STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012891	A. BUILDING: _____ B. WING _____	C 06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MONONA CBRF	111 OWEN RD MONONA, WI 53716

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 06/05/2024, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at Heritage Monona, a CBRF located in Monona, WI. As a result of the investigation, 3 violations of Chapter DHS 83 were issued. Complaint was substantiated Census: 17	N 000		
N 205	83.14(2)(j) Not permit a condition of substantial risk. The licensee may not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety or welfare of any resident. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not prevent the existence which created a risk to the health, safety and welfare of residents. On 06/05/2024, Surveyors discovered 10 agency staff from the state of Oklahoma were currently working and living at facility. On 06/06/2024, Surveyors discovered a total of 39 agency staff had been permitted to work and live at facility since 01/03/2022. Surveyor found facilty had not obtained documentation of caregiver background checks on thirty-nine of 39 agency staff upon employment/occupation.	N 205		

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

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N 205	Continued From page 1 From 06/06/2024 to 06/17/2024, Provider completed in-state and out-of-state background checks on the 10 agency staff who were working and living at facility as of 06/05/2024. Provider forwarded Surveyors documentation upon receipt. On 06/18/2024, Surveyor reviewed Former Agency Staff G's documentation. Surveyor found on 05/23/2016, Former Agency Staff G was convicted of assault and battery with a dangerous weapon by the state of Oklahoma. Provider had permitted Former Agency Staff G to work and live at facility from 01/01/2023 to 06/06/2024. Findings include: On 06/18/2024, Surveyor reviewed, "WISCONSIN CAREGIVER BACKGROUND CHECK AND MISCONDUCT PROGRAM MANUAL." The introduction to the manual stated, "This manual provides detailed information about the Caregiver Law as it relates to Division of Quality Assurance (DQA) regulated entities. Although the law applies to all entities regulated by the Department of Health Services (DHS), this manual focuses on entities regulated by DQA. The manual is intended to provide clear direction to these entities." Listed are the Wisconsin administrative codes from DHS chapter 50 and DHS Chapter 12 summarized in the program manual: - "Wis. Admin. Code § DHS 12.04(1) ... TEMPORARY EMPLOYMENT AGENCY SERVICES ... Temporary employment agencies providing the services of caregivers to covered health care entities are subject to the background check requirements. Covered employees of	N 205		

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N 205	Continued From page 2	N 205		

temporary employment agencies include all employees who have regular, direct contact with clients. Entities may contract out the caregiver background check process to a temporary employment agency, but the entity is ultimately responsible for the completion and accuracy of the background check process...".

- "Wis. Stat. § 50.065(3)(b) ... BACKGROUND CHECK PROCESS ... Since October 1, 1998, entities have been required to complete caregiver background checks on all new caregivers. After the initial background check at the time of employment or contracting, entities must conduct new caregiver background checks at least every four years or at any time within that period that an entity has reason to believe new checks should be obtained.

- "Wis. Admin. Code § DHS 12.03(3) ... CONDUCTING CAREGIVER BACKGROUND CHECK... At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: 1. A completed DHS form F-82064, Background Information Disclosure (BID); 2.. A response from the Department of Justice (DOJ), either A "no record found" response or A criminal record transcript; and 3. A Governmental Findings Report (previously "IBIS letter") from DHS that reports the person's status, including administrative finding or licensing restrictions. Other documentation must be obtained by the entity as required to complete the caregiver background check when applicable. Other required documentation includes: 4. If applicable (see chapter 4) arrest and conviction disposition information from local clerks of courts or tribal courts 5. If applicable (see 2.2.2.2) other state's or US jurisdiction's conviction records 6. If

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N 205	Continued From page 3 applicable (see 2.2.2.3) military discharge papers.". -" Wis. Stat. § 50.065(2)bm ... OUT-OF-STATE RECORD SEARCH ... The entity must make a good faith effort to obtain out-of-state conviction records from any state or other US jurisdiction (e.g., tribal courts, Puerto Rico, US Virgin Islands, and Northern Mariana Islands, including Guam) for caregivers who resided outside of Wisconsin at any time during the three years preceding the date of the search.". -"Wis. Stat. § 50.065(2)(d) Wis. Admin. Code § DHS 12.10 ... BACKGROUND CHECK RECORD RETENTION ... Entities must maintain the background check documents (see section 2.2.1.5) for each caregiver. The entity may determine where and how these records are maintained, but the records must be readily available to DQA staff upon request. In general, caregiver background checks must be retained by the entity, to document compliance with the law...". The facility is able to serve up to 39 residents with primary diagnoses that include but are not limited to: Public funded, irreversible dementia/Alzheimer's. On 06/04/2024, the Department received a complaint that alleged residents were mistreated by agency staff hired by the facility. Allegations included the alleged assaults occurring during nighttime hours. On 06/05/2024 at 4:00 AM, Surveyors arrived at the facility. Surveyors rang the doorbell to alert staff to Surveyor presence.	N 205		

