STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014896	A. BUILDING: _____ B. WING _____	C 10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HOME CARE LLC	1003 TAMARACK WAY VERONA, WI 53593

(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 09/29/2023, with information gathered through 10/10/2023, Surveyor conducted a standard licensure survey and 2 complaint investigations at Evergreen Home Care LLC. Nine deficiencies were identified. 1 of 2 complaints was substantiated. One of the 9 deficiencies was a repeat violation (see Statement of Deficiency (SOD) S2I512). Census: 7	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure law enforcement responding to the facility for the safety of residents was reported to the Department. The provider did not report an incident in which law enforcement responded to the facility due to a neighbor reporting that a resident had arrived at their home stating they had been abused. Findings include:	N 164		

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

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N 164	Continued From page 1 On 08/28/2023, the Department received a concern that a resident stated s/he had been abused and was seeking safety. On 09/29/2023, at approximately 11:00 AM, Resident 3 approached Surveyor and stated Administrator A had killed one of the residents and hid the body. Resident 3 stated, "[S/he] needs to go to jail." Surveyor asked if s/he could speak with Resident 3 more about his/her concern. Resident 3 stated, "No." Surveyor reapproached Resident 3 during the survey process but s/he would not speak with Surveyor. Surveyor noted that the resident that had been 'killed' was fine and had no concerns. On 09/29/2023, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A explained that Resident 3 deals with anxiety and s/he always wants to call the police, or s/he will leave the house and go to the neighbors. Administrator A stated, "I always know when s/he leaves the house and I follow [him/her]. The neighbors know me and know [Resident 3]." Administrator A stated the neighbors have called the police. Surveyor asked if a written report had been submitted to the Department. Administrator A stated s/he did not understand. Surveyor forwarded Administrator A a copy of the Department self-report form. On 09/29/2023, Surveyor reviewed Resident 3's record. Resident 3's progress notes documented: "08/05/2023 - [Resident 3] had anxiety. [S/he] kept to say call police. [S/he] went our neighbor yard. I follow [him/her]. [Resident 3] was back our facility with me and our neighbor."	N 164		

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"08/06/2023 - [Resident 3] had anxiety. [S/he] wanted call 911"
"08/10/2023 - [Resident 3] had anxiety, [s/he] wanted call 911"
"08/11/2023 - [Resident 3] has anxiety and wanted to call FBI (federal bureau of investigation). I talked to [him/her], made [him/her] calm down."
"08/12/2023 - [Resident 3] had anxiety. [S/he] went to our neighbor's property. I followed [him/her] and brought [him/her] back."
"08/13/2023 - [Resident 3] had anxiety. [S/he] went to our neighbor's property again. I followed [him/her] and brought [him/her] back."
"08/16/2023 - [Resident 3] had anxiety. [S/he] went to neighbor property, I followed [him/her] and wait [him/her] come [sic: calm] down then brought [him/her] back. I reported to [his/her] case manager and nurse. Nurse reported to [his/her] Dr (doctor). Dr increased [his/her] medicines dose."

Resident 3's managed care organization (MCO) member centered plan documented:
"01/04/2023 - [Resident 3's] baseline paranoia has increased over the past 6 months. On 11/11/2022 [Resident 3] punched another [facility] resident in the face because [s/he] believed that the resident was trying to kill [him/her] by poisoning [his/her] coke. [S/he] then eloped to the neighbor's house and has resultant [sic: resulted in] police contact ... ultimately received an emergency detention for involuntary hospitalization at [mental health facility]. ... [Resident 3] has eloped from the group home two more times and had police contact at least one of those times."

