STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015620	A. BUILDING: _____ B. WING _____	C 07/01/2024

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STOUGHTON MEADOWS ASSISTED LIVING	2321 JACKSON ST STOUGHTON, WI 53589

(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 06/04/2024, with information gathered through 06/12/2024, Surveyor conducted 4 complaint investigations at Stoughton Meadows Assisted Living. Eight deficiencies were identified. Four of the 6 deficiencies were repeat violations (see Statement of Deficiency (SOD) BTKI11, SOD KFJM12, SOD KFJM11, and SOD ELVN11). Four of 4 complaints were substantiated. Census: 36	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by:	N 158		

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

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Based on interview and record review, after receiving allegations of medication misappropriation, the provider did not take immediate steps to ensure the safety of residents, investigate and document the allegations to make a determination about the alleged caregiver misconduct, and did not report substantiated caregiver misconduct to the Department within 7 days.

Resident 1's hydrocodone was misappropriated. Resident 3's morphine and lorazepam were misappropriated.

This is a repeat deficiency. See Statement of Deficiency (SOD) BTKI11, dated 11/15/2023.

Findings include:

Example 1: Resident 1

On 06/14/2024, the Department received a complaint alleging that resident narcotics had been misappropriated.

On 06/14/2024, at approximately 2:10 PM, Surveyor interviewed Manager of Operations (MO) C. MO C stated s/he had been asked by Wellness Coordinator D on 06/13/2024 to destroy Resident 1's blister card of hydrocodone because the remaining tablets appeared to be punched out, replaced back in the blister pocket, and then taped over. MO C stated s/he did not feel comfortable destroying the medications and took a picture of the blister card prior to the destruction. MO C reviewed the picture with Wellness Coordinator D and determined the tablets were not hydrocodone but were tablets imprinted with I484 on them, acetaminophen. MO C stated s/he contacted Executive Director A

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regarding the concern. Surveyor asked if the concern had been reported to law enforcement. MO C stated s/he was not aware of law enforcement being contacted. Surveyor requested Resident 1's record.

Resident 1 moved into the facility, 04/20/2023, with diagnoses including malignant neoplasm of prostate, cardiomyopathy (heart disease), weakness, and pain.

Resident 1's April narcotic count sheet, with 60 doses (120 tablets) received 04/17/2024, documented:
04/26 7:30 AM - 2 tablets - Med Passer F
04/26 12:45 PM - 2 tablets - Med Passer F
04/27 9:40 AM - 2 tablets - Med Passer E
04/27 3:30 AM - 2 tablets - Med Passer F - 56 doses remaining
Surveyor noted the penmanship was identical for each entry. The 04/27 3:30 AM entry was documented after 04/27 9:40 AM med pass.

Resident 1's April 2024 Medication Administration Record (MAR) documented:
"Hydroco/APAP (hydrocodone) 325 MG (milligram) - Take 2 tablets by mouth every 6 hours as needed (PRN) for severe pain. Max of 6 tablets per day."
Surveyor compared April narcotic count to the April MAR:
The MAR did not document that resident received PRN hydrocodone on the 27th.
There were no other documented times of PRN hydrocodone administration.

Resident 1's May narcotic count sheet, with 20 doses (40 tablets) received 04/17/2024, documented:
05/08 7:30 AM - 2 tablets - Med Passer F

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N 158	Continued From page 3 05/08 1:25 PM - 2 tablets - Med Passer F 05/10 7:25 AM - 2 tablets - Med Passer F 05/10 1:30 PM - 2 tablets - Med Passer F 05/11 8:30 AM - 2 tablets - Med Passer F 05/11 2:00 PM - 2 tablets - Med Passer F 05/12 7:15 AM - 2 tablets - Med Passer F 05/12 1:33 PM - 2 tablets - Med Passer F 05/18 10:20 AM - 2 tablets - Med Passer F Resident 1's May 2024 MAR documented: "Hydroco/APAP (hydrocodone) 325 MG (milligram) - Take 2 tablets by mouth every 6 hours as needed (PRN) for severe pain. Max of 6 tablets per day." Surveyor compared May narcotic count to the May MAR: 05/08 7:30 AM dose was not documented as administered 05/08 1:25 PM dose administered by Med Passer E at 10:13 PM 05/10 7:25 AM dose administered by Med Passer E at 8:42 AM 05/10 1:30 PM dose administered by Med Passer E at 1:54 PM 05/11 8:30 AM dose administered by Med Passer E 05/11 2:00 PM dose was not documented as administered 05/12 7:15 AM dose administered by Med Passer E 05/12 1:33 PM dose administered by Med Passer E 05/18 10:20 AM dose documented, administered by Med Passer F There were no other documented times of PRN hydrocodone administration. Surveyor noted the PRN hydrocodone was documented as only administered during the first shift.	N 158		

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N 158	Continued From page 4 On 06/14/2024, Surveyor reviewed his/her pictures of Resident 1's narcotics s/he had taken while onsite 06/04/2024 and determined the tablets were imprinted with I484 on them, acetaminophen. On 06/14/2024, Surveyor reviewed Resident 1's June MAR which did not document that s/he had received any PRN hydrocodone. On 06/14/2024, at approximately 3:00 PM, Surveyor interviewed Resident 1. Resident 1 stated s/he did not ask for his/her hydrocodone. On 06/17/2024, at approximately 10:00 AM, Surveyor interviewed Clinical Market Leader (CML) B. Surveyor asked for clarification regarding 56 doses of Resident 1's hydrocodone being available on 04/27/2024 and when the May narcotic count sheet was started, there were only 20 doses available leaving 36 doses unaccounted for. CML B was unable to provide an explanation. Surveyor asked if it was acceptable for a med passer to sign med documentation for another med passer. CML B stated that was not protocol. Surveyor reviewed a written report that had been submitted to the Department regarding a previous incident where Resident 1's hydrocodone was misappropriated with CML B. The report documented: "On 04/24/2024, it was reported by facility staff that another resident's medication could not be refilled as it was delivered 03/04/2024, upon further investigation, a card of Norco 5/325 (hydrocodone) had been delivered at the same time for [Resident 1] and was not able to be located nor was it administered. It is suspected that the card of Norco delivered on 03/04/2024 was diverted and replaced 04/17/2024 when [s/he] requested a PRN (as	N 158		