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N 205	Continued From page 4 On 06/05/2024 at 4:15 AM, Staff unlocked the door remotely and Surveyors were able to enter the facility without providing credentials or speaking with staff to provide identification. Surveyors walked directly to the unit without seeing or being stopped by any staff to ask for identification. On 06/05/2024 at 4:30 AM, Surveyors interviewed Caregiver E. Caregiver E stated s/he was working the NOC shift with 1 other staff and was not the one that unlocked the front door for Surveyors. Caregiver E stated that s/he was aware of the injuries that Resident 1 sustained but was not sure how the injuries occurred. Caregiver E stated that there are agency staff that work at the facility, and that some of those staff also live at the facility. All agency staff have keys to the doors and also know the security codes for the memory care unit. Caregiver E confirmed that agency staff work all shifts including the NOC shift. On 06/05/2024 at 5:30 AM, Surveyors interviewed Caregiver F who confirmed that there were agency staff that work at the facility and also live at the facility amongst residents. Caregiver F confirmed that agency staff have keys and the security codes for the memory care unit doors. Caregiver F confirmed that agency staff work all shifts including the NOC shift. On 06/05/2024 at 6:15 AM, Surveyors interviewed Regional Nurse U. Regional Nurse U confirmed that the facility uses agency staff to cover open shifts and call ins. Regional Nurse U confirmed that some of the agency staff were living at the facility on a unit that also houses residents. Regional Nurse U stated that agency staff work all shifts, including the NOC shift.	N 205		

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N 205	Continued From page 5 On 06/05/2024 at 8:15 AM, Surveyors interviewed Administrator A. Administrator A confirmed that the facility uses agency staff for the facility. Administrator A confirmed that currently 11 agency staff live at the facility in a unit that also houses residents. Administrator A stated that all 11 agency employees that live on the premises are from the state of Oklahoma. Administrator A confirmed that agency staff have keys and the security codes for the memory care unit doors. Administrator A stated that agency staff work all 3 shifts including the NOC shift, and that staff will also work at other facilities outside of the facility. Staff may be called by agency to work at another facility due to call ins. The number of facilities could not be determined as the agency had 39 individuals living at the facility at various times since 04/2022 for 3 months up to 1.5 years per employee. On 06/05/2024 at 8:30 AM, Surveyors requested background checks for the 11 agency staff working at the facility. Administrator A stated that s/he did not have background checks on file, and that the agency was responsible for conducting the background checks. Administrator A stated s/he would contact the agency and provide background checks for 4 of the agency employees. Administrator A did not recall the name of the agency have any contact information for them or contract for their staffing services. On 06/05/2024 at 1:00 PM, Administrator A sent background checks for 4 of the agency employees. The background checks were incomplete. Documented at the bottom of the last page was, "Information contained in the report is collected from public records as listed in the data coverage area of our website. Users	N 205		

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should not assume that the information reflected is a current, complete or accurate criminal record history of the individual. Users should closely review each record returned as individuals, especially those with a common name, may return criminal records belonging to other people with the same name and date of birth. Information returned that is generated as a result of identity theft may be inaccurately associated with the individual who is the subject of the report." Administrator did not provide a Background Information Disclosure (BID), Department of Justice (DOJ) or IBIS for for any of the employees requested.

On 06/06/2024, Surveyors searched Oklahoma public records for Former Agency Staff G. Former Agency Staff G was arrested, convicted and served 4 years in prison for assault with a deadly weapon. According to Oklahoma Department of Former Agency Staff G was convicted in 2015, and served 4 years (2016-2020) in Oklahoma under the custody of Oklahoma District Court, Former Agency Staff G drove his/her car into a victim with intent to cause harm. Former Agency Staff G had worked and lived at the facility since 01/01/2023.

On 06/06/2024, Surveyors requested a list of all agency staff that worked and lived at the facility since the facility started hiring agency staff. Administrator A provided a list of agency staff that consisted of 39 staff that had worked and lived at the facility since 01/2022. All agency staff on the list were from the State of Oklahoma, 0 of 39 employees of the agency staff had complete documented background checks. According to this list 10 agency staff were currently working and living at facility on 06/04/2024.

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N 205	Continued From page 7 On 06/06/2024 at 10:21 AM, Surveyor called Administrator A on the phone. Administrator A stated facility had not run its own caregiver background checks on Former Agency Staff G, Agency Staff H, Agency Staff I, and Agency Staff J. Administrator A stated the agency kept the caregiver background checks for facility. Administrator A stated s/he did not know the name of the agency the 10 staff residing at the facility had been sent from. Administrator A acknowledged four of 4 background checks reviewed were completed on 06/05/2024 and had a disclaimer which stated the report was collected from public record and should not be considered an accurate criminal history. Surveyor requested the remaining 6 background checks for agency staff residing at the facility be sent by the end of the day. On 06/07/2024 at 8:00 AM, Surveyor reviewed email. Administrator A had not sent any of the 6 background checks requested on 06/06/2024. On 06/07/2024 at 1:00 PM, Surveyor discussed the above concerns with Administrator A, Regional Nurse B and Human Resource Representative C. Regional Nurse B reported the provider had not verified the identity of agency staff who were residing at facility. Regional Nurse B reported the facility had trusted the agency supplying the staff to obtain identification and complete regulatory grade background checks. Administrator A acknowledged facility did not have background checks for the following 6 agency staff: Agency Staff K, Agency Staff L, Agency Staff M, Agency Staff N, Agency Staff O, Agency Staff P. Surveyor asked for the name of the individual with facility that coordinated the contract with agency. Administrator A, Regional Nurse B and Human Resource Representative C	N 205		

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N 205	Continued From page 8 did not identify the individual who coordinated the contract with agency. On 06/18/2024, Surveyor reviewed Former Agency Staff Surveyor found on 05/23/2016, Former Agency Staff G was convicted of assault and battery with a dangerous weapon by the state of Oklahoma. CROSS REFERENCE N0219 DHS Chapter 83.17(1) Licensee Conduct Caregiver Background Checks	N 205		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks were completed on 10 of 10 agency staff at the time of hire following the procedures in s. 50.065, Stats., and ch. DHS 12. The provider	N 219		

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permitted a person to work and reside at facility who had been convicted of an offense found in s. 50.065, Stats., and ch. DHS 12, Appendix A.

