| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0008514 | A. BUILDING: _____ B. WING _____ | R-C 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHAMOMILE ASSISTED LIVING LTD | 22 MILO LANE MADISON, WI 53714 |

| (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>From 10/22/2024 to 10/23/2024, the bureau of assisted living southern regional office conducted a standard survey, complaint investigation and verification visit at Chamomile Assisted Living LTD a CBRF located in Madison, WI.<br><br>As a result of this survey, 8 violations of DHS Chapter 83 were issued.<br><br>Complaint was substantiated.<br><br>One violation from statement of deficiency (SOD) #RS7916 dated 07/02/2024 was corrected.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 16 | {N 000} | | |
| N 196 | 83.14(2)(a) Licensee ensures facility complies with laws<br><br>The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF.<br><br>From 01/09/2019 to 10/22/2024, the provider did not comply with all the laws governing the CBRF as evidenced by 24 violations, 7 substantiated complaints and 4 recited violations of DHS Chapter 83. | N 196 | | |

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

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| N 196 | Continued From page 1<br>FINDINGS INCLUDE:<br><br>Facility is a Class CNA non-ambulatory facility. Has a capacity of 17 residents and serves advanced aged.<br><br>Example 1: Obtain and maintain compliance with laws governing the CBRF:<br><br>-Statement of deficiency (SOD) Q2E111 dated 01/09/2019. The bureau of assisted living southern regional office conducted a complaint investigation. As a result of this survey, 4 violations of DHS Chapter 83 were identified. The complaint was substantiated.<br>1.) 83.12(2)(a) Caregiver: Investigating Abuse & Neglect<br>2.) 83.32(3)(b) Rights of Residents: Confidentiality<br>3.) 83,37(3)(c) Medication Storage: Locked Cabinet<br>4.) 83.45(3) Toxic Substances<br><br>-SOD KC0N11 dated 10/09/2020. The bureau of assisted living southern regional office conducted a standard survey & complaint investigation. As a result of this survey, 6 violations of DHS Chapter 83 were identified. The complaint was substantiated.<br>1.) 83.12(2)(a) Caregiver: Investigating Abuse & Neglect<br>2.) 83.12(4)(c) Notification: Incident, Injury & Changes<br>3.) 83.47(2)(d) Fire Drills<br>4.) 83.47(3) Fire Inspection<br>5.) 83.48(1)(b) Smoke And Heat Detectors Per NFPA 72<br>6.) 50.065(3)(b) Complete Background Check Process | N 196 | | |

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| N 196 | Continued From page 2<br><br>-SOD RS7911 dated 02/14/2023. The bureau of assisted living southern regional office conducted a standard survey & complaint investigation. As a result of this survey, 2 violations of DHS Chapter 83 were identified. The complaint was substantiated.<br>1.) 83.32(3)(h) Rights of Residents: Receive Medication<br>2.) 83.37(2)(d) Documentation Of Medication Administration<br><br>-SOD RS7912 dated 04/25/2023. The bureau of assisted living southern regional office conducted a verification visit & complaint investigation. As a result of this survey, 1 violation of DHS Chapter 83 was issued. The complaint was substantiated.<br>1.) 83.12(2)(a) Caregiver: Investigating Abuse & Neglect<br><br>-SOD RS7913 dated 07/11/2023. The bureau of assisted living southern regional office conducted a verification visit & complaint investigation. As a result of this survey, 1 violation of DHS Chapter 83 was issued. The complaint was substantiated.<br>1.) 83.43(1) Environment Safe, Clean & Comfortable<br>-SOD RS914 dated 10/04/2023. The bureau of assisted living southern regional office conducted a verification visit & complaint investigation. As a result of this survey, 1 violation of DHS Chapter 83 was issued. The complaint was substantiated.<br>1.) 83.38(1)(b) Supervision<br><br>-SOD RS7915 dated 03/13/2024. The bureau of assisted living southern regional office conducted a verification visit & complaint investigation. As a result of this survey, 2 violations of DHS Chapter 83 were issued. The complaint was unsubstantiated.<br>1.) 83.12(6) Documentation Requirements For | N 196 | | |