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needed) and not available. An investigation was initiated, and staff interviewed and questioned. Narcotic count logs reviewed and police called. The resident was interviewed and stated [s/he] did not request any doses between 03/04/2024 and 04/17/2024. [S/he] was offered PRN Tylenol for [his/her] pain while Norco was being refilled. Facility believes the staff member involved is no longer employed with the community yet will be filing a caregiver misconduct report and continues to cooperate with the police investigation as well. The Executive Director will be performing daily narcotic counts to ensure the number of cards present matches the number of orders to avoid diversion in the future." Surveyor asked what protocols had been put in place to ensure that med diversion of narcotics did not occur since additional hydrocodone had been diverted since this written report. CML B stated s/he was in the process of enforcing additional protocols to ensure that med diversion was addressed.

On 06/17/2024, at approximately 10:30 AM, Surveyor interviewed MO C. Surveyor asked if it was acceptable for a med passer to sign med documentation for another med passer. MO C stated, "When I started in April, I noticed [Caregiver E] and [Caregiver F] were signing medication documentation for each other. When I questioned them, [Caregiver E] stated s/he forgot [his/her] log in information, so [s/he] would document under [Caregiver F's] log in or have [Caregiver F] do the documenting, even if [Caregiver E] passed the meds." MO C stated s/he reminded staff that was not acceptable protocol and assisted [Caregiver E] with obtaining [his/her] log in credentials.

Example 2: Resident 3

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N 158	Continued From page 6 On 06/17/2024, at approximately 9:35 AM, Surveyor interviewed MO C. MO C stated there was another incident regarding a possible misappropriation of narcotics. MO C explained, "Resident 3 had moved into the facility and brought his/her medications from his/her previous residence. [Resident 3's] medications were received, and I handed the medications to Med Passer E so they could be placed into the med cart, because I did not have keys as I am not a med passer. When Resident 3's replacement medications arrived from our contracted pharmacy, I was asked to destroy his/her old medications. As I am destroying the meds on 06/13/2024, I asked Med Passer E where was [his/her] morphine and Lorazepam. Med Passer E told me that I never gave [him/her] the narcotics. I contacted Executive Director A. Executive Director A stated we do not accept narcotics from other facilities. I told [him/her] that I accepted [Resident 3's] medications and proceeded to give them to Med Passer E. Contact was made with [Resident 3's] previous placement and they confirmed the narcotics had been sent with [Resident 3]. Med Passer E was asked again if s/he had seen [Resident 3's] narcotics. Med Passer E than stated s/he had, and s/he had locked them up in the med overflow closet. Nobody knows where they went after that." MO C stated s/he had commented to Executive Director A that law enforcement needed to be contacted but unsure if contact was made. On 06/17/2024, at approximately 10:00 AM, Surveyor interviewed CML B. CML B stated law enforcement should have been contacted regarding this incident along with a written report submitted to the Department.	N 158		

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N 158	Continued From page 7 On 07/01/2024, Surveyor reviewed the Department facility file and noted a written report was not submitted regarding Resident 1's and Resident 3's misappropriated narcotics. Cross Reference: N0348 DHS 83.32(3)(d) Right of Residents: Free From Mistreatment	N 158		
N 214	83.15(3)(a) Administrator shall supervise daily operation The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. This Rule is not met as evidenced by: Based on record review and interviews the administrator did not supervise the daily operation of the Community-Based Residential Facility (CBRF), including but not limited to resident care and services, personnel, and physical plant. The administrator did not provide the supervision necessary to ensure that residents received proper care and treatment, and that health and safety are protected and promoted, and rights respected. Findings include:	N 214		

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N 214	Continued From page 8 The provider was licensed to serve up to 45 residents in the client groups advanced aged and irreversible dementia/Alzheimer's. Between 04/03/2024 and 07/01/2024, Surveyor completed 7 complaint investigations between two surveys. Six of the 7 complaints were substantiated: On 02/16/2024, the Department received a concern that a resident had been charged incorrectly on his/her monthly invoices. Complaint was substantiated. On 03/28/2024, the Department received a concern that narcotic counts were inaccurate. Complaint was substantiated. On 05/24/2024, the Department received a concern alleging a resident had been dropped during a Hoyer transfer. Complaint was substantiated. On 05/24/2024 and 06/14/2024 the Department received allegations that resident narcotics were being misappropriated. Complaints were substantiated. On 06/14/2024, the Department received a concern alleging a pest control issue in the facility. Complaint was substantiated. On 06/24/2024, the Department received a concern alleging residents were not receiving prescribed medications. Complaint was substantiated. During survey BTKI12, dated 04/03/2024, with information gathered through 04/26/2024, the following 10 deficiencies were identified: 83.29(2) Admission Agreement Include Services, Charges 83.32(3)(i) Rights of Residents: Adequate Treatment 83.35(1)(a) Pre-Admission And Ongoing Assessments	N 214		

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N 214	Continued From page 9 83.35(3)(b) Service Plan Development: Parties Involved 83.35(3)(c) Implement, Follow The Individual Service Plan 83.35(3)(d) Service Plans Updated Annually or On Changes 83.37(1)(j) Proof-of-Use Record 83.37(2)(d) Documentation of Medication Administration 83.43(1) Environment Safe, Clean, And Comfortable 83.43(2)(b) Clean, Comfortable Mattress And Pad During survey RN3011, dated 06/04/2024, with information gathered through 07/01/2024, the following 9 deficiencies were identified: 83.12(2)(a) Caregiver: Investigate Abuse & Neglect 83.15(3)(a) Administrator Shall Supervise Daily Operation 83.22(1)-(4) Task Specific Training 83.32(3)(d) Right of Residents: Free From Mistreatment 83.32(3)(h) Rights of Residents: Receive Medication 83.38(1)(g) Health Monitoring 83.38(1)(h) Medication Administration 83.39(1) Infection Control Program 83.45(4) Pest Control On 06/04/2024, at approximately 2:10 PM, Surveyor interviewed Manager of Operations C. Surveyor asked if there were concerns regarding the administration of the building. Manager of Operations C stated s/he had been hired to manage the operations of the facility, but training had been limited.	N 214		

