STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015263	A. BUILDING: _____ B. WING _____	R-C 01/09/2025

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COUNTRY TERRACE TOMAHAWK	300 THEILER TOMAHAWK, WI 54487

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{N 000}	Initial Comments On 01/06/2025, Surveyor conducted a complaint (x4) investigation, self-report investigation and a verification visit (x2) at Country Terrace - Tomahawk. Data collection continued through 01/09/2025. The complaints (4) were substantiated. Nine deficiencies were identified. Four of 9 deficiencies were repeat violations, See statement of deficiency (SOD) SOD PT3611, dated 08/07/2024, SOD 5HN211, dated 03/19/2024, SOD EVSY11, dated 02/16/2021 and SOD DDUN11, dated 09/11/2019. One of 2 deficiencies identified in SOD PT3611 was corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 22	{N 000}		
N 214	83.15(3)(a) Administrator shall supervise daily operation The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.	N 214		

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

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N 214	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider's administrator did not supervise the daily operations and did not ensure the residents' health, safety, care, services and rights were received and protected. This is a repeat deficiency. See statement of deficiency (SOD), SOD EVSY11, dated 02/16/2021. Findings: The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, terminally ill. Between 10/05/2024 and 12/02/024, the Department received complaints alleging the facility was infested with bed bugs, had resident care concerns, and had a lack of housekeeping services. On 01/06/2025, Surveyor observed multiple full garbage containers throughout the facility, an unattended cleaning cart with chemicals, and dirty water in the mop bucket in a common area. On 01/06/2025, at approximately 11:05 AM, Surveyor interviewed Caregiver I. Surveyor asked Caregiver I about administrator involvement, meals, supervision and cleaning. Caregiver I reported, "We don't have milk today; We ran out of some food in December 2024 and we can't follow a menu if we don't have what we need." Caregiver I stated that Former Director (FD) C "left about two weeks ago." Caregiver I reported, "[Resident 5] got outside in November 2024 and	N 214		

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fell face first on the ground." Caregiver I stated that staff do the best they can to keep up on cleaning and laundry.

On 01/06/2025, at approximately 11:40 AM, Surveyor interviewed Director A. Director A reported that Director A and Director B were covering the administrator responsibilities at the facility since FD C left last month (December 2024).

On 01/06/2025, at approximately 1:05 PM, Surveyor interviewed Caregiver M. Surveyor asked Caregiver M about administrator involvement, supervision and cleaning. Caregiver M reported, "There has been a decline in cleaning and laundry." Caregiver M stated that caregivers were responsible for cooking, cleaning and housekeeping. Caregiver M noted that some residents had complained about a decline in services and cleaning for several months. Caregiver M reported that these concerns were reported to FD C.

On 01/06/2025, at approximately 1:10 PM, Caregiver I reported, "We only have two washers and two dryers. The washers and dryers have broken down several times." Caregiver I stated, "We are doing the best we can with the care but they (residents) are not getting everything."

On 01/06/2025, at approximately 5:15 PM, Surveyor interviewed Caregiver F. Surveyor asked Caregiver F about administrator involvement, supervision and cleaning. Caregiver F stated, "We fall behind on dishes, laundry and room cleanings. Communication and staff reporting needs to be better. We don't currently have a director; we aren't getting answers to questions. It would be nice if everyone worked as

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a team."

On 01/07/2025, Surveyor observed multiple full garbage containers throughout the facility, an unattended cleaning cart with chemicals, and dirty water in the mop bucket in a common area. Surveyor observed an open laundry room door and surveyor observed unsecured multiple bubble pack medications within a large plastic bag on the floor of the laundry room, near the medication cart.

On 01/07/2025, at approximately 11:35 AM, Resident 1 requested to speak to Surveyor. Resident 1 stated, "They don't have a manager here. The sanitation is terrible. I think they think their job is 'to keep us in line' and if I get out of here, I will hire a lawyer and contact a Senator. They can't get nobody to manage this place."

On 01/07/2025, at approximately 1:20 PM, Surveyor interviewed Hospice Nurse (HN) L. Surveyor asked HN L about administrator involvement and cleaning. HN L reported that the bathrooms were "gross," laundry fell behind, and cleaning fell behind. HN L indicated that HN L brought these concerns to FD C several times over the past few months.