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| N 196 | Continued From page 3<br>Written Report<br>2.) 83.38(1)(g) Health Monitoring<br><br>-SOD RS7916 dated 07/02/2024. The bureau of assisted living southern regional office conducted a verification visit. As a result of this survey, 1 violation of DHS Chapter 83 was issued.<br>1.) 83.38(1)(g) Health Monitoring<br><br>-SOD RS7917 dated 10/23/2024. The bureau of assisted living southern regional office conducted a standard survey, verification visit & complaint investigation. As a result of this survey, 8 violations of DHS Chapter 83 were issued. The complaint was substantiated.<br>1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws<br>2.) 83.21(1)-(3) All Employee Training<br>3.) 83.32(2)(b) Post Resident Rights<br>4.) 83.32(3)(h) Rights of Residents: Receive Medication<br>5.) 83.32(3)(n) Rights of Residents: Safe Environment<br>6.) 83.35(3)(a) Comprehensive Individualized Service Plan<br>7.) 83.47(2)(d) Fire Drills<br>8.) 83.47(2)(e) Other Evacuation Drills<br><br>Example 2: Repeat violations of laws governing the CBRF.<br><br>1.) 83.12(2)(a) Caregiver: Investigating Abuse & Neglect: SOD QUE111 dated 01/09/2019, SOD KC0N11 dated 10/09/2020, RS7912 dated 04/25/2024.<br><br>2.) 83.32(3)(h) Rights of Residents: Receive Medication: SOD RS7911 dated 02/14/2023 & SOD RS7917 dated 10/23/2024. | N 196 | | |

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| N 196 | Continued From page 4<br>3.) 83.47(2)(d) Fire Drills: SOD KC0N11 dated 10/09/2020 & SOD RS7917 dated 10/23/2024.<br><br>4.) 83.38 (1)(g) Health Monitoring: SOD RS7915 dated 03/13/2024 & RS7916 dated 07/02/2024.<br><br>Example 3: Number of Complaints Substantiated<br><br>1.) SOD QUE111 dated 01/09/2019, 1 complaint substantiated.<br>2.) SOD KC0N11 dated 10/09/2020, 1 complaint substantiated.<br>3.) SOD RS7911 dated 02/14/2023, 1 complaint substantiated.<br>4.) SOD RS7912 dated 04/25/2024, 1 complaint substantiated.<br>5.) SOD RS7913 dated 07/11/2023, 1 complaint substantiated.<br>6.) SOD RS7914 dated 10/04/2023, 1 complaint substantiated.<br>7.) SOD RS7917 dated 10/23/2024, 1 complaint substantiated.<br><br>SUMMARY:<br><br>The licensee did not ensure the facility and its operation complied with all laws governing the CBRF. The current survey included investigation of a complaint, a standard survey and a verification visit. As a result, 8 deficiencies were identified, including 2 recited deficiencies and a substantiated complaint. | N 196 | | |
| N 243 | 83.21(1)-(3) All employee training.<br><br>The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following:<br>Resident rights. Training shall include general | N 243 | | |

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| N 243 | Continued From page 5<br>rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment.<br>Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment.<br>Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group.<br>Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. | N 243 | | |

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| N 243 | Continued From page 6 | N 243 | | |

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure 2 of 3 employees reviewed, obtained all training as required within 90 days after starting employment.

Two of 3 employees did not have training in resident rights within 90 days after starting employment.

Two of 3 employees did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment.

FINDINGS INCLUDE:

From 10/22/2024 to 10/23/2024, Surveyors conducted a standard survey at facility.

EXAMPLE #1: Caregiver C

On 10/22/2024, Surveyor conducted a review of Caregiver C's staff record to verify compliance with all employee training requirements. Surveyor requested training records from 2023 for Caregiver C.

