STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016570	A. BUILDING: _____ B. WING _____	R 06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH RESIDENCE NEW BERLIN	4461 S SUNNY SLOPE RD NEW BERLIN, WI 53151

(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 06/28/2023, Surveyor conducted 1 verification visit at Elizabeth Residence New Berlin. Five deficiencies were identified. Five of 5 deficiencies were repeat violations. See Statement Of Deficiency DVYZ11, dated 03/04/2020, and Statement Of Deficiency OFRT11, dated 11/30/2022. Eight of 13 deficiencies from Statement of Deficiency OFRT11, dated 11/30/2022 were corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 27	{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	{N 239}		

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

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{N 239}	Continued From page 1 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. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 3 employees reviewed obtained all department approved training as required. Caregiver C and Dietary Aide D did not have training in fire safety within 90 days after starting employment. Dietary Aide D, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. This is a repeat violation. See Statement of Deficiency DVYZ11 dated 03/04/2022 (N0239 DHS 83.20(2)(a) Training in Standard Precautions) and Statement of Deficiency DVYZ12 dated 03/23/2021 (N0240 DHS 83.20(2)(b) Training in Fire Safety), and Statement of Deficiency OFRT11, dated 11/30/2022. Findings include: On 06/28/2023, Surveyor conducted a review 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Resident	{N 239}		

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{N 239}	Continued From page 2 Manager A for Caregiver C, Dietary Aide D, and Caregiver E. Fire Safety The records for Caregiver C, hired 12/06/2021, and Dietary Aide D, hired 11/21/2021, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 06/28/2023 at 4:22 PM Surveyor interviewed Resident Manager A and Administrator G. Administrator G confirmed the provider did not have evidence Caregiver G and Dietary Aide D completed or met an exemption for fire safety training. On 06/28/2023, Surveyor verified Caregiver G and Dietary Aide D were not on the Community-Based Care and Treatment training registry for fire safety. Standard Precautions The record for Dietary Aide D, hired 11/12/2021, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 06/28/2023, at 4:22 PM, Surveyor interviewed Resident Manager A and Administrator G. Resident Manager A confirmed Dietary Aide D performed job tasks that may expose the employee to blood or other bodily fluids (especially vomit as a dietary aide). Administrator G confirmed the provider did not have evidence Dietary Aide D completed or met an exemption for standard precautions training prior to assuming these job duties. On 06/28/2023, Surveyor verified Dietary Aide D was not on the Community-Based Care and	{N 239}		

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{N 239}	Continued From page 3 Treatment training registry for standard precautions.	{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 the resident right to receive all medications in the dosage and intervals prescribed by the practitioner. From 05/12/2023 to 06/28/2023, staff administered 7 incorrect doses of sliding scale insulin to Resident 11. This is a repeat violation. See Statement Of Deficiency OFRT11, dated 11/30/2022. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 30 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 06/28/2023, Surveyor reviewed Resident 11's record. S/he was admitted 12/24/2018. Diagnoses included type 2 diabetes mellitus. Physician orders included Humalog Kwik Injection 100 ML subcutaneous sliding scale insulin inject 3	{N 352}		

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{N 352}	Continued From page 4 times daily before meals, (blood sugars (BS) 71-149 = 9 units; 150-200 = 11 units; 201-250 = 13 units, 251-350 = 15 units; 301-350 = 17 units; greater than 351= 20 units. If BS less than 70 or greater than 350, call MD. Start date 06/09/2021. May 2023 and June 2023 Medication Administration Record From 05/12/2023 to 06/28/2023, staff administered incorrect doses of Humalog sliding scale insulin to Resident 11: 05/12/2023 4:02 PM BS-300, 17 units administered (correct dose 15 units) 06/03/2023 9:52 AM BS 322, 20 units administered (correct dose 15 units) 06/03/2023 11:33 AM BS 322, 20 units administered (correct dose 17 units) 06/11/2023 7:40 AM BS 300, 17 units administered (correct dose 15 units) 06/24/2023 11:00 AM BS 186, 13 units administered (correct dose 11 units) 06/24/2023 5:16 PM, BS 191, 9 units administered (correct dose 11 units) 06/27/2023 11:58 AM, BS 110, 0 units administered (correct dose 9. Staff documented hold per MD order, resident refused to eat lunch. The record did not contain an order to hold insulin if resident refused to eat.) Individual Service Plan dated 02/01/2023 In the area of Medication Administration: " ...Facility to be responsible for medication administration ...Resident to take medications safely from trained care staff ..." On 06/28/2023 at 4:22 PM, Surveyor discussed concern of medication not administered in the dosage as prescribed with Resident Manager A and Administrator G. Resident Manager A stated staff needed to pay closer attention when	{N 352}		

