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 _____	R-C 11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 10/29/2024, with information gathered through 11/15/2024, Surveyor conducted a standard licensure survey and 2 verification visits at Stoughton Meadows Assisted Living. Eight deficiencies were identified. Four of 8 deficiences were repeat violations (see Statement of Deficiency (SOD) RN3011, SOD KFJM11, SOD KFJM12, SOD BTKI11, SOD BTKI12 and SOD ELVN11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 37	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the provider complied with all laws governing the CBRF (community-based residential facility). Findings include: The provider received a regular license on 08/01/2016, as a class CNA (nonambulatory) CBRF able to serve up to 45 residents within the client groups irreversible dementia/Alzheimer's and advanced aged, On 10/29/2024, with information gathered through	N 196		

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

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N 196	Continued From page 1	N 196		

11/15/2024, Surveyor conducted a standard licensure survey and 2 verification visits at Stoughton Meadows Assisted Living. Eight deficiencies were identified.

N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws
N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication. This deficiency is being cited for a fourth time. See SOD KFJM11, dated 5/06/2020, SOD KFJM12, dated 12/16/2020, and SOD BTKI11, dated 11/15/2023.
N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes. This is a repeat deficiency. See SOD BTKI11, dated 11/15/2023, and SOD BTKI12, dated 04/26/2024.
N0406 DHS 83.37(1)(g) Disposition of Medications. This is a repeat deficiency. See SOD RN3011, dated 07/01/2024.
N0408 DHS 83.37(1)(h) PRN Psychotropic Medication
N0425 DHS 83.38(1)(a) Personal Care
N0431 DHS 83.38(1)(g) Health Monitoring. This is a repeat deficiency. See SOD ELVN11, dated 07/17/2020, and SOD RN3011, dated 07/01/2024.
N0432 DHS 83.38(1)(h) Medication Administration

Review of facility records documented three previous survey events in the last 12 months identifying noncompliance, as follows:

SOD RN3011 - dated 07/01/2024
On 06/04/2024, with information gathered through 06/12/2024, Surveyor conducted 4 complaint investigations at Stoughton Meadows Assisted Living. Nine deficiencies were identified. Four of 4 complaints were substantiated.
N0158 DHS 83.12(2)(a) Caregiver: Investigate

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N 196	Continued From page 2 Abuse & Neglect. This is a repeat deficiency. See SOD BTKI11, dated 11/15/2023. N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operation N0247 DHS 83.22(1)-(4) Task Specific Training. This is a repeat deficiency. See SOD KFJM12, dated 12/16/2020. N0348 DHS 83.32(3)(d) Right of Residents: Free From Mistreatment N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication. This deficiency is being cited for a third time. See SOD KFJM11, dated 05/06/2020, and SOD KFJM12, dated 12/16/2020. N0406 DHS 83.37(1)(g) Disposition of Medications N0431 DHS 83.38(1)(g) Health Monitoring. This is a repeat deficiency. See SOD ELVN11, dated 07/17/2020. N0439 DHS 83.39(1) Infection Control Program N0500 DHS 83.45(4) Pest Control SPECIAL ORDERS Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Stoughton Meadows: CONSULTANT REQUIRED 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. The licensee will correct all identified deficiencies in consultation with a qualified professional (e.g., registered nurse, health care administrator), not	N 196		

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N 196	Continued From page 3	N 196		

currently affiliated with the licensee. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by Stoughton Meadows Senior Living. The licensee will provide the consultant with a copy of Statement of Deficiency RN3011, along with this Notice and Order letter prior to providing consultation services.
Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address:

Caregiver Misconduct
- A written procedure to address recognizing, investigating, documenting, and reporting allegations of abuse, neglect, misappropriation of property, and injuries of unknown origin. The procedure will address requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code chs. DHS 13 and 83. The procedure will incorporate steps to ensure that residents are protected while a determination on the matter of caregiver misconduct is pending during an investigation. Links to reporting regulations and resource materials can be found at: https://www.dhs.wisconsin.gov/caregiver/complaints.htm

- Retroactively, with available information, document a complete investigation report of the alleged incidents of caregiver misconduct described in Statement of Deficiency (SOD) RN3011. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 83 and The Wisconsin Caregiver Program Manual.