From 06/05/2024 to 06/06/2024, Surveyors found 10 agency staff from the state of Oklahoma were working and residing at facility. Surveyors discovered provider had not completed caregiver background checks on the 10 agency staff who were residing and working at facility.

On 06/06/2024, Surveyors discovered from 01/03/2024 to 06/06/2024. The provider permitted 39 agency staff to reside and work at facility before completing regulatory grade in-state and out-of-state background checks.

On 06/07/2024 at 1:00 PM, Regional Nurse B reported the provider did not verify the identity of agency staff via photo identification before 06/04/2024.

FINDINGS INCLUDE:

On 06/18/2024, Surveyor reviewed, "WISCONSIN CAREGIVER BACKGROUND CHECK AND MISCONDUCT PROGRAM MANUAL." The introduction to the manual stated, "This manual provides detailed information about the Caregiver Law as it relates to Division of Quality Assurance (DQA) regulated entities. Although the law applies to all entities regulated by the Department of Health Services (DHS), this manual focuses on entities regulated by DQA. The manual is intended to provide clear direction to these entities." Listed are the Wisconsin administrative codes from DHS chapter 50 and DHS Chapter 12 summarized in the program manual:

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N 219	Continued From page 10 - "Wis. Admin. Code § DHS 12.04(1) ... TEMPORARY EMPLOYMENT AGENCY SERVICES ... Temporary employment agencies providing the services of caregivers to covered health care entities are subject to the background check requirements. Covered employees of temporary employment agencies include all employees who have regular, direct contact with clients. Entities may contract out the caregiver background check process to a temporary employment agency, but the entity is ultimately responsible for the completion and accuracy of the background check process...". - "Wis. Stat. § 50.065(3)(b) ... BACKGROUND CHECK PROCESS ... Since October 1, 1998, entities have been required to complete caregiver background checks on all new caregivers. After the initial background check at the time of employment or contracting, entities must conduct new caregiver background checks at least every four years or at any time within that period that an entity has reason to believe new checks should be obtained. - "Wis. Admin. Code § DHS 12.03(3) ... CONDUCTING CAREGIVER BACKGROUND CHECK... At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: 1. A completed DHS form F-82064, Background Information Disclosure (BID); 2.. A response from the Department of Justice (DOJ), either A "no record found" response or A criminal record transcript; and 3. A Governmental Findings Report (previously "IBIS letter") from DHS that reports the person's status, including administrative finding or licensing restrictions. Other documentation must be obtained by the entity as required to complete the caregiver	N 219		

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background check when applicable. Other required documentation includes: 4. If applicable (see chapter 4) arrest and conviction disposition information from local clerks of courts or tribal courts 5. If applicable (see 2.2.2.2) other state's or US jurisdiction's conviction records 6. If applicable (see 2.2.2.3) military discharge papers.".

-" Wis. Stat. § 50.065(2)bm ... OUT-OF-STATE RECORD SEARCH ... The entity must make a good faith effort to obtain out-of-state conviction records from any state or other US jurisdiction (e.g., tribal courts, Puerto Rico, US Virgin Islands, and Northern Mariana Islands, including Guam) for caregivers who resided outside of Wisconsin at any time during the three years preceding the date of the search.".

-"Wis. Stat. § 50.065(2)(d) Wis. Admin. Code § DHS 12.10 ... BACKGROUND CHECK RECORD RETENTION ... Entities must maintain the background check documents (see section 2.2.1.5) for each caregiver. The entity may determine where and how these records are maintained, but the records must be readily available to DQA staff upon request. In general, caregiver background checks must be retained by the entity, to document compliance with the law...".

On 06/04/2024, The Department received a complaint concerning resident treatment at facility.

On 06/05/2024, Surveyor arrived at facility for a complaint investigation.

On 06/05/2024 at 4:10 AM, Surveyor discussed staffing patterns with Caregiver E. Caregiver E

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stated facility had agency staff who lived in the building. Caregiver E stated if facility had a staff call-in sick an agency staff is usually ready to fill in. Caregiver E denied issues or concerns related to the agency staff who lived and worked at the facility. Caregiver E stated s/he had worked at facility for approximately 6 months and agency staff were living at facility before s/he began his/her employment. Caregiver E stated the memory care unit is secured by a key-pad system on each entrance/exit. Caregiver E stated only staff were to know the code for the memory care security system. Caregiver E stated all agency staff were expected to work the memory care unit, and knew the code for the memory care unit security system.