On 09/29/2023 at 5:30 PM, Surveyor reviewed the Department's facility file and did not locate a

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N 164	Continued From page 3 written report for the police interaction with a resident due to concerns of abuse.	N 164		
N 328	83.31(4)(c) Involuntary discharge notice requirements. Discharge or transfer initiated by CBRF. Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident ' s legal representative and shall include all of the following: 1. A statement setting forth the reason and justification for discharge listed under par. (b). 2. A statement that the resident or the resident ' s legal representative may ask the department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department ' s regional office with a copy to the CBRF. The notice shall state that the request must provide an explanation why the discharge should not take place. 3. The name, address and telephone number of the department ' s regional office director. 4. The name, address and telephone number of the regional office of the board on aging and long term care ' s ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62(2)(a), Stats. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's involuntary discharge notice included a statement informing Resident 1 that s/he may request the department review the involuntary discharge notice, the	N 328		

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information for the department's regional office director and the information for the regional office of the board on aging and long-term care's ombudsman program.

Findings include:

On 09/29/2023, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the provider on 12/30/2016.
Resident 1's record included a written notice of discharge, dated 08/01/2023, stating "[Resident 1] lives in [facility]. [S/he] has behavior problems, [s/he] always blames and bully other residents and staff, [s/he] never listens staff direction and broken facility rules. We inform [Resident 1's] team, move [him/her] out in 30 days."
The notice did not include information regarding Resident 1's right to request the department review the discharge notice, the information for the department's regional office director and the information for the regional office of the board on aging and long-term care's ombudsman program.

On 09/29/2023, at approximately 2:00 PM, Surveyors interviewed Administrator A. Administrator A stated Resident 1 was issued a discharge notice on 08/01/2023 after continued verbal altercations with residents and staff. Surveyor asked Administrator A if Resident 1 was provided information to request the department review his/her involuntary discharge notice, the information for the department's regional office director and the information for the regional office of the board on aging and long-term care's ombudsman program with the discharge notice. Administrator A replied, "No." Administrator A explained s/he was unaware of the requirements

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N 328	Continued From page 5 for the discharge notice but has since reviewed the regulations and will include the required information in any future discharge notices.	N 328		
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 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 2 of 2 resident's Individual Service Plans (ISPs) were reviewed annually or updated when there was a change of condition in the resident's physical condition. This is a repeat deficiency. See Statement of Deficiency (SOD) S2I512, dated 06/02/2021. Resident 1's ISP was not updated to provide guidance for his/her pain management. Resident 3's ISP was not updated to provide guidance for his/her elopement and paranoia behaviors.	N 389		

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Findings include:

Example 1: Resident 1

On 09/29/2023, at approximately 10:45 AM, Surveyor and Administrator A reviewed Resident 1's Medication Administration Record (MAR) and as needed (PRN) medications. Resident 1's September 2023 MAR documented that s/he was prescribed PRN Hydrocodone, take 1 tablet by mouth every 8 hours as needed for pain). Surveyor noted that the MAR documented that s/he had received the Hydrocodone everyday in September at 8:00 AM, 3:00 PM and 11:00 PM. Surveyor asked Administrator A if the Hydrocodone was being administered as a scheduled medication or as a PRN. Administrator A stated Resident 1 knows when s/he can have the medication and asks for it the same time every day. Administrator A stated Resident 1's doctor would not change it to a scheduled medication.

On 09/29/2023, Surveyor reviewed Resident 1's record.

Resident 1 was admitted on 12/30/2016.

Resident 1's Individual Service Plan, dated 10/11/2022 and 04/25/2023, documented:
"Medications: Medications administered by CBRF (community-based residential facility) staff."
"General Health: Stable"

Surveyor noted the ISP did not outline that Resident 1 had pain management concerns.

On 10/10/2023 at 10:25 AM, Surveyor received a call from Resident 1's certified Physician

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Assistant D's office, who prescribed the hydrocodone, who stated that Resident 1's PRN hydrocodone would be reviewed due to Resident 1's opioid abuse background and refusal to visit with a pain clinic.

Example 2: Resident 3

On 09/29/2023, at approximately 11:00 AM, Resident 3 approached Surveyor and stated Administrator A had killed one of the residents and hid the body. Resident 3 stated, "[S/he] needs to go to jail."