Resident Rights

The record for Caregiver C, hired 05/31/2023 did not contain evidence of training or evidence of meeting an exemption for resident rights. On 10/22/2024, at approximately 12:30 PM, Surveyor interviewed Caregiver C. Caregiver C confirmed the provider did not have evidence Caregiver C completed or met an exemption for resident rights training.

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| N 243 | Continued From page 7<br><br>Recognizing, Preventing, Managing and Responding to Challenging Behaviors<br><br>The record for Caregiver C, hired 05/31/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 10/22/2024, at approximately 12:30 PM, Surveyor interviewed Caregiver C. Caregiver C confirmed the provider did not have evidence Caregiver C completed or met an exemption for challenging behaviors training.<br><br>EXAMPLE #1: Caregiver D<br><br>On 10/22/2024, Surveyor conducted a review of Caregiver D's staff record to verify compliance with all employee training requirements. Surveyor requested training records from 2024 for Caregiver D.<br><br>Resident Rights<br><br>The record for Caregiver D, hired 03/26/2024 did not contain evidence of training or evidence of meeting an exemption for resident rights. On 10/22/2024, at approximately 11:10 AM, Surveyor interviewed Caregiver D. Caregiver D confirmed the provider did not have evidence Caregiver D completed or met an exemption for resident rights training.<br><br>Recognizing, Preventing, Managing and Responding to Challenging Behaviors<br><br>The record for Caregiver D, hired 03/26/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 10/22/2024, at approximately 11:10 AM, Surveyor interviewed Caregiver D. Caregiver | N 243 | | |

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| N 243 | Continued From page 8<br><br>D confirmed the provider did not have evidence Caregiver D completed or met an exemption for challenging behaviors training.<br><br>EXIT INTERVIEW:<br><br>On 10/23/2024 at 8:40 AM, Surveyors discussed the above concern with Administrator A. Administrator A acknowledged Caregiver C nor Caregiver D had been provided training in resident rights as specified in DHS Chapter 83 & challenging behaviors within 90 days of hire. | N 243 | | |
| N 344 | 83.32(2)(b) Post resident rights, grievance procedure<br><br>Explanation of resident rights, grievance procedure, and house rules. The CBRF shall post copies of resident rights, grievance procedure and house rules in a prominent public place available to residents, employees and guests.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure copies of resident rights and house rules were in a prominent public place available to residents, employees and guests.<br><br>FINDINGS INCLUDE:<br><br>From 10/22/2024 to 10/23/2024, Surveyors conducted a standard survey at facility.<br><br>On 10/22/2024, Surveyors toured the facility. Surveyors did not observe copies of resident rights and house rules post in a prominent public place within facility. | N 344 | | |

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| N 344 | Continued From page 9<br><br>On 10/23/2024 at 8:40 AM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged copies of resident rights and house rules were not posted in a public prominent place available to residents, employees and guests within the facility.<br><br>CROSS REFERENCE: DHS Chapter 83.32(3)(h) Rights of Residents: Recieve Medication<br>CROSS REFERENCE: DHS Chapter 83.32(3)(n) Rights of Residents: Safe Environment | N 344 | | |
| N 352 | 83.32(3)(h) Rights of Residents: Receive medication<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review & interview, the provider did not ensure residents received all prescribed medications in the dosage and at intervals prescribed by a practitioner.<br><br>On 10/22/2024, Surveyors made the following observations of the medication cart while the medication cart was unsupervised by staff in the resident dining room: keys left on top of the medication cart and bottle of pills left on top of medication cart.<br><br>On 10/23/2024 at 8:00 AM, Surveyors arrived at facility. Administrator A opened the door to the beauty salon to allow Surveyors a workspace. | N 352 | | |

