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CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

(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 07/26/2023, Surveyor conducted a verification visit and complaint investigation at Cambridge Senior Living. Data was collected through 08/02/2023. Four of 4 complaints were substantiated. Nine violations were identified. Three of 9 violations were repeat deficiencies. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 35	{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 2 injuries of unknown origin were investigated. Resident 4 sustained unexplainable injuries (skin tears) around 04/30/2023 and 07/25/2023. Findings include: The provider is licensed to care for 72 residents	N 161		

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

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N 161	Continued From page 1 in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. On 07/26/2023 at 3:00 PM, Surveyor interviewed Resident 4. Resident 4 was seated in a wheelchair and working on a puzzle. Resident 4 was attentive and engaged in the conversation but his/her speech was incomprehensible. Surveyor reviewed Resident 4's record. Resident 4 was admitted on 06/30/2022 with diagnoses that included aphasia and cerebral infarction (stroke). His/her care plan, dated 07/11/2023, indicated s/he was a fall risk and required physical assistance with mobility and transfers. On 08/01/2023, Surveyor reviewed Resident 4's hospice records. According to hospice notes, Caregiver T called hospice on 04/30/2023 at 4:43 PM, to report an injury of unknown origin to Resident 4's left leg. On 05/01/2023, Resident 4's hospice nurse assessed the injury to be a 2 cm long by 0.2 cm wide skin tear on his/her left calf. The injury was cleansed and treated with steri strips and a foam dressing. A hospice note dated 07/25/2023 at 11:21 AM, read, "PRN (as needed) Visit. Patient fell yesterday in bathroom. No staff at facility had this communicated to them. Unable to obtain more details of fall. Will attempt to obtain more information tomorrow when office staff is present. Small skin tear on left inner calf." On 08/2/2023, Surveyor requested any investigations into injuries of unknown origin for Resident 4 between April and July 2023. At 11:32 AM, Surveyor received an email from Administrator in Training (AIT) A and	N 161		

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N 161	Continued From page 2 Administrator B that read, "...upon review there were no investigations - all notes reviewed were accounted for."	N 161		
N 215	83.15(3)(b) Administrator responsible for staff training The administrator shall be responsible for the training and competency of all employees. This Rule is not met as evidenced by: Based on interview and record review, the administrator did not ensure the training and competency of all employees. Findings include: The Department received 4 complaints regarding resident care and services. Multiple complainants discussed concerns with staff competency. The provider is licensed to care for 72 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. On 07/26/2023, Administrator In-Training (AIT) A gave Surveyor an employee roster. The roster indicated 17 of 24 employees were hired within the last 90 days. The roster indicated there were 4 caregivers that had been employed for more than 3 months. At 10:47 AM, Surveyor interviewed Caregiver C (hired 07/19/2023). Caregiver C stated it was his/her 4th day working at the facility. Caregiver C stated s/he did not receive training on the	N 215		

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following: abuse and neglect, the provider's emergency procedures, or recognizing and responding to changes in condition.

At 11:30 AM, Surveyor interviewed Caregiver D (hired 12/06/2022). Caregiver D stated s/he did not receive training on abuse and neglect, the provider's emergency procedures, or recognizing and responding to changes in condition prior to working with residents.

At 11:45 AM, Surveyor interviewed Family Member (FM) K. FM K discussed his/her concerns with the care Resident 2 received at the facility. FM K stated Resident 2 recently entered "final moments" on hospice, and s/he was not checked on or repositioned for over 20 hours between Sunday to Monday. Surveyor asked how FM K knew this and FM K stated s/he was at the facility the whole time. When FM K brought this up to staff, they stated they did not want to disturb Resident 2. FM K said staff meant well, but they did not have the training or knowledge to know what residents needed.

At 3:04 PM, Surveyor interviewed Caregiver H (hired 06/27/2023). Caregiver H stated s/he did not have prior experience or training as a caregiver. Surveyor reviewed the training requirements and asked Caregiver H to answer if s/he had received training on each of the required topics. Caregiver H stated the only required training topic s/he had completed was resident rights and s/he was not made aware of any other trainings/courses s/he needed to take. When Surveyor asked if Caregiver H had received training on the provider's licensed client groups such as dementia, Caregiver H responded that s/he did not realize this was a dementia home. Caregiver H stated s/he did not know where to

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find resident care plans. Surveyor asked Caregiver H if s/he knew which residents needed repositioning and Caregiver H stated, "[Resident 8] needs it, but I don't know how to do it." Surveyor asked Caregiver H if s/he knew where to find supplies such as resident linens for a bedding change. Caregiver H said s/he believed resident linens were kept in their rooms, but s/he was not sure. Caregiver H stated, "I've never really been taught how to do the laundry." Surveyor asked if Caregiver H felt his/her training adequately prepared him/her for the job. Caregiver H stated, "I would say no."