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N 214	Continued From page 10 On 06/14/2024, at approximately 3:00 PM, Surveyor interviewed Clinical Market Leader B. Surveyor asked if there were concerns regarding the administration of the building. Clinical Market Leader B stated there had been staffing concerns. On 06/17/2024, at approximately 10:00 AM, Surveyor interviewed Executive Director A. Executive Director A stated s/he was responsible for two buildings and there had been a continuous staffing concern.	N 214		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific	N 247		

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training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring.
Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure employees obtained all task specific training.

This is a repeat deficiency. See Statement of Deficiency (SOD) KFJM12, dated 12/16/2020.

Resident 5 reported being dropped when s/he was transferred with a Hoyer lift.

Findings include:

On 05/24/2024, the Department received a concern that staff do not know how to transfer residents when utilizing a Hoyer lift.

On 06/04/2024, at approximately 2:30 PM, Surveyor interviewed Executive Director A, Manager of Operations C and Wellness Coordinator D. Surveyor asked if any residents had voiced a concern regarding being dropped while being transferred with a lift. Executive Director A stated s/he had not been informed of

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any concerns. Executive Director A could not verify if staff had been trained on how to operate a Hoyer lift upon hire.

On 06/04/2024, at approximately 3:00 PM, Surveyor interviewed Resident 5. Resident 5 explained, "I have a Hoyer lift. It is a manual, not electric. So, staff complain about the 'crappy' equipment. [Med Passer E], [Med Passer F], and [Executive Director A] have assisted with transferring me with the Hoyer. They don't listen to each other. They drop me onto my bed or my chair. It scares me when that happens. The only staff member that cares about how they transfer me is [Caregiver I]." Surveyor observed Resident 5's Hoyer lift in his/her room. Surveyor requested Resident 5's record.

Resident 5 moved into the facility 10/11/2022 with diagnoses including obesity.

Resident 5's individual service plan, dated 05/01/2024, documented:
"Mobility: Other assisted devices used - hospital bed, Hoyer, and wheelchair. Requires assist of 2 for transfers with Hoyer. Date Initiated: 02/02/2024. Mechanical lift used for transfers: uses bariatric Hoyer lift. Date Initiated: 09/17/2022. Revision on: 02/02/2024."

On 06/14/2024, at approximately 3:30 PM, Surveyor interviewed Manager of Operations C. Surveyor asked if s/he had received any training by the provider regarding transferring with a Hoyer lift. Manager of Operations C stated s/he had not and s/he had worked the floor as a caregiver.

On 06/14/2024, at approximately 4:15 PM, Surveyor interviewed Med Passer G and Clinical

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 247	Continued From page 13 Market Leader (CML) B. Med Passer G stated s/he had spoken with Med Passer H earlier and Med Passer H stated s/he was very upset with the agency staff s/he had worked with the prior evening. Med Passer G stated, "[Med Passer H] said agency staff didn't open the legs on the Hoyer when they were transferring [Resident 5] and it tipped over. CML B expressed, "Oh no!" Med Passer G stated, "You always have to make sure the legs on the Hoyer are opened as far as they will go and then if you don't lower [Resident 5] slowly, [s/he] will become upset." CML B stated s/he would review the training protocol for all staff. On 06/17/2024, at approximately 9:15 AM, Surveyor interviewed Caregiver I. Caregiver I stated, "Staff don't know how to use the Hoyer. They want to act like they know everything about everything, but they don't. Staff have dropped [Resident 5]. They don't know how to lower [him/her] slowly onto [his/her] bed or chair." Surveyor asked if s/he had received training by the provider on how to operate a Hoyer lift. Caregiver I stated s/he was trained prior to employment with the provider.	N 247		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from mistreatment. Be free from physical, sexual and mental abuse and neglect, and from financial exploitation and misappropriation of property.	N 348		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 residents were free from misappropriation of property.

Resident 1's hydrocodone was misappropriated.
Resident 2's oxycodone was misappropriated.
Resident 4's oxycodone was misappropriated.

Findings include:

On 05/24/2024, the Department received a concern that resident narcotics were being misappropriated.

On 06/04/2024, Surveyor reviewed the Department facility file for the provider and reviewed the following written reports:
02/23/2024 - [Resident 4] was admitted to Hospital post fall on 01/11/2024. [Resident 4] returned to community on 02/20/2024. [Resident 4] returned with medication assistance needed. Medications were delivered on 02/19/2024 with 15 doses of PRN (as needed) Oxycodone. Medications were signed for on 02/19/2024 by [Caregiver E] and added to the Narc count sheet and placed in Narc drawer. Oxycodone was not available on 02/21/2024 when resident requested a dose around 5am. Investigation initiated. Medication administrators stated that they did not do Narc count on 02/20/2024 between NOCs and AMs. Narc count was completed on PMs 02/20/2024 but team stated it was not thorough and did not recall seeing the card of Oxycodone. [Resident 4] was offered PRN Meloxicam on 02/21/2024 for [his/her] pain, [s/he] refused. The team members working Monday through Wed were questioned and sent to Lab for UA (urine

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analysis) test.