On 01/07/2025, at approximately 1:45 PM, Surveyor interviewed Caregiver G. Surveyor asked Caregiver G about administrator involvement, supervision and cleaning. Caregiver G stated that staff had not kept up with laundry, housekeeping and cleaning for many months. Caregiver G stated, "We are not keeping up with soiled laundry; we could use bigger machines (washer/dryer)." Caregiver G reported, "Our primary focus is resident care and medications (and) bathroom cleaning, washing bedding and

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vacuuming is falling behind." Surveyor asked Caregiver G about bed bugs in the facility. Caregiver G reported that there had not been any bed bugs for the past month but when bed bugs were reported in September 2024, maintenance came in a few days later and residents were not relocated right away. Caregiver G reported that residents have complained about not getting laundry done and it was brought to FD C's attention several times. Caregiver G stated, "[FD C] quit two weeks ago; [Director A and Director B] have been helping out."

On 01/08/2025, at approximately 12:48 PM, Surveyor interviewed Caregiver H via telephone. Surveyor asked Caregiver H about administrator involvement, supervision and cleaning. Caregiver H reported that it was "terrible" and "[FD C] made it worse." Caregiver H reported that there were ongoing issues with residents not being changed timely. Caregiver H indicated resident cares (peri-care) were not being done thoroughly, the menu could not be followed when the right foods were not provided, and medications were not being safeguarding. Caregiver H reported all these concerns were brought to FD C's attention several times over the past several months. Caregiver H stated that "nothing changed."

On 01/08/2025, Director B verified FD C was hired as the administrator on 05/14/2024. Director B verified FD C's last day of employment was 12/26/2024.

On 01/08/2025, at approximately 4:45 PM, Director A and Director B confirmed Director A and Director B would be the acting administrators until another administrator was hired and trained.

The administrator did not provide the supervision

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N 214	Continued From page 5 necessary to ensure that residents received proper care and treatment, that their health and safety were protected and promoted, and that their rights were respected.	N 214		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop a comprehensive individual service plan (ISP) for 2 of 3 residents reviewed. Findings include: The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 01/07/2025, Surveyor reviewed Resident 1's	N 386		

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N 386	Continued From page 6 record. Resident 1 was admitted on 10/16/2024. Resident 1's record did not contain an ISP. Resident 1's diagnoses included Type 2 Diabetes and Resident 1 had a catheter. On 01/07/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 10/28/2024. Resident 2's record did not contain an ISP. Resident 2's diagnoses included history of stroke and impaired cognition. On 01/07/2025, at approximately 2:25 PM, Surveyor interviewed Director A. Surveyor asked Director A for Resident 1's and Resident 2's ISP. Director A reported that Director A could not find an ISP for Resident 1 and Resident 2.	N 386		
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 employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. Findings include: This is a repeat deficiency. See statement of deficiency (SOD), SOD 5HN211, dated 03/19/2024. The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease,	N 396		

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physically disabled, and terminally ill.

On 12/01/2024, the Department received a complaint alleging residents were not being toileted and/or being left in soiled clothing, and rooms were not being cleaned.

On 01/06/2025, at approximately 2:35 PM, Surveyor interviewed Resident 3. Surveyor asked Resident 3 about care at the facility. Resident 3 reported that caregivers were "very busy and sometimes they don't always respond right away." Resident 3 verified that caregiver response times sometimes took longer at night.

On 01/06/2025, at approximately 2:45 PM, Surveyor interviewed Resident 4. Surveyor asked Resident 4 about care at the facility. Resident 4 reported that his/her bathroom floor had not been scrubbed in a long time and garbage containers were not emptied as they should be. Resident 4 commented that incontinence pads pile up in his/her garbage and caregivers were not always "kind." Resident 4 reported that laundry sometimes "stills smells like urine" even after it gets washed.

On 01/06/2025, Surveyor requested internal investigation records (pertaining to staff investigations) from October 2024 to December 2024. On 01/06/2025, Regional Nurse D informed surveyor there were no investigations or reported issues between October 2024 and December 2024.