At 3:30 PM, Surveyor interviewed AIT A. AIT A stated Caregiver C and Caregiver H had completed their orientation and on-the-floor training. AIT A stated all required orientation topics (including abuse and neglect, emergency procedures, and recognizing/responding to changes in condition) were covered during the provider's orientation process. AIT A stated s/he taught 1 orientation since s/he began (hired on 06/05/2023). His/her orientation day lasted approximately 1 to 2 hours and included a tour of the facility, setting up the employee's on-the-floor training schedule, and completing new-employee paperwork.

Surveyor reviewed training records for Caregiver C, Caregiver D, and Caregiver G (hired on 06/24/2023). Each employee file included an Onboarding Education Acknowledgment which read, "You have completed our 6-hour Onboarding & New Employee Orientation. Listed below are the various topics that were covered during orientation. Please take a few minutes to read through the following items and acknowledge that you participated in the training and can demonstrate a general understanding of

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what was covered by initiating next to each topic and signing your name at the bottom. Completion of this form also indicates that you know where to locate the following items and understand that the Executive Administrator is always available to assist you with any questions you may have." Caregiver C signed his/her acknowledgement on 07/15/2023, Caregiver D signed his/her's on 07/18/2022, and Caregiver G signed his/her's on 03/21/2023. The list included the topics Caregiver C and Caregiver D denied receiving training on during their interviews with Surveyor earlier in the day.

On 07/27/2023 at 5:07 PM, Surveyor received an email from the provider's regional director of operations, Administrator B, that read, in part: "Training - there are areas staff brought to your attention where they were feeling lack of knowledge. Although there is lots of information gone over in Healthcare, it opened our eyes to finding another way in testing 'knowledge recollection' an area we agree is very important. We will be developing and adding to our HR (human resources) process a [sic] 'Education Retention Review' we are happy to share this information with you on completion. We have also been in the process of transferring ALL our educational items into videos that will be uploaded and available for access anytime they are needed for reference."

On 08/02/2023 at 1:45 PM, Surveyor interviewed Administrator B. Administrator B stated that prior to a caregiver's hire date, they were given access to the provider's online orientation training. Administrator B stated this included reading materials and videos. Employees were expected to review the materials at their own pace. After the provider received a completed Onboarding

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N 215	Continued From page 6 Education Acknowledgement, they scheduled an on-site orientation. Administrator B said the topics covered in the self-paced portion of the orientation were briefed during on-site orientation, but not discussed at length. After an employee completed on-site orientation, they were scheduled for on-the-floor training. Cross references: N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan	N 215		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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N 239	Continued From page 7	N 239		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 caregivers received standard precaution training prior to assuming responsibilities that exposed them to bodily fluids.

Findings include:

The provider is licensed to care for 72 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged.

On 07/26/2023 at 3:04 PM, Surveyor interviewed Caregiver H (hired 06/27/2023). Caregiver H stated s/he did not have prior experience or training as a caregiver. Caregiver H stated his/her training consisted of an orientation day, then 3 days of on-the-floor training, working alongside an experienced caregiver. Caregiver H stated s/he had not completed any Department-approved training and s/he was not aware that s/he needed to. Caregiver H stated s/he was scheduled to work the floor with Caregiver J (hired 07/19/2023) until 10:00 PM.

Surveyor reviewed the Community-Based Care and Treatment Training Registry. Caregiver H and Caregiver J were not on the registry, suggesting they had not completed any Department-approved courses. Caregiver J was also not found on the Wisconsin Nurse Aide Registry.

At 3:30 PM, Surveyor interviewed AIT A. AIT A

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N 239	Continued From page 8 stated Caregiver H and Caregiver J had completed their orientation and on-the-floor training. Surveyor asked if they completed Department-approved standard precautions. AIT A replied that s/he thought new employees had 90 days to complete their training. On 07/27/2023 at 5:07 PM, Surveyor received an email from the provider's regional director of operations, Administrator B, that read, in part: "Upon you notifying me we immediately pulled a full facility audit; it was realized the two staff working and in question were new. After reviewing the situation with [AIT A] and [Clinical Care Coordinator (CCC) E], it was determined they made an error in communication ... Both [AIT A] and [CCC E] are dedicated smart employees, they both acknowledged the mishap and education has been provided to ensure this doesn't happen going forward. Standard Precautions will be completed by this Friday 7/28/2023. We do understand this wasn't acceptable and apologize." On 08/02/2023 at 1:45 PM, Surveyor interviewed Administrator B. Administrator B stated the 2 staff s/he referenced in his/her 07/27/2023 email were Caregiver H and Caregiver J. Administrator B stated s/he completed standard precautions with both on 08/01/2023.	N 239		
{N 302}	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically	{N 302}		

