STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110304	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON STONEFIELD	6701 STONEFIELD RD MIDDLETON, WI 53562

(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 08/08/2023, Surveyor conducted a standard survey, 2 complaint investigations and self-report review. Four deficiencies were identified. One of 4 deficiencies was a repeat violation. See Statement OF Deficiency WWHL11, dated 01/24/2019 and 7B3I11, dated 12/06/2021. One complaint was substantiated and 1 complaint was unsubstantiated. Findings were identified for the self-report review. Census: 31	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 the resident right to receive medications as ordered by the physician. Two of 3 residents reviewed did not receive all medications as ordered. Findings include:	N 352		

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

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N 352	Continued From page 1 The facility is licensed as a Class C (nonambulatory) CBRF able to serve up to 32 residents in the client groups of irreversible dementia/Alzheimer's and advanced age. On 08/08/2023 at 11:20 AM, Surveyor inspected 2 of 2 medication carts with Med Tech C. One bottle of Resident 1's Polyethylene Glycol was stored in a medication cart. The 30-day dose bottle was approximately half full. Pharmacy label identified: Polyethylene Glycol 3350 Powder mix 17 grams (fill cap to line) in 4-8 ounces of liquid, stir well and drink once daily for constipation. 510 net weight bottle, 30 once-daily doses (Photo 1). 1 of 1 bottle Pharmacy dispense date was 04/11/2023 (Photo 2). Resident 2's bedtime medications were stored in a medication cart. Pharmacy label identified: Acetaminophen 325 MG take 2 tablets 3 times daily. Bedtime Pharmacy dispense date was 7/13/2023. 2 tablets remained in slot 25 (Photo 3). Preservision CAP AREDS 2 (multi vitamins with minerals) 1 capsule twice daily for macular degeneration. Bedtime Pharmacy dispense date was 7/13/2023 1 tablet remained in slot 25 (Photo 4). Gabapentin 300 MG 1 capsule 3 times daily for peripheral neuropathy. Bedtime	N 352		

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N 352	Continued From page 2 Pharmacy dispense date was 07/13/2023. 1 capsule remained in slot 25 (Photo 5). Probiotic 250 MG 1 capsule twice daily Bedtime Pharmacy dispense date was 07/13/2023 1 capsule remained in slot 25 (Photo 6). Example 1-Resident 1 On 08/08/2023, Surveyor reviewed Resident 1's record. S/he was admitted 02/03/2021. Diagnoses included unspecified dementia. Physician orders included Polyethylene Glycol 3350 Powder give 17 grams once daily for constipation (start date 11/17/2022). April 2023, May 2023, June 2023, July 2023 and August 2023 MARs: Between 04/15/2023 and 08/08/2023, staff documented on Resident 1's MARs administration of 17 grams of Polyethylene Glycol once daily 117 times. Progress Notes dated 04/01/2023 - 08/08/2023: No documentation regarding Polyethylene Glycol. Individual Service Plan (ISP) dated 04/07/2023: In the area of Medications- " ...[Resident 1] will receive medications as prescribed. Resident will receive physical assistance with taking medications ...[Resident 1] often refuses medications. Med passer should save the medications and offer again later ..." Example 2-Resident 2 On 08/08/2023, Surveyor reviewed Resident 2's record. S/he was admitted 12/08/2020. Diagnoses included Alzheimer's disease, macular degeneration,	N 352		

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N 352	Continued From page 3 Physician orders included: Acetaminophen 325 MG take 2 tablets 3 times daily for pain (start date 04/25/2023), Preservision CAP AREDS 2 (multi vitamins with minerals) 1 capsule twice daily for macular degeneration (start date 04/25/2023), Gabapentin 300 MG 1 capsule 3 times daily for neuropathic pain (start date 06/06/2023), and Probiotic 250 MG 1 capsule twice daily for digestive health (start date 04/26/2023). July 2023 MAR: On 07/25/2023, staff documented as having administered Resident 2's bedtime Acetaminophen 325 MG, Preservision CAP AREDS 2, Gabapentin 300 MG, and Probiotic 250 MG. July 2023 Progress Notes: No documentation regarding why 07/25/2023 PM medications were documented as administered but remained in bubble pack card. ISP dated 03/02/2023: In the area of Medications:- " ...[Resident 2] will receive medications as prescribed. [S/he] will receive physical assistance with taking medications ..." On 08/08/2023 at 9:00 AM, Surveyor interviewed Executive Director A who stated no residents self-administer their own medications. On 08/08/2023 at 11:20 AM, Surveyor interviewed Med Tech C who stated s/he had administered Resident 1's Polyethylene Glycol that morning and demonstrated to Surveyor correct measurement of 17 grams of the medication. Med Tech C checked Resident 1's August 2023 electronic medication administration record	N 352		

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N 352	Continued From page 4	N 352		

(MAR) and stated there was a current active order for the Polyethylene Glycol. Med Tech C stated staff punch meds from the slot number matching the date, on July 25 staff would have punched meds from slot "25".