WITHIN 14 DAYS of receipt of this notice, the provider will submit a copy of the investigation

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N 196	Continued From page 4 report to the Department's Office of Caregiver Quality for department review. Diabetes Management, Including standards of practice for the assessment, care planning, and provision of services for residents with diabetes. Additional information and resources addressing diabetes can be located on the department website: https://www.dhs.wisconsin.gov/diabetes/index.htm Infection Control -Including how the provider will implement an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infections. The infection control program will include, at a minimum, current guidance for the prevention, identification, and monitoring of infections, including COVID-19 and influenza, along with Transmission-Based Precautions to be used when caring for residents. Resources are available at: https://www.dhs.wisconsin.gov/covid-19/hc-guidance.htm Additionally: - All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1. - Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. - Consultation activities, including dates of consultation, will be documented, signed and	N 196		

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N 196	Continued From page 5 dated by the consultant. - A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request. SOD BTKI12 - dated 04/26/2024 On 04/03/2024, with information gathered through 04/26/2024, Surveyors conducted a verification visit, 3 complaint investigations and a self-report review at Stoughton Meadows Assisted Living. Ten deficiencies were identified. Two of 3 complaints were substantiated. N0310 DHS 83.29(2) Admission Agreement Include Services, Charges N0353 DHS 83.32(3)(i) Rights of Residents: Adequate Treatment. This is a repeat deficiency. See SOD UOVI11, dated 02/08/2022. N0381 DHS 83.35(1)(a) Pre-Admission and Ongoing Assessments N0387 DHS 83.35(3)(b) Service Plan Development: Parties Involved N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan N0389 DHS 83.35(3)(d) Service Plans Updated Annually or On Changes. This is a repeat deficiency. See SOD BTKI11, dated 11/15/2023. N0409 DHS 83.37(1)(j) Proof-of-Use Record N0415 DHS 83.37(2)(d) Documentation of Medication Administration. This is a repeat deficiency. See SOD KFJM12, dated 12/16/2020. N0481 DHS 83.43(1) Environment Safe, Clean, And Comfortable N0483 DHS 83.43(2)(b) Clean, Comfortable Mattress And Pad SPECIAL ORDERS Based on the results of the Department's investigation, and pursuant to Wis. Stat. §	N 196		

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N 196	Continued From page 6 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Stoughton Meadows Assisted Living: 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee shall develop and implement corrective measures to ensure all resident care staff provide prompt and adequate treatment appropriate to the needs of the residents. WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training to all managers and resident care staff on the corrective actions taken to resolve the deficiency identified in Statement of Deficiency BTKI12. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. SOD BTKI11 - dated 11/15/2023 On 11/01/2023, with information gathered through 11/15/2023, Surveyor conducted two complaint investigations at Stoughton Meadow Assisted Living. Four deficiencies were identified. One of 2 complaints was substantiated. N0158 DHS 83.12(2)(a) Caregiver: Investigating Abuse & Neglect N0310 DHS 83.29(2) Admission Agreement Include Services, Charges N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication. This deficiency is being cited for a third time. See SOD KFJM11, dated 5/06/2020, and SOD KFJM12, dated 12/16/2020. N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes On 11/15/2024 at 8:30 AM, Surveyor interviewed Clinical Market Leader B, Cluster Nurse K, and	N 196		

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N 196	Continued From page 7 Executive Director M. Executive Director M stated improvements have been made since the last survey process.	N 196		
{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 5 out of 8 residents reviewed. This deficiency is being cited for a fourth time. See Statement of Deficiency (SOD) KFJM11, dated 5/06/2020, SOD KFJM12, dated 12/16/2020, and SOD BTK11, dated 11/15/2023. Resident 2's Tetrahydrozoline Ophthalmic Solution was administered after the recommended expiration date. Resident 2 received an additional dose of Metformin between 10/24/2024 and 10/29/2024. Resident 2's afternoon medications were not administered within the one-hour window standard practice of medication administration. Resident 8 did not receive his/her scheduled Fluticasone as prescribed. Resident 14 did not receive his/her	{N 352}		

