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N 000	Initial Comments On 05/07/2025 to 05/13/2025, Surveyors conducted a complaint investigation, standard survey, and verification visit at Hartland Place. Eight deficiencies were identified. Six of 8 deficiencies were repeat violations. See Statements of Deficiencies (SODs) PVEQ11, dated 02/08/2021, QPFI11, dated 06/15/2022, QPFI12, dated 12/11/2022, QPFI13, dated 09/21/2023, and SOD QPFI14, dated 01/22/2024. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 27	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.	N 220		

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

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N 220	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating Caregiver DD was screened for clinically apparent communicable disease including tuberculosis (TB). Findings include: On 05/07/2025, Surveyor reviewed employee records and identified the following: -Caregiver DD was hired 02/03/2025. His/her record did not include a TB test and communicable disease screen. On 05/07/2025 at 2:45 PM, Surveyors interviewed Administrator BB and Regional Wellness Director CC. Administrator BB reported TB testing was completed at their sister facility during orientation and after contacting them, Caregiver DD's documentation was lost. Administrator BB acknowledged the above concern and stated s/he would get Caregiver DD tested.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.	N 239		

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N 239	Continued From page 2 Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver DD obtained all department approved training as required. Caregiver DD did not have training in standard precautions within 90 days after starting employment. This is a repeat violation. See Statement of Deficiency (SOD) PVEQ11, dated 02/08/2021. Findings include: On 05/07/2025, Surveyor conducted a review of employee files to verify compliance with department approved training requirements. Standard Precautions: The record for Caregiver DD, hired 02/03/2025, did not contain evidence of training or evidence of	N 239		

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N 239	Continued From page 3 meeting an exemption for standard precautions. On 05/07/2025, Surveyor verified Caregiver DD was not on the Community-Based Care and Treatment training registry for standard precautions. On 05/07/2025 at 2:45 PM, Surveyors interviewed Administrator BB and Regional Wellness Director CC. Administrator BB reported Caregiver DD had an emergency during his/her scheduled standard precautions training and we forgot to sign him/her back up again. Administrator BB confirmed Caregiver DD had been working the floor since hire. Administrator BB acknowledged an understanding of the concern and stated s/he would get Caregiver DD signed up for standard precautions training as soon as possible.	N 239		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by:	N 277		

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N 277	Continued From page 4 Based on record review and interview, the provider did not ensure 1 of 1 employee (who required continuing education training) completed requirements in 2023 and 2024. This is a repeat violation. See Statement of Deficiency (SOD) QPFI12, dated 12/01/2022. Findings include: On 05/07/2025, Surveyor reviewed employee records to verify compliance with continuing education training requirements. The following was found: Caregiver GG was hired 06/25/2022. Caregiver GG's training record indicated s/he completed 15.5 hours of continuing education training in 2023. The training did not include medications and prevention and reporting of abuse, neglect and misappropriation. Caregiver GG's training record indicated s/he completed 10 hours of continuing education training in 2024. The training did not include fire safety or training on prevention and reporting of abuse, neglect and misappropriation. On 05/07/2025 at 2:45 PM, Surveyors interviewed Administrator BB and Regional Wellness Director CC. Administrator BB confirmed s/he had provided all training Caregiver GG had completed on their on-line training platform. Administrator BB reported the provider had outside providers come to their monthly staff meetings to conduct training's for staff. Surveyor noted Caregiver GG did not have at least 15 hours of continuing education training. Administrator BB acknowledged an understanding of the concern but requested additional time to look over staff meeting notes to see if Caregiver GG had	N 277		

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N 277	Continued From page 5 completed additional hours. Surveyor stated any evidence of continuing education training for Caregiver GG would need to be submitted no later than 05/08/2025 at 5:00 PM. As of 05/08/2025, the additional training documentation submitted for Caregiver GG did not change the above findings.	N 277		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 10 individual service plans (ISPs) reviewed were developed with involvement from the resident and resident's legal representative. Resident 12's, Resident 14's, and Resident 15's ISP did not contain a signature	N 387		