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{N 302}	Continued From page 9 apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents sampled were screened for tuberculosis (TB) in accordance with the Centers for Disease Control and Prevention (CDC) standards. This is a repeat violation. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023. Findings include: According to the Wisconsin Tuberculosis Program publication P-02382A Tuberculosis Screening and Testing: Residents of Care Facilities (retrieved from: https://www.dhs.wisconsin.gov/publications), screening for the presence of communicable disease, including TB, includes the following three steps: 1) TB risk assessment 2) Symptom evaluation 3) TB testing..."Perform baseline testing for all residents without documented evidence of prior LTBI [latent TB infection] or TB disease.... If TST [tuberculin skin test] is used as the	{N 302}		

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{N 302}	Continued From page 10 baseline testing, 2-step testing is recommended for residents who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before admission." The provider is licensed to care for 72 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. On 07/26/2023, Surveyor reviewed 2 resident records. Resident 6 was admitted on 06/30/2023. Resident 6's file included a 1-step TST completed on 06/23/2023. The file did not include evidence of additional testing within the prior 12 months. Resident 7 was admitted on 07/13/2023. Resident 7's file included a 1-step TST completed on 07/15/2023. The file did not include evidence of additional testing within the prior 12 months. At 5:36 PM, Surveyor interviewed Community Relations Director (CRD) I. CRD I stated s/he was responsible for resident admissions, including arranging their communicable health screening. CRD I stated s/he thought they were requiring a 2-step TST because a skin test required 2 parts, the injection and the reading. CRD I stated s/he would ensure they complete baseline testing per CDC recommendations going forward.	{N 302}		

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N 353	Continued From page 11	N 353		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 3 received prompt and adequate treatment on 03/21/2023, when s/he experienced a change in condition that caused chest pain and shortness of breath (SOB). Resident 3 began having chest pain around 5:30 AM and did not receive pain medication until 8:00 AM due to staff not recognizing Resident 3's change in condition, not answering the phone when his/her medical provider called, and not being able to find Resident 3's medication. Resident 3's pain increased to the point of needing a STAT (immediate) dose of morphine at 10:30 AM. Findings include: The Department received 2 complaints related to the provider's response to changes in condition. The provider is licensed to care for 72 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. On 07/26/2023 and 08/01/2023, Surveyor reviewed Resident 3's records. Resident 3 was admitted to the facility on	N 353		

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06/25/2021. On 03/01/2023, s/he was admitted to hospice and expired on 03/29/2023.

The provider's progress notes read:
"Effective Date: 03/01/2023...
Start Hospice Comfort Kit:...
3. Morphine SOlutab 5mg - by mouth every 4 hours as needed for SOB/Pain
4. Lorazepam 0.5mg every 4 hours as needed for anxiety/SOB.
Order received, reviewed, processed and uploaded to misc tab. Resident aware."

According to progress notes, these orders were changed on 03/22/2023 to lorazepam 0.5mg every hour as needed for anxiety/agitation and morphine 10 mg SOlutab every hour as needed for pain/SOB.

Resident 3's March medication administration record (MAR) indicated staff administered the initial dose of morphine to Resident 3 on 03/22/2023 at 11:43 PM and initial dose of lorazepam at 7:52 PM on 03/25/2023.

The dose increase and initiation of comfort medications suggested Resident 3 had a change in condition but his/her record did not include details of a change in condition or notification to Resident 3's hospice team.

Hospice notes read, in part:
03/21/2023 at 6:22 AM, "[Family Member (FM) L] called to report patient called [him/her] c/o [concerns of] not feeling well and [s/he] has chest heaviness. This nurse attempted to contact facility without getting an answer. On call/case manager contacted to make a visit due to change in condition."

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03/21/2023 at 9:17 AM, "[FM L] called triage, around 6 AM, patient having chest pain, heaviness. Tirage [sic] unable to contact facility. Triage called writer. Call placed to [FM L], [s/he] was just getting to facility. Got report on patient. Chest pain radiates to right arm and neck, anxious, SOB. Very shallow breaths. Requested staff give morphine. Staff having trouble finding morphine, did find lorazepam. This was given with some relief. Patient resting in recliner. Guided imagery effective. 5 MG morphine given, still continues to have chest pain at 6. [Physician] updated, order received to give STAT dose of morphine 10 MG when available."

Resident 3's record included a Hospice Visit Communication note that read, "Showing relief at 11:30 AM [with] administering at 10:30 AM lorazepam and morphine. Woke at 12 PM - anxious - lorazepam given. Staff will continue to monitor."

The provider's documentation did not indicate when Resident 3 received his/her comfort medications on 03/21/2023, but based hospice notes, the treatment was delayed.