On 09/29/2023, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A explained that Resident 3 deals with anxiety and s/he always wants to call the police, or s/he will leave the house and go to the neighbors." Administrator A stated Resident 3 likes to smoke and drink soda.

On 09/29/2023, Surveyor reviewed Resident 3's record.

Resident 3's progress notes documented:
"08/05/2023 - [Resident 3] had anxiety. [S/he] kept to say call police. [S/he] went our neighbor yard. I follow [him/her]. [Resident 3] was back our facility with me and our neighbor."
"08/06/2023 - [Resident 3] had anxiety. [S/he] wanted call 911"
"08/10/2023 - [Resident 3] had anxiety, [s/he] wanted call 911"
"08/11/2023 - [Resident 3] has anxiety and wanted to call FBI (federal bureau of investigation). I talked to [him/her], made [him/her] calm down."
"08/12/2023 - [Resident 3] had anxiety. [S/he] went to our neighbor's property. I followed

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[him/her] and brought [him/her] back."
"08/13/2023 - [Resident 3] had anxiety. [S/he] went to our neighbor's property again. I followed [him/her] and brought [him/her] back."
"08/16/2023 - [Resident 3] had anxiety. [S/he] went to neighbor property, I followed [him/her] and wait [him/her] come [sic: calm] down then brought [him/her] back. I reported to [his/her] case manager and nurse. Nurse reported to [his/her] Dr (doctor). Dr increased [his/her] medicines dose."

On 09/29/2023, Surveyor reviewed Resident 3's managed care organization (MCO) member centered plan, dated 01/21/2023, which documented:
"[Resident 3] smokes seven cigarettes daily and values [his/her] cigarette breaks. [S/he] enjoys walking, exercise, music, television, shopping when [s/he] can, going out to other places when [s/he] can, smoking and sometimes talking with other residents of the group where [s/he] resides. [S/he] perseverates on smoking, soda, sweets and returning to [his/her] hometown ..."
"[Resident 3] is able to use a telephone but staff at the group home dials the phone for [him/her] as [Resident 3] has a history of repeatedly ad unnecessarily calling 911."
"[Resident 3] has had multiple attempts to elope from [facility] and multiple incidents of calling the police. [S/he] has a history of becoming verbally abusive toward staff and occasionally with other residents. Writer has observed [Resident 3] accusing staff of attempting to murder her, of stealing [his/her] underwear and of [Resident 3] becoming verbally aggressive and posturing toward staff. [Resident 3] primarily appears to struggle with communicating with the manager of the group home, [Administrator A]. This occurs when [Resident 3] makes statements in relation

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N 389	Continued From page 9 to [his/her] delusions and [Administrator A] interrupting [him/her] telling [Resident 3] that what [s/he's] saying isn't true or incorrect. [S/he] also restricts how much candy [Resident 3] can have. The interruptions and restrictions aggravate [Resident 3]." "[Resident 3] has asked intermittently about going to a group home that will allow [him/her] to 'smoke as much as [s/he] wants.'" "[Resident 3] does not understand budgeting and is unable t successfully manage [his/her] funds." "[S/he] refuses recommended procedures and declines recommended medications as able (including for cholesterol) ... [Resident 3] does not like going to the doctor and minimizes health concerns. [S/he] declines non-mandatory recommendations form her PCP (primary care physician) ... [Resident 3] had one UTI (urinary tract infection) within the past 6 months which resulted in exacerbated mental health and behavioral symptoms ..." On 09/29/2023, at approximately 2:30 PM, Surveyor interviewed Administrator A. Surveyor stated that Resident 3's MCO member centered plan outlined Resident 3's behaviors and concerns the care team had identified. Surveyor stated that Resident 3's record did not contain an Individual Service Plan that outlined how Administrator A would provide cares and guidance to address the concerns, such as the elopements, medication refusals, hallucinations, aggressive behaviors. Administrator A stated Resident 3's care team had asked him/her to track his/her behaviors. Surveyor explained what is required in a resident's individual service plan.	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits	N 394		

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Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 resident records reviewed (Resident 1, Resident 2, Resident 3) were evaluated annually to determine their mental or physical capability to respond to a fire alarm.

