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 _____	R-C 06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF HASMER LAKE	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 06/11/2024, Surveyor conducted 2 complaint investigations and a verification visit at Charter Senior Living of Hasmer Lake, a CBRF in Jackson. Four deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) RT4K11, dated 11/08/2023. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 15	{N 000}		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an injury of an unknown source was investigated. Resident 7 was found with injuries of an unknown source on 03/07/2024 and no investigation of the cause occurred. Findings include:	N 161		

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

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N 161	Continued From page 1 On 06/11/2024, Surveyor conducted a complaint investigation alleging a resident was found with injuries and no explanation was provided. On 06/11/2024 at approximately 11:00 a.m., Surveyor reviewed Resident 7's record. Resident 7 was admitted to the provider's facility on 03/06/2021 with diagnosis of Alzheimer's. Resident 7's record included the following notes: - Progress Note, dated 03/07/2024 5:45 a.m.: During round staff noticed resident was red and bruised. There is no fall documented but resident is complaining of pain. Resident's right side of his/her face is bruised and red and right knee is bruised and scraped. Staff did contact hospice and nurse. - Progress Note, dated 03/07/2024 11:15 a.m.: Came into work this morning and noticed resident's right side of face was bruised really bad. Seemed as if s/he was in pain. - Incident Report, dated 03/07/2024 6:30 a.m.: Resident has bruises on the right side of his/her face along with his/her right arm and right leg. - Medication Administration Record: Morphine administered on 03/07/2024 at 7:08 a.m. for pain. Surveyor noted Resident 7's record did not include documentation or an investigation for the cause of the injuries. Surveyor asked Clinical Specialist E if an investigation was completed regarding the 03/07/2024 injuries. On 03/07/2024 at approximately 12:00 p.m., Clinical Specialist E stated s/he did not have documentation of an investigation related to Resident 7's injuries. Clinical Specialist E explained the injuries occurred prior to him/her and Administrator D being with the company.	N 161		

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N 169	Continued From page 2	N 169		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the legal representative for 2 of 2 residents reviewed were immediately notified when an incident or injury occurred. Resident 7's legal representative was not notified when s/he was found with injuries of an unknown source. Resident 4's legal representative was not notified when s/he had falls. Findings include: On 06/11/2024, Surveyor conducted a complaint investigation alleging the provider did not notify legal representatives of injuries or incidents as required. On 06/11/2024 at approximately 11:00 a.m., Surveyor reviewed resident records and identified the following concerns: Example 1 - Resident 7: Resident 7 was admitted to the provider's facility on 03/06/2021 with diagnosis of Alzheimer's.	N 169		

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N 169	Continued From page 3 Resident 7 had an activated Health Care Power of Attorney. Resident 7's record included an incident report, dated 03/07/2024, that stated s/he was discovered with bruises on the right side of his/her face along with his/her right arm and right leg. A progress note, dated 03/07/2024, indicated hospice was updated. Neither the incident report, nor progress notes indicated Resident 7's legal representative had been updated. Example 2 - Resident 4: Resident 4 was admitted to the provider's facility on 06/21/2023. Resident 4 had an activated Health Care Power of Attorney. Resident 4's record included incident reports and progress notes, dated 03/01/2024 to 06/10/2024, which documented the following falls with no documentation of Resident 4's legal representative receiving notification: - 03/12/2024: Found on floor in room. Small knot found on head. - 04/17/2024: Found on floor in room. - 06/07/2024: Found on right side as 1st shift was coming to get him/her for breakfast. On 06/11/2024 at approximately 2:00 p.m., Surveyor reviewed concern with Administrator D and Clinical Specialist E that Resident 7 was discovered with injuries and Resident 4 had sustained falls, but documentation did not indicate their legal representatives were notified of the incidents. Administrator D and Clinical Specialist E explained that neither of them worked for the facility at the time of Resident 7's injuries and some of Resident 4's falls. Clinical Specialist E stated hospice may have updated the legal representatives following the incidents. Administrator D added, "But it is our	N 169		

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N 169	Continued From page 4 responsibility."	N 169		
{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 3 of 3 residents reviewed were reassessed by a pharmacist, practitioner or registered nurse at least quarterly for the desired responses and possible side effects of the medications. Resident 4, Resident 1 and Resident 5 had not had their scheduled psychotropic medication use assessed in the past 90 days. This is a repeat deficiency - See Statement of Deficiency (SOD) RT4K11, dated 11/08/2023. Findings include: On 06/11/2024 at approximately 12:00 p.m., Surveyor reviewed resident records provided by Administrator D and Clinical Specialist E. Records indicated the following concerns with	{N 407}		