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| N 352 | Continued From page 10<br><br>Upon entering the beauty salon Surveyor observed a clear plastic bag moderately full of empty 30-day prescription medication blister packs. Administrator A confirmed the medication cycle fill occurred on 10/21/2024, and the blister packs in the clear plastic bag were removed from the medication carts during that cycle fill. Surveyor reviewed all 30-day blister packs in the clear plastic bag and found 21 pills remained in the blister packs.<br><br>On 10/23/2024 at 8:30 AM, Surveyor observed the contents of the medication cart with Administrator A and Caregiver B. Surveyor made the following observations: a bottle of fiber powder laxative without a pharmacy label, a tube of muscle rub ointment for topical application stored in the same compartment as internal medications and a bottle of discontinued medication. As Surveyor cross referenced contents of medication cart against resident MARs. Surveyor found Resident 6's MAR documented Sodium Bicarbonate 650 mg tablets as ordered BID (twice daily) and Erythromycin 0.5% eye ointment QID (four times daily) but could not find either medication in the medication cart. Administrator A and Caregiver B acknowledged Resident 6's Sodium Bicarbonate 650 mg and Erythromycin 0.5% eye ointment were not in the medication cart.<br><br>On 10/23/2024 at 9:00 AM, Surveyors discussed the contents of the blister packs found in the clear plastic bag with Administrator A. Administrator A acknowledged 16 of the 21 pills observed were not administered to residents as prescribed from 09/22/2024 to 10/21/2024.<br><br>This is a repeat violation of statement of deficiency (SOD) RS7911 dated 02/14/2023. | N 352 | | |

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| N 352 | Continued From page 11<br><br>FINDINGS INCLUDE:<br><br>From 10/22/2024 to 10/23/2024, Surveyors conducted a complaint investigation at facility.<br><br>OBSERVATIONS:<br><br>On 10/22/2024 at 11:54 AM, Surveyors observed the medication cart in the resident dining room. Surveyors observed a bottle of pills sitting on top of the medication cart (Picture 1). Surveyors picked up the bottle and reviewed the label. The bottle was labeled as Resident 5's Methocarbamol 750mg tablets. Surveyors stood by the medication cart until the next staff member entered the resident dining room. Approximately one minute later, Administrator A entered the dining room and acknowledged the bottle of prescription medication on top of the medication cart was not secured.<br><br>On 10/22/2024 at 2:30 PM, Surveyor observed medication cart keys on top of medication cart (Picture 3). Surveyors asked Caregiver E about the keys on top of the medication cart. Caregiver E acknowledged the keys on top of the medication cart had the ability to unlock the compartments of the medication cart. Caregiver E stated s/he had just started his/her shift and the previous staff must have left the keys for them on top of the cart.<br><br>On 10/23/2024 at 8:00 AM, Surveyors arrived at facility. Administrator A opened the door to the beauty salon to allow Surveyors a workspace. Upon entering the beauty salon Surveyor observed a clear plastic bag moderately full of empty 30-day prescription medication blister packs. Administrator A confirmed the medication | N 352 | | |

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| N 352 | Continued From page 12 | N 352 | | |

cycle fill occurred on 10/21/2024, and the blister packs in the clear plastic bag were removed from the medication carts during the 10/21/2024 cycle fill. Surveyor observed the contents of the blister packs and found the following pills remained in the blister packs:
1.) Resident 1's Atorvastatin 20 mg tablet - 1 tablet at bedtime (HS) - 1 tablet remained in the #28, #29 & #30 slots.
2.) Resident 2's Baclofen 20 mg tablet - 1 tablet at HS - 1 tablet remained in the #30 slot (picture #14).
3.) Resident 3's Atorvastatin 10 mg tablet - 1 tablet at HS - 1 tablet remained in the #15 slot (picture 15).
4.) Resident 3's Acetaminophen (APAP) 325 mg - 2 tablets at 4:00 PM - 2 tablets remained in the #15 & #16 slots (picture 16).
9.) Resident 3's Donepezil HCL 5 mg tablet - 1 tablet at HS - 1 tablet remained in the #15 slot (picture #21).
10.) Resident 4's Quetiapine 25 mg tablet - 1 tablet at HS - 1 tablet remained in the #11 slot (picture #22).
11.) Resident 5's APAP 500 mg tablets - 2 tablets at HS - 2 tablets remained in the #3 slot (picture #23).
12.) Resident 5's Buspirone HCL 10 mg tablet - 1 tablet at HS - 1 tablet remained in the #3 slot (picture #24).
13.) Resident 5's Eliquis 5 mg tablet - 1 tablet at HS - 1 tablet remained in the #3 slot (picture #25).
14.) Resident 5's Methocarbomol 750 mg tablet - 1 tablet at HS - 1 tablet remained in the #3 slot (picture #26).
15.) Resident 5's Pramipexole 0.75 mg tablet - 1 tablet at HS - 1 tablet remained in the #3 slot (picture #27).
16.) Resident 5's Quetiapine 25 mg tablet - 1