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{N 352}	Continued From page 8 acetaminophen, Furosemide, Tamsulosin, Rosuvastatin, and Tropism as prescribed between 10/24/2024 and 10/29/2024. Resident 17 did not receive scheduled doses of his/her acetaminophen (pain medication), melatonin (sleep aid), magnesium (mineral), Levetiracetam (seizure medication), and Trazadone (psychotropic) between 10/24/2024 and 10/29/2024. Resident 19 did not receive his/her scheduled Oxycodone as prescribed. Findings include: On 10/29/2024, at approximately 1:45 PM, Surveyor reviewed the providers med carts with Cluster Nurse K. Cluster Nurse K stated the med cycle started the 24th of October and staff were to punch the scheduled medications out on the number that correlated with the date of the month. Example 1: Resident 2 Resident 2's bottle of Tetrahydrozoline Ophthalmic Solution had a handwritten open date of 08/30/2024. Resident 2's blister cards of Metformin showed that six doses had been administered when only five opportunities were available. On 11/07/2024, Surveyor reviewed Resident 2's October 2024 MAR, dated 10/24/2024 to 10/28/2024, which documented: "Tetrahydrozoline 0.05% eye drp (drop) instill 2 drops into both eyes once daily." The MAR documented the medication had been administered as prescribed.	{N 352}		

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{N 352}	Continued From page 9 "Metformin HCL (hydrochloride) ER (extended release) - Take 4 tablets by mouth with dinner for diabetes." The MAR documented the medication had been administered 10/24, 10/25, 10/26, 10/27, 10/28. The blister card showed that an additional dose had been dispensed. "Unopened eye drops usually expire 1-2 years following their manufacturing date. Generally, eye drops contain preservatives to help keep them safe to use after opening the bottle. However, you should dispose of any unused eye drops 30 days after you first opened the bottle." (Source: Perry & Morgan Eyecare website, Taking Care of Eye Drops, April 18, 2022, https://perryeyecare.com/do-eye-drops-expire (retrieval date - November 7, 2024).) Cluster Nurse K stated s/he could not determine why Resident 2 was missing a dose of the Metformin. Cluster Nurse K stated the eye drops should have been dated when opened. On 10/29/2024, at approximately 2:25 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he received his/her afternoon medications with his/her evening medications on 10/28/2024. Resident 2 stated staff are not consistent with medication administration. On 10/29/2024, Surveyor reviewed Resident 2's October 2024 MAR which documented: Omeprazole 20 MG (milligram) - Take 1 tablet by mouth twice daily before breakfast and dinner. Scheduled at 4:00 PM. Dispensed: 10/23/2024 17:47 (5:47 PM) 10/26/2024 17:42 (5:42 PM) 10/27/2024 18:18 (6:18 PM)	{N 352}		

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{N 352}	Continued From page 10 10/28/2024 20:52 (8:52 PM) Metformin HCL ER 500 MG - Take 4 tablets by mouth with dinner. Scheduled at 5:00 PM) Dispensed: 10/27/2024 18:18 (6:18 PM) 10/28/2024 20:52 (8:54 PM) Cluster Nurse K stated staff would be re-educated in medication administration. Cluster Nurse K stated dinner is at 5:00 PM. Example 2: Resident 8 Resident 8's bottle of Fluticasone had an open date of 05/12/2024 written on it. On 11/08/2024, Surveyor reviewed Resident 8's September and October 2024 MAR, dated 09/01/2024 to 10/29/2024, which documented: "Fluticasone Propionate Suspension 50 MCG (microgram)/ ACT (actuate) 50 MCG in each nostril one time a day for allergies." The MARs documented that the medication had been administered as scheduled. "Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institute of Health website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda (retrieval date - November 07, 2024).) Resident 8's bottle of Fluticasone would have	{N 352}		

