STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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GRAND AVENUE ASSISTED LIVING	620 GRAND VIEW AVENUE BLAIR, WI 54616

(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 06/30/2023, Surveyor conducted a complaint investigation and verification visit at Grand Avenue Assisted Living. Data collection continued through 07/11/2023. The complaint was substantiated. Three deficiencies were identified. Two of the 3 deficiencies were repeat violations (see SOD P3BL11, dated 10/18/2022). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 10	{N 000}		
{N 427}	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not provide a daily	{N 427}		

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

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{N 427}	Continued From page 1 activity program to meet the needs and interests of the residents. This is a repeat deficiency. See Statement of Deficiency (SOD) P3BL11, dated 10/18/2022. Findings include: This facility is licensed to care for up to 12 residents in the client groups of advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 06/30/2023 at 9:45 AM, Surveyor interviewed Caregiver B. Caregiver B stated their current census was 10 residents and they had 1 caregiver per shift. Surveyor asked Caregiver B about the resident activities. Caregiver B stated residents can go to the skilled nursing facility (SNF) on the other side of the building for the activities offered there but many of the residents chose not to participate. Caregiver B stated resident activities were not part of his/her caregiver role. Caregiver B showed Surveyor where the activity calendar was posted on a bulletin board by the dining room. Surveyor observed two activity calendars posted. A July 2023 activity calendar for the SNF was posted over top the July 2023 assisted living calendar. Residents would have to reach up and lift the SNF activity calendar to see the assisted living activity calendar. There was no posting of what the activities for 06/30/2023 were. At 10:15 AM, Surveyor interviewed Nurse Manager (NM) A about activities. NM A stated they had gone around and asked residents what activities they would like at the facility. NM A stated most of the residents refuse to participate	{N 427}		

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{N 427}	Continued From page 2 in activities. NM A stated the residents are always able to go over to the SNF for activities and/or they have puzzles, coloring, etc. At 10:19 AM, Surveyor interviewed Resident 1 about activities. Resident 1 stated s/he would go over to the SNF for activities like bingo and tasting parties and liked going over to the SNF because more activities were offered over there. Resident 1 stated there had been no community outings since the COVID-19 pandemic and they used to have a bus to take them. At 10:36 AM, Surveyor interviewed Resident 3 about activities. Resident 3 stated staff do not take them on community outings anymore. At 12:45 PM, Surveyor interviewed NM A again about activities. NM A stated that before the COVID-19 pandemic, they used to take residents on community outings like a pontoon ride. NM A stated s/he was not sure if any were planned at this time since the SNF activity director would be the one making the plans. Surveyor explained the concern of both facilities needing to have their own separate activity program. NM A stated s/he understood and maybe the new administrator would be more willing to do that. On 06/30/2023, Surveyor toured the facility and made observations from 9:34 AM to 1:00 PM. Surveyor did not observe staff initiating activities with the residents during that time. On 07/06/2023 at 11:15 AM, Surveyor interviewed Caregiver G. Caregiver G confirmed residents would go over to the SNF for activities. Caregiver G stated s/he would encourage residents to go for walks and residents only went with their families for community outings.	{N 427}		

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{N 427}	Continued From page 3 On 0707/2023 at 9:08 AM, Surveyor interviewed Caregiver E. Caregiver E stated staff tried to offer what they could for activities but due to 1 staff being responsible for everything, it was hard to fit any activities in on a shift. Caregiver E stated many of the residents refused to participate in activities when offered. On 0707/2023 at 9:15 AM, Surveyor interviewed Caregiver F. Caregiver F again confirmed residents go over to the SNF for most activities. Caregiver F stated s/he tried to offer bingo or shaking dice but most residents refuse to participate. The provider did not provide a daily activity program to meet the needs and interests of the residents when residents were encouraged to go over to the SNF for activities. The Provider did not have a separate activity program for residents in the assisted living facility and staff were unable to consistently offer activities due to the number of duties and tasks.	{N 427}		
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 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	N 431		

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N 431	Continued From page 4 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 record review and interview, the provider did not monitor Resident 2's health in regard to his/her physical health and report significant deviations from normal cognition and intake patterns to the physician. Resident 2 showed a change in condition with acute onset of hallucinations, confusion, and poor oral intake and there was a delay in having Resident 2 evaluated. Findings include: On 05/11/2023, the Department received a complaint alleging residents were not provided fluids regularly and fluid intake was not	N 431		