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N 387	Continued From page 6 from the resident or legal representative. Findings include: On 05/07/2025, Surveyors reviewed resident records and identified the following: Resident 12 was admitted on 02/07/2022. Resident 12 had an activated healthcare power of attorney. Resident 12's most recent ISP (unknown date) did not contain a signature from his/her legal representative. Resident 14 was admitted on 02/13/2025. Resident 14's most recent ISP (unknown date) did not contain a signature from the resident or their legal representative. Resident 15 was admitted 04/03/2019. Resident 15's most recent ISP (unknown date) did not contain a signature from the resident or their legal representative. On 05/07/2025 at 2:45 PM, Surveyors interviewed Administrator BB and Regional Wellness Director CC. Both staff acknowledged an understanding of the concern and stated they would work on getting the required signatures.	N 387		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case	{N 389}		

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{N 389}	Continued From page 7 manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 10's individual service plans (ISP) reviewed was updated when there was a change in the resident's needs, abilities or physical or mental condition. Resident 10's ISP was not updated to include his/her behavior associated with refusing his/her morning medications. From 02/01/2025 to 05/06/2025, Resident 10's record indicated 17 occurrences in which Resident 10 refused his/her insulin and/or blood sugar checks. This is a repeat violation. See Statement of Deficiencies (SODs) QPFI14, dated 01/22/2024 and SOD QPFI11, dated 06/15/2022. Findings include: On 05/07/2025, Surveyor reviewed Resident 10's record and identified the following: Resident 10 was admitted to the facility on 10/02/2022 with diagnosis of dementia and type 1 diabetes. Resident 10 was their own decision maker. Resident 10's facesheet identified key indicators as diabetes Type 1 and fall risk. Resident 10's individual service plan (ISP) dated 04/19/2025 documented: Orientation/Decision Making: [Resident 10] is [his/her] own person and is oriented to person, place, and time at this time.	{N 389}		

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{N 389}	Continued From page 8 [Resident 10] does have occasional confusion/some difficulty recalling details due to forgetfulness and short-term memory loss caused by dementia diagnosis. Physical Disabilities: [Resident 10] requires staff to assist with blood sugar monitoring. Medication techs will check [Resident 10's] blood sugar morning, noon, and evening before meals." The ISP did not identify his/her behavior associated with refusing his/her morning medications including his/her insulin and blood sugar checks. Resident 10's progress notes documented: "05/02/2025: Resident refused to get up at breakfast time, [s/he] called staff to get [him/her] up around 10am after being reminded that [s/he] needed to have breakfast and [his/her] blood sugar and insulin, resident still refused to get up staff was on [his/her] break and noticed that [Resident 10] was out. Staff reminded [Resident 10] that [s/he] did miss [his/her] first dose of insulin due to [him/her] refusing to get up. 04/30/2025 @ 4:45 PM: Nurse spoke with resident regarding complications of poor diabetes management and noncompliance. Provided education regarding complications and need for Insulin regime compliance. Other medications changed to 12p vs 8am per [Physician EE]. Explained to resident Insulin schedule is associated with meal schedule and that can bot be modified per community schedule. Nurse encouraged resident to make good health choices with diabetes management and meal schedule. Resident verbalized good understanding, but still expressed wish to sleep in morning. Nurse will follow up with Endocrinology. Negotiated risk agreement provided by Community Care signed w resident;	{N 389}		

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understanding [his/her] choice to refuse insulin and blood sugar checks. @ 2:15 PM: [Resident 10] noncompliant w morning insulin regime. Nurse in to assess resident. Resident c/o right lung pain w coughing last night that kept [him/her] up late forcing [him/her] to sleep in this am. Breathe sounds clear breath sounds unlabored sat 90% in RA. BS 130s reported by med passer. Peanut butter and jelly sandwich provided bc [Resident 10] missed both breakfast and lunch today ...endocrinologist notified of hx of noncompliance with current insulin regime. 04/19/2025: resident refused all meds for the am shift, [s/he] refused all meals as well."