Findings include:

The provider is licensed to care for a maximum of 8 residents within the client groups advanced aged, emotionally disturbed/mental illness, physically disabled, and irreversible dementia/Alzheimer's.

On 09/29/2023, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record.

Resident 1 was admitted to the provider on 12/30/2016.
Resident 1's record contained an evacuation assessment dated 07/22/2021. Surveyor noted the evacuation assessment should have been completed in 07/2022 and 07/2023.

Resident 2 was admitted to the provider on 12/23/2012.
Resident 2's record contained an evacuation assessment dated 09/01/2021. Surveyor noted the evacuation assessment should have been completed in 09/2022 and 09/2023.

Resident 3 was admitted to the provider on 07/25/2019.

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N 394	Continued From page 11 Resident 3's record contained an evacuation assessment dated 07/07/2022. Surveyor noted the evacuation assessment should have been completed in 07/2023. On 09/29/2023, at approximately 2:P5 AM, Surveyor interviewed Administrator A. Administrator A stated s/he understood the evacuation assessments are to be completed annually and s/he would update the resident records.	N 394		
N 433	83.38(1)(i) Behavior management. 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: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide services to manage 1 of 1 resident (Resident 1's) verbal behavior patterns that affected the resident and other persons. Findings include: On 09/29/2023, at approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 had been issued a 30-day notice due to his/her verbal behaviors. Administrator A stated Resident 1	N 433		

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would lash out at other residents and him/her stating everyone is discriminating against him/her and would say evil things in retaliation.

On 09/29/2023, Surveyor reviewed Resident 1's record.

Resident 1 was admitted on 12/30/2016. Surveyor was unable to determine diagnoses.

Resident 1's progress notes documented:
"12/19/2022 - [Resident 1] said the food is trash. I told [him/her] you cannot eat it but food is food isn't trash. [S/he] kept saying [defamatory remark towards ethnicity], [explicative words] over and over and other dirty words. I told [him/her] [s/he] cannot say dirty words to me. [S/he] was still saying dirty words to me. I only said 'stop' to [him/her]. [Resident 1] blame everyone and everything on everyday. I only keep quiet."
"01/11/2023 - About 8 AM when I made breakfast for [Resident 1], [Resident 1] said '[Ethnicity word] is [defamatory remark]. [Ethnicity word] don't know how to make coffee.' I don't say anything."
"01/12/2023 - [Resident 1] said [explicative words] to another resident (Resident 3)."
"02/01/2023 - [Resident 1] said on table and blame [ethnicity word] and said [ethnicity word] don't know anything and [ethnicity word] are [defamatory remark]. I don't say anything."
"02/03/2023 - [Resident 1] put [his/her] wet clothes in [his/her] bathroom floor. I told [him/her] don't do it. Put wet and dirty clothes in the laundry basket. I do [his/her] laundry. [S/he] said put clothes [s/he] want and said very dirty words to me. I don't say anything. [S/he] does what [s/he] wants."
"02/05/2023 - I checked and clean [his/her] room and bathroom every morning. Today [Resident 1] blame me and said dirty words to me, [S/he] said