On 01/06/2025 at approximately 4:40 PM, Surveyor interviewed Caregiver E. Surveyor asked Caregiver E about resident care and facility cleaning. Caregiver E reported that when two staff work the PM shift, it was hard to get

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everything done. Caregiver E stated, "We are supposed to keep up on laundry, but it is hard when two people work the PM shift; we make dinner, try to keep an eye on wandering residents, pass medications, help people into bed; we are not able to get deep cleaning done in rooms." Caregiver E stated that the majority of the time two staff worked on PM shift and "occassionaly" three staff worked on PM shift.

On 01/06/2025 at approximately 5:15 PM, Surveyor interviewed Caregiver F. Surveyor asked Caregiver F about resident care and facility cleaning. Caregiver F reported, "Sometimes we have two people working on the PM shift and sometimes we have three people working on the PM shift. We need to have more staff; we fall behind with two people; we get caught up when there is three staff working." Caregiver F noted that staff get behind on laundry and room cleanings.

On 01/07/2025 at approximately 11:35 AM, Surveyor interviewed Resident 1. Resident 1 stated, "I should not have to ask for things, I pay enough for care." Resident 1 reported that a caregiver did not change his/her catheter bag last evening (01/06/2025). Resident 1 stated, "They don't have a manager here. The sanitation is terrible. I think they think their job is to keep us in line."

On 01/07/2025 at approximately 11:45 AM, Surveyor interviewed Family Member (FM) K. FM K stated that FM K visited Resident 1 on Saturday (01/04/2024) and cleaned Resident 1's room. FM K stated, "The room needed cleaning; I vacuumed, cleaned the bathroom, and cleaned the toilet."

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N 396	Continued From page 9 On 01/07/2025 at approximately 1:20 PM, Surveyor interviewed Hospice Nurse (HN) L. Surveyor asked HN L about resident care and facility cleaning. HN L stated, "The bathrooms are gross." HN L indicated that s/he had reported his/her concerns several times to FD C and the cleaning would get better for a while and then would go back to not getting done. On 01/07/2025 at approximately 1:45 PM, Surveyor interviewed Caregiver G. Surveyor asked Caregiver G about resident care and facility cleaning. Caregiver G stated that laundry piled up and staff were not able to keep up on it. Caregiver G commented that it was difficult to keep up with washing soiled laundry with two regular size washers and two regular size dryers. Caregiver G reported, "Room cleanings are not getting done; Our primary focus is resident care and medications; cleaning the bathrooms, washing bedding and vacuuming is falling behind." On 01/08/2025 at approximately 12:48 PM, Surveyor interviewed Caregiver H via telephone. Surveyor asked Caregiver H about resident care and facility cleaning. Caregiver H reported that Caregiver H worked the AM shift and the PM shift. Caregiver H reported, "I believe some residents are being left in soiled briefs all night and are not being changed. Surveyor asked Caregiver H about why Caregiver H believed residents were left in soiled briefs all night. Caregiver H commented that when Caregiver H worked first shift, there seems to be a lot of incontinent residents and very soaked bedding. Caregiver H stated that Caregiver H had reported his/her concerns to FD C on multiple occasions over the past few months and "nothing changed." Caregiver H stated, "Laundry and cleaning have	N 396		

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N 396	Continued From page 10 been falling behind for the past few months." The provider did not ensure adequate staff to meet the needs of the residents. Cross Reference N0426 DHS 83.38(1)(b) Supervision; N0427 DHS 83.38(1)(c) Leisure Time Activities; N0450 DHS 83.41(2)(c) Nutrition: Menus; N0489 DHS 83.44(2)(a) Rooms Clean and Free From Odors.	N 396		
N 426	83.38(1)(b) Supervision. 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: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide services adequate to meet the needs of Resident 5 in the following area: Supervision. This is a repeat deficiency. See statement of deficiency (SOD), SOD DDUN11, dated 09/11/2019. Findings include:	N 426		

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The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill.

On 11/18/2024, the Department received a self-report indicating a resident elopement.

On 01/07/2025, Surveyor reviewed Resident 5's record. Resident 5 was admitted on 12/21/2022. Resident 5's individual service plan (ISP), dated 06/21/2024, noted "[Resident 5] is an elopement risk [sic] [S/he] has a wanderguard on at all times." A self-report, incident date, 11/15/2024, noted "Director was in office on a phone call with a care team for another member. Outside contractor came to my office door, stating there was a resident outside on the ground." The self-report indicated Resident 5 walked out of the facility on 11/15/2024 at 1:33 PM, and fell face first on the black top outside. The self-report noted that the provider called 911 and Resident 5 went to the emegency room and returned the same day with "no injury."

