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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 000}	Initial Comments On 08/01/2024, with additional information gathered through 08/19/2024, Surveyors conducted a verification visit and 3 complaint investigations. On 09/25/2024, with additional information gathered through 09/30/2024, Surveyor conducted a new complaint investigation at Apple Creek Place III. Two (2) of 4 complaints were substantiated. Two complaints were unsubstantiated. As a result of the survey, 10 deficiencies were identified. Five (5) of 10 deficiencies issued were repeat violations. See Statements of Deficiency (SOD) P4Z912 dated 09/26/2023 and SOD P4Z913 dated 03/21/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 9	{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 interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. Two of 4 complaints investigated from 08/01/2024 through 09/30/2024 were substantiated; 10	{N 196}		

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

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deficiencies were identified, including 5 repeat violations. See Statements of Deficiencies (SOD) P4Z912 dated 09/26/2023 and SOD P4Z913 dated 03/21/2024

This requirement is being cited for a third time. See SOD P4Z912 dated 09/26/2023 and SOD P4Z913 dated 03/21/2024.

Findings include:

The provider is licensed to serve up to 22 residents who may be physically disabled, of advanced age, terminally ill, and/or have Alzheimer's/dementia.

On 08/01/2024, Surveyors conducted a verification visit and complaint investigation. At approximately 9:05 AM, Surveyors interviewed Director of Nursing (DON) A and notified him/her they were conducting a verification visit and complaint investigation. On 09/26/2024, Surveyor conducted an additional complaint investigation. At the time of investigations, the census was 9 residents.

Surveyor reviewed the department's provider records for Apple Creek Place III and noted the facility had been licensed by Licensee G with PPRC LLC since 03/19/2020. Upon complaint investigations, Surveyors were made aware the facility was managed by Cornerstone Management Services since February 2022. The department has conducted 4 investigations resulting in deficiencies since February 2022. See Statements of Deficiency (SOD) P4Z912, dated 09/26/2023, SOD P4Z913, dated 03/21/2024, and SOD 64N411, dated 05/30/2024.

On 09/09/2024, the department received

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correspondence from Cornerstone Vice President of Clinical Operations H and Cornerstone Chief Operating Officer Q that stated Cornerstone Management Services had retained Health Dimensions Group (HDG) as a consultant group and Interim Director P with HDG would be the acting interim Administrator.

On 09/26/2024, the department received correspondence from HDG identifying a change in management group from Cornerstone Management Services to Health Dimensions Group effective 10/01/2024. Upon notification, the department also received documentation of agreement between Health Dimensions Group and Penta Investments, LLC. The department was made aware that Licensee G had no longer owned and operated Apple Creek Place III and its 2 sister facilities on the same campus. The department had not been notified and an application for change in ownership had not been submitted by Penta Investments, LLC as of 09/30/2024.

As a result of Licensee G not upholding his/her responsibilities as the licensee, 2 of 4 complaints investigated from 08/01/2024 through 09/30/2024 were substantiated and the following 10 deficiencies were identified (5 of 10 deficiencies were repeat violations):

N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws
Based on observation, record review, and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. This requirement is being cited for a third time. See SOD P4Z912 dated 09/26/2023 and SOD P4Z913 dated 03/21/2024.

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{N 196}	Continued From page 3 N0352 DHS 83.32(3)(a) Rights of Residents: Receive Medication Based on record review and interview, the provider did not ensure Resident 8 received medications as ordered by his/her practitioner. N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes Based on record review and interview, the provider did not review and revise the individual service plan (ISP) when there was a change in a resident's needs, abilities or physical or mental condition for 5 (Resident 1, Resident 5, Resident 6, and Resident 9) residents reviewed. N0396 DHS 83.36(1)(a) Adequate Staff To Meet Resident Needs Based on record review and interview, the provider did not ensure the CBRF was provided employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. N0427 DHS 83.38(1)(c) Leisure Time Activities Based on observation, record review and interview, the provider did not provide a daily activity program to meet the interests and capabilities of the residents. While present at the facility from approximately 9:30 AM to 1:00 PM and 1:45 PM to 4:00 PM, Surveyors did not observe residents engaged in activities and staff providing activities. This requirement is being cited for a third time. See SOD P4Z912 dated 09/26/2023 and SOD P4Z913 dated 03/21/2024. N0481 DHS 83.43(1) Environment Safe, Clean, And Comfortable Based on observation and interview, the provider did not provide a living environment that was safe, clean, comfortable and homelike. This requirement is being cited for a third time. See	{N 196}		

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{N 196}	Continued From page 4 SOD P4Z912, dated 09/26/2023 and SOD P4Z913, dated 03/21/2024. N0639 DHS 83.59(2)(a) One-Hand, One-Motion Door Operation Based on observation and interview, the provider did not ensure Resident 2's room door had latching hardware to permit opening the door from the inside with a one hand, one motion operation, without the use of a key or a special tool. N0654 DHS 83.59 (4)(f) Delayed Egress Department Approval Based on observation, interview, and record review, the provider did not demonstrate to the department the delayed egress equipment was necessary to ensure the safety of the residents served by the CBRF and obtain department approval for delayed egress doors. This is a repeat deficiency, see SOD P4Z913 dated 03/21/2024. Z0012 Wis. Stat. Ch 50.065(2)(bm) Out Of State Background Checks Based on record review and interview, the provider did not ensure an out of state background check was completed at the time of hire for 1 of 1 (Caregiver O) employees reviewed. Y3244 Wis. Stat. Ch 50.09(1)(L) Care Based on record review and interview, the provider did not ensure Resident 8 and Resident 9 received adequate and appropriate care within the capacity of the facility. This is a repeat deficiency, see SOD P4Z913 dated 03/21/2024.	{N 196}		
N 352	83.32(3)(h) Rights of Residents: Receive medication	N 352		

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N 352	Continued From page 5 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 Resident 8 received medications as ordered by his/her practitioner. Findings include: On 07/02/2024, the department received complaint information alleging residents did not receive medications as ordered. On 08/01/2024, Surveyors conducted a complaint investigation. On 08/07/2024, Surveyor reviewed Resident 8's June and July 2024 medication administration record (MAR). Surveyor noted on the MAR the notations "other" as the medication was not in the cart and "WMDO" as waiting on physician refill order. Surveyor noted the following medications were not administered as ordered on the following dates: Surveyor noted an order for Lisinopril 5 mg - take 1 tablet by mouth daily for hypertension. On 06/01/2024, 06/02, 06/03, 06/04, 06/05, 06/06, 06/07, 06/09, 06/10, 06/11, 06/12, 06/13, 06/14, 06/15, 06/16, 06/17, 06/18, 06/19, 06/21, 06/22, 06/24, 06/25, 06/30, 07/02, 07/03, 07/04, 07/05, 07/06, 07/07, 07/08, 07/09, 07/10, 07/11, 07/13, the MAR daily administration was listed as "other" or "WMDO" indicating Resident 8 did not receive	N 352		