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{N 352}	Continued From page 5 administering Resident 11's sliding scale insulin.	{N 352}		
{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 and interview, the provider did not ensure individual service plans were reviewed and revised when there was a change in resident's needs, abilities or physical or mental condition. Individual service plans were not reviewed and revised when resident care needs changed for 2 of 2 residents reviewed. Resident 9's ISP did not address open area on buttock, sit to stand transfer, or therapy services and wound care by home health agency. Resident 12's ISP did not address need to be fed by staff, nonambulatory status/use of wheelchair and sit to stand transfers, or hospice services.	{N 389}		

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{N 389}	Continued From page 6 This is a repeat deficiency. See Statement Of Deficiency OFRT11, dated 11/30/2022. Findings include: On 06/28/2023 at approximately 10:20 AM, Surveyor requested Resident 9's and Resident 12's records including most recent assessments and current individual service plans (ISP) from Manager A. On 06/28/2023, Surveyor reviewed Resident 9's and Resident 12's records. Example 1- Resident 9 Resident 9 was admitted 10/25/2023. Diagnoses included Alzheimer's disease. Progress notes: 03/14/2023 1:30 PM- "Per Therapy [sic] please make sure to put lotion on residents [sic] feet ..." 03/14/2023 11:15 AM "Resident has a productive cough noted by Speech therapist ..." 04/05/2023 4:45 PM "Remove [his/her] tubi grips tonight, before bed. [S/he] is NOT to wear them when [s/he] sleeps." 04/06/2023 11:30 AM " ...left leg cellulitis ...[S/he] has compression socks, tan color, to wear daily and OFF a [sic] at bedtime to wash in [his/her] sink and hang to dry. Same for tubi grips, [s/he] may wear these if Comp [sic] stockings, [sic] are not available ..." 04/25/2023 12:15 PM "Everyday [his/her] compression stockings need to [sic] put ON, and every evening, they are to come OFF ...Check on [him/her] during the day, to be sure the stockings are pulled up, and not bunched up, thus cutting off [his/her] circulation ..." 05/05/2023 6:30 AM "Resident is all out of pull ups. [S/he] is getting a sore/open area on	{N 389}		

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{N 389}	Continued From page 7 [his/her] buttock." 05/05/2023 6:30 AM "Confirmed resident does have less than pea size sore in middle of butte [sic] check, L side ..." 05/09/2023 10:00 AM " ...has dime sized open area on [his/her] left buttock ...Place [him/her] into [his/her] recliner after lunch, to off load, her weight ..." 05/12/2023 1:15 PM " ...Continue to apply barrier cream after toileting resident and have [him/her] sit in [his/her] recliner after meals instead of sitting [his/her] WC [wheelchair] all day ..." 05/18/2023 11:45 AM "The sore on resident's bottom was bleeding this morning ..." 05/24/23 10:30 AM "Writer asked [name of home health agency] to see [him/her] for wound care for [his/her] Left buttock. Site actively bleeding today, size of a cashes ..." 05/25/2023 12:30 PM " ...seen by [name of home health agency] wound care ..." 05/25/2023 2:00 PM " ...Per therapy, every one to two hours have [him/her] stand up to relieve pressure from [his/her] buttox [sic]." 06/20/2023 9:15 PM " ...sit to stand was used tonight to perform cares at chair side, resident was screaming the whole time, she is terrified of the machine ..." Assessment dated 11/25/2022: In the area of Transferring- "Full Assist ...requires total assistance support including physical and verbal assistance with transferring/ambulation needs. Requires hands-on assistance with moving from bed to wheelchair/device ...Assist of one to stand and pivot only ..." In the area of Skin Integrity " ... does the resident have any skin alterations No-skin is warm, dry and intact ...resident to maintain current skin integrity ..."	{N 389}		