On 06/05/2024 at 10:30 AM, Surveyor discussed agency staff with Administrator A. Administrator A stated approximately 11 agency staff were currently living in rooms on the CBRF across the hallway from the memory care unit. Administrator A provided Surveyor with a roster of agency staff living in the facility. Surveyor requested caregiver background checks for 4 agency staff members to be emailed to them by the end of the day.

On 06/05/2024 at 2:45 PM, Administrator A sent Surveyor an email containing documents for the following agency staff: Former Agency Staff G, Agency Staff H, Agency Staff I, and Agency Staff J.

On 06/06/2024, Surveyor reviewed a document titled, "Travel Staff Log." As of 06/06/2024, 10 staff were living and working at facility. This document listed the names of 39 agency staff who lived and worked at facility from 01/03/2022 to 06/06/2024. According to the "Travel Staff Log," there were currently 10 staff residing and

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N 219	Continued From page 13 working at facility. EXAMPLE #1: Former Agency Staff G On 06/06/2024, Surveyor reviewed facilities document titled, "Travel Staff Log." Former Agency Staff G moved into facility and was hired on 01/01/2023. Former Agency Staff G moved out of facility and his/her employment ended on 06/06/2024. On 06/06/2024, Surveyor reviewed Former Agency Staff G's background check. The document was 3 pages long. The first page of the background check stated, "Subject's Search Details...Search Date: 06/05/2024." At the bottom of the background check was the following statement, "Information contained in the report is collected from public records as listed in the data coverage area of our website. Users should not assume that the information reflected is a current, complete or accurate criminal record history of the individual. Users should closely review each record returned as individuals, especially those with a common name, may return criminal records belonging to other people with the same name and date of birth. Information returned that is generated as a result of identity theft may be inaccurately associated with the individual who is the subject of the report." EXAMPLE #2: Agency Staff H On 06/06/2024, Surveyor reviewed facilities "Travel Staff Log." Agency Staff H moved into facility and was hired on 01/04/2023. On 06/06/2024, Surveyor reviewed Agency Staff H's background check. The document is 1 page long. The first page of the background check	N 219		

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stated, "Subject's Search Details...Search Date: 06/05/2024." At the bottom of the background check was the following statement, "Information contained in the report is collected from public records as listed in the data coverage area of our website. Users should not assume that the information reflected is a current, complete or accurate criminal record history of the individual. Users should closely review each record returned as individuals, especially those with a common name, may return criminal records belonging to other people with the same name and date of birth. Information returned that is generated as a result of identity theft may be inaccurately associated with the individual who is the subject of the report."

The documentation provided did not contain a BID, DOJ, or IBIS.

EXAMPLE #3: Agency Staff I

On 06/06/2024, Surveyor reviewed facilities "Travel Staff Log." Agency Staff I moved into facility and was hired on 07/06/2023.

On 06/06/2024, Surveyor reviewed Agency Staff I's background check. The document is 1 page long. The first page of the background check stated, "Subject's Search Details...Search Date: 06/05/2024." At the bottom of the background check was the following statement, "Information contained in the report is collected from public records as listed in the data coverage area of our website. Users should not assume that the information reflected is a current, complete or accurate criminal record history of the individual. Users should closely review each record returned as individuals, especially those with a common name, may return criminal records belonging to

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other people with the same name and date of birth. Information returned that is generated as a result of identity theft may be inaccurately associated with the individual who is the subject of the report."

The documentation provided did not contain a BID, DOJ, or IBIS.

EXAMPLE #4: Agency Staff J

06/06/2024, Surveyor reviewed facilities "Travel Staff Log." Agency Staff J moved into facility and was hired on 04/01/2024.

On 06/06/2024, Surveyor reviewed Agency Staff J's background check. The document is 3 pages long. The first page of the background check stated, "Subject's Search Details...Search Date: 06/05/2024." Documented at the bottom of the last page was, "Information contained in the report is collected from public records as listed in the data coverage area of our website. Users should not assume that the information reflected is a current, complete or accurate criminal record history of the individual. Users should closely review each record returned as individuals, especially those with a common name, may return criminal records belonging to other people with the same name and date of birth. Information returned that is generated as a result of identity theft may be inaccurately associated with the individual who is the subject of the report."

The documentation provided did not contain a BID, DOJ, or IBIS.

INTERVIEW:

On 06/06/2024 at 10:21 AM, Surveyor called

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Administrator A on the phone. Administrator A stated facility had not run its own caregiver background checks on Former Agency Staff G, Agency Staff H, Agency Staff I, and Agency Staff J. Administrator A stated the agency kept the caregiver background checks for facility. Administrator A stated s/he did not know the name of the agency the 10 staff residing at the facility had been sent from. Administrator A acknowledged four of 4 background checks reviewed were completed on 06/05/2024 and had a disclaimers which stated the report was collected from public record and should not be considered an accurate criminal history. Surveyor requested the remaining 6 background checks for agency staff be emailed to Surveyor by end of the day.

On 06/07/2024 at 8:00 AM, Surveyor reviewed an email from Administrator A. Administrator A had not sent 6 of 6 background checks requested on during phone call on 06/06/2024.