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N 352	Continued From page 6 the medication on approximately 34 days in June and July. Surveyor noted an order for Ozempic 4 mg/3 mL (1 mg) pen - Inject 1 mg subcutaneously one time weekly on Thursday for diabetes mellitus *refrigerate*. On 06/06/2024, 06/13 (2 of 4 June doses), 07/04, 07/11 (2 of 4 July doses), the MAR daily administration was listed as "other" or "WMDO" indicating Resident 8 did not receive his/her injection on 4 of 8 days in June and July. On 08/16/2024 at approximately 9:30 AM, Surveyor reviewed email correspondence from Guardian J who stated s/he was not made aware of Resident 1 not receiving his/her blood pressure and diabetic medication as ordered. On 08/19/2024 at approximately 2:00 PM, Surveyors interviewed Director of Nursing (DON) A who stated s/he was not aware of Resident 1 not receiving his/her Lisinopril and Ozempic in June and July. DON A verified "other" and "WMDO" on the MAR would indicate the medication was not available. S/he acknowledged medications were not administered as ordered. Cross Reference: Y3244 50.09(1)(L) Care	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	N 389		

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N 389	Continued From page 7 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 review and revise the individual service plan (ISP) when there was a change in a resident's needs, abilities or physical or mental condition for 4 (Resident 1, Resident 5, Resident 6, and Resident 9) residents reviewed. Resident 1 was admitted onto hospice services on 01/30/2024. Resident 1's ISP did not contain information indicating Resident 1 was receiving hospice services. Resident 5's ISP did not contain information indicating Resident 5 was receiving hospice services and required 2-staff assistance with transferring and evacuation. Resident 6's ISP did not contain information indicating Resident 6 was receiving hospice services, utilized a wheelchair, identification of his/her wound and care related to the wound, and Resident 6's combativeness with cares and interventions related to his/her ADLs. Resident 9's ISP did not contain information indicating Resident 9's preference to stay in his/her room during the day, his/her need for assistance with meal trays, not wishing to participate in activities, and his/her transferring needs.	N 389		

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N 389	Continued From page 8 Findings Include: On 07/02/2024, the department received complaint information alleging resident needs were not being met. On 08/01/2024, Surveyors conducted a complaint investigation. RESIDENT 1 Resident 1 was admitted to the facility on 10/30/2023 with diagnoses to include type 2 diabetes mellitus, iron deficiency anemia, unspecified dementia, major depressive disorder, anxiety disorder and unspecified osteoarthritis. Resident 1 has an activated health care power of attorney (POAHC). Resident 1's "Resident Information" sheet indicates Resident 1 was receiving hospice services through a local agency. A "Hospice Benefit Election Statement" indicates Resident 1 started receiving hospice services on 01/30/2024. Resident 1's ISP dated 08/01/2024 indicates Resident 1 needs total assistance with self-care, including bathing/shower, dressing and toileting. Resident 1's ISP does not contain any information related to Resident 1 receiving hospice services. RESIDENT 5 Surveyor reviewed Resident 5's record and noted s/he was admitted to the facility on 09/01/2018 with diagnoses of dementia with mood disturbance and stage 3 chronic kidney disease. Resident 5 had an activated POAHC and required total assistance to make his/her needs known. Resident 5's face sheet identified Resident 5 was on hospice services. Surveyor reviewed Resident 5's evacuation assessment dated 04/10/2024 and noted s/he	N 389		

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required 2 staff assistance for transferring and in the event of an emergency and need for evacuation.

At approximately 11:08 AM, Surveyors interviewed Resident Care Coordinator (RCC) C who stated Resident 5 required 2 staff for assistance with ADLs'.

Surveyor reviewed Resident 5's ISP with print date 08/06/2024 and noted his/her ISP did not identify s/he was receiving hospice services and did not identify Resident 5 required 2 staff assistance with transfers and evacuation in the case of an emergency.

RESIDENT 6
Surveyor reviewed Resident 6's ISP with print date 08/01/2024 and noted s/he had diagnoses of anxiety disorder, Alzheimer's disease, and atherosclerotic heart disease. Resident 6 had an activated POAHC, required 24-hour supervision, and required assistance with capacity for self-direction.
Surveyor noted the following:
"MOBILITY & WALKING - FULL ASSISTANCE...Provide full assistance to resident with walking needs. Assist in morning and night during wake-up and bed time...Requires full assistance including physical and verbal assistance with walking needs. Requires hands-on assistance with helping stand up, helping use any walking devices, and helping sit down, lay down...
POSITIONING - INDEPENDENT...Maintain independence with positioning and be free from pressure ulcers...
TRANSFERRING - INDEPENDENT...Independent with transfers at times. Resident may require up to an assist of

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two people for transfers depending on mood."

On 08/20/2024 while present at the facility from 9:30 AM to 1:00 PM and 1:45 PM to 4:00 PM, Surveyors observed Resident 6 to be sitting in a wheelchair. Surveyors did not observe staff walking with Resident 6 or assisting with mobility.

Surveyor reviewed Resident 6's provider observation notes and noted:
07/29/2024 11:30 AM "wound being cleaned out nurse [sic] requested PRN [as needed] morphine to be administered prior to cleaning."
07/29/2024 12:15 PM "BHI [behavioral health] Update: Visited with patient privately in room. Staff report that patient is resistant to cares at times and can be aggressive towards staff. This is redirectable and manageable by staff. BHCM [behavior health care manager] will discharge this patient due to current hospice support in place. No other concerns noted."

Surveyor noted Resident 6's ISP did not speak to the use of a wheelchair and needs related to ambulation, did not identify his/her hospice admission and involvement, did not reflect his/her wound and care related to wound, and did not identify combativeness with cares and interventions related to care.

RESIDENT 9
Surveyor reviewed Resident 9's record and noted s/he was admitted to the facility on 09/27/2023 with diagnoses of schizoaffective disorder, bipolar disorder, major depressive disorder, social phobia, anxiety disorder, dementia, paranoid personality disorder, Parkinson's disease, insomnia, Crohn's disease, osteoporosis, and personal history of suicidal behavior. Surveyor reviewed Resident 9's ISP with print date

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N 389	Continued From page 11 08/01/2024. Resident 9 had a guardian and was able to make his/her needs known. Surveyor noted "EATING - INDEPENDENT...Requires no assistance with eating meals." "ACTIVITY PARTICIPATION MONITORING... [Resident 9] will continue to enjoy activities of choice as evidence by ECP [electronic resident record] charting." On 08/01/2024 at approximately 2:20 PM, Surveyor interviewed Resident 9 who stated s/he preferred to keep to his/herself and ate all meals in his/her room. S/he said staff bring room trays to him/her for meals. Surveyor inquired whether s/he participated in activities with others and Resident 9 said no per his/her preference. Surveyor inquired whether s/he needed assistance with transferring and Resident 9 stated s/he needed assistance at bed time and during the night to transfer from his/her wheelchair into his/her bed. Surveyor noted Resident 9's ISP did not identify Resident 9's preference to stay in his/her room, to not participate in activities, and required assistance from staff to bring meals to his/her room. Resident 9's ISP did not list transferring and his/her need for assistance with transferring into his/her bed. On 08/12/2024 at approximately 2:00 PM, Surveyors interviewed Director B who acknowledged ISPs were not updated to reflect resident needs. Cross Reference: N0396 83.36(1)(a) Adequate Staff To Meet Resident Needs Y3244 50.09(1)(L) Care	N 389		