On 11/08/2023 at 11:40 AM Health and Wellness Coordinator (HWC) B returned to the medication carts with Surveyor. HWC-B verified Resident 1's bottle of Polyethylene Glycol 3350 Powder was approximately half full. HWC-B stated s/he would investigate why the bottle was still half full when only 30 daily doses were dispensed since 04/11/2023.

On 08/08/2023 at 4:50 PM, Surveyor discussed concern of staff not administering medications as ordered with Executive Director A and HWD-B. HWD-B stated Resident 1's Polyethylene Glycol would have only come from the pharmacy since the facility does not accept powder mediations from other sources but there may have been a second bottle from the pharmacy. HWD-B stated s/he interviewed staff after observing the medication carts with Surveyor and staff told him/her it was difficult to administer Resident 1's Polyethylene Glycol in the thickened liquid Resident 1 received and staff failed to administer it to Resident 1. HWD-B stated s/he monitors staff documentation of administration of meds but not the medications themselves. HWD-B stated s/he assumed staff missed Resident 2's bedtime medication administration on 07/25/2023 and did not know why those medications were documented as administered. HWD-B stated staff would be re-educated.

On 08/09/2022 at 10:09 AM, Surveyor interviewed Pharmacy Support D who stated a 30-day dose bottle of Resident 1's Polyethylene

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N 352	Continued From page 5 Glycol 3350 was most recently dispensed 04/11/2023 and the medication was not auto refilled, so facility staff requested refills. Pharmacy Support D stated prior to 04/11/2023, 1 30-day dose bottle was dispensed 01/07/2022 and 07/07/2022. Pharmacy Support D stated Resident 1's Polyethylene Glycol 3350 original order date was 01/07/2022 for 17 grams once daily and that order was renewed on 11/17/2022. Pharmacy Support D stated the pharmacy had no record of an "as needed" order for Polyethylene Glycol 3350 and there were no bottles dispensed by pharmacy for "as needed" use.	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 when there was a change in resident's needs, abilities or physical or mental condition, the individual service plan was reviewed and revised.	N 389		

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N 389	Continued From page 6 Individual service plans (ISP) were not updated when changes occurred for 3 of 4 residents reviewed. Resident 1's ISP did not address: foley catheter initiated 07/25/2023; Broda chair initiated approximately 07/31/2023; right hip/buttocks wound developed 04/07/2023; or potential for left hand yeast infections due severe contractures. Resident 3's ISP was not updated when blood sugar checks changed from twice weekly or less to twice daily. Resident 4's ISP was not updated to address non-use of walker, pacing to the point of exhaustion both during day and night, and inability to use call light due to dementia. This is a repeat deficiency. See Statement OF Deficiency WWHL11, dated 01/24/2019 and 7B3I11, dated 12/06/2021. Findings include: On 08/08/2023, Surveyor reviewed Resident 1's, Resident 3's and Resident 4's records. Example 1- Resident 1 Resident 1 was admitted 02/03/2021. Diagnoses included unspecified dementia. Progress notes dated 04/01/2023-08/08/2023 (summarized): 07/31/2023 3:31 PM- New order received to flush urinary catheter twice a week. 07/28/2023 4:24 PM- Orders for changes in wound care to both right and left buttock were received.	N 389		