On 06/07/2024 at 1:00 PM, Surveyor discussed the above concerns with Administrator A, Regional Nurse B and Human Resource Representative C. Regional Nurse B reported the provider did not verify the identity of agency staff who were residing at facility. Regional Nurse B reported the facility had trusted the agency supplying the staff to obtain identification and complete regulatory grade background checks. Administrator A acknowledged facility did not have background checks for the following 6 agency staff: Agency Staff K, Agency Staff L, Agency Staff M, Agency Staff N, Agency Staff O, Agency Staff P. Surveyor asked for the name of the individual with facility who coordinated the contract with agency. Administrator A, Regional Nurse B and Human Resource Representative C

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N 219	Continued From page 17 did not identify the individual who coordinated the contract with agency. CROSS REFERENCE N0205 DHS Chapter 83.14(2)(j) Not Permit A Condition Of Substantial Risk	N 219		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received prompt and adequate treatment to meet their needs. On 05/10/2024, Resident 1 was admitted to facility. From 05/10/2024 to 05/26/2024, Facility documented 4 injuries found on Resident 1. The injuries documented by facility were a scab, a chipped right tooth and 2 bruises. On 05/26/2024, Family Member D escorted Resident 1 out of the facility due to concerns for Resident 1's safety. On 05/30/2024, Nurse S documented a physical assessment on Resident 1. Nurse S documented a total of 25 injuries found on Resident 1 in the document titled "FNE ADULT/ADOLESCENT	N 353		

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N 353	Continued From page 18 SEXUAL ASSAULT REPORT." On 06/04/2024, Regional Nurse U stated Resident 1 was provided one shower from 05/10/2024 to 05/26/2024. FINDINGS INCLUDE: On 06/04/2024, The Department received a complaint concerning resident treatment at facility. On 06/04/2024 at 11:30 AM, Surveyor spoke with Nurse T on the phone. Nurse T stated Resident 1 had been seen at [Name of Hospital] on 05/30/2024 for an exam with 2 forensic nurse examiners (FNE), Nurse R and Nurse S. Nurse T stated s/he had access to Resident 1's electronic health record (EHR). Nurse T stated Nurse R documented the interview portion of the assessment and Nurse S documented the physical assessment. Nurse T stated Resident 1's labs were negative for sexually transmitted disease (STI), vaginosis, yeast infection and urinary tract infection (UTI). Nurse T reported Resident 1 had multiple contusions (bruises) and abrasions (break in skin) upon assessment. Nurse T reported Resident 1 had a chipped right tooth. Nurse T stated Family Member D had reported Resident 1 went to a dentist the day before admission to the facility. Nurse T stated Famliy Member D reported Resident 1's tooth was not chipped before or after this dentist appointment. Nurse T reported due to Resident 1's reports of pain during the exam an internal exam was not performed. Nurse T reported the report could not substantiate or unsubstantiate evidence of sexual assault. Nurse T reported adult protective services (APS) and local law enforcement had been notified of SANE report	N 353		

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results.

On 06/04/2024, Surveyor reviewed Resident 1's 05/30/2024 hospital record. In the document titled, "FNE ADULT/ADOLESCENT SEXUAL ASSAULT REPORT (SANE)," it was documented Resident 1 was diagnosed with but not limited to Alzheimer's disease without behavioral disturbance. Nurse S listed the following injuries in the physical assessment of SANE report:
1.) 1.6 cm x 1.9 cm, yellow-green contusion (bruise) located on upper left forehead.
2.) Pinpoint sized abrasion (break in the skin) below the left eye.
3.) Right front tooth chipped at the bottom.
4.) 1.6 cm x 1.5 cm, yellow-red bruise, located on front of upper right arm.
5.) 0.8 cm x 0.6 cm, yellow bruise, located on front of upper right arm.
6.) 3.3 cm x 2.9 cm, red-yellow bruise, located on front of upper left thigh.
7.) 1.6 cm x 1.5 cm, light brown bruise, on front of upper left thigh.
8.) Unmeasured, yellow bruise, located on the side of the upper right arm.
9.) 5.2 cm x 5.0 cm, yellow-light purple bruise, located on the side of the upper right arm.
10.) 0.4 cm x 0.2 cm, abrasion with surrounding erythema (swelling), located on the side of the lower right arm.
11.) 0.6 cm x 0.4 cm, purple bruise, located on top of right hand.
12.) 2.2 cm x 1.5 cm, yellow bruise, located on outer side of the upper right thigh.
13.) 0.9 cm x 0.8 cm, yellow bruise, located on outer side of the upper right thigh.
14.) 0.4 cm x 0.3 cm, yellow-purple bruise, located on outer side of the upper right thigh.
15.) 0.4 cm x 0.3 cm, abrasion with 1.1 cm x 0.7 cm red bruise around the border, located on the

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outer side of the upper right thigh.
16.) 1.5 cm x 1.3 cm, yellow-purple bruise, located on the outer side of the upper right thigh.
17.) 0.5 cm x 0.2 cm, abrasion with 1.0 cm x 0.8 cm red bruise around the border, located on the outer side of the upper right thigh.
18.) 0.9 cm x 0.6 cm, pink bruise, located on side of the lower left arm.
19.) 1.2 cm x 0.8 cm, yellow bruise, located on side of the lower left arm.
20.) 1.7 cm x 2.7 cm, yellow bruise, located on side of lower left arm.
21.) 1.7 cm x 1.3 cm, yellow-light- purple bruise, located on side of lower left arm.
22.) 3.2 cm x 3.5 cm, yellow-purple-blue bruise, located on the back of upper right arm.
23.) 3.7 cm x 1.9 cm, yellow-purple bruise, located on the back of upper right arm.
24.) 2.3 cm x 2.4 cm, red-yellow bruise, located on left buttock.
25.) Unmeasured area of swelling located on right side of the urethra.