05/01/2024 - On 04/24/2024, it was reported by facility staff that another resident's medication could not be refilled as it was delivered 03/04/2024, upon further investigation, a card of Norco 5/325 (hydrocodone) had been delivered at the same time for [Resident 1] and was not able to be located nor was it administered. It is suspected that the card of Norco delivered on 03/04/2024 was diverted and replaced 04/17/2024 when [s/he] requested a PRN (as needed) and not available. An investigation was initiated, and staff interviewed and questioned. Narcotic count logs reviewed and police called. The resident was interviewed and stated [s/he] did not request any doses between 03/04/2024 and 04/17/2024. [S/he] was offered PRN Tylenol for [his/her] pain while Norco was being refilled. Facility believes the staff member involved is no longer employed with the community yet will be filing a caregiver misconduct report and continues to cooperate with the police investigation as well. The Executive Director will be performing daily narcotic counts to ensure the number of cards present matches the number of orders to avoid diversion in the future.

05/01/2024 - On 03/04/2024 [s/he] (Resident 2) was prescribed Oxycodone for pain PRN. 12 tabs fractured into ½ tab doses were delivered from [pharmacy] with another card for another resident. It was discovered on 04/24/2024 when staff attempted to fill the medication believing it was never filled were informed it was filled and delivered on 03/04/2024. Per the MAR (medication administration record) and resident, the medication was not requested until 04/22/2024. [S/he] was offered PRN Tylenol for [his/her] pain while oxy was being filled. Facility

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believes the staff member involved is no longer employed with the community yet will be filing a caregiver misconduct report and continues to cooperate with the police investigation as well. The Executive Director will be performing daily narcotic counts to ensure the number of cards present matches the number of orders to avoid diversion in the future.

On 06/04/2024, at approximately 3:00 PM, Surveyor interviewed Executive Director A and Manager of Operations (MO) C. Executive Director A stated the concern had resolved itself when specific staff had been removed from the schedule.

Surveyor noted another concern was called into the Department on 06/14/2024 regarding Resident 1's PRN hydrocodone being misappropriated again. On 06/14/2024, at approximately 2:10 PM, Surveyor interviewed MO C. MO C stated s/he had been asked by Wellness Coordinator D on 06/13/2024 to destroy Resident 1's blister card of hydrocodone because the remaining tablets appeared to be punched out, replaced back in the blister pocket, and then taped over. MO C stated s/he did not feel comfortable destroying the medications and took a picture of the blister card prior to the destruction. MO C reviewed the picture with Wellness Coordinator D and determined the tablets were not hydrocodone but were tablets imprinted with I484 on them, acetaminophen. MO C stated s/he contacted Executive Director A regarding the concern. Surveyor asked if the concern had been reported to law enforcement. MO C stated s/he was not aware of law enforcement being contacted. Surveyor reviewed the Department facility file and noted there were no written reports regarding this incident.

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N 348	Continued From page 17 Cross Reference: N0158 83.12(2)(a) Caregiver: Investigate Abuse & Neglect	N 348		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 7 of 7 residents. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) KFJM11, dated 05/06/2020, and SOD KFJM12, dated 12/16/2020. Resident 6 did not receive his/her Lispro (insulin) as prescribed. Resident 7 did not receive his/her Fluticasone (nasal spray) as prescribed. Resident 9 did not receive his/her Incruse Ellipta inhaler and Advair inhaler as prescribed. Resident 11 and Resident 12 did not receive his/her morning medications as prescribed. Resident 14 and Resident 15 did not receive his/her scheduled medications as prescribed. Findings include:	N 352		

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N 352	Continued From page 18 On 06/24/2024 and 06/27/2024, the Department received a concern alleging residents were not receiving their prescribed medications. Example 1: Resident 6 On 06/26/2024, Surveyor reviewed Resident 6's record. Resident 6 moved into the facility, 02/13/2024, with diagnoses including diabetes and hyperglycemia. Resident 6's pharmacy order, dated 02/07/2024, documented: Insulin Lispro 100U/ML (unit/milliliter) Kwikpen. Inject 4 units subcutaneously 3 times daily with meals. Hold if not eating. Hold if blood glucose < (less than) 100 and inject subcutaneously per sliding scale 3 times daily for diabetes mellitus: 151-200=2U, 201-250=4U, 251-300=7U, 301-350=10U, 351-400=12U, > (greater than) 400=Call MD (medical doctor). Resident 6's April 2024 Medication Administration Record (MAR) documented: Insulin Lispro 100U/ML Kwikpen - Inject 4 unit subcutaneously three times a day for Diabetes. Order Date: 02/07/2027. D/C (discontinue) Date: 05/28/2024. Resident 6 did not receive additional insulin based on sliding scale parameters. Resident 6's May 2024 MAR documented: Insulin Lispro 100U/ML Kwikpen - Inject 4 unit subcutaneously three times a day for Diabetes. Order Date: 02/07/2027. D/C (discontinue) Date: 05/28/2024. Insulin Lispro 100U/ML Kwikpen - Inject 4 units	N 352		

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N 352	Continued From page 19 subcutaneously 3 times daily with meals for Diabetes. Hold if not eating. Hold if blood glucose <100 (Related Diagnoses: Diabetes mellitus due to underlying condition (E08)) (Additional Directions: NJECT 4 Units subcutaneously 3 times daily with meals for Diabetes. Hold if blood glucose <100 and inject at start of meal. Target: 80-140MG/DL (milligram per deciliter), Random: <180 MG/DL. IF BG (blood glucose) <70 follow Hypoglycemic protocol:) Order Date: 02.16.2024. D/C Date: 06/11/2024. Resident 6 did not receive additional insulin based on sliding scale parameters. Resident 6's June 2024 MAR documented: Insulin Lispro 100U/ML Kwikpen. Inject 4 units subcutaneously 3 times daily with meals for Diabetes. Hold if not eating. Hold if blood glucose <100 (Related Diagnoses: Diabetes mellitus due to underlying condition (E08)) (Additional Directions: NJECT 4 Units subcutaneously 3 times daily with meals for Diabetes. Hold if blood glucose <100 and inject at start of meal. Target: 80-140MG/DL (milligram per deciliter), Random: <180 MG/DL. IF BG (blood glucose) <70 follow Hypoglycemic protocol:) Order Date: 02.16.2024. D/C Date: 06/11/2024. Insulin Lispro 100U/ML (unit/milliliter) Kwikpen (MAR Only) Mealtime Scale: Target Range Pre-Meal: 80-140MG/DL. Random:<180MG/DL. If Blood Glucose Level is less than 70, follow Hypoglycemic protocol. 151-200=2U, 201-250=4U, 251-300=7U, 301-350=10U, 351-400=12U, > (greater than) 400=Call MD. Order Date: 06/10/2024.	N 352		