On 08/01/2023 at 3:30 PM, Surveyor interviewed FM L. FM L stated s/he received a call from Resident 3 at 5:33 AM on 03/21/2023. Resident 3 stated s/he wanted to warn FM L that staff would likely be calling FM L because Resident 3 was having chest pain. Resident 3 said s/he had his/her call light on and was waiting for staff to arrive. FM L stated s/he ended the call and immediately tried calling the facility to speak with staff, but nobody answered. FM L called hospice and went to the facility. FM L said s/he arrived at the facility about 6:30 AM and found Resident 3's door locked. FM L said s/he found and spoke with

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CAMBRIDGE SENIOR LIVING	2525 WARD AVE HUDSON, WI 54016

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the floor staff. The staff stated s/he was just in Resident 3's room and Resident 3 was fine. FM L said the staff member did not realize Resident 3 was on hospice or recognize Resident 3 was experiencing a cardiac event. FM L said s/he and the floor staff went to Resident 3's room. Shortly after the staff opened Resident 3's door, FM L received a call from Hospice Nurse (HN) P. HN P told FM L they were unable to reach anyone at the facility. FM L said s/he gave the floor staff his/her phone so HN P could instruct them on what to do. FM L said the staff took the phone to the medication room and returned stating s/he could not find Resident 3's comfort medications. FM L stated Resident 3 was in pain and s/he was saying, "I can't breathe deeply. I need morphine." FM L said the facility's nurse, Nurse S, administered Resident 3's morphine at about 8:00 AM, stating s/he found the medication was in a different med room. By 8:00 AM, Resident 3's pain was severe and had traveled to his/her chest, abdomen, right arm, and into his/her neck. Resident 3 had little relief after the first dose of morphine, so a higher dose was ordered by Resident 3's physician. FM L said Resident 3 stated, "I can't take any more of this. I signed up to be on hospice to be in comfort." FM L said Resident 3 began feeling relief about 1 hour after receiving the STAT dose of morphine.

On 08/02/2023 at approximately 2:45 PM, Surveyor interviewed Administrator B and Administrator in Training (AIT) A. Administrator B stated that when a resident was admitted to hospice services, hospice ordered comfort medications (typically morphine and lorazepam) and they were kept at the facility so they were available when they were needed. Administrator B said Nurse S was the administrator at the facility at the time of Resident 3's incident; Nurse

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N 353	Continued From page 15 S was no longer one of the provider's employees. Administrator B stated s/he was aware hospice came in and gave Resident 3 a significant dose of morphine that would have been outside their orders. Administrator B said, "I can't speak to if the meds were in-house or a reason why they weren't administered beforehand... To my knowledge, [Resident 3] had pain and hospice administered meds... it [medication] must have been there."	N 353		
{N 388}	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 2's and Resident 4's individual service plans (ISP) were implemented as written. Resident 2 was not checked on every 2 hours between 07/23/2023 and 07/26/2023. Resident 4's fall intervention (removal of his/her unsecured toilet riser) was not implemented from 07/22/2023 to 08/01/2023. This is a repeat violation. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023. Findings include: The provider is licensed to care for 72 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. The Department received 4 complaints regarding resident care and services. Multiple complaints	{N 388}		

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{N 388}	Continued From page 16 identified concerns with the provider following resident care plans. RESIDENT 2 On 07/26/2023 at 11:45 AM, Surveyor interviewed Family Member (FM) K. FM K discussed his/her concerns with the care Resident 2 received at the facility. FM K stated Resident 2 recently entered "final moments" on hospice, and s/he was not checked on or repositioned for over 20 hours between Sunday to Monday. When FM K brought this up to staff, they stated they did not want to disturb Resident 2. FM K said staff meant well, but they did not have the training or knowledge to know what residents needed. FM K said Resident 2 was last checked on and repositioned by hospice at 9:30 AM. Surveyor asked if facility staff had been in to check on Resident 2 this morning. FM K said Caregiver D came in to give Resident 2 medications, but did not check Resident 2's incontinence brief or reposition him/her. FM K stated, "I basically live here to make sure [Resident 2's] ok." Surveyor was on site between 10:00 AM to 6:15 PM. Surveyor did not observe staff enter Resident 2's room during this time. Surveyor checked in with FM K and Resident 2 at 12:37 PM, 2:39 PM, and 5:05 PM. Resident 2 was lying in the same position at each visit. At 2:39 PM, FM K stated a hospice aid had been in to check Resident 2's brief. At 5:05 PM, FM K stated, "I finally went and got [Caregiver D] around 3:30" because Resident 2 looked uncomfortable. Surveyor reviewed Resident 2's ISP (updated 07/26/2023). The ISP indicated staff were to	{N 388}		

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{N 388}	Continued From page 17 check on Resident 2 every 2 hours. At 3:30 PM, Surveyor interviewed Administrator In Training (AIT) A and Administrator B. AIT A stated that when a resident went on hospice, staff were still required to follow the care plan and perform scheduled tasks. RESIDENT 4 On 07/26/2023 at 11:00 AM, Surveyor observed Resident 4's room and bathroom. Resident 4's toilet had a toilet riser. Surveyor reviewed Resident 4's record. Resident 4 was admitted on 06/30/2022, with diagnoses that included aphasia and cerebral infarction (stroke). His/her care plan, dated 07/11/2023, indicated s/he was a fall risk and required physical assistance with mobility and transfers. The ISP read, "Fall Interventions are: ... Remove raised toilet seat from bathroom, family will purchase a secure toilet seat... 7/22/23 uw [unwitnessed] fall, minor injury, raised toilet seat will be removed from resident's bathroom until family purchases a more secure one." On 07/31/2023 at 3:36 PM, Surveyor interviewed Hospice Nurse (HN) Q. HN Q stated Resident 4 fell recently and s/he suspected it had something to do with his/her toilet riser. HN Q said Resident 4's toilet riser was not attached securely and nobody let hospice know this. HN Q said a new one was ordered. On 08/01/2023 at 10:01 AM, Surveyor received a call from FM N. FM N stated they were at the facility on 07/31/2023 and Resident 4's toilet riser was still in his/her bathroom. FM N stated the seat was soiled, so it had been used.	{N 388}		

