| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0020567 | A. BUILDING: _____ B. WING _____ | C 07/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| VIOLET MEADOWS DEPERE | 1880 SCHEURING ROAD DE PERE, WI 54115 |

| (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 |
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| N 000 | Initial Comments<br><br>On 07/25/2025, with information gathered through 07/28/2025, Surveyor conducted 1 complaint investigation at Violet Meadows in Depere.<br><br>One (1) of 1 complaint was substantiated.<br><br>As a result of the survey, 3 deficiencies were issued.<br><br>Census: 38 | N 000 | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the individual service plan (ISP) was reviewed and/or revised annually and include the resident's signature for 1 of 1 (Resident 1) residents reviewed.<br><br>Resident 1 was admitted to the facility on 01/25/2024. Resident 1's most recent signed ISP | N 389 | | |

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

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| N 389 | Continued From page 1<br>was dated 01/29/2024.<br><br>Findings Include:<br><br>On 05/08/2025, the department received a complaint regarding falls and medications.<br><br>On 07/25/2025, Surveyor conducted an onsite visit to the facility. A sample of residents was selected including the resident record of Resident 1.<br><br>On 07/25/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/25/2024. Resident 1's most recent ISP was signed by Resident 1 and dated 01/29/2024. Resident 1's record did not contain another signed ISP for 2025.<br><br>On 07/25/2025 at 9:30 AM, Surveyor interviewed HR (Human Resource) Assistant B. HR Assistant B indicated Community Operations Manager A was on vacation this week but HR Assistant B would be able to assist. HR Assistant B indicated s/he would look for a signed ISP for 2025.<br><br>At 10:00 AM, HR Assistant B informed Surveyor they do not have a signed ISP for 2025.<br><br>On 07/25/2025 at approximately 1:00 PM, Surveyor interviewed Community Operations Manager A via phone. Community Operations Manager A stated a regional nurse went through all resident records and completed new assessments and care plans within the first 30 days under the new management company. Community Operations Manager A indicated this would have been around late November 2024. Community Operations Manager A indicated one of the nurses would know more about this. | N 389 | | |

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| N 389 | Continued From page 2<br>Surveyor verified RN B would be a nurse to interview and Community Operations Manager A stated "yes."<br><br>On 07/25/2025 at approximately 1:50 PM, Surveyor received an email from RN (Registered Nurse) C. RN C stated s/he was unsure if there was a meeting regarding a new ISP for Resident 1 or a signed ISP for the current year. RN C indicated Community Operations Manager A would be back on Monday and s/he might be able find it.<br><br>On 07/28/2025 at approximately 1:30 PM, Surveyor interviewed Community Operations Manager A. Community Operations Manager A verified Resident 1's file did not contain a 2025 signed ISP. | N 389 | | |
| N 432 | 83.38(1)(h) Medication administration.<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not provide medication administration appropriate to the resident's needs for 1 of 1 | N 432 | | |

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| N 432 | Continued From page 3<br>(Resident 1) resident reviewed.<br><br>Resident 1 is on hospice. Resident 1 had an order for Lorazepam 2mg(milligrams) tablet to take 1 tablet under the tongue/rectally every 15 minutes PRN (as needed) for seizure - max 4 doses (8mg) per seizure episode. Resident 1 has no history of seizure activity. Caregiver C thought Resident 1 was having a seizure and administered Lorazepam 2mg. Resident 1 was not having a seizure. Caregiver C did not inform hospice agency prior to administering the medication to determine if Resident 1 was having a seizure.<br><br>Findings Include:<br><br>On 05/08/2025, the department received a complaint regarding medication administration.<br><br>On 07/25/2025, Surveyor conducted an onsite visit to the facility. A sample of residents was selected including the resident record of Resident 1.<br><br>Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/24/2024 with diagnoses to include malignant neoplasm of unspecified bronchus or lung, depression, anxiety, congestive heart failure and chronic respiratory failure with hypoxia. Resident 1's record did not include any diagnosis for seizure disorder. Resident 1 's ISP (individualized service plan) indicated Resident 1 does not have an activated health care power of attorney. Additionally, it indicated Resident 1 is on hospice services.<br><br>Surveyor reviewed Resident 1's April 2025 MAR (Medication Administration Record). The following | N 432 | | |