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N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the CBRF was provided employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. Resident 3, Resident 5, and Resident 6 were identified as requiring assistance from 2 staff with activities of daily living (ADLs'). Resident 5 was identified as requiring 2 staff assistance in the case of an emergency and need for evacuation. The provider's schedule indicated approximately 15 shifts in July 2024 where only 1 staff was scheduled and/or worked. Findings include: The provider is licensed to provide services for up to 22 residents who may be physically disabled, of advanced age, terminally ill, and/or have Alzheimer's/dementia. On 07/02/2024, the department received complaint information alleging inadequate staffing to meet resident needs. On 08/01/2024, Surveyors conducted a complaint investigation. On 08/01/2024 at approximately 9:50 AM, Surveyors interviewed Caregiver E who stated 2 staff were scheduled for all shifts as there were a few residents who required 2 staff for assistance.	N 396		

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N 396	Continued From page 13 At approximately 11:08 AM, Surveyors interviewed Resident Care Coordinator (RCC) C who stated Resident 3, Resident 5, and Resident 6 required 2 staff for assistance with ADLs'. On 08/01/2024, Surveyor reviewed Resident 3's record and noted s/he was admitted to the facility on 08/19/2019 with diagnoses of dementia with agitation, major depressive disorder, anxiety disorder, migraine, and chronic pain syndrome. Surveyor reviewed Resident 3's individual service plan (ISP) with print date 08/01/2024 and noted s/he had an activated Power of Attorney for Healthcare, required a Hoyer mechanical lift for transfers, and required full assistance from staff for ADLs'. On 08/07/2024, Surveyor reviewed Resident 5's record and noted s/he was admitted to the facility on 09/01/2018 with diagnoses of dementia with mood disturbance, lymphedema, and chronic kidney disease. Surveyor reviewed Resident 5's most recent ISP with print date 08/06/2024 and noted s/he had an activated Power of Attorney for Healthcare, was broda chair dependent, utilized a Hoyer mechanical lift for transfers, and required full assistance with all ADLs'. Surveyor reviewed Resident 5's most recent evacuation evaluation dated 04/10/2024, which identified Resident 5 requiring assistance from 2 staff at all times to safely evacuate in the case of an emergency. Resident 5 was listed as "Yes" to "NEEDS FULL ASSISTANCE OR VERY SLOW," "VERY SLOW" "NEEDS LIMITED ASSISTANCE FROM TWO STAFF ...EXAMPLES INCLUDE: resident needs two persons to get into a wheelchair ...," "REQUIRES SUPERVISION," and "No" to "INITIATES AND COMPLETES EVACUATION PROMPTLY."	N 396		

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N 396	Continued From page 14 On 08/01/2024, Surveyor reviewed Resident 6's record and noted s/he was admitted to the facility on 08/28/2023 with diagnoses of Alzheimer's disease, anxiety disorder, and atherosclerotic heart disease. Surveyor reviewed Resident 6's ISP with print date 08/01/2024 and noted s/he had an activated Power of Attorney for Healthcare and required full assistance from staff for all ADLs'. Surveyor noted "TRANSFERRING...Resident may require up to an assist of two people for transfers depending on mood." On 08/05/2024, Surveyor reviewed the provider's schedule and noted 1st shift was 6:00 AM - 2:00 PM, 2nd shift was 2:00 PM - 10:00 PM, and 3rd shift/overnight was 10:00 PM to 6:00 AM. Surveyor noted the following days where only 1 staff was scheduled and/or worked: 07/12/2024 10:00 PM - 6:00 AM 07/20/2024 2:00 PM - 10:00 PM 07/21/2024 11:00 AM - 2:00 PM & 2:00 PM - 6:00 PM 07/22/2024 10:00 AM - 2:00 PM 07/24/2024 6:38 PM - 10:00 PM 07/26/2024 9:16 AM - 2:00 PM 07/27/2024 7:30 PM - 10:00 PM 07/28/2024 6:00 AM - 2:00 PM, 2:00 PM - 10:00 PM & 10:00 PM - 6:00 AM 07/29/2024 2:00 PM - 10:00 PM & 10:00 PM - 6:00 AM 07/30/2024 2:00 PM - 10:00 PM & 10:00 PM - 6:00 AM On 08/12/2024 at approximately 2:00 PM, Surveyors interviewed Director B who acknowledged 2 staff were not always scheduled and worked to meet the residents' needs.	N 396		

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N 396	Continued From page 15 Cross Reference: N0389 Service Plans Updated Annually And With Changes Y3244 50.09(1)(L) Care	N 396		
{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 activity program to meet the interests and capabilities of the residents. While present at the facility from approximately 9:30 AM to 1:00 PM and 1:45 PM to 4:00 PM, Surveyors did not observe residents engaged in activities and staff providing activities. This is a repeat deficiency. See Statement of Deficiency (SOD) P4Z912 dated 09/26/2023 and SOD P4Z913 dated 03/21/2024. Findings Include:	{N 427}		

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{N 427}	Continued From page 16	{N 427}		

The provider is licensed to serve up to 22 residents who may be physically disabled, of advanced age, terminally ill, and/or have Alzheimer's/dementia.

On 08/01/2024, Surveyors conducted a verification visit at the facility. While present at the facility from approximately 9:30 AM to 1:00 PM, Surveyors observed residents to be sitting in the common areas, wandering, or sitting in their rooms. Surveyors returned to the facility from 1:45 PM to 4:00 PM. Upon return at 1:45 PM, Surveyors observed Activity Director F sitting with some residents 1 on 1, talking with them about their nails. At 2:40 PM, Surveyors observed Activity Director F leave the facility. Surveyors did not observe an exercise activity at 10:30 AM or a snack at 3:00 PM.

At approximately 2:50 PM, Surveyors interviewed Resident Care Coordinator C who stated Activity Director F was responsible for activities at this facility and the 2 sister facilities. S/he said Activity Director F will pick a day and do activities in that building that day.

On 08/01/2024 at approximately 3:30 PM, Surveyors reviewed the activity calendar for August 2024. Surveyor noted the following activities were scheduled for 08/01/2024:
-9:00 News
-10:30 Exercise
-1:30 Spa Say[sic]
-3:00 Snack

On 08/06/2024 at 12:35 PM, Surveyor interviewed Caregiver I regarding activities. Caregiver I stated, "Activities are not being done in the course of the day. It's sad, these residents need that stuff...I feel bad for them." Caregiver I

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{N 427}	Continued From page 17 stated s/he was never really told to do activities with the residents. Caregiver I stated, "I usually just take care of the residents."	{N 427}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the residents' living environment was safe, clean, comfortable and homelike. This requirement is being cited for a third time. See Statements of Deficiency (SOD) P4Z912, dated 09/26/2023 and SOD P4Z913, dated 03/21/2024. Findings include: On 08/01/2024, Surveyors conducted a verification visit. At approximately 12:15 PM, Surveyors toured the facility and observed the following cleanliness and maintenance concerns: RESIDENT 2 Resident 2's room had a pungent odor like urine at entry and worsened as Surveyors walked further into the room, his/her bed did not have a mattress protector, an approximate 4 foot by 2 foot brown, round stain on his/her floor in front of	{N 481}		