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|---|---|---|---|
| | 0008514 | A. BUILDING: _____ B. WING _____ | R-C 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CHAMOMILE ASSISTED LIVING LTD | 22 MILO LANE MADISON, WI 53714 |

| (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 352 | Continued From page 13 | N 352 | | |

tablet at HS - 1 tablet remained in the #3 slot (picture #28).
17.) Resident 5's Trazadone 50 mg tablet - 1 tablet at HS - 1 tablet remained in the #3 slot (picture #29).

On 10/23/2024 at 8:30 AM, Surveyor observed the contents of the medication cart with Administrator A and Caregiver B. Surveyor made the following observations: a bottle of fiber powder laxative without a pharmacy label (picture 11), a tube of muscle rub ointment for topical application stored in the same compartment as internal medications (picture 12); and a bottle of Resident 6's Sulfamethoxazole-TMP suspension 5 ML daily which was documented as discontinued on Resident 6's MAR. As Surveyor cross referenced the contents of medication cart against resident MARs. Surveyor found Resident 6's MAR documented Sodium Bicarbonate 650 mg tablets as ordered BID (twice daily) and Erythromycin 0.5% eye ointment QID (four times daily) but could not find either medication in the medication cart. Administrator A and Caregiver B acknowledged Resident 6's Sodium Bicarbonate 650 mg and Erythromycin 0.5% eye ointment were not in the medication cart. Caregiver B state s/he could only speak for the last 2 days (10/22/2024 & 10/23/2024) but confirmed the medications had been missing from the medication cart both days. Caregiver B stated pills were punched out of blister packs from the slot number that matched the date of administration, for example on 10/22/2024 Caregiver B punched pills out from the number 22 slot on the blister packs.

RECORD REVIEW

EXAMPLE 1: Resident 2

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| N 352 | Continued From page 14<br><br>On 10/22/2024, Surveyor reviewed the resident roster. Resident 2 was admitted to the facility on 06/28/2024.<br><br>On 10/23/2024, Surveyor reviewed Resident 2's MAR from 09/22/2024 to 10/21/2024. The tablet that remained in the blister pack was documented as follows:<br>1.) Baclofen 20 mg tablet - HS dose - The 09/30/2024 dose was documented as administered.<br><br>EXAMPLE 2: Resident 3<br><br>On 10/22/2024, Surveyor reviewed the resident roster. Resident 3 was admitted to the facility on 05/17/2024.<br><br>On 10/23/2024, Surveyor reviewed Resident 3's MAR from 09/22/2024 to 10/21/2024. The tablets/capsules that remained in the blister packs were documented as follows:<br>1.) Atorvastatin 10 mg tablet - HS dose - The 10/15/2024 dose was documented as administered.<br>2.) APAP 325 mg - 2 tablets at 4:00 PM - The 10/15/2024 dose was documented as refused. The 10/16/2024 dose was documented as administered.<br>3.) Donepezil HCL 5 mg tablet - HS dose - The 10/15/2024 dose was documented as administered.<br><br>EXAMPLE 3: Resident 4<br><br>On 10/22/2024, Surveyor reviewed the resident roster. Resident 4 was admitted to the facility on 05/17/2026. | N 352 | | |