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I only do [his/her] room since [s/he] is [color] people. [S/he] doesn't let me do. [S/he] said I am receese [sic: racist] I have to do once week."
"03/10/2023 - [Resident 1] said [defamatory remarks towards ethnicity]. I don't say anything, Just keep away. [Resident 1] kept say dirty words to me."
"03/11/2023 - During lunch time [Resident 1] was loud and disturb another resident (Resident 3) to eat. [Resident 3] asked [Resident 1] 'can you quiet' [Resident 1] said [explicative words] and other dirty words."
"03/25/2023 - During morning time (8:30 AM) [Resident 1] kept to say "[colors of people] ..." One resident said [s/he] doesn't want to be disturb. [Resident 1] said very dirty words to [him/her] and kept say dirty words."
"03/29/2023 - [Resident 1] came to kitchen and blame everybody and said [defamatory remark towards ethnicity], [colors of people] kept say about half hour. I didn't say anything, other residents didn't say anything ([his/her] guardian, told me keep away when [s/he] blame) [his/her] [brother/sister] told me. [Resident 1] likes irritate people and blame first, then argue. This is [his/her] personality. [s/he] always does this. The only thing is when [s/he] starts blame people, walk away. I follow [his/her] [brother/sister] suggestion to do."
"04/17/2023 - When we have dinner [Resident 1] talked loud one resident said disturbed [him/her]. [Resident 1] said dirty words to [him/her]. I asked [Resident 1] top say dirty words."
"05/17/2023 - [Resident 1] said very dirty words to another resident (Resident 3). (Resident 3) watched tv. [Resident 1] don't want to [him/her] watch tv and kept say dirty words to [him/her]."
"05/26/2023 - During lunch time [Resident 1] kept say [colors of people] ..." [Resident 3] asked [him/her] to stop disturb [him/her] eating. Since

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[s/he] had cough. [Resident 1] didn't stop and said bad words to [Resident 3]. [Resident 3] pound [him/her]. Anybody ask [Resident 1] to stop. [Resident 1] never stops and say dirty word. I asked [Resident 1] to stop. [Resident 1] say dirty word to me. I asked [Resident 3] back to [his/her] room to come [sic: calm] down. Half hour later [Resident 3] came down. I talked to [Resident 3]. [Resident 3] apologized to [Resident 1]."
"06/06/2023 - [Resident 1] blamed [Resident 5] and verbally abuse [Resident 5]. I asked [Resident 5] back to [his/her] room. I tell [Resident 1] don't bully [Resident 5]. [Resident 1] said dirty words to me. I didn't say anything just walked away ([his/her] guardian told me to do this."
"07/29/2023 - [Resident 1] kepps [sic: kept] to say [Resident 2] steal [his/her] things in [his/her] room when [s/he] was in hospital. I told [Resident 1] I locked [his/her] room door and just opened [his/her] room door before [s/he] came back. But [Resident 1] doesn't listen to verbally abuse [Resident 2].
"08/01/2023 - [Resident 1] keeps attack [Resident 2] and said very dirty words to [him/her]. I asked [Resident 1] stop saying dirty words. [S/he] said dirty words to me."
"08/02/2023 - Today morning when I came to facility [Resident 1] just yelling very dirty words and tried to leave facility. I have call police and asked police to help me. Police came and told [Resident 1] [s/he] cannot leave facility, if [s/he] has concerns tell guardian and case manager. Police contact [his/her] guardian, [his/her] guardian called [him/her], but [s/he] kept say dirty words to [his/her] guardian."
"08/24/2023 - 08/29/2023 - [Resident 1] every morning come out sit on the kitchen table start says dirty words about 20 min (minutes) until s/he

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finishes [his/her] breakfast. Nobody says anything [s/he] just keeps to say dirty word." "09/05/2023 - [Resident 1] keeps say dirty words to me."

Resident 1's Individual Service Plan, dated 10/11/2022 and 04/25/2023, documented: "12/10/2018 - [Resident 1] always bully staff and other residents. [S/he] made story and said dirty words to staff and other residents. I already reported to [his/her] case manager." "10/03/2021 - [Resident 1] always said staff and other residents "discriminate." [S/he] said almost everyday to everybody." "10/11/2022 - [Resident 1] is very rude to [managed care organization (MCO) Case Manager (CM) B and Registered Nurse (RN) C]. (CM B) and (RN C) are hard to talk with them. But CM B and RN C still nice to [him/her] and try to do [his/her] review."