On 06/05/2024, Surveyor arrived at facility for a complaint investigation.

On 06/05/2024 at 4:10 AM, Surveyor discussed Resident 1's care with Caregiver E. Caregiver E stated s/he worked mostly night shift. Caregiver E stated Resident 1 was not violent towards him/her, but Resident 1 would pace the hallways all night. Caregiver E stated Resident 1 would consistently refuse personal cares. Caregiver E reported an incident where Resident 1 said, "don't touch my clothes," when Caregiver E was attempting to assist with personal cares. Caregiver E stated Resident 1 was steady on his/her feet and had not fallen. Caregiver E stated s/he did not observe bruises and/or injuries on Resident 1 during their time together.

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N 353	Continued From page 21 On 06/05/2024, Surveyor reviewed Resident 1's record. On 06/05/2024, Surveyor reviewed Resident 1's facility facesheet. Resident 1 was admitted to the facility on 05/10/2024. Resident 1 had an activated power of attorney (APOA). On 06/05/2024, Surveyor reviewed Resident 1's individualized service plan (ISP) dated 05/10/2024. Under the subsection titled, "LOCK/KEY ASSISTANCE," the following is documented, "I am unable to cognitively use a key to lock and unlock my apartment door. Staff provide assistance with key as needed to lock and unlock my apartment." Under the subsection titled, "DISORIENTATION," the following is documented,"Provide me with memory aids as needed to maintain my orientation to person, place, situation and time." Under the subsection titled, "SKIN INTEGRITY," the following is documented, "Staff will check- my skin weekly after showering/bathing. They will inform the nurse of any changes." Under the subsection titled, "BATHING," the following is documented, "I require assistance with bathing: transfers in/out, assistance to wash & dry self, assistance to wash & dry hair, & apply lotion." Under the subsection titled, "BLADDER," the following is documented, "INCONTINENT: I am often incontinent of bladder. Staff assist me with using the toilet. Staff provide peri-care with toileting and after each incontinence episode." Under the subsection titled, "MOBILITY," the following is documented, "I ambulate independently without assistive devices. If I have a change in my ability to ambulate staff will inform the nurse." On 06/05/2024, Surveyor reviewed Resident 1's	N 353		

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facility assessments from 05/10/2024 to 05/26/2024. The following injuries were documented:
1.) On 05/10/2024, scab, located on back of left hand
2.) On 05/10/2024, bruise, located on front of left thigh

On 06/05/2024 at 7:32 AM, Surveyor discussed Resident 1's stay with Facility Nurse Q. Facility Nurse Q stated a family member of Resident 1's reported s/he had a chipped tooth. Facility Nurse Q reported Resident 1's family reported Resident 1 had been seen before admission by the dentist for tooth filing. Facility Nurse Q stated s/he assessed a couple bruises on Resident 1's wrist. Facility Nurse Q denied observing injuries beyond the chipped tooth and bruising on their wrist. Facility Nurse Q denied concerns of abuse related to injuries assessed. Facility Nurse Q stated Resident 1 was aggressive towards staff and residents. Facility Nurse Q stated Resident 1 required a 1:1 staff due to violence towards others. Facility Nurse Q stated Resident 1 was not sleeping at night and would pace the halls instead. Facility Nurse Q denied staff reporting Resident 1 having a fall from 05/10/2024 to 05/26/2024. Facility Nurse Q stated assessments were documented in Resident 1's observation notes.

On 06/05/2024 at 8:43 AM, Facility Nurse U notified Surveyor Resident 1 had one shower during his/her time at facility. Facility Nurse U stated Resident 1 would consistently refuse showers. Facility Nurse U stated Facility Nurse Q gave Resident 1 his/her shower and documented a skin assessment in Resident 1's observation notes. Facility Nurse U stated Resident 1's assessments were documented in his/her

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observation notes.

On 06/05/2024, Surveyor reviewed Resident 1's observation notes. The following entries were documented:

1.) On 05/10/2024 at 12:00 PM, Facility Nurse Q documented the following, "Bruise to upper L thigh and scabbed area to L forearm noticed otherwise skin CDI (clean, dry, intact)."

2.) On 05/13/2024 at 12:58 PM, Facility Nurse Q documented the following, "Resident received shower today."

3.) On 05/14/2024 at 1:00 PM, Facility Nurse Q documented the following, "POA (power of attorney) notified writer that Resident's R front tooth was slightly chipped. POA states resident just had [his/her] teeth filed down d/t [him/her] grinding them."

4.) 05/16/2024 at 10:15 AM, Facility Nurse Q documented the following, "Writer noticed a fresh bruise to the L wrist area."