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N 389	Continued From page 7 07/23/2023 4:53 PM- Hospice nurse visit this morning. New wound care to left hand was done at that time. Nystatin powder sprinkled on lamb's wool then tucked into pal amd weaved between fingers. Asked previous wound care treatments to the hand be discontinued. 07/19/2023 7:47 PM- Order received for Nystatin Powder to be applied 3 times daily as needed for fungal infection. New wound care orders for left hand to be performed once daily and as needed for 14 days. 05/28/2023 1:33 PM- Hospice RN called with results from wound cultures of right hip and left buttock. ISP dated 04/07/2023: In the area of Bathroom Assistance: " ...Resident needs help in the bathroom ...Resident requires physical assistance related to the inability to stand independently during bathroom tasks ...is incontinent of bladder ...is incontinent of bowel ...Outcome/Goal ...will have bathroom needs met with staff assistance. Incontinence cares provided every 2-3 hours and prn ...requires full assist with toileting and incontinent cares. In the area of Escort and Mobility: " ...Resident uses a manual wheelchair as a mobility aid ...no longer self-propels in the wheelchair. [S/he] tends to slide forward in [his/her] wheelchair, so [name of hospice agency] is providing a 2 inch cushion with a slant that will help with that In the area of Skin Care: " ...[Resident 1] skin will remain intact ...Comments: [Name of hospice] is doing wound care to blisters on [his/her] feet and to an open area on the left hip ..." The ISP did not address foley catheter initiated 07/25/2023, Broda chair initiated approximately 07/31/2023, wound right hip/buttocks, or potential for yeast due to left hand contractures.	N 389		

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N 389	Continued From page 8 On 08/14/2023 at 12:30 PM, Surveyor received Resident 1's ISP dated 04/07/2023 containing new (since 08/08/2023) handwritten updates via email from Executive Director A. Handwritten Updates since 08/08/2023 (summarized)- In the area of Bathroom Assistance: 07/25/2023 Foley catheter placed to protect wound on left hip/buttocks. Staff will check patency of catheter, bag to be below bladder. Empty bag every shift. In the area of Skin Care: 07/21/23- New wound to left hand, to keep hand free of yeast- lamb's wool between fingers, Nystatin powder. Left hip/buttock 05/17/2023, Right hip 04/17/2023-wound care performed by [name of hospice] skilled nurses, when in bed reposition every 2-3 hours, avoid direct pressure on wounds. [Foot] blisters healed 03/31/2023. The updated ISP did not address addition of Broda chair on approximately 07/31/2023. Example 2- Resident 3 Resident 3 was admitted 10/24/2022. Diagnoses included type 2 diabetes with hyperglycemia. Physician orders included: Blood sugar check in AM before breakfast and PM before dinner. Call MD if blood sugar is <80 or >400 (start date 05/23/2023, end date 06/23/2023, start date 06/23/2023). ISP dated 12/19/2022: In the area of Chronic Condition Management: " ...Resident has insulin-dependent diabetes. Perform blood sugar monitoring two or less times per week including equipment calibration and record results ..." Resident 3's ISP did not address checking blood sugars twice daily as ordered by physician on	N 389		

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N 389	Continued From page 9 05/23/2023. On 08/14/2023 at 12:30 PM, Surveyor received Resident 3's ISP dated 12/14/2022 containing new (since 0808/2023) handwritten updates via email from Executive Director A for Resident 3. Handwritten Updates since 08/08/2023 (summarized)- In the area of Chronic Condition Management: 06/27/2023-Check blood sugar twice daily. Example 3- Resident 4 On 08/08/2023 throughout the day from, Surveyor observed Resident 4 ambulating without his/her walker. On 08/08/2023 at 3:57 PM, Surveyor observed a 4 wheeled walker parked in the corner of Resident 4's room while Resident 4 was at the July birthday party. Progress Notes: 07/12/2023 8:41 PM- "Slept for most of the day ..." 07/13/2023 3:22 PM- " ...[Resident 4] was up during the night last night and has been sleeping all day ..." ISP dated 03/16/2023: In the area of Escort & Mobility- " ...Encourage proper use of assistive device(s) as needed ... [Resident 4] is ambulatory but has very poor short term memory. Art [sic] times [s/he] is fatigued and anxious and unsteady on [his/her] feet ..." In the area of Cognitive/Psychosocial- " ...Resident has difficulty communicating needs and preferences (verbally and non-verbally) ..." In the area of Reluctance to Accept Care- " ...Outcome/Goal: Not Applicable, Comments: [Resident 4] is confused and anxious about cares. If [s/he] receives [his/her] evening meds right after dinner, [s/he] is calm and accepting of cares at bedtime."	N 389		

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In the area of Behavior Management- "
...Resident demonstrates anxious, disruptive, or obsessive behaviors requiring additional attention
...[Resident 4] will receive appropriate staff approaches to address and redirect behaviors.
Comments: [Resident 4] has significant anxiety and requires additional attention from staff at times during the day. [His/her] anxiety has been worse since [other person] passed away."