Resident 10's record included a risk reduction agreement completed by his/her placing agency dated 04/30/2025 which documented:
"1. Describe the situation, condition, behaviors or course of action identified by the IDT that could put the member at risk of harm or injury: Member has been refusing [his/her] morning medications.
2. Describe the possible negative outcomes as identified by the IDT that may result from the member or guardian's choice, preferred course of action/inaction: Medications are out in place to address member's many chronic medical conditions. Refusing medications could exacerbate [his/her] medication conditions and cause [him/her] to need medication interventions such as hospitalization, Rehab, and even death from the medical conditions not being treated.
3. Describe how the member/guardian understands the situation. What if any risk(s) do they perceive and what is [his/her] preference and/or strategy to address this risk: [S/he] seems not to care and has refused [his/her] medications for several days.
4. What will the IDT do to minimize the potential for negative outcomes described in #2? Provide

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more frequent visits to discuss risks.
5. Describe the negotiated plan that IDT and member reached-specifically, what is the plan for follow-up and reassessment by the IDT? CBRF to let ITD (sic) when [s/he] refuses medications and what [his/her] reason for this is."

Surveyor reviewed Resident 10's medication administration records (MARs) from 02/01/2025 to 05/06/2025 and identified the following:
"-During the month of February, Resident 10 was in a skilled nursing facility (SNF) for 24 of 28 days.
-During the month of March, Resident 10 was in the hospital or SNF for 12 of 31 days.
-During the month of April, Resident 10 was in a SNF for 18 of 30 days.

The following 17 dates Resident 10 refused his/her insulin and/or blood sugar check:
-02/24/2024 9:34 PM Lantus Solostar 100 unit/ML (3 ML)-No Pass Reason: Refused by Patient
-02/25/2025 9:41 PM Insulin Glargine 100 Unit/ML (3ML)-No Pass Reason: Refused by Patient-resident is unsure what this med is. Will follow up with doctor for clarification.
-02/27/2025 9:38 AM Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient-resident is asleep and does not want to get up.
-03/01/2025 3:26 PM Monitor-Glucose-No Pass Reason-Refused by Patient-resident is asleep and does not want to take the morning meds.
-03/04/2025 10:03 AM Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient
-03/12/2025 9:12 AM Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient
-03/14/2025 12:25 PM Monitor-Glucose and

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{N 389}	Continued From page 11 Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -03/15/2025 11:05 AM Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -03/17/2025-2:44 PM Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -03/20/2025 12:38 PM Monitor Glucose and Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient-still in bed sleep -04/19/2025 11:58 AM Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -04/19/2025 1:20 PM Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -04/22/2025 9:41 AM Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -04/23/2025 11:24 AM Monitor Glucose and Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -04/24/2025 12:28 PM Monitor Glucose and Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -04/25/2025 10:39 AM Monitor Glucose and Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient -05/02/2025 10:52 AM Monitor Glucose and Insulin Lispro Kwikpen U-100 100 Unit/ml-No Pass Reason-Refused by Patient." On 05/07/2025 at 12:30 PM, Surveyor interviewed Caregiver FF regarding Resident 10's morning medications. Caregiver FF reported recently Resident 10 started refusing his/her morning medications including insulin and checking blood sugar. Caregiver FF reported	{N 389}		

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{N 389}	Continued From page 12 Resident 10 likes to stay up late and does not wake up until 10am-12pm. Caregiver FF noted s/he did not read Resident 10's ISPs related to medication administration. Caregiver FF reported s/he used a calm approach with Resident 10 and usually can get him/her to accept their morning medications. On 05/07/2025 at 2:45 PM, Surveyors interviewed Administrator BB and Regional Wellness Director CC. Both acknowledged Surveyor's concern of the missing information related to Resident 10 refusing his/her morning medications including insulin and blood sugar checks. Administrator BB confirmed Resident 10's managed care organization (MCO) had him/her sign a risk agreement regarding the above concern. Administrator BB did not provide a response to why Resident 10's ISP was not updated. Resident 10's ISP was not updated to include his/her behavior associated with refusing his/her morning medications.	{N 389}		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.	N 415		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the need and response for a PRN medication was documented for 2 of 2 residents reviewed. The need and response were not documented for each of Resident 10's and Resident 11's PRN medications.

This is a repeat violation. See Statement of Deficiency (SOD) QPFI12, dated 12/11/2022.