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{N 352}	Continued From page 11 been empty in 07/2024 (120 sprays divided by 2 sprays per day = 60 days). Cluster Nurse K stated staff would be re-educated in medication administration. Example 3: Resident 14 Resident 14's blister card of acetaminophen (afternoon) displayed 4 doses had been dispensed between 10/24/2024 and 10/29/2024 versus 6. Resident 14's blister card of Furosemide (morning) displayed 5 doses had been dispensed between 10/24/2024 and 10/29/2024 versus 6. Resident 14's blister card of Tamsulosin (evening) displayed 3 doses had been dispensed between 10/24/2024 and 10/29/2024 versus 5. Resident 14's blister card of Tropism (bedtime) and Rosuvastatin displayed 2 doses had been dispensed between 10/24/2024 and 10/29/2024 versus 5. On 11/07/2024, Surveyor reviewed Resident 14's October 2024 MAR, dated 10/24/2024 to 10/29/2024, which documented: Acetaminophen oral capsule 500 MG - Give 2 capsule by mouth in the afternoon for pain. The MAR documented the acetaminophen had been administered as prescribed. Cluster Nurse K stated staff would be re-educated in medication administration. Example 4: Resident 17 Resident 17's blister card of acetaminophen (afternoon) displayed 7 doses had been dispensed between 10/24/2024 and 10/28/2024 versus 5.	{N 352}		

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{N 352}	Continued From page 12 Resident 17's blister card of acetaminophen (noon) displayed 3 doses had been dispensed between 10/24/2024 and 10/28/2024 versus 5. Resident 17's blister card of melatonin (evening) displayed 8 doses had been dispensed between 10/24/2024 and 10/28/2024 versus 5. Resident 17's blister card of melatonin (evening) displayed 8 doses had been dispensed between 10/24/2024 and 10/28/2024 versus 5. Resident 17's blister card of magnesium (bedtime) displayed 8 doses had been dispensed between 10/24/2024 and 10/28/2024 versus 5. Resident 17's blister card of Levetiracetam (bedtime) displayed 8 doses had been dispensed between 10/24/2024 and 10/28/2024 versus 5. Resident 17's blister card of Trazadone (bedtime) displayed 8 doses had been dispensed between 10/24/2024 and 10/28/2024 versus 5. On 11/07/2024, Surveyor reviewed Resident 17's October 2024 MAR which documented: Acetaminophen 325 MG - Take 2 tablets by mouth 3 times daily Melatonin 5 MG - Take 2 tablets by mouth at bedtime for insomnia. Magnesium Oxide 250 MG - Take 2 tablets by mouth at bedtime. Levetiracetam 500 MG - Take 2 tablets by mouth twice daily Trazodone 50 MG - Take 1 tablet by mouth once daily at bedtime The MAR documented that all medications had been administered as prescribed. Example 5: Resident 19 Resident 19's blister card of Oxycodone (morning) displayed 17 doses had been dispensed between 10/12/2024 and 10/29/2024 versus 18.	{N 352}		

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{N 352}	Continued From page 13 On 11/07/2024, Surveyor reviewed Resident 19's October 2024 MAR which documented: Oxycodone 5 MG - Take 1 tablet by mouth once daily for pain. Order Date: 10/11/2024. The MAR documented that the Oxycodone had been administered as prescribed starting 10/12/2024. On 11/15/2024 at 8:30 AM, Surveyor interviewed Clinical Market Leader B, Cluster Nurse K, and Executive Director M. Cluster Nurse K stated reeducation would be provided to staff.	{N 352}		
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 the Individual Service Plan (ISP) was updated when there was a change in needs and physical or mental condition for 1 of 3 residents.	N 389		

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N 389	Continued From page 14 This is a repeat deficiency. See Statement of Deficiency (SOD) BTKI11, dated 11/15/2023, and SOD BTKI12, dated 04/26/2024. Resident 1's ISP was not updated to reflect that s/he preferred to use a urinal for toileting. Findings include: On 10/29/2024, at approximately 2:25 PM, Surveyor toured Resident 1's room. Surveyor observed a urinal sitting on Resident 1's side table, next to his/her bed, which appeared to be filled to the 28-ounce line of what appeared to be urine. The urinal could hold up to 32 ounces. On 11/07/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 04/20/2023. Resident 1's individual service plan, signed 08/06/2024, documented: "Toileting: Incontinent of bladder requires assist from staff. The resident requires assistance for toilet use assistance getting on and off toilet, cleansing after bowel movements, assistance with changing soiled briefs. Assist before and after meals, upon rising, prior to bed and 2x (times) per NOC (evening)." On 11/15/2024 at 8:30 AM, Surveyor interviewed Clinical Market Leader B, Cluster Nurse K, and Executive Director M. Cluster Nurse K stated that Resident 1 preferred to use a urinal and staff should have been checking the urinal and emptying it when conducting toileting assistance.	N 389		