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| N 432 | Continued From page 4 | N 432 | | |

was noted:
-On 04/28/2025 Resident 1 was prescribed an order for Lorazepam 2mg tablet to take 1 tablet under the tongue/rectally every 15 minutes as needed for seizure - max 4 doses (8mg) per seizure episode. The MAR indicated Resident 1 received a dose on 04/29/2025 at 12:09 PM. The MAR indicated the "Description of Behaviors Requiring Use: shaking; Given for Intended Use/according to Isp?: Yes; Reason?: shaking"

Surveyor reviewed Resident 1's observation notes between 04/01/2025 and 06/01/2025. The following was noted:
-On 04/29/2025 at 2:45 PM a hospice agency caregiver wrote, "[Resident 1] slept through visit without waking. Writer followed up on nebulizer schedule order request and lorazepam clarification orders. No other needs identified with visit."
-On 04/29/2025 at 4:15 PM a hospice agency caregiver wrote, "[Resident 1] was sleeping in [his/her] chair upon arrival. [S/he] awoke briefly but very drowsy and confused...[S/he] dosed back off...confirmed that staff is providing 2 hour checks for [his/her] safety with [him/her] being more confused.
-On 04/29/2025 at 10:30 PM a caregiver wrote, "Resident's [family member] stated that [s/he] does not want [him/her] getting the 2mg lorazepam due to [him/her] becoming disoriented/extremely fatigued from that dose."
-On 05/06/2025 at 7:30 AM Caregiver C wrote, "Late entry from 4/29/25: When I went into [Resident 1's] apartment to administer [him/her] nebulizer treatment @[at] noon [s/he] asked me for medication to help with [his/her] shaking, I saw that [s/he] was shaking uncontrollably, more than [s/he] shakes normally. I went back to my computer to see what kind of prns [s/he] had to

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| N 432 | Continued From page 5 | N 432 | | |

help give [him/her] some relief and saw that [s/he] had a new order for 2mgg[sic] tablet of lorazepam for seizures the order said to take 1 tab under the tongue/rectually[sic] every 15 minutes as needed for seizure-max doses (8mg) per episode*may crush)[sic]. I gave [Resident 1] the lowest dose per order (2mg). I gave [Resident 1] the pill orally and told [him/her] I would check on [him/her] in 30 minutes to see if the lorazepam helped. After 30 minutes I returned to [his/her] apartment to do my follow up and saw that the medication was effective because [his/her] shaking had stopped, and [s/he] appeared to be sleeping comfortably. [Resident 1] woke up easily to my voice as I had asked [him/her] did the medication help, [s/he] replied "yes" and fell back to sleep. I removed [Resident 1's] glasses from [his/her] face, so they didn't get broken, and left [his/her] apartment."

Surveyor reviewed Hospice Agency notes. The following was noted:
-On 04/30/2029 at 2:37 PM, hospice nurse wrote, "...Writer was informed during visit that [Resident 1] had received 2mg of lorazepam rectally yesterday instead of intended dose of 0.5, which was a medication error due to no reports of seizure activity and order specific to those indications. Writer noted med passer to not be at facility at the time but writer did conference with [caregiver] med passer in regards to med administation and that [hospice agency] should be informed if any error was to occur in order for our staff to know to assess. Writer was informed medication is now placed on hold at facility per chart. Writer also provided education on how medication could of been a contributing factor in [his/her] fall last night...MD[doctor] updated on fall and med error. [Resident 1's family member] updated post visit. Writer noted no other needs at time of visit and encouraged family and facility to

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| N 432 | Continued From page 6<br>call [hospice agency] with any questions or concerns."<br><br>On 07/25/2025 at 10:40 AM, Surveyor interviewed Resident 1. Resident 1 denied ever having a seizure. Resident 1 indicated s/he always shakes but not because of seizure activity. Resident 1 stated, "I'm pissed off" that s/he was given 4 times the dose s/he was supposed to get. Resident 1 stated s/he was "out of it" for several days after s/he took the dose and doesn't remember much of what happened.<br><br>On 07/25/2025 at 9:30 AM, Surveyor interviewed Caregiver B. Caregiver B explained that s/he used to work the floor but recently was hired to be the HR (Human Resources) Assistant. Caregiver B indicated s/he has received medication administration training and can pass medications. Caregiver B explained that s/he was the caregiver who passed the lorazepam 2mg dose to Resident 1. Caregiver B stated Resident 1 was getting evaluated by the nurse and Resident 1 was a bit shakey so the nurse told Caregiver B to get a lorazepam for Resident 1. Caregiver B stated Resident 1 was more shakey than what s/he usually was. Caregiver B stated Resident 1 had a prescription for Lorazepam 2mg and given that Resident 1 was more shakey than usual, Caregiver B felt this was the appropriate dose to give. Caregiver B stated she checked on Resident 1 after giving the medication and Resident 1 was sleeping and looked more comfortable. Caregiver B stated a few days later, the nurse and Community Operations Manager A discussed the incident with Caregiver B and provided training to him/her that s/he needs to notify hospice agency if there is a change in condition in the resident and the higher dose of medication is needed. | N 432 | | |