Findings include:

On 05/07/2025, Surveyor reviewed resident records and identified the following:

Example 1-Resident 10

Resident 10 was admitted to the facility on 10/02/2022 with a diagnosis of dementia, type 1 diabetes, and pain. Resident 10's individual service plan (ISP) dated 04/19/2025 indicated staff administer his/her medications. Resident 10's physician orders included the following:

-Acetaminophen 325 mg with directions to take 2 tablets by mouth every 4 hours as needed (pain) with a start date of 02/17/2025.

Resident 10's Medication Administration Records (MARs), dated 03/01/2025-05/06/2025, documented Resident 10's Acetaminophen was administered 4 times. Two of 4 administrations of Acetaminophen did not include the response to the medication. Administrations that did not document need and/or response occurred on 03/14/2025 and 05/05/2025.

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N 415	Continued From page 14 Example 2-Resident 11: Resident 11 was admitted to the facility on 02/05/2025 with a diagnosis of congestive heart failure. Resident 11's ISP dated 02/13/2025 indicated staff administer his/her medications. Resident 11 discharged on 03/07/2025. Resident 11's physician orders included the following: -Hydrocodone-Acetaminophen 5-325 mg with directions to take by mouth 2 times a day as needed with a start date of 02/17/2025. -Lorazepam 0.5 mg with directions to take 1 tablet by mouth 3 times a day as needed for 15 days with a start date of 02/17/2025. -Losartan Potassium 25 mg with directions to take 1 tablet by mouth in the morning, hold for Sbp less than 110. Resident 11's MARs, dated 02/01/2025 to 03/07/2025 documented the following: -Resident 11's Hydrocodone was administered 10 times. Four of 10 administrations of Hydrocodone did not include the response to the medication. Administrations that did not document need and/or response occurred on 02/21/2025, 02/23/2025, 03/02/2025, and 03/03/2025. -Resident 11's Lorazepam was administered 11 times. Four of 11 administrations of Lorazepam did not include the response to the medication. Administrations that did not document need and/or response occurred on 02/21/2025, 02/22/2025, 02/25/2025, and 03/02/2025 -Resident 11's blood pressure was not recorded	N 415		

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N 415	Continued From page 15 from 02/20/2025-02/22/2025. On 05/07/2025 at 2:45 PM, Surveyors interviewed Administrator BB and Regional Wellness Director CC. Administrator BB acknowledged Resident 10's and Resident 11's MAR should have recorded the need and/or response for PRN medications. Administrator BB reported staff need additional training with the MARs. Cross Reference: N0432 DHS 83.38(1)(h) Medication Administration	N 415		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 9 of 10 residents reviewed received appropriate medication administration. On 03/03/2025, Resident 11 did not receive his/her Furosemide and Losartan potassium due to a medication error. Resident 11 did not receive	N 432		

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N 432	Continued From page 16 7 doses of his/her Acetaminophen-Codeine in February 2025. Staff did not administer the following scheduled medications as ordered by the physician: Resident 10's lidocaine 4% pain patches and polyethylene glycol 3350; Resident 14's timolol maleate 0.5% eye drops and latanoprost 0.005% eye drops; Resident 12's chlorhexidine gluconate 0.12% mouthwash and polyethylene glycol 3350; and Resident 4's, Resident 9's, Resident 15's, Resident 16's, and Resident 17's polyethylene glycol 3350. This is a repeat violation. See Statement of Deficiency (SOD) QPFI13, dated 09/21/2023. Findings include: On 04/08/2025, the Department received a complaint alleging concerns with medicaiton administration. On 05/07/2025, Surveyors reviewed Resident 4's, Resident 9's, Resident 10's, Resident 11's, Resident 12's, Resident 14's, Resident 15's, Resident 16's, and Resident 17's records and identified the following: Example 1-Resident 11 Resident 11 was admitted to the facility on 02/05/2025 with a diagnosis of congestive heart failure. Resident 11's ISP dated 02/13/2025 indicated staff administer his/her medications. Resident 11 discharged on 03/07/2025. Resident 11's physician orders included the following: -Acetaminophen-Codeine 300-30 mg with directions to take ½ tablet by mouth 3 times a day (pain), with a start date of 02/12/2025. -Losartan Potassium 25 mg with directions to	N 432		

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take 1 tablet by mouth in the morning, hold for Sbp less than 110 with a start date of 02/15/2025.
-Furosemide 40 mg with directions to take 1 tablet by mouth in the morning, with a start date of 02/24/2025.