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{N 406}	Continued From page 15	{N 406}		
{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 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 and interview, the provider did not ensure medications that had been changed, discontinued, or expired were removed from the medication cart and disposed of within 30 days. This is a repeat deficiency. See Statement of Deficiency (SOD) RN3011, dated 07/01/2024. Resident 14's expired blister card of acetaminophen, Mirtazapine, and Lactobacillus	{N 406}		

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{N 406}	Continued From page 16 were stored with his/her current blister card. Findings include: On 10/29/2024, at approximately 2:00 PM, Surveyor reviewed the providers med carts with Cluster Nurse K. Cluster Nurse K stated the med cycle started the 24th of October. Surveyor and Cluster Nurse K observed: Resident 14's blister card of acetaminophen (Noon), with a dispensed date of 09/17/2024, contained 2 tablets (one dose), was stored with his/her current blister card of acetaminophen, with a dispensed date of 10/16/2024. The 10/16/2024 blister card did not have any doses dispensed from it. Resident 14's blister card of Lactobacillus (Noon), with a dispensed date of 09/17/2024, contained 4 tablets (4 doses), was stored with his/her current blister card of Lactobacillus, with a dispensed date of 10/16/2024. Resident 14's blister card of Mirtazapine (bedtime), with a dispensed date of 09/17/2024, contained 5 tablets (5 doses), was stored with his/her current blister card of Mirtazapine, with a dispensed date of 10/16/2024. The 10/16/2024 blister card did not have any doses dispensed from it. On 10/29/2024, at approximately 2:15 PM, Surveyor interviewed Cluster Nurse K. Cluster Nurse K stated s/he did not understand why the old blister cards were not pulled when the new blister cards were started on 10/24/2024.	{N 406}		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication.	N 408		

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N 408	Continued From page 17 When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 1 of 2 resident's prescribed PRN (as needed) psychotropic medications were documented on the Individualized Service Plan (ISP). The provider did not ensure that the PRN psychotropic medications were monitored at least monthly for inappropriate use. Resident 20's PRN Lorazepam was not documented in his/her ISP and was not monitored monthly. Findings include: On 10/29/2024, at approximately 2:00 PM, Surveyor reviewed the providers med carts with	N 408		

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N 408	Continued From page 18	N 408		

Cluster Nurse K. Surveyor and Cluster Nurse K observed Resident 20's blister card of PRN Lorazepam which documented, "Take 1 tablet by mouth every 4 hours as needed for anxiety, shortness of breath, or nausea/vomiting."

On 11/14/2024, Surveyor reviewed Resident 20's record.

Resident 20 was admitted to the facility, 12/28/2023, and was on hospice.

Resident 20's September and October 2024 Medication Administration Record (MAR) documented:
" Lorazepam 0.5 MG (milligram) - Take 1 tablet by mouth every 4 hours as needed for anxiety, shortness of breath, or nausea/vomiting. Start Date: 06/07/2024."
09/29/2024 - Rationale not listed
10/05/2024 - Rationale not listed
10/06/2024 - Rationale not listed

Resident 20's "Progress Notes" did not document a rationale as to why the PRN Lorazepam had been administered.

Resident 20's ISP, dated 05/03/2024, documented:
"Mental Status: Resident requires frequent behavioral monitoring."
"Medication /Pharmacy: Resident will receive medication as prescribed by the physician and will have access to them either independently or by assistance from staff."
"Behavior Care: Will be free from discomfort or adverse reactions related to anti-anxiety therapy through the review date. Risperidone for anxiety, Escitalopram for depression and Melatonin for sleep. Behaviors: pacing, verbal statements that

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N 408	Continued From page 19 someone is stealing his/her stuff. Stripping nude and walking out into dining room for meals. I require additional guidance for ADLs (activities of daily living) and provide clothing and toileting schedule to prevent stripping." The ISP did not document that Resident 20 was prescribed PRN psychotropic medications. Resident 20's record did not contain monthly PRN psychotropic reviews. On 11/15/2024 at 8:30 AM, Surveyor interviewed Clinical Market Leader B, Cluster Nurse K, and Executive Director M. Cluster Nurse K stated s/he would review Resident 20's record.	N 408		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation, record review and	N 425		

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N 425	Continued From page 20	N 425		

interview, the provider did not ensure residents received timely assistance with personal cares.

