STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015325	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF JACKSON	N168 W22022 MAIN ST JACKSON, WI 53037

(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 11/08/2023, Surveyor conducted a complaint investigation and standard survey at Cedarhurst of Jackson, a CBRF in Jackson. Six deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 2EH211, dated 02/20/2019. The complaint was unsubstantiated. Census: 18	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed were assessed when they had a change in condition. Resident 2 and Resident 3 did not have updated fall assessments. Findings include: On 11/08/2023 at approximately 11:00 a.m.,	N 381		

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

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N 381	Continued From page 1 Surveyor reviewed resident records, which identified the following: Resident 2 was admitted to the provider's facility on 01/31/2023 with diagnosis of vascular dementia. Resident 2's record documented s/he had sustained falls on 08/30/2023, 11/04/2023 and 11/05/2023. The most recent fall assessment in Resident 2's record was dated 07/30/2023. Resident 3 was admitted to the provider's facility on 08/30/2022 and discharged on 07/14/2023. Resident 3's diagnoses included dementia. Resident 3's record documented s/he had sustained falls on 03/14/2023, 05/31/2023 and 06/09/2023. The most recent fall assessment in Resident 3's record was dated 02/28/2023. On 11/08/2023 at approximately 1:30 p.m., Surveyor interviewed Director of Nursing B and Regional Nurse C regarding Resident 2 and Resident 3's falls. Surveyor asked if either resident had an updated fall assessment. Director of Nursing B confirmed neither resident had a recent fall assessment and made note of Surveyor's findings.	N 381		
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	N 389		

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N 389	Continued From page 2 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 1 of 3 resident individual service plans (ISP) was updated upon changes. Resident 2's ISP was not updated to include his/her behavior of refusing cares. This is a repeat deficiency. See Statement of Deficiency (SOD) 2EH211, dated 02/20/2019. Findings include: On 11/08/2023 at approximately 11:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 01/31/2023 with diagnosis of vascular dementia. Resident 2's ISP, dated 07/30/2023, documented s/he had behaviors of collecting items but no further behaviors. Resident 2's progress notes, dated 08/01/2023 to 11/08/2023, documented 13 refusals for caregivers to assist with bathing, 55 refusals for caregivers to assist with Resident 2 changing his/her clothing and 2 occurrences of Resident 2 being combative with cares. On 11/08/2023 at approximately 1:30 p.m., Surveyor interviewed Director of Nursing B and Regional Nurse C regarding Resident 2's behaviors. Surveyor reviewed that Resident 2's ISP did not include his/her history of refusing cares. Director of Nursing B agreed with Surveyor and stated Resident 2's ISP was due to be updated.	N 389		

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N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed were reassessed by a pharmacist, practitioner or registered nurse at least quarterly for the desired responses and possible side effects of his/her psychotropic medications. Resident 1's use of Citalopram and Quetiapine Fumarate was not reassessed quarterly. Findings include: On 11/08/2023 at approximately 11:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 10/10/2022. Resident 1's physician orders included Citalopram 10 mg (Start Date: 04/24/2023) - Take 1 tablet daily and Quetiapine Fumarate 25 mg (Start Date: 04/24/2023) - Take 1 tablet twice daily. Resident 1's record did not include quarterly assessments of the psychotropic medications.	N 407		

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N 407	Continued From page 4 On 11/08/2023 at approximately 1:30 p.m., Surveyor interviewed Director of Nursing B and Regional Nurse C. Regional Nurse C stated their pharmacy typically reviews medications, but the pharmacy was in another state where the regulations were different so the psychotropic reviews were missed.	N 407		
N 443	83.39(5) Pets vaccinated. The CBRF shall ensure that pets are vaccinated against diseases, including rabies, if appropriate. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility cat was vaccinated against diseases, including rabies. Findings include: On 11/08/2023 at approximately 9:00 a.m., Surveyor reviewed the provider's environmental records. Environmental records did not include pet vaccination records. On 11/08/2023 at approximately 11:15 a.m., Surveyor interviewed Interim Administrator A. Interim Administrator A confirmed the facility had a cat named Lola. Interim Administrator A stated the most recent vaccination s/he could find expired in 2019, but that s/he would reach out to the vet. On 11/08/2023 at approximately 5:00 p.m., Director of Nursing B followed up with Surveyor and stated they were unable to locate any additional vaccination records, but had scheduled an appointment to have the cat vaccinated.	N 443		

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N 454	Continued From page 5	N 454		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person	N 454		

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N 454	Continued From page 6 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 included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure refusals of blood sugar monitoring and medication administration were documented in 1 of 3 resident records reviewed. Resident 1's refusal of blood sugar checks was not documented 6 times and administration of Tresiba 100 units/ml was not documented 6 times from 10/01/2023 to 10/31/2023. This is a repeat deficiency. See Statement of Deficiency (SOD) 2EH211, dated 02/20/2019.	N 454		

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N 454	Continued From page 7 Findings include: On 11/08/2023 at approximately 11:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 10/10/2022 with diagnosis of diabetes. Example 1 - Blood Sugar Monitoring Resident 1's physician orders included an order to check blood sugars twice daily (Start Date: 02/08/2023). Resident 1's Medication Administration Record (MAR), dated 10/01/2023 to 10/31/2023, included only 1 blood sugar value for the following dates: 10/12/202, 10/17/2023, 10/18/2023, 10/21/2023, 10/22/2023 and 10/26/2023. Example 2 - Tresiba Administration Resident 1's physician orders included Tresiba 100 units/ml (Start Date: 04/25/2023) - Inject 12 units at bedtime. Resident 1's Medication Administration Record (MAR), dated 10/01/2023 to 10/31/2023, had a blank entry on 10/12/2023, 10/18/2023, 10/21/2023, 10/22/2023, 10/26/2023 and 10/27/2023. On 11/08/2023 at approximately 1:30 p.m., Surveyor interviewed Director of Nursing B and Regional Nurse C regarding Resident 1's dates with only 1 blood sugar recording and blank entries for Tresiba administration. Director of Nursing B stated Resident 1 likely refused blood sugar monitoring and/or Tresiba administration on dates with blank entries. On 11/08/2023 at approximately 5:00 p.m., Director of Nursing B followed up with Surveyor. Director of Nursing B had no further information	N 454		

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N 454	Continued From page 8 to provide related to blank entries, but stated with a change in electronic charting missed charting will be much easier to monitor.	N 454		
N 487	83.44(1)(b) Separate laundry storage areas or containers Storage and transport. The CBRF shall have separate clean and dirty laundry storage areas or containers. Storage containers shall be clean, leak-proof and have a tight fitting lid. The CBRF may not transport, wash or rinse soiled laundry in areas used for food preparation, serving or storage. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure soiled laundry was not transported in areas used for serving food. Findings include: On 11/08/2023 at approximately 12:00 p.m., Surveyor toured the provider's facility. Surveyor observed a stacked washer and dryer in the 2nd floor dining room, a few feet from where residents were eating lunch. Surveyor observed a basket of soiled clothing in front of the washer. On 11/08/2023 at approximately 1:30 p.m., Surveyor interviewed Director of Nursing B and Regional Nurse C. Surveyor shared observation that resident laundry was handled in the same location residents ate. Regional Nurse C replied, "From an infection control standpoint, that is gross."	N 487		