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N 352	Continued From page 20 Insulin Lispro 100U/ML Kwikpen. Inject 6 units subcutaneously 3 times daily before meals in addition to correction scale for Type 2 Diabetes (See MAR) Hold if not eating. Order Date: 06/10/2024. Resident 6 did not receive additional insulin based on sliding scale parameters until evening meal on 06/11/2024. Resident 6's June MAR, dated 06/01/2024 to 06/24/2024, documented Med Passer F and Med Passer G administered the following doses of Insulin Lispro that did not correlate with the sliding scale parameters: 06/12 - 144 Blood Sugar (BS) - 2 Units - Should not have been administered 06/13 - 144 BS - 2 Units- Should not have been administered 06/13 - 132 BS - 2 Units- Should not have been administered 06/15 - 133 BS - 2 Units- Should not have been administered 06/16 - 498 BS - 14 Units - Should have called MD 06/17 - 140 BS - 14 Units - Should have administered 2 units 06/18 - 139 BS - 2 Units- Should not have been administered 06/19 - 133 BS - 2 Units- Should not have been administered 06/20 - 144 BS - 2 Units- Should not have been administered 06/22 - 134 BS - 2 Units- Should not have been administered On 06/24/2024 at 4:39 PM, Surveyor emailed Executive Director A and Clinical Market Leader asking for clarification on how Resident 6's sliding scale insulin was administered. Executive	N 352		

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N 352	Continued From page 21 Director A stated, "With regard to [Resident 6's] sliding scale, it was identified that pharmacy had the sliding scale order, but that order did not transfer into the eMAR (electronic MAR). Once it was identified, we went to paper MAR for documentation, contacted [pharmacy] to have them correct the order. [Pharmacy IT] department then contacted (electronic software program) and it was determined that the problem was on the [electronic software) side. Once (electronic software program) corrected the order, the paper MAR use was discontinued." Surveyor requested the paper MAR. The paper MAR documented sliding scale parameters were administered once on 05/24/2024 and twice on 05/27/2024. As of 07/01/2024 at 5:00 PM, Surveyor did not receive any additional documentation or clarification. Example 2: Resident 7 On 06/04/2024, at approximately 1:30 PM, Surveyor observed the med cart. Surveyor observed Resident 7's Fluticasone nasal spray, with an open date of 04/17/2024. Surveyor requested Resident 7's record. Resident 7's April and May 2024 MAR documented: Fluticasone Propionate Suspension 50 MCG/ACT (microgram). 1 spray in both nostrils two times a day. Order Date: 06/17/2021. MAR documented the medication had been administered as prescribed. The bottle of Fluticasone had 120 doses, as prescribed would equal to a 30-day supply. Example 3: Resident 9	N 352		

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N 352	Continued From page 22 On 06/04/2024, at approximately 1:30 PM, Surveyor observed Resident 9's inhalers in the med cart which included: Incruse Ellipta (inhaler), with an open date of 01/04/2024, that contained 8 out of 30 doses. Incruse Ellipta, without an open date, that contained 17 out of 30 doses. Advair (inhaler), with an open date of 04/28/2024, that contained 20 out of 120 doses/puffs (30-day supply). On 06/04/2024, at approximately 3:15 PM, Surveyor interviewed Wellness Coordinator D. Wellness Coordinator D stated s/he had just been hired by the provider and was in the process of reviewing the med carts. Wellness Coordinator D stated s/he would review all resident records and determine if medications were current. Wellness Coordinator D also stated s/he would review all medications to determine if they were expired. Surveyor requested Resident 9's record. On 06/27/2024, at approximately 8:30 AM, Surveyor interviewed Resident 9's Power of Attorney (POA) J. POA J stated that s/he had concerns about Resident 9 receiving his/her prescribed inhalers. POA J stated s/he had been reviewing the pharmacy bills and noticed that s/he had not been charged monthly for Resident 9's Incruse Ellipta and Advair. POA J contacted the pharmacy, and s/he was informed they were not ordered monthly. On 06/27/2024, Surveyor reviewed Resident 9's record. Resident 9's February, March, and April 2024 MAR documented: Incruse Ellipta 62.5MCG - Inhale 1 puff by mouth	N 352		

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once daily for COPD (Chronic obstructive pulmonary disease). Wait 1 minute between puffs. Order Date: 01/04/2024.
Advair HFA 230/21 Inhaler - Inhale 2 puffs by mouth twice daily (rinse mouth after each use) - Wait 1 minute between puffs. Order Date: 01/03/2024.

MARs documented the medications had been administered as prescribed.

Resident 9's "Progress Notes" documented:
02/05 - Incruse Ellipta - Not in the Cart
02/06 - Incruse Ellipta - Not in the Cart
02/15 - Advair Inhaler - Not in Cart
03/01 - Advair Inhaler - Medication is not in the med cart. Staff put an order in to the pharmacy on Feb 27 2024.
04/30 - Advair Inhaler - Not in Cart
05/30 - Advair Inhaler - Waiting on Delivery

On 06/27/2024, Surveyor requested and reviewed Resident 9's managed care organization (MCO) records which documented:
"06/21/2024 - Medication discrepancy; current medication list does not match medications taken Medication list (MAR) matched the list received from [pharmacy]. However, [POA J] reports that member does not receive [his/her] inhaler regularly and when [s/he] checked it was not in the med cart. RN (registered nurse) provided education to CBRF (community-based residential facility) administrator ..."