Resident 11's incident report dated 03/04/2025 documented: "Incident classification: Medication-Error. Furosemide 40mg tab and Losartan potassium 25mg tab found in 03/03/25 8:00a med pass packets in medication cart. Physician Notified? No. Family or Representative Notified? No. Supervisor Notified? Yes, signed as passed in med pass by [Caregiver GG], but not given/found in medication cart. Administrator Notified? Yes, Discussed medication error and incident report filled."

Surveyor reviewed Resident 11's February to March 2025 medication administration record (MARs). Resident 11's Acetaminophen-Codeine was not administered 7 times due to "Med not available on cart." Acetaminophen-Codeine was not administered on the following dates: 02/22/2025 (8pm dose), 02/23/2025 (8am, 4pm, 8pm doses), 02/24/2025 (8am, 4pm, 8pm doses). (Note: On 05/07/2025 at 8:56 AM, Surveyor inspected the medication cart with Caregiver FF and interviewed Caregiver FF, and on 05/13/2025 at 4:08 PM, Surveyor interviewed Pharmacy Tech HH.)

Pharmacy Tech HH stated none of the medications discussed during this interview were auto-refilled so facility staff needed to request refills from the pharmacy.

Example 2- Resident 10
Medication cart contained:
-10 lidocaine 4% pain patches in a plastic bag.

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N 432	Continued From page 18 Pharmacy label identified (Photo 1): Apply 1 patch topically to right side of chest in the morning, remove at bedtime. 12 patches dispensed (delivered from pharmacy) 05/01/2025. -1 bottle of polyethylene glycol 3350 Pharmacy label identified (Photos 14 and 15): Take 17 grams dissolved in 8 oz. liquid in morning for constipation. Quantity 510 grams (30 doses) Dispensed 02/24/2025 The bottle was unopened (Photo 16). Caregiver FF stated s/he did not know why 10 patches remained on 05/07/2025 when 12 were dispensed on 05/01/2025. Caregiver FF stated a lot of residents refused polyethylene glycol because it resulted in them having a bowel movement, and s/he reported their dislike to facility and hospice nurses. Pharmacy Tech HH stated Resident 10's physician order start date for lidocaine 4% patches was 05/01/2025 and no 4% patches were dispensed prior to 05/01/2025 (Note: physician order for lidocaine 5% patches was discontinued 05/01/2025.) Pharmacy Tech HH stated Resident 10's polyethylene glycol 3350 was last dispensed 02/24/2025. Resident 10 was admitted 10/02/2022. Physician orders included lidocaine 4% (GS pain relief) apply 1 patch topically to right side of chest in the morning, remove at bedtime (start date 05/01/2025), and polyethylene glycol 3350 take 17 grams dissolved in 8 oz. liquid in morning (start date 02/24/2025). MAR: From 05/02/2025-05/07/2025, staff documented 4	N 432		

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lidocaine (4%) patches were applied.
-05/01/2025, staff documented applying and removing 5% patch.
-05/02/2025, staff documented refusal of 4% patch in AM but documented removing patch in PM.
-05/03/2025, staff documented refusal of patch in AM and refusal of patch removal in PM.
-05/04/2025 there was no documentation regarding AM patch and staff documented removal of patch in PM.
-05/05/2025 and 05/06/2025, staff documented application and removal of patches.
-05/07/2025 staff documented application of patch in AM.
From 02/25/2025-05/06/2025, staff documented administration of polyethylene glycol 31 times.
Observation notes dated 02/01/2025-05/07/2025- Except documentation of medication refusals, observation notes did not address pain patches or polyethylene glycol.
Individual service plan (ISP) dated 04/19/2025- In the area of Medication Management " ...Staff Administer ...is to receive assistance from staff with managing/administering medications per physician's orders ..."