On 01/07/2024, Surveyor reviewed facility schedules. According to the November 2024 schedule, four staff were working the day shift from 6:00 AM to 2:00 PM on 11/15/2024.

On 01/07/2024 at approximately 1:45 PM, Surveyor interviewed Caregiver G. Caregiver G verified working on 11/15/2024 (6:00 AM to 2:00 PM). Surveyor asked Caregiver G about Resident 5's elopement on 11/15/2024. Caregiver G stated, "Me [sic] and another staff member were changing a two person assist. We did not hear the door alarm. [Resident 5] got outside and fell outside." Caregiver G reported that the other two staff working on 11/15/2024 were busy and did

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N 426	Continued From page 12 not hear the door alarm. The provider did not ensure adequate supervision for Resident 5.	N 426		
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 and interview, the provider did not provide services adequate to meet the Residents' needs in the following area: Leisure time activities. Findings include: The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, terminally ill. On 01/06/2025, at 10:00 AM to 5:15 PM, Surveyor observed the following: the census was	N 427		

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N 427	Continued From page 13 22, multiple residents stayed in their rooms until the noon meal and dinner meal, residents sleeping and/or watching television, and a few residents sitting quietly in the dining room. Surveyor did not observe residents engaged in leisure time activities. Surveyor did not see a posted activity calendar. On 01/06/2025 at approximately 1:10 PM, Surveyor interviewed Caregiver I and asked about activities. Caregiver I reported the facility had not had an activity program for several months. Caregiver I stated, "We are doing the best we can with the care, but they (residents) are not getting everything." On 01/07/2025, between 10:00 AM and 4:00 PM, Surveyor observed the following: several residents stayed in their rooms until the noon meal; residents were sleeping and/or watching television in their rooms, and a few residents were sitting quietly in the dining room area. Surveyor did not observe residents engaged in leisure time activities. Surveyor did not see a posted activity calendar. On 01/07/2025, at approximately 1:45 PM, Surveyor interviewed Caregiver G. Surveyor asked Caregiver G about activities. Caregiver G stated, "We have been without an activity person for close to a year. We try to do an activity if we have enough staff working for the day; we try to get residents involved when we can." On 01/08/025, at approximately 12:48 PM, Surveyor interviewed Caregiver H via telephone. Surveyor asked Caregiver H about activities. Caregiver H reported that activities had not been done for over three to four months.	N 427		

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N 427	Continued From page 14 The provider did not ensure a daily activity program to meet the interests and capabilities of the residents.	N 427		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not document meal changes on the weekly menus. Findings include: The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 01/06/2025 at approximately 11:05 AM, Surveyor observed the preparation of the noon meal and interviewed Caregiver I. Surveyor observed chicken in a crockpot, Brussel sprouts and plain white noodles being prepared. Surveyor asked Caregiver I about meals and menus. Caregiver I reported that there was no milk today and two residents wanted cereal and could not have cereal because milk was not available. Caregiver I stated, "We don't always have everything we need; we can't follow a menu when	N 450		

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we don't have what we need." Caregiver I informed Surveyor that staff did not always follow the printed menu. Caregiver I informed Surveyor that the 01/06/2025 noon meal was changed to chicken made in the crockpot, Brussel sprouts, and plain noodles, and the printed menu called for crispy onion chicken breast, white rice, mixed vegetables, tossed green salad and glazed lemon cake. Caregiver I stated that staff do their best to serve a similar alternative if the main food item is not available. Caregiver I confirmed staff were not documenting the changes on the weekly menus.

On 01/06/2025, Surveyor reviewed the printed noon menu for 01/06/2025. The menu noted the following items: crispy onion chicken breast, white rice, mixed vegetables, tomato cucumber salad, and glazed lemon cake.

On 01/06/2025, at approximately 12:00 PM, Surveyor observed residents being served chicken made in a crock pot, Brussel sprouts and plain noodles. A desert was not served at the noon meal. Milk was not being served at the noon meal.