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{N 481}	Continued From page 18 his/her recliner and 2 quarter size, red-brown circle stains on his/her recliner. RESIDENT 3 Resident 3's room bathroom had dried feces-like substance on the wall below the sink, the toilet paper dispenser was on the floor below the sink, a screw and two holes remained on the wall unfinished where the toilet paper dispenser appeared to be, towel bar hardware and a corresponding broken towel bar holder were on the wall without a towel bar, an unpatched 3 inch by 2 inch superficial hole in the drywall with hardware and holes where a soap dispenser previously was, the shower floor had black skid-like marks from a shower chair and had various black markings and debris, and the bathroom floor had white debris and tire marks throughout. Resident 3's bed did not have a mattress protector or top sheet. RESIDENT 4 Resident 4's bathroom had 2 mini bristle brushes and used tissues on the floor, a chunk of feces on the toilet seat, an approximate 5 inch by 8 inch superficial unpatched hole in the paint and dry wall with screw holes where a soap dispenser appeared to be, and his/her shower floor had approximately 5 cracks in the shower floor spanning from 6 inches to 2 feet with a hand written sign "DO NOT USE." Resident 4's couch had approximately 9 unidentified white marks on the sofa cushion down to the base and his/her closet had a mattress protector, clothes, a supplies basket, shoes, socks, and a blanket on the floor. Surveyor noted Resident 4's window was open and s/he had multiple blankets, pillows, and clothes spanning the entirety of the windowsill covering the opened area of the window. Surveyor overheard Caregiver D say to	{N 481}		

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{N 481}	Continued From page 19 Caregiver E "did you see [Resident 4's] window sill? What's that about?" and chuckle. Surveyor noted Caregiver D did not go in to ask Resident 4 about the window, close it or remove the items in front of it. On 08/06/2024 at 12:35 PM, Surveyor interviewed Caregiver I. Caregiver I stated s/he started working in July at the facility. Caregiver I stated s/he was made aware yesterday (08/05/2024) that Resident 4's shower floor was broken. Another caregiver had asked Caregiver I to give Resident 4 a shower but said Resident 4's shower was broken. Caregiver I stated s/he was going to take Resident 4 for a shower but shift was ending and the next shift caregiver said s/he would give Resident 4 a shower. Caregiver I stated, "They would take Resident 4 to an open room where a resident doesn't live." Caregiver I felt Resident 4 did receive a shower yesterday because Resident 4's hair looked "cleaner." RESIDENT 5 Resident 5's purple bed spread had white lotion like finger prints throughout the bottom part of it and his/her bed did not have a mattress protector and top sheet. Resident 5's closet had clothes, hangers, shoes, plastic bags, and depends shoved at the bottom of it. Surveyor noted a "Resident Care Card" on the back of Resident 5's door which identified Resident 5 as being non-ambulatory and requiring full assistance with activities of daily living. RESIDENT 6 Resident 6's carpeting had splotchy yellow stains spanning from the entrance of his/her room to approximately 6 1/2 feet into his/her room and up to a foot in width. Surveyor noted a brown circular spot next to the yellow stains.	{N 481}		

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{N 481}	Continued From page 20 RESIDENT 7 Surveyor observed Resident 7's room at 11:55 AM and noted a strong odor like urine throughout the room. On 08/06/2024 at 12:35 PM, Surveyor interviewed Caregiver I regarding Resident 7's odorous room. Caregiver I stated, "Oh, yes, there is a very strong urine odor." Caregiver I indicated Resident 7 does use incontinent products, however, Resident 7 "soaks all the way through to bed sheets almost everyday." Caregiver I stated if Resident 7 is up, s/he can toilet self. Caregiver I stated staff have tried to clean the carpet and one of Resident 7's chairs but the chair really needs to be taken out. DINING ROOM The common dining room had large cobwebs in each corner of the vault ceiling corners, 2 ceiling vents had thick, gray dust-like debris, the door frame bottom of the door leading to the patio had a damaged windowsill and had tire-like marks spanning across the door, and a 1 inch gap was noted between the conjoining doors at the base, opening to the outside, the kitchen door frame had multiple unfixed dings and damage to the woodwork, and approximately 6 chips in the edging of the laminate counter top conjoining the kitchen and dining room. On 08/12/2024 at approximately 2:00 PM, Surveyors interviewed Director of Nursing A who acknowledged concerns with the environment being homelike.	{N 481}		
N 639	83.59(2)(a) One-hand, one-motion door operation	N 639		

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N 639	Continued From page 21 All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 2's room door had latching hardware to permit opening the door from the inside with a one hand, one motion operation, without the use of a key or a special tool. Findings include: The provider is licensed to provide care for 22 individuals who may be advanced aged, terminally ill, physically disabled or have irreversible dementia/Alzheimer's disease. On 08/01/2024, Surveyors conducted a verification visit. At approximately 12:20 PM, Surveyor observed Resident 2's room door handle did not open with a one hand, one motion operation. Surveyor noted when Resident 2's door was locked and closed, the door could not be opened from the inside with a one hand, one motion operation. On 08/19/2024 at approximately 2:00 PM, Surveyors interviewed Vice President of Clinical Operations H who acknowledged the door handle was not one hand, one motion. On 08/08/2024, Surveyor reviewed department records and confirmed the provider did not have an approved waiver regarding one-hand, one motion operation for the above doors.	N 639		

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{N 654}	83.59(4)(f) Delayed egress: department approval Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: To obtain department approval, the CBRF shall demonstrate that delayed egress equipment is necessary to ensure the safety of residents served by the CBRF, specifically persons at risk of elopement due to behavioral concerns, cognitive impairments or dementia, including Alzheimer ' s disease. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not demonstrate to the department the delayed egress equipment was necessary to ensure the safety of the residents served by the CBRF and obtain department approval for delayed egress doors. This is a repeat deficiency, see Statement of Deficiency (SOD) P4Z913, dated 03/21/2024. Findings include: The facility is licensed to provide services for up to 22 residents who may be physically disabled, advanced aged, terminally ill, and/or have Alzheimer's/dementia. On 08/01/2024, Surveyors conducted a verification visit. Surveyor reviewed contractor documents provided by Director of Nursing (DON) A for service on the delayed egress doors dated 06/11/2024. Surveyor reviewed evidence of	{N 654}		

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{N 654}	Continued From page 23 training provided to staff regarding the delayed egress doors dated 06/26/2024. On 08/01/2024, Surveyor reviewed the department's provider record and was unable to locate any updated documentation to indicate or support that the provider had submitted plan review and received department approval from the Office of Plan Review and Inspection (OPRI). On 08/19/2024 at approximately 2:00 PM, Surveyors interviewed Vice President of Clinical Operations H who acknowledged the delayed egress doors were not approved by the department.	{N 654}		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's	Z 012		

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Z 012	Continued From page 24	Z 012		

fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not ensure an out of state background check was completed at the time of hire for 1 of 1 (Caregiver O) employees reviewed.

Caregiver O completed a Background Information Disclosure (BID) which indicated s/he lived in Alabama within the last three years. Caregiver O's employee record did not contain an out of state background check.

Findings include:

On 09/17/2024, the department received complaint information alleging concerns with caregiver background checks.

On 09/25/2024, Surveyor reviewed employee records for Caregiver O.