Example 3- Resident 14
Medication cart contained:
-1 bottle timolol maleate 0.5% eye drops
Pharmacy label identified:
Instill 1 drop in both eyes twice a day for glaucoma (Photos 2 and 3)
Quantity 5 ml
Dispensed 02/13/2025

-1 bottle latanoprost 0.005% eye drops
Instill 1 drop in right eye at bedtime for glaucoma (Photos 4 and 5)
Quantity 2.5 ml

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N 432	Continued From page 20 Dispensed 02/13/2025 Caregiver FF stated there were approximately 2 days' worth of timolol maleate and 3-4 days' worth of latanoprost remaining in bottles. Pharmacy Tech HH stated 1 bottle each of timolol maleate 0.5% eye drops and latanoprost 0.005% eye drops, each containing 50 drops, were most recently dispensed for Resident 14 on 02/13/2025. Resident 14 was admitted 02/13/2025. Diagnoses included glaucoma. Physician orders included timolol maleate 0.5% eye drops instill 1 drop in both eyes twice daily (start date 02/13/2025) and latanoprost 0.005% eye drops instill 1 drop in right eye at bedtime (start date 02/13/2025). MAR: From 02/13/2025-05/06/2025, staff documented administration of 136 drops timolol and 61 drops latanoprost (Note: Resident 14 was absent from facility 21 days during this time.) Facility observation notes dated 02/01/2025-05/07/2025 did not address eye drops. The record contained no observation notes dated 02/13/2025-05/06/2025. ISP (not signed or dated): In the area of Medication Management- " ...Staff Administer ...receives assistance from staff with managing/administering medications per physician's orders ..." Example 4- Resident 4 Medication cart contained: -1 bottle polyethylene glycol 3350 Pharmacy label identified (Photos 6 and 7): Take 17 grams dissolved in 8 oz. liquid in morning for constipation.	N 432		

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N 432	Continued From page 21 Dispensed 01/28/2025 Quantity 238 grams (14 doses) Handwritten on bottle was "opened 01/28/2025." Caregiver FF stated the bottle was approximately ¾ full. Pharmacy Tech HH stated Resident 4's polyethylene glycol 3350 was most recently dispensed 01/28/2025. Resident 4 was admitted 07/15/2016. Physician orders included polyethylene glycol 3350 take 17 grams dissolved in 8 oz. liquid in morning for constipation (start date 01/28/2025). MAR: From 01/29/2025-05/06/2025, staff documented administration of polyethylene glycol 3350 93 times. Facility observation notes dated 02/01/2025-05/07/2025 did not address polyethylene glycol 3350. ISP dated 05/01/2025: In the area of Medication Management- " ...Staff administer ...To receive assistance from staff with managing/administering medications per MD orders ..." Example 5- Resident 15 Medication cart contained: -1 bottle polyethylene glycol 3350 Pharmacy label identified (Photos 8 and 9): Take 17 grams dissolved in 8 oz. liquid in morning (constipation) Dispensed 03/07/2025 Quantity 238 grams (14 doses) The bottle was unopened (Photo 10) Pharmacy Tech HH stated Resident 15's polyethylene glycol 3350 was most recently dispensed 03/07/2025.	N 432		

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N 432	Continued From page 22 Resident 15 was admitted 04/03/2019. Physician orders included polyethylene glycol 3350 take 17 grams dissolved in 8 oz. liquid in morning for constipation (start date 10/28/2024). MAR: From 03/25/2025-05/06/2025, staff documented administration of polyethylene glycol 3350 38 times. Facility observation notes dated 03/25/2025-05/07/2025 did not address polyethylene glycol 3350. ISP (not signed or dated): In the area of Medication Management- " ...Staff Administer ...receives assistance from staff with managing/administering medications per physician's orders ..." Example 6- Resident 16 Medication cart contained: -1 bottle polyethylene glycol 3350 Pharmacy label identified (Photo 11): Take 17 grams dissolved in 8 oz. liquid in morning for constipation. Dispensed 11/15/2024 Quantity 510 grams Caregiver FF stated the bottle was approximately ¾ full. Pharmacy Tech HH stated Resident 16's polyethylene glycol was most recently dispensed 11/15/2024. Resident 16 was admitted 11/18/2024. Physician orders included polyethylene glycol 3350 take 17 grams dissolved in 8 oz. liquid in morning for constipation (start date 11/15/2024). MAR: From 11/19/2024- 05/06/2025, staff documented administration of polyethylene glycol 3350 100 times (Note: Resident 16 was absent	N 432		