Surveyor noted there is no guidance in regard to how to redirect or manage Resident 1's verbal behaviors.

On 09/29/2023, at approximately 2:00 PM, Surveyor interviewed Administrator A. Surveyor stated that s/he did not see a behavior plan or a MCO member centered plan in Resident 1's record that could have been created with CM B. Administrator A stated s/he did not have any other documentation for Resident 1. Administrator A stated s/he had given Resident 1 a 30-day notice due to his/her verbal behaviors and CM B is aware of the concern. Surveyor asked how Administrator A managed Resident 1's behaviors. Administrator A explained that s/he informed Resident 1 that s/he should not speak that way or act that way. Surveyor stated that s/he had tried to interview other residents independently to

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N 433	Continued From page 16 determine Resident 1's behaviors but was unable to due to Administrator A always being in the vicinity; Surveyor should be able to speak to residents without Administrator A's presence. Administrator A stated s/he was worried that residents would lie. On 10/04/2023, at approximately 9:30 AM, Surveyor interviewed CM B. CM B stated s/he was aware of Resident 1's verbal behaviors and that s/he had been given a 30-day notice. CM B stated, "I hope that if I can find a new placement for [Resident 1], things will be better at [his/her] current home for the other residents and [Administrator A]." CM B stated s/he was not aware of a behavior plan being put into place but it should be discussed with Administrator A. CM B stated there had been concerns that s/he is unable to communicate with Resident 1 without Administrator A being present.	N 433		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s.	N 454		

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N 454	Continued From page 17 DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing	N 454		

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N 454	Continued From page 18 the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record of 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) medical history. Findings include: On 09/29/2023, Surveyor reviewed Resident 1's, Resident 2's, Resident 3's and Resident 4's record with Administrator A. Surveyor noted the resident binders did not contain any medical documentation, such as their annual medical visits. Administrator A stated s/he could contact their primary physicians to obtain that documentation. Surveyor stated that when a resident has a medical appointment, a summary of that visit should be maintained in the resident binder. Administrator A stated s/he would make sure s/he maintained that information going forward.	N 454		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.	N 481		

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This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable, and homelike.

Findings include:

On 09/23/2023, from approximately 10:30 AM to 3:30 PM, Surveyor toured the facility and observed the following:

Resident 1's Room:
-Bathroom flooring had brown and gray build up along the shower, toilet and walk space. The floor had dirt buildup in the corners and appeared to need mopping.
-The toilet had a brown ring along interior base with dark brown and black streaks covering the inside of the toilet bowl.
-The toilet seat riser was stained with yellow and brown markings possibly due to incontinence.
-Toilet had grey and black markings running down the outside of the toilet.
-The bathroom sink had soap scum around base.
-Bathroom light fixture contained 2 out of 3 burnt out light bulbs.
-Bathroom walls had what appeared to be spider webs hanging from the corners.
-Towel rack brackets were placed on the wall but the rod was not placed in them so that a towel could be hung up.
-Carpet between bathroom and bedroom doorway was torn due to the carpet being pulled away from the carpet runner.
-There were significant stains on carpet upon entrance to room and showed signs of needing to be vacuumed. The carpet appeared to be light

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grey in color but had the appearance of being black due to what appeared to be tracking from foot traffic.

Resident 2's Room:
-Bathroom flooring had brown and gray build up along the shower, toilet and walk space. The floor had dirt buildup in the corners and appeared to need mopping. There was a pile of garbage debris piled up on the floor as if it had been swept into a pile but then not disposed of.
-The toilet had a brown ring along interior base with dark brown and black streaks covering the inside of the toilet bowl.
-Toilet had grey and black markings running down the outside of the toilet.
-The bathroom sink had soap scum around base. The sink bowel was stained yellow. There was a towel that had the appearance of being wet but had tried while piled up in a ball. The sink vanity had what appeared to be hair, dirt, toothpaste and make-up smeared across the top.
-Bathroom light fixture contained 2 out of 3 burnt out light bulbs.
-Bathroom walls had what appeared to be spider webs hanging from the corners.
-Toilet paper rack brackets were placed on the wall but the rod was not placed in them so that toilet paper could be hung up.
-Bathroom vent was covered in a layer of what appeared to dust.
-There were significant stains on carpet upon entrance to room and showed signs of needing to be vacuumed. The carpet appeared to be light grey in color but had the appearance of being black due to what appeared to be tracking from foot traffic.