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{N 389}	Continued From page 8 ISP dated 11/25/2023 (summarized): In the area of Skin Integrity- Skin is warm, dry and intact, no open areas. Tubi grips 2x every day. Resident to maintain current skin integrity. In the area of Walking- Non-ambulatory, wheelchair bound. In the area of Transferring- Assist of 1 to stand and pivot only. In the area of Safety Interventions- 4 wheeled walker and bed alarm. Resident 9's ISP did not address open area on buttock, sit to stand transfer, or therapy services and wound care by home health agency. On 06/28/2023 at 11:42 AM, Surveyor interviewed Manager A who stated Resident 9 was still seen by home health for wound care and physical therapy. Example 2-Resident 12 Resident 12 was admitted 06/02/2022. Diagnoses included Alzheimer's disease. Progress notes: 03/24/2023 3:45 PM " ...Due to resident having 2 falls this month, we need to make sure residents [sic] always has [his/her] walker with [him/her] and constant reminders to slow down ..." 04/03/2023 8:00 PM " ...Resident used walker tonight and did pretty well ..." 04/04/2023 8:15 PM " ...resident needs more assistance ..." 04/07/2023 11:15 AM " ...resident is full assist with bathroom and needs assistance getting in and out of bed ...04/19/2023 8:15 PM " ...needs a lot more assistance these days, wheelchair, having to help [him/her] stand to sit in wheelchair and bed, a total night care. Doesn't walks [sic] with walker at all anymore and no more wondering[sic] halls, sleeps all shift except meal	{N 389}		

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{N 389}	Continued From page 9 times, [s/he] used to eat 100% at meal time now its [sci] 50% to nothing ..." 04/20/2023 11:45 AM " ...needs more assistance using w/c more vs. ambulation, sleeps a lot, decrease eating, mild [weight] loss ...." 04/25/2023 6:30 PM " ...resident is a full assist with toileting and dressing ...and pushing back and forth with wheelchair to and from meals and activities ...[s/he] is not going to tell you [s/he] wants to get ready or use the toilet." 04/26/2023 5:30 PM " ...Resident had a hard time trying to figure out how to eat dinner tonight, I [sic] had to start feeding [him/her] and then [s/her] took over ..." 05/03/2023 3:45 PM " ...resident is 1 assist with dressing and toileting , should not still be in [his/her] nightgown at 2pm [sic] ...1 assist getting ready for bed too ...this is like my 3rd note about assisting resident with ADL's ..." 06/07/2023 7:00 PM " ...resident had to be hand fed [his/her] whole dinner tonight again ..." 06/16/2023 12:15 PM " ...cognitive decline, hospice ordered ...hospice is here ..." Assessment dated 06/16/2023: In the area of Eating " ...requires standby assistance during meals for monitoring of daily intake ..." In the area of Walking " ...requires SBA [stand by assist] with ambulation ..." In the area of Transferring " ...Independent ...stand by assist use gait belt and walker ...current status: Resident requires no assistance/care regarding ambulation and transferring ..." ISP dated 06/16/2023: In the area of Eating " ...requires standby assistance during meals for monitoring of daily intake ..."	{N 389}		

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{N 389}	Continued From page 10 In the area of Walking "Resident requires SBA [stand by assist] with ambulation, [s/he] tends to walk quickly, ask [him/her] to slow down, as not to fall ..." Options of wheelchair bound - propels self and wheelchair bound- unable to propel self were not checked. In the area of Transferring " ...stand by assist use gait belt and walker ...requires no assistance/care regarding ambulation and transferring ...Goal & Outcomes: To maintain independent transferring and ambulation ..." Resident 12's ISP did not address need to be fed by staff, nonambulatory status/use of wheelchair and sit to stand transfers, or hospice services. On 06/28/2023 at 1:38 PM, Surveyor interviewed Caregiver H who stated Resident 9 currently had a sore on his/her bottom that developed during a hospitalization approximately end of March 2023. Caregiver H stated home health was providing wound care. Caregiver H stated Resident 9's mobility had decreased was transferred with a sit to stand, except in bathroom where s/he was transferred with stand by assist. Caregiver H stated some days Resident 12 required total assist with eating and other days would feed self with verbal and physical cues. Caregiver H stated Resident 12 previously transferred self and ambulated independently with a walker and cues to slow down then required 1 person assist for transfers and cares and used a wheelchair for mobility. On 06/28/2023 at 4:22 PM, Surveyor discussed concern of ISP's not revised with changes in condition with Resident Manager A and Administrator G. Resident Manager A stated they needed to monitor the nurse's follow-up with paperwork more closely.	{N 389}		