On 06/05/2024 at 9:05 AM, Surveyor called Family Member D. Family Member D stated s/he was Resident 1's primary caregiver 3 years proceeding Resident 1's admission to facility. Family Member D stated Resident 1 had been diagnosed with early onset Alzheimer's. Family Member D stated Resident 1's care needs had increased beyond what Family Member D could provide. Family Member D stated it was not an easy decision to entrust Resident 1's care to anyone other than herself/himself. Family Member D stated s/he chose facility because it seemed very professional, and s/he was told Resident 1's care regimen could be continued

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after admission. Family Member D stated s/he had to pull Resident 1 out of the facility 2 weeks after admission due to lack of communication and disorganization. Family Member D stated facility did not adequately manage Resident 1's medications and personal cares. Family Member D stated s/he visited Resident 3 times daily because s/he couldn't trust facility to care for Resident 1 appropriately. Family Member D stated on 05/14/2024, s/he observed a bruise on Resident 1's forehead and a chipped right tooth. Family Member D stated s/he reported these injuries to Facility Nurse Q. Family Member D stated Facility Nurse Q's response was, "Oh, do you think s/he fell?". Family Member D stated s/he told Facility Nurse Q s/he did not know how the injuries occurred. Family Member D stated Resident 1 had been seen by the dentist before admission to facility, and Resident 1's front teeth were intact after appointment. Family Member D stated Resident 1 was supposed to be supervised 24/7. Family Member D stated facility staff did not know how Resident 1 had chipped his/her front right tooth and/or bruised his/her forehead. Family Member D reported Resident 1 told him/her, "staff slammed me up against the wall." Family Member D stated s/he reported Resident 1's statement to Facility Nurse Q. Family Member D stated facility administration did not follow-up with him/her concerning Resident 1's report of staff slamming them against the wall. Family Member D stated by 05/15/2024 or 05/16/2024 Resident 1 was covered in bruises staff could not explain. Family Member D stated staff reported Resident 1 was combative during cares and had physically assaulted a fellow resident. Family Member D stated facility forced him/her to hire a 1:1 staff at $450.00 a day to manage Resident 1's aggressive behaviors towards others. Family Member D denied observing Resident 1 being

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physically aggressive towards staff and/or residents during his/her daily visits with Resident 1. Family Member D stated on 05/26/2024, s/he had come to facility to take Resident 1 out to lunch. Family Member D stated as they were leaving the room 2 staff members told him/her, "get [Resident 1] out of here they are gonna ruin [him/her] tonight." Family Member D stated s/he didn't know what to do. So s/he decided to walk Resident 1 the door and not return. Family Member D stated s/he took Resident 1 back to their home. Family Member D stated from 05/26/2024 to 05/27/2024, Resident 1 seemed fearful of personal cares and/or items from facility. Family Member D stated Resident 1 made multiple statements alleging staff physically assaulted him/her. Family Member D stated Resident 1 did not have a history of accusing others of physical assault. Family Member D stated Resident 1's paranoia didn't produce delusions of physical abuse before his/her admission to facility. Family Member D stated on 05/27/2024, s/he decided to report his/her concerns to local law enforcement. Family Member D stated Resident 1 was a retired nurse. Family Member D stated Resident 1 before admission to facility would become paranoid and verbally aggressive secondary to his/her dementia diagnosis. Family Member D stated Resident 1 hadn't been physically aggressive towards others before admission to facility. Family Member D stated Resident 1 was compliant and pleasant with Nurse S during the physical assessment of the SANE exam. Family Member D stated Resident 1 had not been physically aggressive towards anyone since leaving facility on 05/26/2024. Family Member D stated s/he would become confused because caregivers during the day would tell him/her Resident 1 was pleasant. Family Member D

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stated these episodes of aggression always seemed to occur during evening/nighttime hours. Family Member D stated before admission to facility Resident 1 would go for 20-minute walks around the neighborhood. Family Member D stated Resident 1 has a stable gait and didn't have a significant history of falls. Family Member D denied Resident 1 having a history of bruising easily/frequently.

On 06/07/2024 at 1:00 PM, Surveyor discussed the above concerns with Administrator A, Regional Nurse B and Human Resource Representative C. Administrator A, Regional Nurse B and Human Resource Representative C acknowledged Resident 1's record documented from 05/10/2024 to 05/26/2024 Resident 1 was observed to have bruising of the wrist, scab on the thigh and a chipped right tooth. Administrator A, Regional Nurse B and Human Resource Representative C acknowledged Resident 1 was assessed by hospital on 05/30/2024 and many injuries to skin integrity including a bruise on the forehead was documented.

On 06/10/2024, Surveyor reviewed police investigation into allegation of sexual assault of Resident 1. Under the subsection titled, "Primary Narrative," Officer X documented the following, "On May 28th, 2024 I, [Officer X], was on patrol...I wore my department issued body camera...At approximately 4:25 pm I got dispatched a phone call from [Family Member D] reporting a concern with [Facility Name] [Facility Address]. [Family Member D] reported [Resident 1] used to reside at [Facility Name] and is concerned for what may have occurred there...I spoke with [Family Member D] via phone regarding [Resident 1's] time at [Facility Name]. [Family Member D] said [Resident 1] has been diagnosed with Alzheimer's