On 07/01/2024, Surveyor reviewed Resident 9's 2024 pharmacy delivery reports provided by Executive Director A. The reports documented:
Incruse Ellipta 62.5MCG was delivered on 01/04/2024.
The Advair, with an open date of 04/28/2024, had

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N 352	Continued From page 24 a fill date of 04/29/2024 on the label and the pharmacy delivery report is dated 04/30/2024. The next delivery date was 06/27/2024. Example 4: Resident 11 and Resident 12 On 06/04/2024, at approximately 3:35 PM, Surveyor interviewed Resident 11 and Resident 12. Surveyor was informed they had not received their morning medications. Resident 11 and Resident 12 stated, "We like it here but just wish we could always receive our medication on time. And that our medications did not run out." On 06/04/2024, at approximately 3:50 PM, Surveyor discussed the concern with Wellness Director D. Wellness Director D and Surveyor observed the med cart and observed: Resident 11's AM medications: -Eliquis - Fill date 05/02/2024 (Cycle Fill Order) - Take 1 tablet by mouth twice daily for atrial fibrillation. 1 out of 28 tablets remaining. -Metoprol Suc (succinate) - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily for cardiomyopathy. 1 out of 28 tablets remaining. -Omeprazole - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 capsule by mouth once daily. 1 out of 28 capsules remaining. -Tamsulosin - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 capsule by mouth once daily. 1 out of 28 capsules remaining. -Vitamin B-12 - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily. 1 out of 28 tablets remaining. -Vitamin D3 - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily. 1 out of 28 tablets remaining.	N 352		

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Resident 12's AM medications:
-Hydroxychloroquine - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth four times weekly on Sun/Tues/Thur/Sat; Take 2 tablets (400 MG) by mouth three times weekly on Mon/Wed/Fri.
19 out of 40 tablets remaining.
-Rivastigmine - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 capsule by mouth twice daily at mealtime.
1 out of 28 capsules remaining.
-Omeprazole - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 capsule by mouth once daily.
1 out of 28 capsules remaining.
-Metoprolol Tartrate - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth twice daily.
1 out of 28 capsules remaining.
-Furosemide - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily.
13 out of 28 tablets remaining.

Wellness Director D commented that based on how staff had punched out medications, it was difficult to determine if today's morning meds were missed or if it was another date, the blister cards are not consistent. Wellness Director D stated Resident 11 and Resident 12 are able to make their own decisions and believed that today was a day they did not receive their morning medications along with other days they had not received their morning medications, even though the MARs documented they had been administered. Wellness Director D stated s/he was going to make contact with Resident 11's and Resident 12's primary care physicians.

Example 5: Resident 14

On 06/04/2024, at approximately 1:30 PM, Surveyor observed Resident 14's medications in

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N 352	Continued From page 26 the med cart which included: -Finasteride - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily (Hazard) - Morning 2 out of 28 tablets remaining -Folic Acid - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily for anemia - Morning 2 out of 28 tablets remaining -Vitamin D - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily for Vitamin D deficiency - Morning 2 out of 28 tablets remaining -Tamsulosin - Fill date 04/30/2024 (Cycle Fill Order) - Take 2 capsules by mouth once daily at the same time very day after a meal for benign enlargement of prostate - Morning 2 out of 28 tablets remaining -Lactobacillus - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth three times daily for prophylaxis - Morning 2 out of 28 tablets remaining -Lactobacillus - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth three times daily for prophylaxis - Noon 4 out of 28 tablets remaining -Trospium - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily at bedtime for urination issues - Bedtime 5 out of 28 tablets remaining -Lactobacillus - Fill date 04/30/2024 (Cycle Fill Order) (Not in MAR) - Take 1 tablet by mouth three times daily for prophylaxis - Bedtime 5 out of 28 tablets remaining -Rosuvastatin - Fill date 05/23/2024 - Take ½ tablet by mouth at bedtime - Bedtime 4 out of 7 tablets remaining On 06/14/2024, Surveyor reviewed Resident 14's record.	N 352		

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N 352	Continued From page 27 Resident 14's May 2024 MAR documented: -Finasteride - 05/24 - Coded 8 (Absent from facility) -Folic Acid - - 05/24 - Coded 8 (Absent from facility) -Mirtazapine - 05/08 to 05/21, 05/25, 05/26, 05/28 to 05/30 - Coded 7 (Other/See Nurse Notes [No documentation]); 05/22 to 05/24 - Coded 8 (Absent from facility) -Vitamin D - 05/24 - Coded 8 (Absent from facility) -Tamsulosin - 05/24 - Coded 8 (Absent from facility) -Trospium - 05/22 to 05/24 - Coded 8 (Absent from facility); 05/20 - Coded 7 (Other/See Nurse Notes [No documentation]); -Lactobacillus - 05/22 evening to 05/24 evening - Coded 8 (Absent from facility), 06/03, 06/04 Coded 7 (Other/See Nurse Notes [No documentation]) -Rosuvastatin - 05/08 to 05/21, 05/25 - Coded 7 (Other/See Nurse Notes [No documentation]); 05/22 to 05/24 - Coded 8 (Absent from facility) On 06/17/2024, at approximately 10:00 AM, Surveyor interviewed Clinical Market Leader B. Clinical Market Leader B stated s/he would be spending more time at the facility overseeing medication concerns. On 06/25/2024 at 3:57 PM, Surveyor emailed Executive Director A and requested clarification for when staff would use Code 7. Executive Director A stated, "7 means "other- see notes" Staff may chart 7 if meds aren't available." Example 6: Resident 15 On 06/04/2024, at approximately 1:30 PM,	N 352		