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N 431	Continued From page 5 monitored, causing residents to become dehydrated. RECORD REVIEW "Dehydration occurs when you use or lose more fluid than you take in, and your body doesn't have enough water and other fluids to carry out its normal functions. If you don't replace lost fluids, you will get dehydrated. Anyone may become dehydrated, but the condition is especially dangerous for young children and older adults ... Older adults naturally have a lower volume of water in their bodies, and may have conditions or take medications that increase the risk of dehydration. This means that even minor illnesses, such as infections affecting the lungs or bladder, can result in dehydration in older adults. Thirst isn't always a reliable early indicator of the body's need for water. Many people, particularly older adults, don't feel thirsty until they're already dehydrated. That's why it's important to increase water intake during hot weather or when you're ill. The signs and symptoms of dehydration also may differ by age ... Adult Extreme thirst Less frequent urination Dark-colored urine Fatigue Dizziness	N 431		

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N 431	Continued From page 6 Confusion Anyone can become dehydrated, but certain people are at greater risk ...: Older adults. As you age, your body's fluid reserve becomes smaller, your ability to conserve water is reduced and your thirst sense becomes less acute. These problems are compounded by chronic illnesses such as diabetes and dementia, and by the use of certain medications. Older adults also may have mobility problems that limit their ability to obtain water for themselves. People with chronic illnesses. Having uncontrolled or untreated diabetes puts you at high risk of dehydration. Kidney disease also increases your risk, as do medications that increase urination. Even having a cold or sore throat makes you more susceptible to dehydration because you're less likely to feel like eating or drinking when you're sick. Dehydration can lead to serious complications, including ... Urinary and kidney problems. Prolonged or repeated bouts of dehydration can cause urinary tract infections (UTIs), kidney stones and even kidney failure. Low blood volume shock (hypovolemic shock). This is one of the most serious, and sometimes life-threatening, complications of dehydration. It occurs when low blood volume causes a drop in blood pressure and a drop in the amount of oxygen in your body. People may need to take in more fluids if they are experiencing conditions such as ...:	N 431		

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Illness. Older adults most commonly become dehydrated during minor illnesses - such as influenza, bronchitis or bladder infections. Make sure to drink extra fluids when you're not feeling well." (Source: Mayo Clinic Website, Dehydration, October 14, 2021, https://www.mayoclinic.org/diseases-conditions/dehydration/symptoms-causes/syc-20354086 (retrieval date - 07/06/2023).)

On 06/30/2023, Surveyor requested and reviewed Resident 2's record.

Resident 2 was admitted on 02/27/2023 with diagnoses including Parkinsonism, dementia with behavioral disturbance, major neurocognitive disorder, hallucinations, and type 2 diabetes.

Resident 2's admission assessment, dated 02/07/2023, indicated Resident 2 was independent with transfers and ambulation using a walker. The admission assessment indicated Resident 2 did not have any problematic behaviors upon admission. The admission assessment indicated Resident 2 had mild cognitive impairment and required assistance with decision-making. The admission assessment indicated Resident 2 could not prepare light meals and snacks on his/her own.

Resident 2's individual service plan (ISP), last updated 05/04/2023, indicated Resident 2 needed assistance at times with toileting when incontinent to help change incontinent brief. The ISP indicated Resident 2 was at risk for elopement due to cognitive impairment.

"Fluid needs are often calculated on a per body weight basis, with an adult baseline of 30-35

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mL/Kg. All beverages, including coffee, tea, fruit juices, dairy and alcohol count toward daily fluid requirement." (Source: Assessing Fluid Requirements: A Health Professional's Reference Sheet, Nestle Waters North America Inc, 2017).

Resident 2's care notes indicated his/her weight on 04/27/2023 was 139 pounds. If calculated, 139 pounds equals approximately 63 kilograms (kg). Multiple 63 kg by 30-35 milliliters (ml) and Resident 2's total fluid intake per day would be approximately between 1890 ml to 2205 ml.

Resident 2's care notes indicated the total amount of fluid intake for Resident 2 on the following dates:

04/24/2023 - 1260 ml
04/25/2023 - 1080 ml
04/26/2023 - 720 ml
04/27/2023 - 1260 ml
04/28/2023 - 420 ml
04/29/2023 - 840 ml
04/30/2023 - 780 ml
05/01/2023 - 450 ml
05/02/2023 - 300 ml
05/03/2023 - 120 ml
05/04/2023 - taken to urgent care at 9:45 AM
05/05/2023 - 900 ml
05/06/2023 - 300 ml
05/07/2023 - 330 ml
05/08/2023 - 450 ml - taken to emergency department at approximately 9:00 PM

On all the dates above, staff charted Resident 2 was offered water twice per day once in the morning and once in the evening.