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{N 388}	Continued From page 18 On 08/01/2023 at 1:28 PM, Surveyor interviewed Hospice Aide (HA) R. HA R stated s/he provided care to Resident 4 at least 3 days per week. HA R said s/he noticed the toilet riser was on Resident 4's bathroom floor last week, but s/he was unsure why. HA R said s/he was aware a new riser was ordered, but s/he had not seen it at the facility yet. On 08/02/2023 at 1:45 PM, Surveyor interviewed Administrator B and AIT A. AIT A stated Resident 4 received his/her new toilet riser yesterday or today. AIT A said there was a short time when Resident 4 did not have a toilet riser because the old one was fitting securely. AIT A said s/he told staff to remove the old one, but s/he did not communicate this intervention to all staff.	{N 388}		
{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 observation, record review, and interview, the provider did not ensure resident	{N 389}		

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{N 389}	Continued From page 19 individual service plans (ISP) were updated annually or when there was a change in condition, for 3 residents sampled. This is a repeat violation. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023. Findings include: The provider is licensed to care for 72 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged. The Department received 4 complaints regarding resident care and services. RESIDENT 2 - On 07/26/2023 at 10:00 AM, Surveyor interviewed Administrator in Training (AIT) A. AIT A stated Resident 2 recently had a change in condition and was in the "final moments" of his/her hospice program. At 11:45 AM, Surveyor observed Resident 2 and interviewed Family Member (FM) K. FM K discussed Resident 2's change in condition. Resident 2 was bed-bound and required full assistance with all activities of daily living. Resident 2 was sleeping in bed. Surveyor reviewed Resident 2's record. Resident 2's hospice notes read: 07/14/2023 - "Is now A1 [assist of 1] pivot transfer [with] gait belt." 07/18/2023 - "SOB [shortness of breath]. Hallucinations. Final moments initiated today... pale in color. Lethargic. Unable to drink from straw. Delayed swallow [with] food. Cues to swallow sips of H2O."	{N 389}		

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{N 389}	Continued From page 20 07/19/2023 - "Extreme SOB upon arrival... 2 Assist to BR [bathroom] per [his/her] request." 07/20/2023 - "Final moments... flushed. Cool cloth applied to forehead... sips of water today." 07/25/2023 - "Patient in bed at arrival...seems agitated today. Pt [patient] brief changed, dark urine... Pt repositioned... Pt ripped off oxygen & refused to put it back on." Resident 2's ISP, updated 07/26/2023, read: Eating - "[Resident 2] often prefers to eat in [his/her] room. Once the meal is physically brought to [Resident 2's] room, [Resident 2] will remain independent with all eating tasks... [Resident 2] will notify staff with any changes in [his/her] ability to eat independently." Mobility - "[Resident 2] can self-propel once in wheelchair without assistance... [Resident 2] is independent with all bed mobility, transfers, and ambulation. [Resident 2] uses [his/her] wheelchair or 4 wheeled walker per [his/her] preference for ambulation." At 5:45 PM, Surveyor interviewed AIT A. AIT A confirmed Resident 2's ISP was updated on 07/26/2023. Surveyor asked if it was accurate to Resident 2's condition and needs and showed AIT A the section on mobility. AIT A stated Community Relations Director I updated ISPs. AIT A stated, "I have nothing to say about the mobility piece." RESIDENT 4 - On 07/26/2023, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the facility on 06/30/2022 with diagnoses that included aphasia and cerebral infarction (stroke).	{N 389}		

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{N 389}	Continued From page 21 On 08/01/2023 at 10:01 AM, Surveyor received a call from FM N. FM N voiced concerns that staff were not providing Resident 4 appropriate assistance with toileting and transfers, which resulted in falls in July. On 08/02/2023, Surveyor received and reviewed Resident 4's incident reports. Resident 4 had 4 unwitnessed falls in July 2023. The incident report from the 3rd fall (07/21/2023 at 5:40 AM) indicated s/he was found on the bathroom floor. The intervention read, "We have added a 12am and 4am toileting in hopes to encourage [him/her] not to transfer [him/herself]." Surveyor reviewed Resident 4's scheduled tasks for June and July. According to this record, Resident 4 had been receiving toileting assistance at midnight and 4:00 AM since as early as 06/01/2023. The intervention identified on the 07/21/2023 incident report was not new, but it was also not included on his/her ISP, which was updated on 07/11/2023. The provider did not update Resident 4's ISP with interventions to prevent falls. On 08/02/2023 at 1:45 PM, Surveyor interviewed Administrator B and AIT A. Administrator B reviewed Resident 4's task record and stated Resident 4 had been receiving scheduled toileting assistance at midnight and 4:00 AM prior to the fall on 07/21/2023. Administrator B stated did not know why a new intervention was not added or why the ISP was not updated. RESIDENT 5 - On 07/26/2023, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the facility on	{N 389}		