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N 352	Continued From page 28 Surveyor observed Resident 14's medications in the med cart which included: -Rosuvastatin - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth once daily for cholesterol - Bedtime 3 out of 28 tablets remaining -Eliquis - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 tablet by mouth twice daily for stroke prevention - Bedtime 2 out of 28 tablets remaining -Acetaminophen - Fill date 04/30/2024 (Cycle Fill Order) - Take 2 tablets by mouth 3 times daily for pain - Bedtime 4 out of 56 tablets (2 doses) remaining -Omeprazole - Fill date 04/30/2024 (Cycle Fill Order) - Take 1 capsule by mouth twice daily before breakfast and dinner - Evening 2 out of 28 capsules remaining -Metformin - Fill date 04/30/2024 (Cycle Fill Order) - Take 4 tablets by mouth with dinner for diabetes 1 out of 28 tablets remaining On 06/14/2024, Surveyor reviewed Resident 15's record. Resident 15's May and June 2024 MAR documented: -Rosuvastatin - 05/01, 05/03 to 05/07,05/09, 05/10, 06/07 Coded 7 (Other/See Nurse Notes [No documentation]). -Eliquis - documented as administered as prescribed -Acetaminophen - documented as administered as prescribed -Omeprazole - documented as administered as prescribed -Metformin - documented as administered as prescribed -Glucosamine - 05/01, 05/02, 05/04 to 05/10,	N 352		

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N 352	Continued From page 29 05/12 to 05/14, 05/16 to 06/06, 06/08, 06/10 - Coded 7 (Other/See Nurse Notes [No documentation]) -Tetrahydrozoline eye drop - 05/01, 05/09, 05/13, 05/14, 05/17, 05/18, 05/19 to 06/11 Coded 7 (Other/See Nurse Notes [No documentation]). On 06/17/2024, at approximately 10:00 AM, Surveyor interviewed Clinical Market Leader B. Clinical Market Leader B stated s/he would be spending more time at the facility overseeing medication concerns. On 06/25/2024 at 3:57 PM, Surveyor emailed Executive Director A and requested clarification for when staff would use Code 7. Executive Director A stated, "7 means "other- see notes" Staff may chart 7 if meds aren't available."	N 352		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the	N 406		

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N 406	Continued From page 30	N 406		

administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not ensure outdated medications were separated from other medications in current use in the facility and disposed of.

Resident 8's and Resident 10's outdated prescribed albuterol sulfate was stored with his/her current prescribed medications.

Findings include:

Example 1: Resident 8

On 06/04/2024, at approximately 1:30 PM, Surveyor observed the med cart. Surveyor observed Resident 8's Albuterol (inhaler), with a fill date and open date of 01/31/2023. Surveyor requested Resident 8's record.

Resident 8's February, April, May, and June 2024 MAR did not document a prescription for Albuterol.

Example 2: Resident 10

On 06/04/2024, at approximately 1:30 PM, Surveyor observed Resident 10's inhalers in the med cart which included:
Incruse Ellipta (inhalers), Inhale 1 puff by mouth once daily for shortness of breath, one with an

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N 406	Continued From page 31 open date of 12/22/2023, that contained 19 out of 30 doses; one with an open date of 01/19/2024, expired date 03/01/2024, that contained 25 out of 30 doses; and one with an open date of 01/31/2024, that contained 18 out of 30 doses. "Safely throw away INCRUSE in the trash 6 weeks after you open the tray or when the counter reads "0", whichever comes first. Write the date you open the tray on the label on the inhaler." (Source: Incruse Ellipta website, Incruse Ellipta, 2022, https://incruse.com (retrieval date - July 01, 2024).) On 06/04/2024, at approximately 3:15 PM, Surveyor interviewed Wellness Coordinator D. Wellness Coordinator D stated s/he had just been hired by the provider and was in the process of reviewing the med carts. Wellness Coordinator D stated s/he would review all resident records and determine if medications were current. Wellness Coordinator D also stated s/he would review all medications to determine if they were expired. An article published by the FDA (Food and Drug Administration), dated 03/1/2016, titled, "Don't Be Tempted to Use Expired Medications," documented: " ...The expiration date can be found printed on the label or stamped onto the bottle or carton, sometimes following 'EXP.' It is important to know and stick to the expiration date on your medicine. Using expired medical products is risky and possibly harmful to your health. ... Expired medical products can be less effective or risky due to a change in chemical composition or a decrease in strength..."	N 406		
N 431	83.38(1)(g) Health monitoring.	N 431		

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N 431	Continued From page 32 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident received appropriate health monitoring to meet his/her needs.	N 431		

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N 431	Continued From page 33 This is a repeat deficiency. See Statement of Deficiency (SOD) ELVN11, dated 07/17/2020. Resident 6, who had a diagnosis of Type 2 diabetes, was not monitored for his/her high blood glucose levels. Findings include: On 06/24/2024, the Department received a complaint alleging residents were not receiving prescribed medications. On 06/26/2024, Surveyor reviewed Resident 6's record. Resident 6 admitted to the facility, 02/13/2024, with diagnosis including diabetes and hyperglycemia (level of glucose in the blood is higher than normal). Resident 6's Individual Service Plan, dated 04/15/2024, documented: "Medication/Pharmacy - Resident will receive medication as prescribed by the physician and will have access to them either independently or by assistance from staff. Staff performs medication administration. Administer medication(s) as ordered by MD (medical doctor). Report adverse reactions to MD." "Diabetes - Monitor blood sugar levels as directed by MD. Monitor for signs and symptoms of hyper/hypoglycemia. Diabetic medication gives as per MD order." Resident 6's April and May 2024 Medication Administration Record (MAR) documented: "Accu-chek - Use to test blood sugar 4 times daily. Notify physician if blood sugar < (less than)	N 431		