Resident 2's care notes indicated the percentage of meals Resident 2 ate on the following dates:

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N 431	Continued From page 9 04/24/2023 - Breakfast (B) 100%, Lunch (L) 100%, Supper (S) 100% 04/25/2023 - B 100%, L 75%, S 75% 04/26/2023 - B 100%, L 75%, S 100% 04/27/2023 - B 100%, L 100%, S 100% 04/28/2023 - B 100%, L 0% - refused, S 100% 04/29/2023 - B 100%, L 50%, S 0% 04/30/2023 - B 100%, L 25%, S 100% 05/01/2023 - B 75%, L 50%, S 25% 05/02/2023 - B 100%, L bites, S 50% 05/03/2023 - B 0%, L 25%, S 50% 05/04/2023 - B 100%, L - out to doctor, S 25% 05/05/2023 - B 25%, L 25%, S 75% 05/06/2023 - B 3 bites, L 50%, S none documented 05/07/2023 - B bites, L bites, S 0% 05/08/2023 - B 1 bite, L 0%, S 0% On all the dates noted above, staff did not consistently chart percentage of snacks eaten during the day. Resident 2's care notes indicated the following: 05/01/2023 5:52 AM - Staff had to get Resident 2 out of the parking lot at 5:45 AM. 1:21 PM - Resident 2 seemed "preoccupied" and confused along with not eating or drinking as much as usual. 10:02 PM - Resident 2 had been walking the hallway more than usual and was confused. Resident 2 had a poor appetite. 05/02/2023 2:25 PM - Resident 2 was having delusional behavior along with poor oral intake of food and fluids. POA C was notified of change.	N 431		

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N 431	Continued From page 10 05/03/2023 2:28 PM - Resident 2 was confused and had poor oral intake for breakfast and supper. 9:52 PM - Resident 2 had delusional behavior with poor oral intake. 05/04/2023 1:28 PM - Resident 2 was being seen by doctor. 5:48 PM - Resident 2 was very confused all shift and did not know where s/he was. 05/06/2023 1:46 PM - Resident 2 did not get up at 5:00 AM, which is his/her usual. Resident 2 had poor oral intake. Resident 2 was having visual and auditory hallucinations. 7:34 PM - Resident 2 was confused. Resident 2 had poor oral intake of food. 05/07/2023 1:46 PM - Resident 2 was having delusional behavior. Resident 2 had poor oral intake. 6:09 PM - Resident 2 was confused. 05/08/2023 1:15 PM - Resident 2 was expressing paranoid ideas. Resident 2 had poor oral intake. The note stated, "[Resident 2] ate only a few bites for breakfast and refused all food for lunch. [Resident 2] has had only about 180 cc (cubic centimeter) of fluids on this shift [s/he] keeps bringing [his/her] glass out for fresh water but refuses to drink it." 8:49 PM - Resident 2 confused and refused to eat. Resident 2's care notes indicated vital signs were checked on 04/27/2023 and 05/04/2023 and were within normal parameters. Resident 2's vital signs were next checked on 05/08/2023 and the	N 431		

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N 431	Continued From page 11 following were outside the normal parameters: 1:16 PM - respiratory rate 28 9:01 PM - blood pressure 69/44 9:02 PM - blood pressure 88/39 at 5:00 PM 9:04 PM - blood pressure 68/48 and pulse 56 at 6:00 PM 9:05 PM - blood pressure 73/42 and pulse 60 at 7:00 PM Emails between the provider and Power of Attorney (POA) C indicated POA C was initially notified on 05/02/2023 at 7:22 AM about Resident 2's change in condition and a request Resident 2 be seen by a physician. POA C responded back on 05/02/2023 at 3:38 PM that s/he could have someone take Resident 2 to urgent care. The provider asked for POA C to let them know if s/he could get a ride for Resident 2 the next day at 5:45 PM. On 05/03/2023 at 10:31 AM, POA C responded s/he felt Resident 2 was doing better and could not find a ride for him/her to go to urgent care. At 1:49 PM, the provider updated POA C that Resident 2 had not eaten that day and is still confused. The provider told POA C their nurse recommended Resident 2 be seen as soon as possible and were concerned for Resident 2 eloping. At 1:52 PM, POA C responded, "Ok I don't have the ability to take [Resident 2] to urgent care. If you think that's the best then someone will have to transport [Resident 2] or call an ambulance." At 3:55 PM, the provider responded, "I did find a driver to transport [Resident 2] to Urgent care tomorrow. The driver will pick [Resident 2] up at 9:45." The urgent care note, dated 05/04/2023, indicated Resident 2 was seen for having auditory and visual hallucinations and poor oral intake since 04/28/2023. The medical note indicated	N 431		