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N 432	Continued From page 23 from facility 37 days during this time.) Observation notes: The record contained no observation notes dated 11/19/2024-05/06/2025. ISP dated 05/06/2025: In the area of Medication Management- " ...Staff Administer ...receives assistance from staff with managing/administering medications per physician's orders ..." Example 7- Resident 9 Medication cart contained: -1 bottle polyethylene glycol 3350 (Photos 12 and 13) Pharmacy label identified: Take 17 grams dissolved in 8 oz. liquid in morning for constipation. Dispensed 04/07/2025 Quantity 510 grams The bottle was unopened. Pharmacy Tech HH stated Resident 14's polyethylene glycol 3350 was only dispensed on 04/07/2025. Resident 9 was admitted 09/09/2019. Physician orders included polyethylene glycol 3350 take 17 grams dissolved in 8 oz. liquid in morning for constipation, hold for diarrhea (start date 04/08/2025). From 04/24/2025-05/06/2025, staff documented administration of polyethylene glycol 3350 13 times. Observation notes: The record contained no observation notes dated 04/07/2025-05/07/2025. ISP dated 04/03/2025: In the area of Medication Management- " ...Staff Administer ...receives assistance from staff with managing/administering medications per physician's orders ..."	N 432		

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N 432	Continued From page 24 Example 8- Resident 17 Medication cart contained: -2 bottles polyethylene glycol 3350 Bottle 1: Pharmacy label identified (Photo 17): Take 17 grams dissolved in 8 oz. liquid at bedtime (constipation) Dispensed 01/21/2025 Quantity 510 grams Caregiver FF stated the bottle was approximately ¼ full. Bottle 2: Pharmacy label identified (Photo 18): Take 17 grams dissolved in 8 oz. liquid at bedtime (constipation). (Note: the label did not identify PRN.) Dispensed 09/19/2024 Quantity 510 grams The bottle was unopened. Pharmacy Tech HH stated Resident 17's scheduled (daily) polyethylene glycol was last dispensed 01/21/2025, and PRN polyethylene glycol started 10/28/2024 was last dispensed 09/19/2024. Resident 17 was admitted 07/26/2023. Physician orders included Polyethylene glycol 3350 take 17 grams dissolved in 8 oz. liquid at bedtime for constipation (start date 07/31/2024) and polyethylene glycol 3350 take 17 grams dissolved in 8 oz. liquid prn, 1 dose per day maximum recommended (start date 10/28/2024). MAR: From 01/21/2025-05/06/2025, staff documented administration of scheduled polyethylene glycol 57 times, 17 refusals and 2 leave of absence, and no administration of PRN	N 432		

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N 432	Continued From page 25 doses. Observation notes dated 01/21/2025-05/07/2025: On 02/11/2025, staff documented morning medications were not on cart (documented on MAR polyethylene glycol was administered), otherwise no documentation regarding polyethylene glycol documented in observation notes. ISP dated 04/25/2025: In the area of Medication Management- " ...Staff Administer ...receives assistance from staff with managing/administering medications per physician's orders ..." Example 9- Resident 12 Medication cart contained: -3 bottles of chlorhexidine gluconate 0.12% mouthwash Pharmacy label of each bottle identified (Photos 19 and 20): Swish and spit 1 tablespoon (15 ml) for 30 seconds 2 times per day. Quantity 473 ml's (15 days/60 doses) Bottle 1 was dispensed 01/10/2025. Caregiver FF stated the bottle was approximately 1/8 full and because Resident 12 did not like the taste of chlorhexidine gluconate, s/he often refused or just took a tiny taste instead of the full amount. Bottle 2 was dispensed 01/28/2025, bottle 3 was dispensed 02/19/2025 and both bottles were unopened (Photo 21). -1 bottle polyethylene glycol 3350 Pharmacy label identified (Photo 22 and 23): Take 17 grams dissolved in 8 oz. liquid in morning (constipation) Dispensed 04/23/2025	N 432		