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| N 432 | Continued From page 7<br><br>On 07/25/2025 at 1:20 PM, Surveyor interviewed Director of Quality and Compliance D with hospice agency. Director of Quality and Compliance D indicated Resident 1 was admitted to hospice services on 06/13/2023. Director of Quality and Compliance D indicated Resident 1 did have an order for Lorazepam 2mg, however, it is a "standing order" for the hospice nurses to administer if there is any seizure activity. Director of Quality and Compliance D indicated hospice was not made aware of any seizure activity for Resident 1 and therefore was not aware of the 2mg dose being given until the following day when the nurse came for a followup visit after a fall. Director of Quality and Compliance D stated the 2mg dose has been discontinued per Resident 1's family request. | N 432 | | |
| N 454 | 83.42(1) Resident record maintained.<br><br>The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following:<br>(a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) | N 454 | | |

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| N 454 | Continued From page 8<br><br>Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be | N 454 | | |

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| N 454 | Continued From page 9<br>included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not include documentation of significant incidents and illnesses, including the dates, times and circumstances for 1 of 1 (Resident 1) residents reviewed.<br><br>Resident 1 was reported to have had a fall with pain to left wrist and left ankle. Resident 1's record did not contain documentation of a fall incident including the date, time or circumstances of the fall.<br><br>Findings Include:<br><br>On 05/08/2025, the department received a complaint regarding falls.<br><br>On 07/25/2025, Surveyor conducted an onsite visit to the facility. A sample of residents was selected including the resident record of Resident 1.<br><br>Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/25/2024. Surveyor reviewed Resident 1's Observation notes. The following was noted:<br>-On 04/30/2025 at 9:24 AM, staff administered PRN (as needed) pain medication due to "left arm and left ankle resident stated [s/he] had a fall last night and is now hurting"<br>-On 04/30/2025 at 10:00 AM, staff wrote, "called [hospice agency] this am stated [s/he] had a fall | N 454 | | |

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| N 454 | Continued From page 10 | N 454 | | |

over night that [s/he] hit [his/her] head left arm and [his/her] left ankle Prn hydro was given nurse will be in building to check on [him/her] today"

Surveyor reviewed hospice notes. The following was noted:
-On 04/30/2025, a hospice RN wrote, "Writer completed PRN visit due to fall followup with pain to left forearm and left ankle. Writer arrived to facility and to [Resident 1's] room. [Resident 1] was resting in [his/her] recliner with friends present. [S/he] presented to be in good spirits with no symptoms of dyspnea. [S/he] was currently wearing her inogen due to the concentrator not working at time of visit. Writer was informed also of [him/her] falling last night attempting to transfer [him/herself] off the toilet. [S/he] reported to be having left ankle and forearm pain post fall and denied hitting [his/her] head. Writer assessed left ankle and noted it to be slightly bruised and swollen. Writer encouraged elevation along with applied ice. [S/he] also reported to have some pain in [his/her] left forearm, writer informed of elevation and ice. [S/he] recieved[sic] dose of hydro/acet this morning arouind 9am for pain and was effective"

On 07/25/2025 at approximately 9:30 AM, Surveyor requested the fall incident report from 04/29/2025 from HR (Human Resource) Assistant B. At 10:00 AM, HR Assistant B indicated s/he was not aware of any fall incident report or investigation that was conducted but that Community Operations Manager A would be back on Monday and can answer.

On 07/25/2025 at approximately 2:00 PM, Surveyor requested all fall incident reports for Resident 1 for April and May 2025. HR Assistant B provided Surveyor with a fall incident report

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| N 454 | Continued From page 11<br>dated 04/03/2025 and stated, "this was the only fall reported for April or May, no other fall reports were in the record." | N 454 | | |