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N 431	Continued From page 12 Resident 2 had a history of hallucinations and neurocognitive disorder. The medical note indicated Resident 2 was diagnosed with a UTI and prescribed an oral antibiotic. The medical note indicated Resident 2 should continue to push fluids. The medical note indicated Resident 2 should seek medical reevaluation immediately for any new, unexpected, or concerning issues. The emergency department (ED) note, dated 05/08/2023, indicated Resident 2 was seen for having low blood pressure, breathing problems, and poor oral intake. The medical note stated, "[Resident 2] states [s/he] also doesn't like the food there, so [s/he] eats very little. That combination, in addition to a urinary tract infection on 5/4/23 (and given Bactrim DS bid (twice daily) x 7 days) isn't likely helping." The medical note indicated Resident 2 was transferred to another hospital's intensive care unit due to not being able to maintain a stable blood pressure after receiving 4 liters of fluids. The hospital note, dated 05/09/2023, indicated Resident 2 was diagnosed with acute shock multifactorial, sepsis of unknown etiology, acute kidney injury, and acute metabolic acidosis. The medical note stated, "UA (urine analysis) showed partial treatment of UTI which could be etiology of sepsis. [Resident 2] is also likely severely dehydrated and hypotensive due to hypovolemia. AKI (acute kidney injury) likely prerenal due to severe hypovolemia and poor PO (oral) intake." The discharge summary, dated 05/11/2023, indicated Resident 2 was discharged and started on a different antibiotic twice per day for 4 days. OBSERVATION	N 431		

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N 431	Continued From page 13 On 06/30/2023 at 12:09 PM, Surveyor observed Resident 2's room and looked in the refrigerator and nothing was inside. Surveyor observed Caregiver B bring a lunch tray for Resident 2 with three 8-ounce glasses of water and juice. Surveyor observed Resident 2 pick at his/her tray and take only a few bites. INTERVIEWS On 06/30/2023 at 10:00 AM, Surveyor interviewed Caregiver B. Caregiver B stated staff documented intake and output for every resident. Caregiver B stated that each shift staff refilled water cups for all residents and every resident had access to the hydration station in the common dining room and sinks in each of their rooms. Caregiver B confirmed Resident 2 was independent with transfers and ambulation with a 4-wheeled walker and needed help with setup for activities of daily living (ADLs). Caregiver B stated Resident 2 was confused at times. On 06/30/2023 at 10:19 AM, Surveyor interviewed Resident 1. Resident 1 stated snacks and fluids were not offered every day. Resident 1 stated water cup refills were not always done every shift. On 06/30/2023 at 10:36 AM, Surveyor interviewed Resident 3. Resident 3 stated his/her water cup was refilled once per day. On 06/30/2023 at 12:09 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he did not have any snacks or fluids in his/her room. On 06/30/2023 at 12:45 PM, Surveyor interviewed NM A. NM A stated Resident 2 had poor oral intake. NM A stated Resident 2 was	N 431		

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	0017201	A. BUILDING: _____ B. WING _____	R-C 07/11/2023

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N 431	Continued From page 14 offered snacks and fluids throughout the day but refused due to believing they were poisoned. NM A stated residents were offered juice between breakfast and lunch and there was a snack with juice at bedtime. On 07/06/2023 at 11:15 AM, Surveyor interviewed Caregiver G. Caregiver G stated s/he would bring residents fresh water every day on each shift. Caregiver G stated many of the residents had their own snacks in their rooms. Caregiver G stated staff recorded fluid intake for the main meals and would not usually record fluids in between meals. Surveyor asked who was responsible for monitoring staff's documentation of fluid intake. Caregiver G stated NM A or Caregiver E would be responsible to monitor and notify staff of any changes to a resident's condition. Surveyor asked about Resident 2's change in condition in early May 2023. Caregiver G stated s/he noticed Resident 2 stopped drinking fluids that were offered. Caregiver G stated vital signs were taken on residents weekly or if there was a change in condition. Caregiver G stated Resident 2 was independent with toileting, so staff were not able to monitor urine output. On 07/07/2023 at 9:08 AM, Surveyor interviewed Caregiver E. Caregiver E stated Resident 2 had snacks in his/her room and there were always other snacks and drinks available to residents. Caregiver E stated many times Resident 2 refused anything offered. Caregiver E confirmed any fluids given in between meals were usually not documented. Caregiver G stated s/he was not sure who was responsible to monitor the fluid intake documented by staff, but s/he would go to NM A if there was a condition change for a resident.	N 431		