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{N 389}	Continued From page 22 10/31/2022. Resident 5's progress notes included: 05/05/2023, "Writer and [family members] had a meeting yesterday to update and discuss a few areas: items discussed include ... re-education education [sic] for staff on gait belt use." His/her ISP was updated on 05/12/2023. The ISP read: "Staff will provide full physical assistance with all transfers. Staff will notify nurse/physician with change in mobility as necessary." The ISP did not indicate what level of transfer assistance Resident 5 needed. On 08/02/2023 at approximately 2:30 PM, Surveyor interviewed Administrator B and AIT A. Surveyor asked what type of transfer assistance Resident 5 required. AIT A stated, "When I've taken [him/her], I'd say 1-assist with gait belt." Surveyor asked how this was communicated to staff and how staff knew Resident 5's baseline. AIT A said s/he would expect new staff to communicate with experienced caregivers prior to transferring Resident 5. Administrator B said they could add more detail to resident ISPs. On 08/02/2023 at 4:45 PM, Surveyor interviewed Family Member (FM) M. FM M discussed his/her concerns which included staff not transferring Resident 5 with a gait belt. FM M stated s/he discussed his/her concerns with management in the past and they brought in someone to train staff on safe transfers. FM M said s/he was at the facility recently and watched staff transfer Resident 5 twice without using a gait belt.	{N 389}		

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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 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 interview and record review, the	N 431		

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provider did not provide or arrange for timely medical services for Resident 5 when s/he experienced symptoms of urinary tract infections in March and April 2023; and the provider did not document communication with Resident 5's healthcare providers or record Resident 5's changes in condition.

Findings include:

The provider is licensed to care for 72 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, and advanced aged.

The Department received 4 complaints regarding resident care and services.

On 07/26/2023 at 1:53 PM, Surveyor interviewed Administrator in Training (AIT) A and Administrator B. AIT A stated that when a resident experienced a change in condition, staff were responsible to notify the manager on duty (MOD) or administrator. This information was typically communicated verbally or through the provider's secure messaging app. The manager receiving the notice would document the change or incident in the resident's progress notes. Administrator B stated secure messages were deleted after 7 days. AIT A stated care conference details and communication with healthcare providers were also added to progress notes as they occurred. Administrator B stated any concerns reported to management, incidents, changes in condition, and notifications to legal representatives or healthcare providers should be recorded in the resident's progress notes.

Surveyor reviewed Resident 5's record. Resident 5 was admitted on 10/31/2022. Resident 5's

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individual service plan (ISP), updated 05/12/2023, read: "[Resident 5] has a history of UTI's (urinary tract infections). Report to nurse/physician if the resident shows signs and symptoms such as pain, frequency, urgency, burning and foul odor or excess confusion."

Surveyor reviewed Resident 5's progress notes for dates 03/01/2023 through 07/26/2023:
- On 03/09/2023, the regional clinical care director documented a urinalysis (UA) was read by Resident 5's physician, but a new sample was needed. The physician requested the provider send the urine sample to a local clinic so the results could be obtained faster. On 03/10/2023, Resident 5 started a new antibiotic for UTI.

The progress notes did not indicate why a UA was ordered prior to 03/09/2023. There was no documentation of symptoms or notification to Resident 5's physician.

- On 04/17/2023, an administrative assistant wrote, "Talked to [Physician U] this morning regarding the UA order that I requested on 4/13/23. [S/he] said that [his/her] EMAR system was down and that [s/he] could not send the order till [sic] today 4/17/23. The order for [Resident 5's] UA was received and the sample was taken today on 4/17/23 and is being processed by Hudson Physicians lab and we are awaiting results."

The progress notes did not indicate a reason for the UA request or documentation that the provider communicated with Physician U on 04/13/2023 about it.

- On 04/18/2023, Administrator B added an email with Resident 5's legal representative, Family

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Member (FM) M, to the progress notes. The note indicated Physician U said the UA did not show signs of a UTI, but the culture would be finalized on Wednesday (04/19/2023). Administrator B wrote, "...as of now, there is no indication that [Resident 5] needs any antibiotic."

A progress note, dated 04/23/2023, indicated Resident 5 started a new antibiotic for a UTI on 04/23/2023.

The progress notes did not include additional details indicating why an antibiotic was ordered 4 days after the culture was finalized.