Resident 4's ISP did not address non-use of walker, pacing to the point of exhaustion both during day and night, and inability to use call light due to dementia.

On 08/14/2023 at 12:30 PM, Surveyor received Resident 4's ISP dated 03/15/2023 containing new (since 08/08/2023) handwritten updates via email from Executive Director A.
Handwritten updates made after 08/08/2023 to Resident 4's ISP dated 03/16/2023 included (summarized):
In the area of Escort and Mobility- Anxiety exhibited by constant walking/pacing often to the point of exhaustion, paces when angry, and does not use call light. Interventions-staff redirect and encourage to sit down, anticipate needs, check on him/her frequently when in his/her room. Has a walker but does not use it. Staff have attempted to use it, but s/he does not comprehend and just walks away from it.
In the area of Cognitive/Psychosocial- Does not use call light. Staff will anticipate needs, check on him/her every 2 hours at night and during day when s/he is in his/her room.
In the area of Behavior Management: Active at night, pacing hallways and frequently seeking reassurance.

On 08/08/2023 at 4:02 PM, Surveyor interviewed

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N 389	Continued From page 11 Caregiver H who stated Resident 4 refused to use his/her walker and was unable to use a call light due to dementia. Caregiver H stated when Resident 4 was angry, s/he would pace to the point of exhaustion and was unsteady on his/her feet at times. Caregiver H stated Resident 4 was up frequently during the night and paced during the night. On 08/14/2023 at 12:38 PM, Surveyor discussed concerns of ISP's not updated as changes occurred with Executive Director A and Health and Wellness Director (HWD)-B. HWD-B stated Resident 1's right hip wound developed 04/07/2023 and left hip wound on 05/16/2023. HWD-B stated Resident 1's Broda chair was initiated approximately 08/01/2023 due to poor trunk control. HWD-B stated Resident 1 had significant contractures of left-hand requiring interventions to prevent yeast infections. HWD-B stated when Resident 3 was admitted the order for blood sugar checks was less than twice per week then changed to twice daily. HWD-B stated as Resident 4's dementia progresses, staff need to be aware of his/her changing safety needs. HWD-B stated s/he added handwritten updates on Resident 1's, Resident 3's, and Resident 4's ISPs since 08/08/2023 and the ISP's were not updated as changes occurred due to human failure. Cross Reference: N0431 DHS 83.38(1)(g) Health Monitoring	N 389		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In	N 431		

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N 431	Continued From page 12 addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the CBRF provided services adequate to meet the needs of each resident in the area of health monitoring. Resident 3's physician was not notified (as ordered by physician) of <80 blood sugar	N 431		

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readings 4 times between 06/07/2023 and 06/21/2022 or of >400 blood sugar readings on 07/20/2023 and 07/23/2023.
From 06/19/2023-06/22/2023, Resident 3 experienced low blood sugars and blood sugars were not consistently monitored as ordered by the physician, and staff continued to administer long-acting insulin Glargine. On 06/23/2023, Resident 3 vomited and speech was slurred when blood sugar was 43 and Resident 3 was hospitalized due to hypoglycemia.

Findings include:

The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 32 residents within the client groups of advanced age and irreversible dementia/Alzheimer's.

On 06/28/2023, the Department received a complaint regarding health monitoring and on 06/28/2023 the Department received a self-report regarding Resident 3's 06/23/2023 hospitalization for hypoglycemia.

Self-Report signed and dated by Executive Director A on 06/28/2023 (summarized): On 05/18/2023 Resident 3 was seen in the ER due to hypoglycemic episode. In response, the physician ordered blood sugar (BS) monitoring twice daily prior to morning and evening meals, and to call the primary care physician if BS was >400 or <80. On 06/23/2023 at 10:20 AM Resident 3 had refused breakfast and was observed slurring his/her speech. Resident 3 vomited and BS was 43. The med tech attempted to administer glucose gel while Executive Director A called 911. Resident 3 was transported to the ER for evaluation and treatment. Resident 3 was admitted to the hospital to stabilize his/her BS

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and assess his/her diabetic medications. Resident 3 was discharged back to the CBRF on 06/26/2023 with orders to decrease his/her insulin. Upon investigation, it was discovered the Resident 3 had BS readings <80 on 06/07/2023, 06/19/2023, 06/20/2023, and 06/21/2023 and the BS reading for 06/21/2023 PM and 06/22/2023 AM were missing. The med techs responsible for reporting the low readings had not done so as ordered by physician. Diabetic training was provided to staff and all med techs were compliant with Resident 3's orders upon return. Follow up discussions and additional training were provided to the med techs who failed to report the low readings.