Caregiver O had a hire date of 08/05/2024. Caregiver O completed a BID, which indicated s/he lived in Alabama within the last three years. The Department of Justice (DOJ) and Integrated Background Information System (IBIS) background check information report was completed.

On 09/25/2024 at approximately 9:30 AM, Surveyor interviewed Interim Director P. Interim

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Z 012	Continued From page 25 Director P stated s/he is with a new management company which started at the facility around 09/10/2024, however, is not taking over management of the facility until 10/01/2024. Interim Director P stated s/he conducted audits of the employee records and recognized Caregiver O did not have an out of state background check completed. Interim Director P indicated s/he notified the management company and never heard back from them regarding conducting an out of state background check for Caregiver O. Interim Director P stated s/he is unable to conduct the out of state background check until 10/01/2024 when the new management company officially takes over managing the facility.	Z 012		
{Y3244}	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on record review and interview, the	{Y3244}		

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{Y3244}	Continued From page 26	{Y3244}		

provider did not ensure Resident 8 and Resident 9 received adequate and appropriate care within the capacity of the facility.
Resident 8 had an approximate 178 pound weight loss in three months, was not assessed for a historical GI bleed and choking risk, had a decrease in appetite and intake, contracted an eye infection that was not evaluated and treated timely, contracted bronchitis that was not treated timely or treatment was not documented, and his/her changes in condition were not reported to his/her guardian and physician timely.
Resident 9 required assistance from staff for some transfers, bathing, and dressing. Resident 9 was identified as being able to utilize and voiced preference to utilize a call pendant to call for staff assistance. Provider staff did not carry a device that was connected to the call pendant system, limiting Resident 9's ability to call for help when needed.

This is a repeat deficiency, see Statement of Deficiency (SOD) P4Z913, dated 03/21/2024.

Findings include:

On 07/02/2024, the department received complaint information alleging resident needs were not being met which led to untimely death.

RESIDENT 8
On 08/07/2024, Surveyor reviewed Resident 8's record and noted s/he was admitted to the facility on 01/11/2024. Surveyor noted on Resident 8's face sheet diagnoses of type 2 diabetes, insomnia, gastro-esophageal reflux disease, major depressive disorder, and hyperlipidemia. Surveyor noted s/he had a corporate guardian, required 24/7 supervision, and was able to make his/her needs known.

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{Y3244}	Continued From page 27 APPETITE & WEIGHT MEDICAL RECORDS On 08/14/2024, Surveyor reviewed Resident 8's medical records from Bluestone Physicians and noted diagnoses of hypokalemia, anemia, type 2 diabetes, moderate protein-calorie malnutrition, Barrette's esophagus 15 centimeter long segment choking risk due to regurgitated food, history of gastrointestinal bleed related to alcohol abuse, major depressive disorder, anxiety disorder, mood disorder, alcohol dependence in remission, dementia, alcoholic peripheral neuropathy, persistent alcohol-induced mild neurocognitive disorder, insomnia, tobacco use disorder, hyperlipidemia related to diabetes. Surveyor note: Resident 8's record was not updated to reflect all diagnoses. Surveyor reviewed the following physician notes related to Resident 8's food intake and weight: 02/20/2024: due to Barrette's esophagus, "monitor for esophageal pain, decreased appetite or bleeding." "GOAL: Maintain appropriate lipid levels, given patient's age, through diet control and medication if warranted." "GOAL: Monitor progression of poor appetite, and inadequate ingestion of macronutrients and some malabsorption due to low vitamins. Monitor vitamins, albumin, and weight. Add supplements when needed." 06/27/2024 "Mood has been stable. Spends most of [his/her] time in [his/her] room, comes out for some meals [but not all]." INDIVIDUAL SERVICE PLAN (ISP) Surveyor reviewed Resident 8's ISP with print date 08/06/2024 and Surveyor noted the following	{Y3244}		

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related to food intake and weight:
"DIET - DIABETIC ...
EATING - INDEPENDENT ... Staff to provide resident with three meals daily ...
MEALS - COMMUNITY PREPARES ...
Resident's Desired Goals & Outcomes: To have nutritious meals that resident enjoys ...
DIABETIC - BLOOD SUGAR CHECKS (BEFORE MEALS & NIGHTTIME) ...Resident to maintain controlled blood glucose levels ... Staff to check blood glucose as ordered. Report variance indicated on MAR to RN ...Resident will maintain blood glucose reading within indicated parameters at each check ...
DIABETIC SNACK ...Resident is a diabetic and requires snacks at designated times ...
CHOKING - INDEPENDENT ...Exhibits no choking episodes or need for supervision ...
[Surveyor note: Resident 8 was identified as a choking risk per physician evaluation and history]
MONTHLY - VITALS ...Every month on the days [sic] 1@ 3:00 PM ...
MONTHLY - WEIGHTS ...OBTAIN WEIGHT MONTHLY, Update RCC or Nurse of >5lbs in month ... Every month on the days [sic] 1@ 3:00 PM."

TASK ADMINISTRATION RECORD (TAR)
Surveyor reviewed Resident 8's June and July 2024 TAR:
DIABETIC SNACK ...There was no documentation as being provided or not to Resident 8 on 06/02/2024, 06/05/2024-06/08/2024, 06/12/2024-06/15/2024, 06/17/2024, 06/19/2024-06/30/2024, 07/01/2024, 07/03/2024-07/20/2024, 07/22/2024, 07/23/2024

DIABETIC - BLOOD SUGAR CHECKS (BEFORE MEALS & NIGHTTIME)
Surveyor noted provider staff were to sign off on

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the task with initials and the blood sugar reading. Before Breakfast, there was no documentation for Resident 8's blood sugar being checked on 06/01/2024, 06/05/2024, 06/08/2024, 06/09/2024, 06/20/2024, 06/22/2024, 06/23/2024, 06/26/2024-06/30/2024, 07/01/2024, 07/06/2024, 07/07/2024, 07/14/2024-07/23/2024 (24 days)
Before Lunch, there was no documentation for Resident 8's blood sugar being checked on 06/01/2024, 06/04/2024-06/06/2024, 06/08/2024-06/10/2024, 06/20/2024, 06/22/2024, 06/23/2024, 06/25/2024-06/30/2024, 07/01/2024, 07/06/2024, 07/07/2024, 07/12/2024, 07/14/2024-07/23/2024 (29 days)
Before Dinner, there was no documentation for Resident 8's blood sugar being checked on 06/02/2024-06/05/2024, 06/06/2024, 06/07/2024, 06/13/2024-06/15/2024, 06/17/2024, 06/19/2024-06/23/2024, 06/26/2024-06/30/2024, 07/01/2024, 07/03/2024-07/07/2024, 07/12/2024-07/2024, 07/22/2024, 07/23/2024 (36 days)
At Bedtime, there was no documentation for Resident 8's blood sugar being checked on 06/02/2024, 06/03/2024, 06/05/2024-06/08/2024, 06/12/2024-06/15/2024, 06/17/2024, 06/19/2024-06/30/2024, 07/01/2024-07/20/2024, 07/22/2024, 07/23/2024 (45 days)
"MONTHLY - VITALS ...obtain vitals monthly" and "MONTHLY - WEIGHTS ...Obtain weight monthly. Update RCC [Resident Care Coordinator] or Nurse of >5lbs in month."
On 06/01/2024, vitals were not documented. On 06/01/2024, weight was listed as "Refused." No attempts to obtain vitals and weight at a different time or date was noted.
On 07/01/2024, vitals and weight was not documented on the TAR.
Surveyor noted Resident 8's TAR did not include any tracking of Resident 8's food and fluid intake.