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| N 352 | Continued From page 15<br>On 10/23/2024. Surveyor reviewed Resident 4's MAR from 09/22/2024 to 10/21/2024. The tablet that remained in the blister pack was documented as follows:<br>1.) Quetiapine 25 mg tablet - HS dose - The 10/11/2024 dose was documented as administered.<br><br>EXAMPLE 4: Resident 5<br><br>On 10/22/2024, Surveyor reviewed the resident roster. Resident 5 was admitted to the facility on 07/12/2024.<br><br>On 10/23/2024, Surveyor reviewed Resident 5's MAR from 09/22/2024 to 10/21/2024. The tablets/capsules that remained in the blister packs were documented as follows:<br>1.) APAP 500 mg tablets - HS dose - Documented as administered on 10/03/2024.<br>2.) Buspirone HCL 10 mg tablet - HS dose - Documented as administered on 10/03/2024.<br>3.) Eliquis 5 mg tablet - HS dose - Documented as administered on 10/03/2024.<br>4.) Methocarbamol 750 mg tablet - HS dose - Zero, documentation on 10/03/2024.<br>5.) Pramipexole 0.75 mg tablet - HS dose - Documented as administered on 10/03/2024.<br>6.) Quetiapine 25 mg tablet - HS dose - Documented as administered on 10/03/2024.<br>7.) Trazodone 50 mg tablet - HS dose - Documented as administered on 10/03/2024.<br><br>EXAMPLE 5: Resident 6<br><br>On 10/23/2024, Surveyor reviewed the resident roster. Resident 6 was admitted to the facility on 12/01/2015.<br><br>On 10/23/2024, Surveyor reviewed Resident 6's | N 352 | | |

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| N 352 | Continued From page 16<br><br>MAR from 09/22/2024 to 10/22/2024. Resident 6's MAR from 09/22/2024 to 10/23/2024. Resident 6's Sodium Bicarbonate 750 mg tablet had been documented as administered from 09/22/2024 to 10/22/2024 & Resident 6's Erythromycin 0.5 % ointment had been documented as administered from 09/22/2024 to 10/22/2024.<br><br>EXIT INTERVIEW:<br><br>On 10/23/2024 at 9:00 AM, Surveyors discussed the above concerns with Administrator A. Administrator A provided a hospital aftercare summary to show that Resident 1's medication on 09/28/2024, 09/29/2024 & 09/30/2024 was withheld due to hospitalization. Administrator A acknowledged the following: Resident 2 did not receive his/her Baclofen 20 mg as prescribed on 10/30/2024, Resident 3 did not receive his/her Atorvastatin 10 mg, APAP 650 mg and Donepezil 5mg as prescribed on 10/15/2024, Resident 4 did not receive his/her Quetiapine 25 mg as prescribed on 10/11/2024, Resident 5 did not receive his/her APAP 1,000mg , Buspirone 10 mg, Eliquis 5 mg, Methocarbamol 750 mg, Pramipexole 0.75 mg, Quetiapine 25 mg and Trazodone 50 mg as prescribed on 10/03/2024. Administrator A acknowledged Resident 6 was not administered his/her 2 doses of Sodium Carbonate 650 mg as prescribed on 10/22/2024, and the medication was still not available. Administrator A acknowledged Resident 6 was not administered his/her 4 doses of Erythromycin 0.5% eye ointment on 10/22/2024, and the medication was still not available.<br><br>CROSS REFERENCE: N0358 DHS Chapter 83.32(3)(n) Rights of Residents: Safe Environment | N 352 | | |