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and Dementia (sic.) . [Family Member D] said [Resident 1] lived with [him/her] for the last three years and [s/he] used to be [his/her] caregiver. [Family Member D] said that began to get hard for [his/her] family to do, and decided to look into a care facility to put [Resident 1] into. [Family Member D] said [s/he] knew [Facility Name] is close to their home and [s/he] could visit often. [Family Member D] informed me [s/he] has POA medical for [Resident 1]. [Family Member D] said [s/he] met with [Facility Name] to go over [Resident 1's] needs and ultimately chose to place [Resident 1] into their care ... [Family Member D] said while in the care of [Facility Name] [s/he] noticed Resident 1 bruising more often than [s/he] ever has while in the care of [Family Member D] ... [Family Member D] also mentioned [Resident 1] got a chipped tooth during [his/her] stay at [Facility Name]. [Family Member D] said none of the staff knew how [Resident 1] got a chipped tooth. [Family Member D] said [s/he] has dental records for [Resident 1] right before [s/he] entered the facility, and [Resident 1] did not have a chipped front tooth. [Family Member D] stated while [Resident 1] had been in [his/her] care, [s/he] never had an issue with falling. [Family Member D] noticed a bruise on [Resident 1's] forehead. [Family Member D] stated again none of the staff knew how the bruise came to be. [Family Member D] said [s/he] took photos of some of the bruising [s/he] noticed on [Resident 1] while in the facility. [Family Member D] said [Resident 1] had told [him/her] while in the facility that staff had shoved [him/her] against the wall. [Family Member D] said [s/he] noticed bruising on [Resident 1] that [s/he] deemed to be not normal for [him/her] ... [Family Member D] said while [Resident 1] had been a resident of the facility [s/he] would receive many calls from staff stating [Resident 1] had been

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aggressive with other residents of the facility. [Family Member D] said [s/he] would receive mixed reports from staff on whether or not [Resident 1] had been aggressive with other residents. [Family Member D] said staff informed [him/her] [Resident 1] had pulled another resident out of their bed by their hair and attempted to wrap a towel around another resident's neck. [Family Member D] said while caring for [Resident 1] in [his/her] home, [Resident 1] never showed any signs of aggression towards any people or animals... [Family Member D] said when [s/he] brought [Resident 1] home [s/he] noticed [Resident 1] had been very frightened at night and sometimes scared to get into bed. [Family Member D] said [Resident 1] told [him/her] [s/he] didn't want to get into bed because that's when, "They would come in and out to do things to [him/her]." [Family Member D] said [s/he] has never heard [Resident 1] make these statements before staying at [Facility Name] ... [Family Member D] stated [s/he] believed there is neglect at the facility which is to be providing 24 hour care... SANE KIT... On 5/30/24 [Name of Hospital] [Nurse S] reported the SANE kit for [Resident 1] had been completed and ready to pick up... On 6/7/24 I spoke with [Nurse S] the SANE nurse who performed the SANE exam on [Resident 1]. [Nurse S] reported during [his/her] exam [s/he] observed trauma all over [Resident 1's] body along with [his/her] genital area."

On 06/13/2024 at 8:25 AM, Surveyor spoke with Nurse R on the phone. Nurse R stated s/he cannot state an approximate time Resident 1's bruises had developed. Nurse R stated elderly patients tend to heal slower than patients under the age of 65.

On 06/13/2024, Surveyor researched timeline

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assessment criteria for bruising. Surveyor found an article on the website Pubmed. Pubmed is a government website that collects scientific literature provided by the U.S. National Library of Medicine (NLM). Surveyor found an article titled, "Qualitative visual image analysis of bruise age determination: a survey." The abstract of the article stated the following, "Based on the color charts derived, the following observations can be made: (i) the bruise is red for day 1, (ii) there is no dominant color for day 2, whereas for day 3, blue is becoming slightly dominant, (iii) green is becoming dominant for days 4-6, with yellow color emerging, (iv) for day 7, there is coexistence of green and yellow, (v) yellow is highly dominant for days 7 to 14, with brown emerging. These charts can serve as guidelines for the qualitative evaluation of bruise imaging by visual analysis." (Source: The Pubmed Website, Qualitative Visual Image Analysis of Bruise Age Determination: A Survey, 2006, https://pubmed.ncbi.nlm.nih.gov/17946266/ (retrieval date - June 13, 2024).)

Summary: The study above is supporting evidence that majority of injuries listed in Resident 1's SANE exam occurred before leaving facility on 05/26/2024.

On 06/13/2024 at 12:20 PM, Surveyor spoke with Health Coordinator V on the phone. Health Coordinator V stated s/he was calling from Resident 1's primary care clinic. Health Coordinator V stated s/he had access to Resident 1's clinical chart and could ask Doctor W clarifying questions as Surveyor proceeded through the interview. Health Coordinator V indicated Doctor W was Resident 1's primary care provider (PCP). Health Coordinator V reported Doctor W denied Resident 1 initiating

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N 353	Continued From page 30 physical violence against others before his/her admission to facility. Health Coordinator V stated Doctor W stated Resident 1 did not have a history of bruising easily. Health Coordinator V reported Doctor Q stated Resident 1 was not taking medications that would cause him/her to bruise easily. Health Coordinator V stated Family Member D had been taking care of Resident 1 at home the years proceeding admission to the facility. Health Coordinator V stated staff at primary care clinic had not observed any injury of unknown origin on Resident 1 before his/her admission to facility. Health Coordinator V stated Doctor W assessed Resident 1 in clinic on 04/15/2024 and s/he did not have a chipped front tooth observed/documented during appointment.	N 353		