On 01/07/2025, at approximately 1:45 PM, Surveyor interviewed Caregiver G. Surveyor asked Caregiver G about meals and menus. Caregiver G stated the provider did not always have what was on the menu and ran out of milk on 01/06/2025. Caregiver G reported, "There is a 5-week menu and we follow the menu when we can (and) when we have the supplies." Caregiver G stated, "We don't follow the menu at least 4 to 5 times a week due to not having the food items available." Surveyor asked Caregiver G if meal changes were documented. Caregiver G indicated that staff were not documenting the

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N 450	Continued From page 16 meal changes on the menu. On 01/09/2025, Surveyor interviewed Caregiver I via telephone. Surveyor asked Caregiver I about updating and documenting menu changes. Caregiver I reported that menu adjustments and/or changes were not being documented on the menus. Caregiver I reported that the menu called for the following noon meal on 01/07/2025: pork roast/gravy, roasted rosemary red potatoes, broccoli cuts, sunrise and gelatin salad. Caregiver I reported the provider served the following noon meal on 01/07/2025: Salisbury steak, green beans, and mashed potatoes/gravy. Caregiver I confirmed the meal changes from 01/06/025 and 01/07/2025 were not updated on the printed menus.	N 450		
{N 489}	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not keep all rooms clean and free from odors. This is a repeat deficiency. See statement of deficiency, SOD PT3611, dated 08/07/2024. Findings include: The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 12/01/2024, the Department received a	{N 489}		

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complaint alleging residents were not being toileted and/or being left in soiled clothing, and rooms were not being cleaned.

On 01/06/2025, Surveyor toured the facility. Surveyor was on site 10:00 AM to 5:15 PM. Surveyor observed an unsecured cleaning cart with cleaning supplies in a common area on the west side of the facility. Surveyor did not observe the cleaning cart being used and did not see or hear a vacuum being used while on site. Surveyor observed several rooms needing vacuuming. Surveyor observed several full garbage containers throughout the facility.

On 01/06/2025, at approximately 1:05 PM, Surveyor interviewed Caregiver M. Surveyor asked Caregiver M about room cleaning. Caregiver M reported, "There are several residents' laundry that should be pulled and washed daily but we don't have time." Caregiver M stated that "at least three residents' laundry should be washed daily" due to soiling. Caregiver M stated, "We don't have a housekeeper and we get the cleaning done when we can." Caregiver G noted, "There has been a decline in cleaning and keeping up with laundry."

On 01/06/2025 at approximately 1:10 PM, Surveyor interviewed Caregiver I. Surveyor asked Caregiver I about room cleaning. Caregiver I stated that there had been an ongoing issue with getting laundry done (soiled laundry) and room cleaning done. Caregiver I reported that there were two regular size washers and two regular size dryers and staff were not able to keep up with the daily/weekly laundry. Caregiver I reported that staff did their best trying to keep up with emptying garbage containers and vacuuming rooms.

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{N 489}	Continued From page 18 On 01/06/2025, at approximately 2:35 PM, Surveyor interviewed Resident 3. Surveyor asked Resident 3 about room cleaning. Resident 3 stated, "I feel bad for the people who work here; they have to cook, clean, do laundry, and answer the call lights. I have not seen a lot of cleaning; My [family member] does my laundry." On 01/06/2025 at approximately 2:45 PM, Surveyor interviewed Resident 4. Surveyor asked Resident 4 about room cleaning. Resident 4 stated that his/her bathroom floor had not been cleaned for a long time and "garbages [sic] don't get emptied as often as they should." Resident 4 reported that the clothes still smelled like urine even after being washed sometimes. On 01/06/2025, at approximately 4:40 PM, Surveyor interviewed Caregiver E. Surveyor asked Caregiver E about room cleaning. Caregiver E reported that it was difficult to keep up on the laundry and room cleaning on PM shift. Caregiver E stated, "We are not able to get deep cleaning done in rooms." On 01/06/2025 at approximately 5:15 PM, Surveyor interviewed Caregiver F. Surveyor asked Caregiver F about room cleaning. Caregiver F stated, "We fall behind with dishes, laundry and room cleanings."	{N 489}		
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.	N 499		