On 08/08/2023, Surveyor reviewed the facility's Med Error Investigation (not signed or dated) stating, " ...Date, time, and glucose readings taken from glucometer. Readings appear to be off by 1 day for the date and approximately 5 hours (determined by actual time of hypoglycemic event on 06/23/2023) ..." Low/missing blood sugar (BS) readings and comments documented on the investigation included (actual dates and actual times):
06/23/2023- 10:22 AM- BS 47. Low reading was accompanied by vomiting. Sent to ER. Admitted.
06/22/2023- AM- BS reading missing. Staff stated s/he may have forgotten to take it.
06/21/2023- PM- BS reading missing. BS taken with a different glucometer that is no longer available.
06/21/2023- 8:52 AM- BS 53. Low reading not reported.
06/20/2023- 8:42 AM- BS 77. Low reading not reported.
06/19/2023 7:50 AM- BS 68. Low reading not reported.
06/07/2023 (no time indicated)- BS 76. Low

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reading was not reported.

On 08/08/2023, Surveyor reviewed Resident 3's record. S/he was admitted 10/24/2022. Diagnoses included dementia and type 2 diabetes mellites with hyperglycemia.

Physician orders included: Blood sugar check in AM before breakfast and PM before dinner. Call MD if blood sugar is <80 or >400 (start date 05/23/2023, end date 06/23/2023, start date 06/23/2023).

Blood Sugar Vitals Summary
(05/01/2023-08/08/2023) included:
06/07/2023-8:06 AM- BS 76
06/15/2023- BS reading blank
06/17/2023 AM-06/23/2023 AM - BS reading blank
06/27/2023- 6:52 AM- BS 79
07/20/2023 3:39 PM- BS 448
07/23/2023 4:38 PM- BS 480

Progress Notes dated 06/01/2023-08/08/2023:
No progress notes regarding physician notification of high blood sugars on 07/20/2023 or 07/23/2023.

Individual Service Plan dated 12/19/2022:
In the area of Chronic Condition Management: " ...Resident has insulin-dependent diabetes. Perform blood sugar monitoring two or less times per week including equipment calibration and record results ..."

On 07/11/2023 at 1:20 PM, Surveyor interviewed Hospital Physician F who stated Resident 3 was admitted to the hospital 06/23/2023 with blood sugars in the 30's. Hospital Physician E stated hospital staff called facility to obtain Resident 3's

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previous week's blood sugars and was told they were unknown. Hospital Physician E stated the hospital obtained Resident 3's glucometer which showed blood sugars on 06/19/2023-68, 06/20/2023-77, and 06/21/2023-53. Hospital Physician E stated the facility did not notify Resident 3's physician of the low blood sugars and continued to administer same doses of Glargine long-acting insulin which could have killed him/her.

On 08/08/2023 at approximately 9:30 AM, Surveyor interviewed Executive Director A who stated s/he completed the Med Error Investigation following Resident 3's hospitalization in June 2023.

On 08/08/023 at 3:17 PM, Surveyor interviewed and reviewed Resident 3's Blood Sugar Vitals Summary with Health and Wellness Director (HWD) B. HWD-B stated s/he did not recall Resident 3 having blood sugars greater than 400 or notifying the physician of high blood sugars on 07/20/2023 or 07/23/2023. HWD-B stated s/he would check into it.

On 08/08/2023 at 4:50 PM, Surveyor discussed concern of medications blood sugar readings missing and not notifying physician when Resident 3's BS were less than 80 and higher than 400 with Executive Director A and HWD-B. HWD-B stated prior to Resident 3's June 2023 hospitalization med techs notified the physician and after Resident 3's hospitalization in June 2023 staff were to report Resident 3's blood sugars to him/her so and s/he would notify the physician. HWD-B stated Resident 3's low blood sugars on 07/20/2023 and 07/23/2023 were not reported him/her or the physician. HWD-B stated after Resident 3's June 2023 hospitalization staff