Resident 1, who did not have access to his/her bathroom, relied on staff to empty his/her urinal, which was not completed in a timely manner.

Findings include:

On 10/29/2024, at approximately 2:25 PM, Surveyor toured Resident 1's room. Surveyor observed a urinal sitting on Resident 1's side table, next to his/her bed, which appeared to be filled to the 28-ounce line of what appeared to be urine. The urinal could hold up to 32 ounces. Surveyor noted Resident 1's bathroom entrance was a 90 degree turn from his/her bedroom door. Resident 1 would not be able to enter his/her bathroom if the bedroom door was open. Surveyor was aware from previous visits that Resident 1's primary mode of ambulation was with an electric scooter. Surveyor noted Resident 1 would not be able to enter the bathroom with his/her electric wheelchair. Surveyor entered the bathroom to find his/her wheelchair parked in the shower. The shower basin did not appear clean as there were black and brown markings on the base. There were clothing articles lying on the shower base. Resident 1's laundry basket, which was filled with soiled clothing, sat on the shower bench.

On 11/07/2024, Surveyor reviewed Resident 1's record.

Resident 1 moved into the facility 04/20/2023.

Resident 1's individual service plan, signed 08/06/2024, documented:
"Toileting: Incontinent of bladder requires assist

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N 425	Continued From page 21 from staff. The resident requires assistance for toilet use assistance getting on and off toilet, cleansing after bowel movements, assistance with changing soiled briefs. Assist before and after meals, upon rising, prior to bed and 2x (times) per NOC (evening)." "Mobility: Uses a motorized scooter. Assist w/door (with door) exit/entry as needed, will call if doorstop is not in place. The resident requires assistance with stand by assistance with transfers." On 11/15/2024 at 8:30 AM, Surveyor interviewed Clinical Market Leader B, Cluster Nurse K, and Executive Director M. Cluster Nurse K stated s/he was unsure of how staff assisted Resident 1 to the toilet. Cluster Nurse K stated that Resident 1 preferred to use a urinal and staff should have been checking the urinal and emptying it when conducting toileting assistance.	N 425		
{N 431}	83.38(1)(g) Health monitoring. 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	{N 431}		

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{N 431}	Continued From page 22 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 observation, record review and interview, the provider did not ensure 1 of 1 resident reviewed received appropriate health monitoring to meet his/her needs. This is a repeat deficiency. See Statement of Deficiency (SOD) ELVN11, dated 07/17/2020, and SOD RN3011, dated 07/01/2024. Resident 2's prescribed oxygen level was not monitored. Findings include: On 10/29/2024, at approximately 2:25 PM, Surveyor observed Resident 2 in his/her bedroom. Surveyor observed Resident 2's oxygen concentrator. Surveyor knelt to be eye level with the concentrator and determined the reading stated 2.5 L (liters). Surveyor interviewed	{N 431}		

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{N 431}	Continued From page 23 Resident 2 who stated s/he would adjust the concentrator but s/he could not read it at eye level; s/he always looked down at the concentrator. Resident 2 stated the concentrator should read 3 L. On 10/29/2024, Surveyor requested Resident 2's oxygen physician order from Cluster Nurse K. On 10/30/2024 at 6:21 PM, Cluster Nurse K emailed Surveyor and stated Resident 2's move in order stated 3 L of oxygen but the electronic medication administration record (eMAR) stated 2 - 4 L. On 11/07/2024, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility, 02/07/2024, with diagnosis including chronic respiratory failure with hypoxia. Resident 2's physician order, dated 10/30/2024, documented: "Oxygen 3 LPM (liters per minute) continuous per nasal cannula" Resident 2's individual service plan (ISP), signed 08/08/2024, documented: "Oxygen Therapy: The resident will receive oxygen equipment from desired source and have continued uninterrupted support of equipment through review date. Oxygen Management: Resident has a refillable tank and refillable tank concentrator. Oxygen therapy routinely per MD (medical doctor) direction." The ISP did not provide guidance to care staff on how to monitor Resident 2's oxygen levels. Resident 2's October 2024 MAR documented:	{N 431}		