- On 06/30/2023, the provider's nurse, LPN V wrote, "UA sample request. writer [sic] emailed point person to obtain same [sic] and sent to lab. Point person is to update writer once the sample has been obtained and sent to lab."

The progress notes did not include a reason for the UA sample request.

On 08/02/2023, Surveyor emailed AIT A and Administrator B requesting clarification on the requested UAs in March, April and June. At 11:32 AM, Surveyor received the following responses from AIT A:

Regarding the progress note from 3/9/23: "This was an order that took place verbally by phone with [Physician W] and [past Administrator S] - [Regional Clinical Care Director (CCD) X] did not learn about this order until Quick Lab results were faxed to us on 3-6-2023 (the orders state that the sample was obtained on 3-1-23). [CCD X] forwarded the results to [Physician U] who then had to try and figure out where they came from and why they had been ordered. [Physician U]

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N 431	Continued From page 27 felt the order did not show that antibiotics were required. Then on 3-9-23 [Administrator S] sent a new UA order from the building saying [Resident 5] was still showing signs of yelling, frequency. [Physician U] asked that the sample be brought to the clinic instead of sending it to Quick Labs due to the lengthy turnaround time. Bactrim was started on 3-10-2023 for UTI. " Regarding the progress notes from 4/18/2023 and 4/25/2023: "Per prog [sic] notes ... sent a fax requesting a UA order on 4-13. [Physician U] said that Hometown Physicians system had been down, and was unable to send the order until 4-17 ... Same symptoms as before. On 4-18 there is a prog note from [Administrator B] with communication to POA saying that [Physician U] did look at results, but the UA did not show signs of UTI and that the culture wouldn't be available for 2 more days. Also was considering dehydration due to being on Lasix which might be showing same symptoms as UTI. This is when the confusion happened with the culture results being sent to [Resident 5's] old NP (nurse practitioner) [Physician Y] at Hudson Physicians instead of to her new NP - [Physician U]. When [Physician U] had called Hudson Physicians lab on 4-20-2023, they had told [Physician U] that no culture had been completed. However, it had been completed but sent to [Resident 5's] old NP at Hudson Physicians. [Physician Y] had called after 5pm on 4-21 to say that the culture was positive, but [s/he] only left a message and didn't actually talk to anyone. [Staff] received the message on Monday morning and was very confused because we had previously been told no culture had been completed. Due to that - the results showing a positive UTI were not received by Hometown Physicians until 4/24 and the antibiotic was started on 4-25-2023."	N 431		

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Regarding the progress note from 06/30/2023: "I called [Resident 5's new physician] to get this info so it would be correct. [Clinical Care Coordinator (CCC) E] called [Resident 5's new physician] on 6-30-2023 and reported that [Resident 5] was having increased confusion, yelling out, and urinary frequency. [CCC E] did not write a prog note so there is no time line [sic] written as to when the symptoms first started nor that [s/he] called [Resident 5's new physician]. It was decided by [Resident 5's] [family] that due to the continued recurring UTIs - [Resident 5] was treated for this UTI and then will be on a daily preventative antibiotic."

On 08/02/2023 at 1:45 PM, Surveyor interviewed Administrator B and AIT A. AIT A stated the responses provided in the email referenced above came from CCD X. Administrator B stated documentation did not include the onset or progression of symptoms prior to each UA, but it was possible staff noticed the symptoms and sent the request for a UA the same day.

On 08/02/2023 at 4:45 PM, Surveyor interviewed FM M. FM M discussed frustration with the delay in UTI assessment and treatment in March and April 2023.

FM M stated Resident 5 exhibited symptoms each time a UA order was requested. FM M said Resident 5's symptoms included confusion, discomfort, and frequent urination.

FM M stated s/he voiced concern to the provider on 04/12/2023 about a possible UTI (see reference to FM M's emails below). FM M stated s/he spoke with Owner Z about his/her concerns on 04/20/2023 and 04/21/2023. On 04/21/2023,

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Owner Z told FM M that s/he spoke with Physician U on 04/20/2023 and learned the lab did not do a UC (culture) because the UA was negative for infection.

FM M stated s/he requested records from Hudson Physicians on 04/24/2023 and learned a UC was performed and an order for an antibiotic was sent to CVS pharmacy on 04/21/2023.

Surveyor reviewed the emails provided by FM M: 03/06/2023 at 12:41 PM - FM M emailed Administrator S: "Checking in regarding the result of [Resident 5's] lab test last week" (According to Administrator B's interview above, the sample was obtained on 03/01/2023).

On 03/07/2023, Administrator S responded, "I haven't seen any results (should be back by now), so I have asked [the lab] to forward that to me." On 03/08/2023, Administrator S responded that Physician W acknowledged receipt of the UA and s/he was sending orders to the pharmacy. (According to progress notes, this UA was not conclusive, and a new sample was ordered, obtained, and sent to a local lab on 03/09/2023. Treatment was not initiated until 03/10/2023).