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{Y3244}	Continued From page 30 WEIGHTS Surveyor reviewed Resident 8's facility weight history for 01/11/2024 through 07/23/2024: 03/01/2024 305 pounds 03/20/2024 186.1 pounds 07/03/2024 122.4 pounds. On 08/08/2024 at approximately 8:52 AM, Surveyor inquired over email with Director of Nursing (DON) A and Regional Director of Clinical Operations M whether there was any supporting information about Resident 8's weight loss and did not receive a response. OBSERVATION NOTES Surveyor reviewed provider observation notes: 07/15/24 by DON A " ...Resident has had a significant weight loss. [S/he] has gone from 186.1 on March 20, 2024 to 122.4 on 07/03/24. We have offered alternatives and snacks, but [s/he] is eating less than 25% of meals. Guardian updated and request to try to move up eye apt and discuss a hospice consult. Guardian will call writer to discuss." 07/16/24 by DON A "Received call back from [Guardian I] regarding resident update ...Guardian would like to try to increase Mirtazapine and offer health shake prior to a hospice consult. APNP [Nurse Practitioner] updated." 07/18/24 by DON A "New order received from APNP for nutritional supplements BID [twice daily]. Guardian updated." COMMUNITY CARE INC CASE NOTES Surveyor reviewed Resident 8's Community Care Inc Managed Care Organization (CCI) case notes and noted: 04/25/2024 "threw up yesterday at meal time, complaints throat being sore, coughing with	{Y3244}		

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eating."
05/08/2024 "Member feels [his/her] chief health problems are: Reduced appetite and refusal to perform ADLs [activities of daily living] ... Member feels [s/he] needs the most help with [his/her] food (diet) and medications."

INTERVIEWS
On 08/09/2024 at approximately 1:30 PM, Surveyor interviewed Family Member K who stated Resident 8 had lost a substantial amount of weight since moving into the facility. S/he said Family Member K was generally "quite heavy" and s/he was around 120 pounds or less before s/he died. Family Member K had spoken with Resident 8 a few weeks prior to him/her passing and Resident 8 had a hoarse voice and told Family Member K that his/her throat hurt too bad to eat. S/he reportedly told Family Member K that "the burning was so bad in his/her throat." Family Member K believed Resident 8 was not eating much for at least a month, maybe longer.

On 08/09/2024 at approximately 1:50 PM, Surveyor interviewed Family Member L who referenced Resident 8's diet regulation as being very concerning. Family Member L said when s/he would visit, Resident 8 would be having and be offered regular soda, which was contradicting to his/her diabetes. S/he said Resident 8 had a "pretty dramatic weight loss, at least 100 pounds or more" since Resident 8 moved into the facility. Family Member L recalled Resident 8 presenting so skinny that his/her pants didn't even stay up and his/her depends barely fit at their last visit. Member L said s/he would find half-eaten meals from the facility in Resident 8's refrigerator that were there for an extended length of time. S/he said s/he only saw Resident 8 eat when s/he would take Resident 8 out of the facility to get

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{Y3244}	Continued From page 32 something to eat. On 08/16/2024 at approximately 9:29 AM, Surveyor reviewed email correspondence from Guardian I who stated Resident 8 was admitted to the hospital in early January for a GI bleed related to alcohol abuse. S/he was coughing up blood upon admission to the facility. Guardian I provided results from Resident 8's Esophagogastroduodenoscopy (EGD) completed in April - "Barret's Esophagus - condition where cells in esophagus will change in response to acid reflux. Cell change is benign at this time, recheck in three years, continue acid reducing medications. [S/he] also has a hiatal hernia that if repaired could help [his/her] current condition." Guardian I provided his/her notes from visits and correspondence regarding Resident 8: 05/31/2024 - "I went to see [Resident 8] today for visit. Staff had cleaned [his/her] room yesterday. [Resident 8] did have a lot of brownish spit on [his/her] bedsheets. Also I noticed [s/he] had stuffed wads of paper towel in [his/her] toilet. I am somewhat concerned because there appeared to be a lot of black spit on the paper towel." On 08/19/2024 at approximately 2:00 PM, Surveyors interviewed DON A who stated if a resident was assessed as a choking risk, we would be sure to have supervision while eating and would not be okay with the resident eating in his/her room independently. Guardian I stated s/he was not updated of Resident 8's weight loss until 07/15/2024. EYE INFECTION OBSERVATION NOTES Surveyor reviewed Resident 8's observation	{Y3244}		

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{Y3244}	Continued From page 33 notes: 06/25/24 by DON A "Redness and swelling noted to right eye with yellow/green drainage. Resident denies pain/itching. Cool compress applied and APNP updated. APNP to see resident on 06/27/24." 06/27/24 by DON A "APNP here to see resident. Left eye continues to be red and swollen with yellow drainage. Resident continues to deny pain/itching to eye. New orders received for Erythromycin ointment and Carboxymethylcellulose drops to left eye. Orders faxed to pharmacy." 06/28/24 by DON A "Communication received from Bluestone APNP [related to] resident's left eye. Request to have [family member] take to ophthalmology. If [his/her] vision worsens and cannot get out to ophthalmology, send to ER for eval and treat." 07/02/24 by DON A "Resident continues to receive scheduled eye ointment and drops to left eye. Decreased redness, swelling and drainage noted. Resident denies pain/discomfort ..." 07/09/24 by DON A " ...[Guardian I] also updated on left eye, which appears to improve some. Swelling has decreased, eye remains red and resident [complaining of] blurry vision. Request for [family member] to schedule apt with ophthalmologist and transportation to apt per resident request. Awaiting response." 07/09/24 by DON A "Received email that apt is scheduled for [Resident 8] on Tuesday, August 13th at 330 PM. POA to meet there. RCC to schedule transportation ..." 07/14/24 by RCC C "Staff noticed [Resident 8's] eye is still red and has some clouding to it, will let PCP know and nurse with be notified." 07/15/24 by DON A "Resident left eye is clouded, and [s/he] is having extreme difficulty seeing ...Guardian updated and request to try to move	{Y3244}		

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up eye apt and discuss hospice consult ..."
07/16/24 by DON A "Received call back from [Guardian I] ...Eye exam has been moved up to 07/18/24 ..."
07/18/24 by DON A "Resident returned from [eye] apt ...for left eye corneal ulcer. New orders received for Ofloxacin and Tobramycin to left eye ...Orders emailed to pharmacy."

MEDICATION ADMINISTRATION RECORD (MAR)
Surveyor reviewed Resident 8's June and July 2024 MAR and noted:
Erythromycin 0.5% Opth Ointment 06/30/2024-07/09/2024 Apply 1 cm ribbon in left eye four times daily for 10 days
Note - order sent to pharmacy on 06/27/2024, but did not start at the facility until 6/30/2024

Surveyor noted Resident 8's MAR did not include documentation of eye ointment administration on 07/01/2024 at 8:00 AM and 12:00 PM, 07/03/2024 at 8:00 PM.

