R-C 04/08/2024

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N 243	Continued From page 15 Caregiver K was hired on 01/16/2024. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for client group training. Caregiver L was hired on 01/09/2024. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for client group training. On 03/20/2024, at 11:00 AM, Surveyor interviewed Administrator I. Administrator I reported Former Administrator A was responsible for completing the staff training. Administrator I reported s/he was unsure of which trainings were required and the timeline for the trainings.	N 243		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident's mental or physical capability to respond to a fire alarm at least annually for 2 of 2 residents. Resident 20 was not evaluated in 2022 or 2023 and Resident 21 was not evaluated in 2023. This is a repeat deficiency, see Statement of Deficiency (SOD) L13911, dated 08/17/2018. Findings include:	N 394		

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N 394	Continued From page 16 On 03/20/2024, at 9:45 AM, Surveyor reviewed resident records and identified the following: Resident 20 was admitted on 06/02/2015. Resident 20's file contained an evacuation assessment, dated 11/15/2021. Resident 20 was due for an annual evacuation assessment on 11/15/2022 and 11/15/2023. Resident 20's record did not contain evidence Resident 20 was evaluated annually for evacuation evaluation assessment in 2022 and 2023. Resident 21 was admitted on 07/06/2023. Resident 21's file contained an evacuation assessment, dated 12/17/2022. Resident 21 was due for an annual evacuation assessment on 12/17/2023. Resident 21's record did not contain evidence Resident 21 was evaluated annually for evacuation evaluation assessment in 2023. On 03/20/2024, at 11:00 AM, Surveyor interviewed Administrator I. Administrator I reported s/he was unaware the annual evacuation assessments were not completed. Administrator I reported Former Administrator A was still the administrator during the time the assessments were to be completed. Administrator I reported s/he is working on organizing the resident files to ensure items are complete.	N 394		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal	N 454		

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N 454	Continued From page 17 representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the	N 454		

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N 454	Continued From page 18 resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 resident's records was maintained. Resident 21's record did not contain an accurate admission date, admission agreement, preadmission assessment, an annual assessment, an Individual Service Plan (ISP), or an updated emergency evacuation assessment. This deficiency is being cited for a fourth time. See Statement of Deficiency (SOD) YBO811, dated 02/03/2022, SOD YBO812, dated 10/07/2022, and SOD NSSB11, dated 07/31/2023. Findings include: On 03/20/2024, at 9:45 AM, Surveyor reviewed the resident roster. The resident roster reported Resident 21 was admitted on 06/01/2023. Surveyor reviewed Resident 21's file. Resident 21's file contained progress notes from a skilled	N 454		

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N 454	Continued From page 19 nursing facility. The progress notes indicated Resident 21 was admitted to the skilled nursing facility on 06/01/2023 for "long term care due to the environmental issues at Hampton Supportive Living." The progress note, dated 07/06/2023, reported Resident 21 was discharged from the skilled nursing facility and readmitted to Hampton Supportive Living on 07/06/2023. Surveyor reviewed Resident 21's emergency evacuation assessment which was dated 12/17/2022. Resident 21's record did not contain an admission agreement, a preadmission assessment, an Individual Service Plan, or an updated emergency evacuation assessment. On 03/20/2024, at 11:00 AM, Surveyor interviewed Administrator I. Administrator I reported s/he was unsure of admission dates for Administrator I reported s/he was going through the resident files to create binders. Administrator I reported Former Administrator A did not have a proper filing system so s/he was unable to locate updated paperwork for Resident 21.	N 454		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 4 of 4 resident areas. Unsecured toxic substances were found in the nurse station, an unattended	N 499		

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N 499	Continued From page 20	N 499		

housekeeping cart in the hallway, janitor closet and supply closet.

This is a repeat deficiency. See Statement of Deficiency (SOD) YBO813, dated 05/25/2023.

Findings include:

On 03/20/2024, at 9:30 AM, Surveyors toured the facility and observed unsecured cleaning compounds and toxic substances in the following areas:

Nurses station:
The nurse's station did not contain a door or other barrier. The cupboard under the sink did not contain a locking mechanism. Inside was a bottle of Lysol all-purpose cleaner, a bottle of bed bug exterminator, a bottle of JT Eaton kills bedbug and crawling insect powder, a can of Quick Color spray enamel, a can of Dust-Off compressed gas duster, 2 cans of Ortho ant, roach and spider killer, and a can of spray snow.

Housekeeping cart:
An unattended housekeeping cart was located in the hallway near the shower room. The chemicals, located in the top portion of the cart included a bottle of Lysol toilet bowl cleaner, a can of Sprayway glass cleaner, a spray bottle labeled "Lysol" and a spray bottle unlabeled with a pinkish substance inside. Surveyor did not observe a locking mechanism on the top portion of the cart.

Janitor Closet:
The janitor closet contained a locking mechanism which was not engaged. Inside the closet was a bottle of Lysol toilet bowl cleaner, bottle of LA's Totally Awesome oxygen orange all-purpose

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N 499	Continued From page 21 degreaser, a bottle of Great Value glass cleaner, a bottle of Cloralen bleach, a container of Arm & Hammer disinfecting wipes, a container of Amazon Basics disinfecting wipes, a bottle of Zep foaming shower, tub & tile cleaner, a bottle of Lysol heavy duty bathroom cleaner, a bottle of Easy-Off Glass Cleaner, and a bottle of Lysol disinfectant cleaner. Supply Closet: The door to the supply closet contained a locking mechanism which was not engaged. Inside the supply closet was a bottle of LA's Totally Awesome window cleaner. On 03/20/2024, at 11:30 AM, Surveyor interviewed Administrator I and Owner D. Administrator I and Owner D confirmed the code requirement to ensure all cleaning compounds and toxic substances were securely stored. Administrator I reported they would get a lock for the cupboards under the sink area in the nurse's station. Owner D reported s/he would talk with staff and housekeeping to ensure all the doors were locked.	N 499		