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{N 431}	Continued From page 24 "Oxygen 2-4L PNC (nasal cannula) for COPD (chronic obstructive pulmonary disease) to keep O2 (oxygen) sat (saturation) >90% (greater than) three times a day for hypoxia." The physician orders prescribed 3 L. On 11/15/2024 at 8:30 AM, Surveyor interviewed Clinical Market Leader B, Cluster Nurse K, and Executive Director M. Clinical Market Leader B and Cluster Nurse K stated they would review Resident 2's record and determine how staff are monitoring his/her oxygen levels and what oxygen level Resident 2's concentrator should be set at.	{N 431}		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 4 of 5 residents reviewed received appropriate medication administration. Resident 2's opened bottle of Tetrahydrozoline Ophthalmic Solution eye drops had a handwritten open date of 08/30/2024 and his/her bottle of	N 432		

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Tetrahydrozoline eye drops were dispensed 08/28/2024 and did not have an open date written on the bottle. Eye drops expire 30 days after opening.

Resident 9's Advair inhaler did not have an open date written on it to determine if s/he received all prescribed doses.

Correct medication administration of Resident 16's preservision (supplement), calcium 600 and Vitamin D 400, potassium chloride (medication to treat hypokalemia [low potassium], and metoprolol (medication to treat high blood pressure) could not be determined.

Resident 18's Incruse Ellipta inhaler did not have an open date written on it to determine if s/he received all prescribed doses.

Findings include:

On 10/29/2024, at approximately 2:00 PM, Surveyor reviewed the providers med carts with Cluster Nurse K. Cluster Nurse K stated the med cycle started the 24th of October and staff were to punch the scheduled medications out on the number that correlated with the date of the month. Surveyor and Cluster Nurse K observed:

Example 1: Resident 2

Resident 2's bottle of Tetrahydrozoline Ophthalmic Solution (redness relief) had a handwritten open date of 08/30/2024 written on it and his/her other open bottle of Tetrahydrozoline (dry eye relief) eye drops had a dispensed date of 08/28/2024, with no open date written on it.