Surveyor note: Carboxymethylcellulose drops were never added to the MAR, arrived to the facility, administered to Resident 8, and followed up on by provider.
Tobramycin 0/3% Opth solution 07/20/2024 Instill one drop in left eye every two hours while awake for ulcer of the cornea of the eye

Surveyor noted Resident 8's MAR did not include documentation of eye drop administration on 07/20/2024 at 8:00 PM, 10:00 PM; 07/21/2024 at 12:00 AM, 2:00 AM, 4:00 AM, 6:00 AM, 10:00 AM; 07/22/2024 at 10:00 AM, 10:00 PM; 07/23/2024 at 12:00 AM, 2:00 AM, 4:00 AM, 10:00 AM, 2:00 PM, 4:00 PM. Surveyor noted documentation identifying Resident 8 as sleeping

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and not receiving the eye drops on days not listed.
Ofloxacin 0.3% Opth Solution 07/20/2024 Instill one drop in left eye every two hours while awake for ulcer of the cornea of the eye

Surveyor noted Resident 8's MAR did not include documentation of eye drop administration on 07/20/2024 at 8:00 PM, 10:00 PM; 07/21/2024 at 12:00 AM, 2:00 AM, 4:00 AM, 6:00 AM, 10:00 AM; 07/22/2024 at 12:00 AM, 10:00 AM, 10:00 PM; 07/23/2024 at 12:00 AM, 2:00 AM, 4:00 AM, 10:00 AM, 2:00 PM, 4:00 PM. Surveyor noted documentation identifying Resident 8 as sleeping and not receiving the eye drops on days not listed.
Surveyor noted from 07/09/2024 through 07/20/2024, Resident 8's eye was noted to continue to be red, swollen, irritated, and affecting his/her vision. Resident 8 went without any treatment from 07/09/2024 through 07/18/2024 when s/he was seen by the ophthalmologist. Following the appointment it was unclear whether Resident 8 received treatment as ordered.

INTERVIEWS
On 08/09/2024 at approximately 1:30 PM, Surveyor interviewed Family Member K who stated s/he saw Resident 8 about 2 weeks before s/he passed away and Resident 8's eye was swollen and pussy.
On 08/16/2024 at approximately 9:29 AM, Surveyor reviewed email correspondence from Guardian I: "[His/her] left eye had shown some improvement; however, [sic] it was still red and [s/he] was experiencing blurry vision.' I made [him/her] an eye exam for Tuesday, August 13th at 3:30 PM."
07/18/2024 "An appt [appointment] was made for [Resident 8] ... to have eye looked at on an

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emergency basis as it was reported [his/her] eye was clouding over. [S/he] was given drops to use. A follow up was scheduled for the following Monday but [s/he] refused to go to that appt."

On 08/19/2024 at approximately 2:00 PM, Surveyors interviewed DON A who stated s/he was unaware of the eye drops not being available to administer and missing documentation.

CHANGE IN CONDITION - LUNGS

OBSERVATION NOTES
Surveyor reviewed Resident 8's observation notes and noted the following about his/her lungs:
07/03/2024 by DON A "Resident is [complaining of] SOB and productive cough with yellow tinged sputum. Wheezes and crackles noted through all lung fields. Decreased appetite noted and has been refusing meals, fluids encouraged. Resident is using [his/her] prn [as needed] albuterol inhaler. Resident does not with to be sent to ER for eval and treat. APNP updated and request for chest Xray to be completed here at community. Awaiting response. VS [vitals]: [temperature] 97.4 degrees F; [pulse]-112; [respirations]-20; [blood pressure]-99/69..[weight] 122.4."
07/05/2024 by DON A "Bluestone contacted for chest Xray results. Awaiting response.
07/09/2024 by DON A "[chest Xray] reveals bronchitis. New orders received to continue with inhaler and cough medicine."
07/22/2024 by Caregiver N "Writer went to administer 6 AM meds and noticed resident has a very deep chest rattle and is having some trouble breathing. Writer took oxygen which was 88% and respirations were 20. Writer notified administrator to have nurse follow up.
07/22/24 by DON A "Resident is continuing to c/o

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SOB. [S/he] is using [his/her] PRN inhaler incorrectly and has used up the last refill already. We will not be allowing to let [him/her] keep it at bedside. [His/her] O2 at 88%, [respirations]-20. APNP updated and request for nebulizer or oxygen orders. Guardian is not in agreement for hospice consult at this time."

MAR
Surveyor reviewed Resident 8's July 2024 MAR and noted:
Chest Congestion 100 mg/ 5mL AF/SF cough syrup - Take 20 mL by mouth every four hours as needed for congestion/phlegm
Albuterol HFA inhaler - Inhale 2 puffs every 6 hours as need for wheezing
Surveyor noted no documentation identifying Resident 8 was administered his/her PRN cough syrup and inhaler in July. Surveyor noted there was not an order for a nebulizer or oxygen on his/her MAR.

COMMUNITY CARE MANAGED CARE ORGANIZATION (CCI) CASE NOTES
Surveyor reviewed the following CCI case note: 07/23/2024 11:21 AM "Discussion with: CM [Care Manager] called and spoke with with [DON A]..for monthly update on [Resident 8] ...[DON A] reported [Resident 8] has had a lot going on with health issues recently. [S/he] apologized for not contacting CM ...[S/he] reported [Resident 8] has had significant weight loss since [his/her] placement at Apple Creek Place. [S/he] reported on 3/1/24, [s/he] was reported as weighing 305 [pounds], and [his/her] weight is now 122.4. [DON A] mentioned that [s/he] sat with [him/her] yesterday at lunch and encouraged [him/her] to eat but [s/he] only ate a couple of spoonfuls. [S/he] reported that [Resident 8] was seen for swelling of [his/her] left eye on 6/25/24 and was

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APPLE CREEK PLACE III	5117 N CHERRYVALE AVENUE APPLETON, WI 54913

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prescribed an ointment, and there was no improvement and [DON A] then got [him/her] set up and saw a specialist on 7/18/24 and [s/he] was prescribed antibiotics for a corneal ulcer. [DON A] added that [s/he] also has COPD [chronic obstructive pulmonary disease] and has been having some SOB [shortness of breath]. [S/he] had an x-ray done on 7/5/24 and was diagnosed with bronchitis, and is using an inhaler at this time and has prescribed cough medicine. [S/he] reported that [s/he] complained of increased SOB yesterday and [his/her] inhaler was used alone with nebulizer. [DON A] reported that [s/he] has been having increased incontinence as well. [S/he] seems weak at time when walking with [his/her] walker and standby assist is provided as needed. [S/he] talked with Bluestone Physicians regarding an order for hospice eval and admit to assist with overseeing [his/her] care and provide comfort measures. [DON A] reported that [s/he] spoke with [Guardian I] and [s/he] is in agreement with starting hospice. [S/he] mentioned [hospice] was there yesterday and got paperwork started and [DON A] believes that they planned to come back today to complete the admit for hospice services; Member has had a change in condition ...[S/he] continues [to] have the coughing or spitting up on [his/her] bed and in the bathroom at times ..."