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{N 407}	Continued From page 5 psychotropic reviews: Example 1 - Resident 4: Resident 4 was admitted to the provider's facility on 06/21/2023. Resident 4's physician orders included the following: - Quetiapine Fumarate 25 mg (Start Date: 01/11/2024) - Take 1 tablet 2 times daily for anxiety and behaviors. - Sertraline Hcl 50 mg (Start Date: 01/16/2024) - Take 1 tablet every day for depression. Resident 4's most recent scheduled psychotropic review was dated 02/15/2024 and signed by a pharmacist. The document stated "Unknown effectiveness [due to] unknown indication at time of review with nursing staff" under both medications. Example 2 - Resident 1: Resident 1 was admitted to the provider's facility on 10/10/2022. Resident 1's physician orders included the following: - Citalopram Hydrobromide 10 mg (Start Date: 01/05/2024) - Take 1 tablet daily for anxiety and dementia with behaviors. - Quetiapine Fumarate 50 mg (Start Date: 01/10/2024) - Take 1 tablet twice daily for dementia with late onset. Resident 1's most recent scheduled psychotropic review was dated 02/15/2024, greater than 90 days ago. Example 3 - Resident 5:	{N 407}		

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{N 407}	Continued From page 6 Resident 5 was admitted to the provider's facility on 03/08/2023. Resident 5's physician orders included the following: - Quetiapine Fumarate 25 mg (Start Date: 12/23/2023) - Take 1 tablets 3 times daily for advanced dementia. - Sertraline Hcl 50 mg (Start Date: 12/12/2023) - Take 3 tablets by mouth every morning. Resident 5's most recent scheduled psychotropic review was dated 02/15/2024, greater than 90 days ago. On 06/11/2024 at approximately 12:00 p.m., Surveyor reviewed concern with Clinical Specialist E that 3 of 3 residents reviewed that received a scheduled psychotropic medication did not have a review completed within the past 90 days. Clinical Specialist E replied, "We took over management in April and are working on it."	{N 407}		
{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)	{N 454}		

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{N 454}	Continued From page 7 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 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	{N 454}		

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{N 454}	Continued From page 8 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 a record of blood sugars was maintained for 2 of 2 residents reviewed. Resident 6 and Resident 1's blood sugar was not documented in their record each time it was monitored. This is a repeat deficiency - See Statement of Deficiency (SOD) RT4K11, dated 11/08/2023. Findings include: On 06/11/2024 at approximately 11:00 a.m., Surveyor reviewed resident records provided by Clinical Specialist E and identified the following concerns: - Resident 6 was admitted to the provider's facility on 05/31/2022 with diagnosis of diabetes. Resident 6's physician orders included an order, dated 05/01/2024, to check Resident 6's vitals 4 times daily (8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.). Surveyor reviewed Resident 6's Medication Administration Record (MAR) and Vitals Summary, dated 05/01/2024 to 06/10/2024. Documentation indicated the blood sugar was taken, but Surveyor was unable to locate documentation of the readings for 05/10/2024 at 8:00 a.m. and 05/04/2024 to 05/15/2024 at 8:00	{N 454}		

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{N 454}	Continued From page 9 p.m. - Resident 1 was admitted to the provider's facility on 10/10/2022 with diagnosis of diabetes. Resident 1's physician orders included an order, dated 04/09/2024, to check Resident 1's blood sugar 2 times daily. Surveyor reviewed Resident 1's MAR and Vitals Summary, dated 05/01/2024 to 06/10/2024. Documentation indicated the blood sugar was taken, but Surveyor was unable to locate documentation of the readings for 05/09/2024 AM and PM, 05/14/2024 AM, 05/16/2024 PM, 06/06/2024 PM, 06/09/2024 AM and PM and 06/10/2024 AM. On 06/11/2024 at approximately 12:00 p.m., Surveyor reviewed concern with Clinical Specialist E that Surveyor was unable to locate documentation of all blood sugar readings for Resident 6 and Resident 1 from 05/01/2024 to 06/10/2024. Clinical Specialist E reviewed the dates Surveyor had listed above and stated s/he had provided all documentation s/he was able to locate.	{N 454}		