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N 432	Continued From page 26 Quantity 510 grams The bottle was unopened. Pharmacy Tech HH stated Resident 12's chlorhexidine gluconate mouthwash was last dispensed 02/21/2025. Pharmacy Tech HH stated Resident 12's polyethylene glycol was started 4/24/2025 and only 1 bottle was dispensed 04/23/2025. Resident 12 was admitted 02/07/2022. Physician orders included chlorhexidine gluconate 0.12% mouthwash swish and spit 1 tablespoon (15 ml) for 30 seconds 2 times per day (start date: 07/23/2024). MAR: From 01/30/2025-05/06/2025, staff documented administration of chlorhexidine gluconate mouthwash 130 times, medication not available on cart 43 times and refused 20 times. From 04/24/2025- 05/06/2025, staff documented administration of polyethylene glycol 13 times. Observation notes dated 01/01/2025-05/07/2025 did not address chlorhexidine gluconate or polyethylene glycol. ISP (not signed or dated)- In the area of Medication Management " ...Staff Administer ...continue receiving [his/her] medications per MD orders timely and appropriately ..." On 05/07/2025 at 2:46 PM, Surveyors discussed concerns regarding medication administration with Administrator BB and Regional Wellness Director CC. Regional Wellness Director CC stated medication carts were audited quarterly, and they would audit them as soon as possible and more often. Regional Wellness Director CC stated staff were probably charting "not administered" when residents refused medication.	N 432		

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N 432	Continued From page 27 Cross Reference: N0415 DHS 83.37(2)(d) Documentation of Medication Administration	N 432		
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 ensure all rooms were clean and free from odors. This is a repeat violation. See Statement of Deficiency (SOD) PVEQ11, dated 02/08/2021. Findings include: On 05/07/2025, Surveyor toured the facility and observed the following At 8:30 AM, Resident 4's bedroom: -The walls in the bathroom and behind bed had many black scuff marks. Resident 4's individual service plan (ISP) dated 05/01/2025: In the area of Housekeeping Skills: " ...Staff will provide housekeeping services ...at least once per week ...for [his/her] apartment to remain neat and tidy ..." At 8:35 AM, Resident 12's bedroom: -Upon entry to the room, observed a soiled brief laying under a small brown table. The brief had dried brown stains consistent with fecal matter. The room had a pungent fecal matter odor. The floor was 50 % covered in a mixture of what appeared to be toiletry products and food crumbs.	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015977	A. BUILDING: _____ B. WING _____	R-C 05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 489	Continued From page 28 The carpet, walls in the bathroom and room, had areas of dried fecal matter. The carpet had many stains through the bedroom. Resident 12's ISP (unknown date): In the area of Housekeeping Skills" ...Staff will provide housekeeping services ...at least once weekly ...for [his/her] apartment to remain neat and tidy ..." At 8:42 AM, Resident 13's bedroom: -The room had a suffocating urine odor. At 8:45 AM, Resident 10's bedroom: -The room had many black stains throughout the carpet. Resident 10's ISP dated 04/19/2025: In the area of Housekeeping Skills" ...Staff will provide housekeeping services ...at least once weekly ...for [his/her] apartment to remain neat and tidy ..." On 05/07/2025 at 2:45 PM, Surveyors interviewed Administrator BB and Regional Wellness Director CC. Administrator BB reported the black scuff marks behind Resident 4's bed was from his/her previous mattress. Administrator BB reported Resident 12's refuses room cleans, and staff have to wait until s/he is out of the room to clean. Regional Wellness Director CC reported Resident 12's room was cleaned on the 2nd shift last night and since then, Resident 12 managed to dismantle his/her room. Both staff confirmed Resident 12's behaviors associated with fecal matter and refusing room cleans continues to be concern they are working on. Administrator BB reported Resident 13 was incontinent and s/he would have staff look into strong urine odor. Administrator BB stated the black stains throughout Resident 10's carpet were from chocolate and a work order had been submitted. Administrator BB stated a work order had been submitted for Resident 4's room as well, but s/he	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 489	Continued From page 29 did not have any updates to when those rooms would be clean.	N 489		