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| N 358 | 83.32(3)(n) Rights of Residents: Safe environment<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the CBRF safeguarded residents from environmental hazards to which it is likely the residents would be exposed, including conditions which are hazardous to anyone and conditions that are hazardous to the resident because of the residents' conditions or disabilities.<br><br>FINDINGS INCLUDE:<br><br>From 10/22/2024 to 10/23/2024, Surveyors conducted a standard survey at facility.<br><br>On 10/22/2024, Surveyor reviewed Department facility facesheet. Facility is licensed as a non-ambulatory CBRF. Facility is licensed to provide care to residents of advanced age.<br><br>On 10/22/2024, Surveyor toured the facility. Surveyor made the following observations:<br><br>1.) Resident 3's toilet bowl had a ring of a mildew-like substance pink-brown in color (picture 4). | N 358 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| N 358 | Continued From page 18<br><br>2.) Resident 3's bathroom had a white plastic pail under the joint where the toilet connected to the water supply (picture 5).<br>3.) Resident 2's apartment had a mal-odorous urine-like smell. A hamper filled with soiled linens were stored in his/her bathroom.<br>2.) Resident 2's bathroom was missing the vent cover for the ceiling vent (picture 6).<br>3.) Resident 2's toilet bowl had a moderate amount of a brownish mildew-like substance above the water line (picture 7).<br>4.) Resident 5's toilet bowl had a moderate amount of brown substance above the water line (picture 8).<br>5.) Resident 8's room had a power strip with 4 electronic connected to it (picture 9).<br>6.) Resident 8 toilet was constantly running water through the system making a consistent loud noise which could be heard outside of Resident 8's room.<br>6.) The utility closet across the hallway from the kitchen had the door opened. Surveyor observed 3 bottles of cleaning compounds: 2 bottles of window cleaner and a bottle of Mr. Clean Brand all-purpose cleaner (picture 10).<br>7.) The bathroom across from the facilities main entrance did not have paper towel and soap available for hand hygiene.<br>8.) Masking tape used to cover an out-of-order door-bell speaker.<br><br>On 10/22/2024 at 9:35 AM, Surveyor discussed the environment of Resident 2 apartment with Caregiver C. Caregiver C acknowledged the soiled linens in Resident 2's bathroom was from the previous shift and had created a mal-odorous smell throughout Resident 2's apartment. Caregiver C acknowledged Resident 2's bathroom ceiling vent was missing the cover, and his/her toilet was soiled with a mildew-like | N 358 | | |

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| N 358 | Continued From page 19<br>substance.<br><br>On 10/22/2024 at 10:00 AM, Surveyor discussed the loud noise coming from Resident 8's toilet with Resident 8. Resident 8 stated the toilet had been broken for the last 2 weeks and Administrator A hasn't done anything about it. Resident 8 stated staff can do something to the toilet, and it will stop being so loud for short periods of time. Resident 8 stated the toilet is so loud it wakes him/her up at night.<br>On 10/22/2024 at 10:30 AM, Surveyor discussed the loud noise coming from Resident 8's toilet with Caregiver B and Caregiver C. Both Caregiver B and Caregiver C confirmed the loud noise had been coming from Resident 8's toilet for approximately 2 weeks.<br><br>On 10/22/2024 at 12:30 PM, Surveyor discussed the above concerns with Administrator A. Administrator A acknowledged the following: Resident 3's toilet was intermittently leaking, Resident 3's toilet was soiled, Resident 2's apartment had a mal-odorous smell from soiled linens being stored in his/her bathroom, Resident 5's toilet was soiled, Resident 8 had a power strip in his/her room, 3 unsecured cleaning compounds in the opened utility closet, the bathroom located across from the amin entrance had been missing paper towel and soap. Administrator A acknowledged Resident 8's toilet had been making an intermittent loud noise and stated s/he had an appointment to get the toilet fixed.<br><br>CROSS REFERENCE: N0358 DHS Chapter 83.32(3)(h) Rights of Residents: Recieve Medication<br>CROSS REFERENCE: N0525 DHS Chapter 83.47(2)(d) Fire Drills | N 358 | | |