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N 431	Continued From page 15 On 07/07/2023 at 9:15 AM, Surveyor interviewed Caregiver F. Caregiver F stated snacks and fluids were offered to all residents at midday, afternoon, and bedtime. Caregiver F stated all staff monitor fluid intake and s/he would notify NM A or the kitchen staff if there was any change in intake and NM A if a resident had a change in condition. On 07/10/2023 at 12:13 PM, Surveyor received an email response from NM A from an email request sent on 07/06/2023 at 5:07 PM. Surveyor asked if Resident 2's physician was notified of his/her change in condition related to behaviors. NM A stated, "The behaviors have not changed, residents [sic] continues to follow with provider on this. Family was aware of these behaviors prior to admission and that [s/he] had [his/her] Risperdal discontinued prior to admission, but they did not tell us, until we started to notice issues." Surveyor asked if POA C was notified of Resident 2's change in condition. NM A stated, "We called/email and update the family for change in condition and try and get them to take them to the clinic, unless it's an emergency." Surveyor asked to explain who monitored staff documentation of oral intake. NM A stated, "CNA (certified nursing assistant) monitors intake for meals and scheduled snacks and documents. If residents take anything other than those times it would probably not be documented. For [Resident 2] I monitored when staff updated me, but is [sic] was related to behavioral refusals of fluids. Residents can get their own juice/water in the dining room. There are always snacks available in the kitchen upon resident request, if they want something in addition to what is offered." Surveyor asked why it took multiple days to send Resident 2 in to be evaluated for change in condition on both 05/04/2023 and 05/08/2023.	N 431		

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N 431	Continued From page 16 NM A stated, "Staff noticed the behavior changes 5/1/23 evening. Apparently this is not uncommon for [Resident 2] per [POA C]. [Resident 2] also started not drinking and eating as well around 5/1/23 evening. [POA C] was updated by [Caregiver E] of poor appetite and fluid intake and behaviors on 5/2/23." NM A stated POA C was also emailed. NM A stated s/he spoke with POA C and s/he was going to set up an appointment for Resident 2. NM A stated the next day Resident 2 was doing better and refused to go to be evaluated, but the following day Resident 2 was again confused and had poor oral intake. NM A stated POA C was unable to provide transportation, so they ended up setting up transportation for the following morning on 05/04/2023. NM A stated, "[Resident 2] was being treated for UTI and the same symptoms from 5/4/23-5/8/23, so there were no provider updates between them because nothing was different, until [Resident 2] had an acute decline on 5/8/23 and was transferred to the hospital again." SUMMARY The provider did not monitor Resident 2's health in regard to his/her physical health and report significant deviations from normal intake patterns to the physician. Resident 2 showed a change in condition with acute onset of hallucinations, confusion, and poor oral intake on 05/01/2023 and was not taken to be evaluated until 05/04/2023. Resident 2 was initially diagnosed at urgent care with a UTI on 05/04/2023 that, partially due to poor oral intake, progressed into a hospitalization on 05/08/2023, with diagnoses of acute shock multifactorial, sepsis of unknown etiology, acute kidney injury, and acute metabolic acidosis.	N 431		

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{N 499}	Continued From page 17	{N 499}		
{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 interview and observation, the provider did not ensure cleaning compounds, polishes, insecticides, and toxic substances were labeled and stored in a secure area. This is a repeat deficiency. See Statement of Deficiency (SOD) P3BL11, dated 10/18/2022. Findings include: This facility is licensed to care for up to 12 residents in the client groups of advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 06/30/2023 at 10:00 AM, Surveyor toured the facility. The following substances were found in the unsecured laundry room: *liquid detergent *detergent pods *liquid fabric softener *stain remover At 10:17 AM, Surveyor discussed the concern with Nurse Manager (NM) A. NM A stated the laundry room should always be locked. NM A went to the laundry room and adjusted the doorknob so that it automatically locked the laundry room door when closed by staff. NM A	{N 499}		

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{N 499}	Continued From page 18 stated s/he did not know why the knob had been disengaged. NM A stated s/he understood the items needed to be secured and would re-educate staff. On 07/06/2023 at 11:15 AM, Surveyor interviewed Caregiver G. Caregiver G stated the laundry room was usually locked. Caregiver G stated the overnight shift usually does most of the laundry and they could have unlocked the door due to going in and out frequently and forgot to lock it at the end of their shift. The provider did not ensure cleaning compounds, polishes, insecticides, and toxic substances were labeled and stored in a secure area when the laundry room door was found unlocked.	{N 499}		