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N 499	Continued From page 19 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secure area. Findings include: The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 01/06/2025 (10:00 AM to 5:15 PM), Surveyor observed an unattended cleaning cart with a yellow mop bucket half full of greenish/grayish water, multiple spray bottles and aerosol cans (disinfectant sprays, cleaning products and toilet cleaners) unsecured in a common area on the west side of the facility. Surveyor observed staff and residents walking by the cleaning cart between 10:00 AM and 5:15 PM. On 01/07/2025 (11:00 AM to 3:00 PM) Surveyor observed an unattended cleaning cart with a yellow mop bucket half full of greenish/grayish water, multiple spray bottles and aerosol cans (disinfectant sprays, cleaning products and toilet cleaners) unsecured in a common area on the west side of the facility (same as day before - as noted above). Surveyor observed staff and residents walking past the cleaning cart between 11:00 AM and 3:00 PM. The cleaning cart was secured at approximately 3:00 PM. On 01/09/2025, at approximately 2:28 PM, Surveyor interviewed Director B via e-mail. Surveyor asked Director B about the "unattended cleaning carts." Director B noted via e-mail, "The unattended cleaning carts should be stored in the	N 499		

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N 499	Continued From page 20 storage room and locked."	N 499		
N 500	83.45(4) Pest control. Pest control. The CBRF shall implement safe, effective procedures for control and extermination of insects, rodents and vermin. This Rule is not met as evidenced by: Based on record review and interview, the provider did not implement a safe, effective procedure for control and extermination of bed bugs. Findings include: The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 10/10/2024 and 11/11/2024, the Department received a complaint alleging that bed bugs were witnessed in a resident's room and were not properly handled. On 01/06/2025 at approximately 1:10 PM, Surveyor interviewed Caregiver I. Surveyor asked Caregiver I about bed bugs at the facility. Caregiver I reported that bed bugs started in Resident 6's room in September 2024. Caregiver I stated, "It seemed like a while before a professional came in." On 01/08/2024 at approximately 4:01 PM, Surveyor interviewed Maintenance Person (MP) J via telephone. MP J stated, "Bed bugs are terrible; we get there as soon as we can. It's	N 500		

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never more than a couple of days." MP J stated the provider reported bed bugs discovered in Resident 6's room on a Thursday or Friday in September 2024. MP J stated that "Maintenance" went to the facility and started treating for bed bugs on the following Monday. MP J stated that Maintenance heat-treated Resident 6's room and the bed bugs "started to get away, then we called the exterminator to help treat."

On 01/09/2025, Surveyor reviewed a billing statement, service date 10/09/2024, from Pest Control (PC) N. PC N noted, "I performed a bed bug treatment. I'd treated rooms 19, 20, 21, 22, 24, 23, 25, 26, 27, the entryway to the building. The hallway around these rooms, the bathroom at the end of the hall and the medical room/laundry. I treated the baseboards in the hallways, closets, bathrooms and bedrooms. I treated the furniture, bed frames [sic] and box spring. I treated around the door and window trim throughout all these rooms."

On 01/09/2025, Surveyor reviewed Resident 6's record. Resident 6 was admitted on 05/04/2021. Resident 6 was admitted to hospice on 09/04/2024. Resident 6 died on 10/06/2024. According to nursing notes, dated 09/19/2024, "Resident spent shift in room. Staff went to administer cream and staff noticed bugs crawling on resident [sic] it looks to be bed bugs." According to nursing notes, dated 09/20/2024, Resident rang to let writer know 'I have bugs.' According to nursing notes, dated 09/23/2024, "Resident was showered and brought to a different room until [his/her] room was o.k. to go back into."

On 01/09/2025 at approximately 1:16 PM via e-mail, Director B confirmed bed bugs were

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N 500	Continued From page 22 reported on 09/19/2024 to Former Director (FD) C. Director B confirmed the following time frame: Hospice and FD C was notified of bed bugs being seen on 09/19/2024. On 09/20/2024, [Resident 6] rang for staff notifying them that [s/he] had bugs. On 09/23/2024, hospice noticed a bite mark on Resident 6. Maintenance was in the facility from 09/23/2024 to 09/27/2024, treating for bed bugs. On 09/25/2024 the exterminator came and also treated and pretreated all rooms. According to the Center for Disease Control (CDC), https://www.cdc.gov/bed-bugs/about/, bed bugs can travel over 100 feet in a night but tend to live within 8 feet of where people sleep. The CDC recommends early detection and eradication of bed bugs. The provider did not ensure a safe, effective procedure for control and extermination of bed bugs.	N 500		