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| N 358 | Continued From page 20<br>CROSS REFERENCE: N0526 DHS Chapter 83.47(2)(e) Other Evacuation Drills | N 358 | | |
| N 386 | 83.35(3)(a) Comprehensive Individualized Service Plan<br><br>Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Resident 7 was provided a comprehensive individualized service plan (ISP) within 30 days after admission based on the assessment under sub. (1). The CBRF did not have a comprehensive ISP for Resident 7. Which included the following: identification of Resident 7's needs, desired outcomes, measurable goals with specific time limits for attainment and specified methods for delivering care.<br><br>FINDINGS INCLUDE:<br><br>From 10/22/2024 to 10/23/2024, Surveyors conducted a standard survey at facility. | N 386 | | |

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| N 386 | Continued From page 21<br><br>On 10/22/2023, Surveyor reviewed the facility residents roster. Resident 7 was admitted to the facility on 06/10/2024.<br><br>On 10/22/2023, Surveyor reviewed Resident 7's facility record. The only ISP documented for Resident 7 was on a document titled, "TEMPORARY SERVICE PLAN" (TWP) dated 06/10/2024. The TWP documented Resident 7 was his/her own decision maker. The TWP was not signed by Resident 7. The TWP documented Resident 7 suffered from left sided weakness secondary to stroke and utilized a wheelchair for ambulation. The ISP documented Resident 7 as requiring assistance with the following activities of daily living: toileting, bathing, dressing, mobility and transferring, but did not describe how caregivers were to assist Resident 7 with those activities.<br><br>On 10/23/2024 at 8:40 AM, Surveyors discussed the above concern with Administrator A. Administrator A acknowledged s/he did not have a comprehensive ISP documented for Resident 7. Administrator A acknowledged a comprehensive ISP was to be completed within 30 days of admission to facility. | N 386 | | |
| N 525 | 83.47(2)(d) Fire drills.<br><br>Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed | N 525 | | |

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| N 525 | Continued From page 22 | N 525 | | |

under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure fire evacuation drills were conducted quarterly with at least on fire evacuation drill that simulated conditions during usual sleeping hours for the calendar year of 2023.

This is a repeat violation of statement of deficiency (SOD) SOD KC0N11 dated 10/09/2020.

FINDINGS INCLUDE:

From 10/22/2024 to 10/23/2024, Surveyors arrived at facility for a standard survey.

On 10/22/2024, Surveyors reviewed fire evacuation drills documented for the calendar year of 2023. From 01/01/2023 to 12/31/2023, facility conducted 3 fire drills on the following dates: 03/22/2023, 06/30/2023 and 09/30/2023. Three of 3 fire evacuation drills reviewed occurred from 12:00 PM to 6:30 PM. No, nighttime simulated fire evacuation drill was documented.

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| N 525 | Continued From page 23<br>On 10/23/2024 at 8:40 AM, Surveyors interviewed Administrator A. Administrator A acknowledged fire evacuation drills were not conducted at least quarterly during the calendar year of 2023. Administrator A acknowledged none of the fire evacuation drills conducted in 2023 were completed and/or simulated nighttime conditions.<br><br>CROSS REFERENCE N0358 DHS Chapter 83.32(3)(h) Rights of Residents: Safe Environment<br>CROSS REFERENCE N0526 83.47(2)(e) Other Evacuation Drills | N 525 | | |
| N 526 | 83.47(2)(e) Other evacuation drills.<br><br>Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster evacuations drills were conducted at least semi-annually during the calendar year of 2023.<br><br>FINDINGS INCLUDE:<br><br>From 10/22/2024 to 10/23/2024, Surveyors arrived at facility for a standard survey.<br><br>On 10/22/2024, Surveyors reviewed facility environmental records. Zero, semi-annual severe weather/disaster evacuation drills were documented for the calendar year of 2023. | N 526 | | |

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| N 526 | Continued From page 24<br>On 10/23/2024 at 8:40 AM, Surveyors discussed the above concern with Administrator A. Administrator A acknowledged semi-annual severe weather/disaster evacuations drills were conducted during the calendar year of 2023.<br><br>CROSS REFERENCE N0358 DHS Chapter 83.32(3)(h) Rights of Residents: Safe Environment<br>CROSS REFERENCE N0525 DHS Chapter 83.47(2)(d) Fire Drills | N 526 | | |