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{N 408}	Continued From page 11	{N 408}		
{N 408}	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure when a resident was prescribed a PRN (as needed) psychotropic medication: 1. the resident's individual service plan included the rationale for use and a detailed description of the behaviors which indicated the need for administration of the PRN psychotropic medication and 2. the administrator or qualified designee shall monitor at least monthly for inappropriate use of PRN psychotropic medication including but not limited to use contrary to the individual service plan, presence of significant adverse side effects, use for	{N 408}		

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{N 408}	Continued From page 12 discipline or staff convenience, or contrary to the intended use. Resident 13's individual service plan (ISP) did not address his/her PRN psychotropic medication and a monthly PRN psychotropic review was not completed for April 2023. This is a repeat violation. See statement of deficiency OFRT11, dated 11/30/2022. Findings include: On 06/28/2023, Surveyor reviewed Resident 13's record. Diagnoses included Alzheimer's disease. Physician orders included Trazadone 50 MG take ½ to one tablet nightly as needed for sleep. ISP dated 01/06/2023: In the area of Sleep Patterns- " ...Resident gets adequate and quality sleep ..." In the area of Medication Administration- " ...PRN Psychotropic Medication ...No ...Not Applicable ..." Monthly PRN Psychotropic Medication Reviews: Resident 13's record contained monthly prn psychotropic reviews dated 03/31/2023 and 05/31/2023. The record did not contain a review completed for April 2023. On 06/28/2023 at 4:20 PM, Surveyor discussed concern of PRN psychotropic not addressed on ISP and May 2023 PRN review not completed for Resident 13 with Manager A and Administrator G. Manager A stated s/he thought the monthly PRN psychotropic reviews needed to be completed every other month. Manager A stated they would update the ISP and complete the reviews	{N 408}		

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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 408}	Continued From page 13 monthly.	{N 408}		
{N 525}	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire evacuation drill documentation included the CBRF's total evacuation time or identification of residents having an evacuation time greater than 4 minutes (in a sprinklered facility) including type of assistance needed for evacuation. This is a repeat violation. See Statement Of Deficiency DVYZ11, dated 03/04/2020 and Statement of Deficiency OFRY11, dated 11/30/2022. Findings include:	{N 525}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016570	A. BUILDING: _____ B. WING _____	R 06/29/2023

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{N 525}	Continued From page 14 On 06/28/2023, Surveyor conducted a verification visit. Surveyor requested documentation of fire drills since 04/01/2023. The facility record contained 1 Fire Drill Report, dated 04/12/2023. The Fire Drill Report identified the drill started at 11:00 AM and ended at 11:25 AM. The report did not include total evacuation time or identification of residents having an evacuation time greater than 4 minutes. On 06/28/2023 at 12:21 PM, Surveyor interviewed Administrator G and Maintenance I. Maintenance I stated start to end times included staff training. Administrator G stated they did not actually evacuate all residents especially during night simulated drills because residents do not want to be disrupted to get out of bed. When Surveyor asked if residents could be evacuated by rolling the beds out of the rooms, Administrator G stated because all beds were 36 ½ inches wide they did not fit through resident room doors. Administrator G stated they did not have a list identifying residents with evacuation times greater than 4 minutes and had not notified the fire department of specific residents using point of rescue because they did not know which residents require point of rescue. Surveyor reviewed Statement of Deficiency OFRY11, dated 11/30/2022 N0525 DHS 83.47(2)(d) Fire Drills and corresponding Notice and Order Letter issued 03/03/2023 with Administrator G and Maintenance I. Administrator G stated s/he did not recall if s/he reviewed the statement of deficiency or Notice and Order letter or not. On 06/28/2023 at 4:22 PM, Surveyor discussed concern regarding no identification of residents	{N 525}		

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 525}	Continued From page 15 with greater than 4 minutes evacuation time with Resident Manager A and Administrator G. Administrator G stated s/he should have monitored compliance regarding fire drills and fire drill documentation. Administrator G stated they were scheduling a meeting with the fire department.	{N 525}		