On 11/14/2024, Surveyor reviewed Resident 2's

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 _____	R-C 11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 432	Continued From page 26 October 2024 Medication Administration Record (MAR) which documented: "Tetrahydrozoline 0.05% eye drp (drop) - Instill 2 drops into both eyes once daily. Scheduled at 7:00 AM." "Tetrahydrozoline 0.05% eye drp - Instill 2 drops into both eyes once daily. Scheduled at 7:00 AM." The MAR documented the eye drops had been administered as prescribed. "Unopened eye drops usually expire 1-2 years following their manufacturing date. Generally, eye drops contain preservatives to help keep them safe to use after opening the bottle. However, you should dispose of any unused eye drops 30 days after you first opened the bottle." (Source: Perry & Morgan Eyecare website, Taking Care of Eye Drops, April 18, 2022, https://perryeyecare.com/do-eye-drops-expire (retrieval date - November 14, 2024).) "Many manufacturers recommend that you throw away eye drops 28 days after opening the bottle. This is because the preservatives inside can start to break down and allow bacteria to grow." (Source: GoodRx website, Is It Safe to Use Expired Eye Drops?, April 19, 2022, https://www.goodrx.com/health-topic/eye/can-you-use-expired-eye-drops (retrieval date - November 14, 2024).) Example 2: Resident 9 Resident 9's Advair HFA 230/21 inhaler (Fluticasone-Salmeterol inhaler) which documented inhale 2 puffs by mouth twice daily for COPD (chronic obstructive pulmonary disease) with a dispensed date of 09/18/2024. The inhaler displayed 5 remaining doses. The inhaler did not have an open date written on it.	N 432		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 432	Continued From page 27 Cluster Nurse K could not confirm when the medication was opened. "You should keep track of the number of inhalations used from your inhaler. Then throw away the inhaler after you have used 120 inhalations. Even though the canister might not be empty and will keep spraying, you might not get the right amount of medicine in each inhalation." (Source: FDA (US Food and Drug Administration) website, Advair HFA 230/21, June 2006, https://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021254lbl.pdf (retrieval date - November 14, 2024).) Surveyor noted if the medication had started on 09/26/2024 (start of the September cycle date), the medication should have been gone based on 4 puffs a day x 30 days = 120 doses. Example 3: Resident 16 Resident 16's Preservision blister cards (evening): Dispense date 09/17/2024 contained 2 of 28 tablets; Dispense date 10/16/2024 contained 26 of 28 tablets. Resident 16's Calcium 600 + VIT D 400 blister cards (evening): Dispense date 09/17/2024 contained 1 of 28 tablets; Dispense date 10/16/2024 contained 26 of 28 tablets. Resident 16's Potassium CL ER (extended release) blister cards (evening): Dispense date 09/17/2024 contained 1 of 28 tablets; Dispense date 10/16/2024 contained 26 of 28 tablets. Resident 16's Metoprol SUC blister cards (evening): Dispense date 09/17/2024 contained 1 of 28 tablets; Dispense date 10/16/2024 contained 26 of 28 tablets.	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 432	Continued From page 28 On 10/29/2024, at approximately 2:15 PM, Cluster Nurse K stated s/he did not have an answer why two blister cards were in the med cart for the same medication and how staff were dispensing the medication. Cluster Nurse K stated the errors were occurring on the night shift when agency staff worked and s/he would have to provide reeducation. Cluster Nurse K stated, "It appears staff are working with both blister cards and dispensing meds from both, not realizing that meds that were not dispensed during a previous med cycle should have been destroyed with a rationale." Example 4: Resident 18 Resident 18's Incruse Ellipta 62.5 MCG (micrograms) inhaler, dispensed 09/30/2024, did not have an opened date written on the provided label. The inhaler displayed 22 out of 30 blisters. On 11/07/2024, Surveyor reviewed Resident 18's September and October 2024 MAR which documented: "Incruse Ellipta 62.5 MCG INH (inhaler) - Inhale 1 puff by mouth once daily for asthma and shortness of breath." "INCRUSE ELLIPTA is supplied as a disposable light grey and light green plastic inhaler containing a foil strip with 30 blisters (NDC 0173-0873-10) or 7 blisters (institutional pack) (NDC 0173-0873-06). The inhaler is packaged in a moisture-protective foil tray with a desiccant and a peelable lid. INCRUSE ELLIPTA should be stored inside the unopened moisture-protective foil tray and only removed from the tray immediately before initial use. Discard INCRUSE ELLIPTA 6 weeks after opening the foil tray or	N 432		

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N 432	Continued From page 29 when the counter reads "0" (after all blisters have been used), whichever comes first. The inhaler is not reusable. Do not attempt to take the inhaler apart. ... Your inhaler contains 30 doses (7 doses if you have a sample or institutional pack). oEach time you fully open the cover of the inhaler (you will hear a clicking sound), a dose is ready to be inhaled. This is shown by a decrease in the number on the counter. oIf you open and close the cover without inhaling the medicine, you will lose the dose. The lost dose will be held in the inhaler, but it will no longer be available to be inhaled. It is not possible to accidentally take a double dose or an extra dose in 1 inhalation. oDo not open the cover of the inhaler until you are ready to use it. To avoid wasting doses after the inhaler is ready, do not close the cover until after you have inhaled the medicine. oWrite the "Tray opened" and "Discard" dates on the inhaler label. The "Discard" date is 6 weeks from the date you open the tray." (Source: NIH (National Institute of Health) website, Daily Med Incruse Ellipta, December 13, 2023, https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=dbb64747-1505-49d7-9a33-99dd402e96d3 (retrieval date - November 14, 2024).) On 11/15/2024 at 8:30 AM, Surveyor interviewed Clinical Market Leader B, Cluster Nurse K, and Executive Director M. Cluster Nurse K stated med passers would be reeducated.	N 432		