INTERVIEWS
On 08/16/2024 at approximately 9:29 AM, Surveyor reviewed email correspondence from Guardian I and his/her notes:
07/03/2024 Apple Creek reported Resident 8 was not feeling well. Staff wanted him/her to go to the emergency room, but s/he refused. Guardian I contacted Family Member K to try and talk Resident 8 into being medically evaluated."
07/09/2024 "It was reported (by Apple Creek) a

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chest Xray was done. Showed Bronchitis. '[S/he] is to continue using prn [as needed] albuterol inhaler and prn guaifenesin cough syrup."

On 08/09/2024 at approximately 1:30 PM, Surveyor interviewed Family Member K who stated the only time the facility reached out to him/her was to say Resident 8 was sick. S/he said s/he and Family Member L tried to encourage Resident 8 to go to the doctor, but Resident 8 refused, telling him/her that s/he "didn't want to die there." S/he said Resident 8 had asthma his/her entire life. When s/he had flare ups, s/he would be ordered to have nebulizers, which Family Member K questioned as the provider never obtained an order for them. Family Member K had questioned Director of Nursing (DON) A about Resident 8's behaviors and attitude. DON B reportedly told Family Member K that Resident 8 "was no problem, but [s/he] spits on the carpet and we're thinking about taking the carpet out of his/her room." Family Member K Resident 8 had never spit before and questioned whether s/he had been spitting up phlegm from the infection or something else underlying. Family Member K indicated Resident 8 was all around in a (health) decline, however s/he felt it went so much faster than it should have. S/he said s/he was concerned about how long Resident 8 may have been laying in his/her room before s/he was found deceased.

On 08/09/2024 at approximately 1:50 PM, Surveyor interviewed Family Member L who shared concerns about Resident 8's breathing. S/he had tried to convince Resident 8 to go to the doctor, but s/he refused. Family Member L stated s/he felt Resident 8 passed away rather quickly and his/her health concerns could have been followed up on more timely. Family Member L

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stated Resident 8's cause of death was listed as myocardial infarction with contributing diagnoses of diabetes mellitus.

In summary, Resident 8 had a substantial weight loss (from 300 pounds to 122 pounds) that was not tracked and Resident 8's physician and guardian was not updated for 12 or more days. There was no correspondence of Resident 8's weight loss documented prior to July. Resident 8 was identified as a choking risk, with a cough, and condition that impacted his/her appetite upon admission in January, and again after an EGD in April. All of Resident 8's diagnoses were not documented in his/her record, was not assessed and care planned as being a choking risk and how it could impact his/her intake. Resident 8 was not monitored for his/her food intake, although was a type 2 diabetic and was known to not eat all of his/her food. Resident 8's documentation was inconsistent in documentation of his/her blood sugar checks and diabetic snack offerings. Resident 8 developed painful symptoms that affected his/her vision on 06/25/2024, but was not evaluated and treated until 07/02/2024. Resident 8's symptoms continued after his/her order for eye ointment was discontinued, but did not receive treatment or get new treatment from 07/09/2024 to 07/20/2024. Resident 8 was diagnosed with a corneal ulcer and it impacted his/her vision. Resident 8 developed a worsening cough and wheezing on 07/03/2024 and didn't receive diagnosis and treatment for bronchitis until 07/09/2024. There was no documentation of PRN use of his/her inhaler and cough syrup although DON A stated s/he overused them. No additional follow up was documented until 07/22/2024 when Resident 8's condition was worsening. On 07/23/2024 at approximately 4:00 PM, Resident 8 was found

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unresponsive and deceased in his/her room.

RESIDENT 9
On 08/01/2024, Surveyor reviewed Resident 9's record and noted s/he was admitted to the facility on 09/27/2023 with diagnoses of schizoaffective disorder, bipolar disorder, Parkinson's disease, social phobia, paranoid personality disorder, dementia, major depressive disorder, anxiety disorder, sleep disorder, and Crohn's disease. Resident 9 was under guardianship and able to make his/her needs known.

Surveyor reviewed Resident 9's ISP with print date 08/01/2024, and noted s/he required 24-hour supervision and full assistance with bathing and dressing. Resident 9 required 1 assist to as needed assistance with toileting.
"2 HOUR NIGHT TIME CHECKS...Staff to check on resident night [sic] to ensure safety and brief is dry and clean...[Resident 9] will receive 2-hour checks at night as evidenced by ECP [electronic resident record] charting."
"FALL RISK --HIGH...Resident is considered a high fall risk per fall risk assessment...Resident has following [sic] fall interventions in place...Staff to ensure that resident is using [his/her] call light. Staff to provide toileting every 4 hours and also to provide one hour checks at night to ensure safety."

On 08/01/2024 at approximately 2:20 PM, Surveyor interviewed Resident 9. Resident 9 stated s/he rarely used his/her call light "anymore" due to staff not responding timely or "don't answer it." Resident 9 stated if s/he needed something, s/he had to self-propel him/herself in his/her wheelchair to the dining room to find someone. Resident 9 voiced s/he preferred not to leave his/her room. Surveyor

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inquired when s/he was most likely to need assistance from staff and s/he said late at night to go to the bathroom, and for assistance transferring into bed. Surveyor inquired how often staff checked on him/her and s/he said very rarely. S/he indicated they bring him/her meals and assist with morning and night cares, but otherwise do not come in to just "check on" him/her and s/he wished they would. Resident 9 stated s/he was fearful of falling and not being able to get assistance off the floor. At approximately 2:29 PM, Resident 9 demonstrated pressing the call light while Surveyor was in his/her room. At approximately 2:31 PM, Surveyor observed Caregiver D enter Resident 9's room and answer his/her call light. Resident 9 stated, "That's a first. I'm so shocked someone came. They usually don't answer at all." Surveyor inquired with Caregiver D how s/he knew Resident 9 had his/her call light on and Caregiver D stated it depended where staff are located in the building as they can see it on a tablet and on the desktop computer in the office. Caregiver D indicated s/he had been near the desktop computer which is where s/he saw Resident 9's call light was on. Resident 9 reiterated Caregiver D, "I am shocked that you came in and came in so quickly."

On 08/01/2024 at approximately 2:50 PM, Surveyors interviewed Resident Care Coordinator (RCC) C who stated Resident 9 was the only resident in the facility who utilized a call light and called for assistance. RCC C stated in the sister facilities, there was a phone that the call lights were connected with to signal a call light was on, but this facility did not have a phone. S/he indicated s/he was looking into a different pendant for Resident 9 and connecting phone since s/he was the only one who used one at this

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{Y3244}	Continued From page 43 time. Surveyor inquired whether RCC C observed Resident 9 come out and ask for assistance and RCC C said yes, but s/he didn't realize it was because staff weren't answering his/her call light. Surveyor inquired how staff knew whether Resident 9's call light was on currently and RCC C stated the staff would have to physically see it on the desktop computer in the office to know whether it was on. On 08/19/2024 at approximately 2:00 PM, Surveyors interviewed and shared findings of care concerns about Resident 8 and Resident 9 with DON A and Vice President of Clinical Operations H. No additional information or comments were provided. Cross Reference: N0352 83.32(3)(a) Rights of Residents: Receive Medication N0389 83.35(3)(d) Service Plans Updated Annually And With Changes	{Y3244}		