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N 431	Continued From page 34 60 or > (greater than) 350. Start Date: 02/07/2024" MAR documented the following dates where blood glucose levels were over 350: 04/04 - Eve 515, HS (hours of sleep) 564; 04/05 - AM 383; 04/11 - HS 429; 04/12 - HS 501; 04/15 - Eve 414, HS 429; 04/18 - HS 447; 04/19 - Eve 373, HS 406; 04/20 - Eve 500, HS 500; 04/21 - Eve 400, HS 441; 04/24 - Eve 423, HS 363; 04/25 - HS 409; 04/26 - Eve 406, HS 372; 04/28 - HS 402 05/02 - HS 463; 05/03 - Eve 376; 05/04 - HS 463; 05/05 - Eve 372, HS 411; 05/06 - HS 371; 05/08 - HS 519; 05/09 - HS 479; 05/10 - Eve 509, HS 560; 05/11 - HS 541; 05/13 - Eve 381, HS 423; 05/14 - AM 555, HS 422; 05/16 - Eve 440, HS 514; 05/17 - Eve 357, HS 537; 05/18 - AM 397, Eve 435, HS 579; 05/19 - Eve 536, HS 569; 05/20 - AM 387, Eve 529; 05/22 - Eve 443, HS 592; 05/23 - AM 385, Eve 477, HS 477; 05/24 - AM 375; 05/25 - AM 391; 05/26 - Eve 589, HS 548; 05/27 - AM 396; 05/30 - Mid 521, Eve 515, HS - not recorded; 05/31 - Eve 500, HS - not recorded On 06/24/2024 at 5:39 PM, Surveyor emailed Executive Director A and Clinical Market Leader B stating that Resident 6's blood sugar levels were often in the 500's and requested guidance on how these blood sugar levels were monitored. As of 07/01/2024 at 5:00 PM, Surveyor did not receive a response. Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 431		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an	N 439		

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N 439	Continued From page 35 infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure staff followed an infection control program based on current standards of practice to prevent the development and transmission of COVID-19 which had the potential to affect all residents that resided at the facility. Findings include: The provider is licensed to provide services for up to 45 residents in the client groups of irreversible dementia/Alzheimer's and advanced aged. "In general, long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care* similar to that provided by family members in the home (e.g., many assisted livings, group homes), should follow community prevention strategies based on COVID-19 hospital admission levels, similar to independent living, retirement communities or other non-healthcare congregate settings. ... Use of well-fitting masks in healthcare settings are an important strategy to prevent the spread of respiratory viruses. Well-fitting masks can help block virus particles from reaching the nose and mouth of the wearer (wearer protection) and, if someone is ill, help block virus particles coming out of their nose and mouth from reaching others (source control). Masking by healthcare personnel as part of Standard and	N 439		

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Transmission-Based Precautions and by ill individuals as part of respiratory hygiene and cough etiquette (i.e., for people with symptoms) are already well-described." (Source: CDC (Centers for Disease Control and Prevention) Website, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic), March 18, 2024, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html (retrieval date 07/01/2024).)

On 06/04/2024, at approximately 4:05 PM, Surveyor entered the facility. Surveyor observed a sign that stated, "Attention: Family and Friends: We are currently experiencing a covid outbreak. Please grab a mask and check your temperature. If you are experiencing any covid related symptoms, please reschedule your visits. If you have any questions or concerns, please reach out to staff. Thank You!" Surveyor placed a mask on and attempted to use the hand sanitizer dispenser in the entrance way of the facility, which was empty. Upon entrance, Surveyor interviewed Manager of Operations (MO) C. MO C stated that hand sanitizer had been ordered and received and s/he would ensure the dispenser was filled. MO C confirmed there were 7 residents who had currently tested positive for Covid-19. As Surveyor toured the facility, Surveyor observed staff wearing masks around their chin, not placed properly over nose as residents ambulated throughout the facility.

On 06/14/2024, at approximately 2:00 PM, Surveyor entered the facility. Surveyor noted the building was still under Covid restrictions. Surveyor placed a mask on and attempted to use the hand sanitizer dispenser in the entrance way

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N 439	Continued From page 37 of the facility, which was still empty. Surveyor observed kitchen staff not properly wearing masks. When Surveyor walked to another part of the facility and returned to the kitchen, Surveyor observed the kitchen staff had closed the partitions, so individuals were unable to see into the kitchen. Residents were ambulating throughout the facility. On 06/14/2024, at approximately 2:20 PM, Surveyor interviewed MO C. MO C stated another resident had just tested positive for Covid-19, so the quarantine time had been extended another five days. Surveyor asked when residents were tested for Covid-19. MO C stated residents were tested if they showed signs and symptoms of Covid-19. Surveyor asked if there was a possibility that residents were positive for Covid-19 but were not showing signs and symptoms. MO C stated, "Yes, that is a possibility, but right now we are advised by management to only test those that are showing signs and symptoms." On 06/14/2024, at approximately 2:30 PM, Surveyor interviewed Clinical Market Leader (CML) B. CML B stated staff had been educated on how to properly wear a mask. Surveyor explained his/her observation of the kitchen staff. CML B sighed and stated, "I will address this concern with them again." Surveyor commented that the hand sanitizer in the entry way was still empty. CML B stated s/he would also address that concern.	N 439		
N 500	83.45(4) Pest control. Pest control. The CBRF shall implement safe, effective procedures for control and extermination	N 500		

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STOUGHTON MEADOWS ASSISTED LIVING	2321 JACKSON ST STOUGHTON, WI 53589

(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 500	Continued From page 38 of insects, rodents and vermin. This Rule is not met as evidenced by: Based on observation and interviews, the provider did not implement safe and effective procedures to control and exterminate rodents. Findings include: On 06/14/2024, the Department received a concern that there was a pest control problem in the building. On 06/14/2024, at approximately 4:40 PM, Surveyor toured the facility with Manager of Operations C and observed in the kitchenette and main kitchen, on the flooring underneath the cabinetry, small seed-like droppings that appeared to be mouse excrement. Surveyor observed over 50 seed-like droppings. Surveyor observed a pest control trap for mice in the kitchenette that was surrounded by numerous seed-like droppings. Manager of Operations C stated staff had mentioned the concern to him/her and s/he had informed Executive Director A. On 06/17/2024, at approximately 10:00 AM, Surveyor interviewed Executive Director A. Executive Director A stated s/he was aware of the concern.	N 500		