Resident Shower Room:
-The soap/shampoo caddy was covered in what

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appeared to be soap scum buildup and a black substance that had the appearance of mold.
-The white tub had a yellow ring around the inside, approximately 4 inches high, that appeared to be soap scum. The faucet on the tub had a yellowish ring around the base of the faucet of what appeared to be soap scum and dirt.

Kitchen:
-Freezer contained food like substance spilled in base area and on shelves.
-Refrigerator shelves and drawers contained what appeared to be spilled food substance.
-Kitchen wall behind stove was covered in a yellow substance that appeared to be caused from food splattering while cooking.
-Frying style pan was sitting on a piece of aluminum foil that was covered in a brown and golden covered substance possible due to being used as a place mat for the pan.
-Microwave was missing sections of the protective enamel on the inside.
-Surveyor observed a shelf of canned goods that were expired. (Examples: tuna 01/14/2023, 09/24/2022)

Common Area:
-Couches were a cream/beige color and showed signs of where residents had sat due to what appeared to be body sweat/oil/dirt.
-Television stand was covered in a dust-like substance.
-Fake bouquet of poinsettias was covered in a dust-like substance.
-Patio door section around the handle was covered in a black smudge possibly due to continued use of hands opening the door.
-Floor vase sitting in front of fire place had a layer

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N 481	Continued From page 22 of a dust-like substance and what appeared to be a heavy layer of spider webs connecting the vase to the fire place. On 09/29/2023, at approximately 3:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he should consider hiring a housekeeper as s/he is unable to keep up with all of it.	N 481		
N 485	83.43(2)(d) Clean sheets, pillowcases, and towels Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: Clean sheets, pillowcases, towels and washcloths adequate to meet the needs of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 2 was provided clean sheets and pillowcases. Findings include: On 09/23/2023, at approximately 11:00 AM, Surveyor and Administrator A toured Resident 1's bedroom. Surveyor noted Resident 1's blankets were rolled up in a ball and placed on the corner of the bed. Resident 1's beds were made with black sheets that had the appearance of body oil/sweat build-up and dirt build-up. On 09/23/2023, at approximately 11:40 AM, Surveyor and Administrator A toured Resident 2's bedroom. Surveyor noted Resident 2's pillows did not have pillowcases. Resident 2's bed did not appear to have sheets placed on it. Resident 2's blanket had the appearance of needing to be	N 485		

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N 485	Continued From page 23 washed due to how the blanket laid on the bed, the blanket had the appearance of body oil/sweat build-up and dirt build-up. On 09/23/2023, at approximately 11:45 AM, Administrator A stated s/he should have assisted the residents with making their beds and to ensure that they have clean bedding.	N 485		
N 668	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every habitable room had at least 1 window to be openable from the inside without the use of tools of keys. Seven of 7 resident bedrooms did not have window cranks in place to open windows. Seven of 7 residents had to ask a staff member to open the window. Findings include: On 09/23/2023, at approximately 11:40 AM, Surveyor and Administrator A toured Resident 2's room. Surveyor noted Resident 2's window crank handle was not attached to the window. The crank handle was required to open the windows.	N 668		

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N 668	Continued From page 24 Surveyor asked Administrator A why the crank handle was not attached to the window. Administrator A stated, "None of the residents have the crank handle as they deal with mental illness and will try to open the window and leave." Surveyor stated residents have the right to open their windows. Administrator A stated, "If they want to open their window they can ask staff."	N 668		