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N 431	Continued From page 17 were reeducated with emphasis on reporting low blood sugars, and s/he would re-educate emphasizing reporting high blood sugars. On 08/10/2023, Surveyor received and reviewed hospital discharge summary dated 06/29/2023: " ...Hospital course: ...I called [his/her] facility to obtain a record of [his/her] previous blood sugars for the past week. The facility told me that "unknown" was documented for each of these. They initially stated that this was due to an issue with the physician order for BG checks, but then later said it was an issue with [his/her] glucometer. They had told [Family Member G] [his/her] glucometer was not working, so [s/he] bought a new glucometer and brought it to the facility. On the day of discharge, [Family Member G] was able to pick up both glucometers and brought them to the hospital. The new glucometer had not been used. The old glucometer had been used and had readings saved on it. Most notably, [s/he] had repeated hypoglycemic fasting BGs for multiple days leading up to admission. For example: on June 19th, fasting BG was 68; on June 20th, fasting BG was 77; and on June 21, fasting BG was 53. Their orders were to call [his/her] PCP's [primary care physician's] office for any BGs < 80, but they did not do so for any of these readings. Instead, they continued to give [him/her] the same dose of glargine [sic] each night, despite dangerously low fasting BG levels. By continuing to give [his/her] insulin despite these dangerously low levels, they prevented [his/her] doctors from intervening and correcting this problem, which put [him/her] in a situation where [s/he] could have developed fatal hypoglycemia. On June 23rd, the day of admission, it appears they discovered [his/her] BG of 37 only after [s/he] became altered and developed vomiting ..."	N 431		

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N 431	Continued From page 18 Cross Reference: N0352 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 431		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every interior floor, wall and ceiling shall be clean and in good repair. Dark spots ranging in size were observed on the hallway's carpet throughout facility. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 32 residents within the client groups of advanced age and irreversible dementia/Alzheimer's. Resident rooms were located in hallways labeled A, B, C, D, and E. On 08/08/2023, Surveyor observed the following dark spots on carpet in hallways: 9:39 AM- approximately 2'x2' and 16 small areas ranging 1"-8" off dining room (Photo 7); 9:39 AM- approximately 1' x 18" and approximately 20 small dots by file room (Photo 8); 9:41 AM- approximately 8"x8" near room A1 (Photo 9); 9:41 AM- approximately 2 ½'x8" and 6" diameter near room A3 and laundry room (Photo 10);	N 491		

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N 491	Continued From page 19 9:48 AM- approximately 1'x8" by room A8 (Photo 11); 9:48 AM- approximately 3"x6" (with yellow substance splattered on floorboard), and 2 large areas by conference room (Photo 12); 9:51 AM- approximately 10 spots ranging in diameter 1"-3" by room E2 (Photo 13); 9:52 AM- 6"x8" and 8 spots ranging in diameter ¾"-4" by room E4 (Photo 14); 9:53 AM- 4 spots ranging in diameter 1"x6" by plant stand (Photo 15); 9:55 AM- approximately 4"x10" and 7 small dots by room B6 (Photo 16); 9:56 AM- 9 spots ranging in diameter 1" to 4" by room B3 (Photo 17); 9:57 AM- approximately 2 ½'x13" and orange substance on wall off dining room (Photo 18); and 9:59 AM- approximately 6" diameter by beauty shop (Photo 19). On 08/08/2023 at 9:44 AM, Surveyor interviewed Housekeeper I who stated night shift vacuums the hallway carpets. Housekeeper I stated s/he did not know who shampooed or how often the carpets were shampooed. On 08/08/2023, Surveyor reviewed the staff roster indicating Housekeeper I was hired 11/14/2022. On 08/08/2023, Surveyor discussed concern with spots on carpet and substances on floorboards with Executive Director A and Health and Wellness Director B. Executive Director A stated the carpet shampooer broke a few weeks prior and new one was being delivered on 08/09/2023. On 08/10/2023 at 4:34 PM Surveyor received an email from Executive Director B. Two photos were contained in the email. One photo was of a hallway carpet and the 2nd was of a different hallway carpet. The email stated "...Additionally, I	N 491		

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N 491	Continued From page 20 included below pictures of the carpet in the areas that were most stained on your visit after they received a cleaning this morning. It is unfortunate that we weren't able to get our equipment here sooner so that you could get a more favorable impression of our carpet care routine and standards. This is a much more accurate picture of how our community typically looks..."	N 491		