04/14/2023 at 9:50 AM - FM M emailed the management team: "I'm following up on our request Wednesday [04/12/2023] to sample/test [Resident 5] for possible UTI." FM M sent a second email on 04/17/2023 at 8:42 AM that read, "Why did I not receive a reply or an out-of-office message from you on Friday re: my question re: below...also an issue of concern/quick test request we discussed at [Resident 5's] care conference last Wednesday? Yesterday, [Caregiver T] mentioned to [family member] [his/her] suspicion/symptoms that

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[Resident 5] has a UTI. Yet, after multiple messages to and no response from the MOD [manager on duty] all afternoon, we still don't have an answer."

The Admissions and Community Relations Director at the time, Director AA, responded on 04/17/2023 at 9:39 AM, stating they did not have an order for a UA until 04/17/2023 and a sample would be sent in.

Surveyor reviewed Hudson Physicians records: Physician U sent an order to the lab on 04/17/2023 for a UA/UC. The order included instructions to fax the results to Physician U and the provider.

The lab performed the UA on 04/17/2023 and the results were final on 04/17/2023 at 1:41 PM.

On 04/18/2023 at 3:48 PM, the provider called and left a message with Physician Y's office (Resident 5's prior physician) to inquire about the results of the UA. The caller left first name, the facility's phone number, and permission to leave a message.
The note read,
"Caller is: ... Cambridge Senior Living ...
Facility calls for results of UA and possible Rx.
Please send Rx to CVS Target. Thank you."

At 4:04 PM, Physician Y responded, "Can you check with them when [s/he] had the urinalysis and where it was run. I am unaware of this. Was there a culture completed?"

On 04/21/2023 at 9:36 AM, Physician Y wrote, "I have reviewed the urinalysis and culture and it is consistent with a urinary tract infection. I have sent in Macrobid for [him/her] to take twice daily

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for 5 days to Target pharmacy. Please fax the UA/the results to the senior living facility as requested."

At 11:50 AM, Physician Y's assistant wrote, "LMOM [left message on machine] for Cambridge Senor living [sic] center regarding message below. Results were faxed over with confirmation."

Surveyor reviewed Resident 5's April medication administration record (MAR), which showed s/he was administered his/her first dose of Macrobid on 04/24/2023 at 8:00 PM.

Summary:
In March, Resident 5 exhibited symptoms of a UTI, including confusion, yelling, and frequent urination. Resident 5's record did not include documentation of this change in condition or initial communication with Resident 5's physician. A UA order was requested, and a sample obtained on 03/01/2023. The provider did not follow up to obtain the results of the UA until 03/07/2023 and treatment was not started until 03/10/2023.

In April, Resident 5 exhibited symptoms of a UTI and Resident 5's family requested a UA on 04/12/2023. The provider reached out to Resident 5's physician on 04/13/2023 to request an order for a UA. The UA/UC order was not obtained until 04/17/2023; the urine sample was delivered to the lab the same day. Resident 5 went 5 days with symptoms of a UTI before an order to obtain a urine sample was obtained. The provider's documentation showed they followed up with their initial request for the UA 4 days after the fact (on 04/17/2023).

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N 431	Continued From page 32 As of 04/18/2023, the UA showed no signs of infection, but the UC was not complete. According to interview with FM M, Owner Z told FM M that Physician U (Resident 5's physician) called the lab on 04/20/2023 and was told the UC was never completed because there was no clinical indication for it. This physician communication was not documented in Resident 5's record. The UC was complete on 04/20/2023 and showed signs of infection. Physician Y (Resident 5's prior physician) reviewed the lab report and determined an infection was present. The results of the culture were given to the provider (via fax and voicemail message) on Friday 04/21/2023 at 11:50 AM. The pharmacy that the provider requested the Physician Y send the script to was not Resident 5's typical pharmacy, and no one at the facility received the results of the culture until Monday 04/24/2023. Resident 5's UTI antibiotic was not started until 04/24/2023 at 8:00 PM, approximately 12 days after symptoms were observed.	N 431		
N 493	83.45(1)(b) Building integrity. Building integrity. The CBRF shall be structurally sound without visible evidence of structural failure or deterioration and shall be maintained in good repair. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the facility was maintained in good repair, when Resident 1's bathroom door was not repaired for 1 month. Findings include:	N 493		

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N 493	Continued From page 33 On 07/26/2023 at 11:08 AM, Surveyor observed Caregiver D enter Resident 1's bedroom. Resident 1 was in his/her bathroom with the door shut. Resident 1 asked for assistance. Caregiver D attempted to open the bathroom door but could not. Caregiver D put both hands on the door handle and pulled 3 times before the door budged. Caregiver D said Resident 1's bathroom door had been sticking like this for about 1 month. Surveyor observed the door and frame. The door did not fit well to the frame and was getting wedged at the upper left corner. At 11:15 AM, Surveyor interviewed Caregiver F about Resident 1's bathroom door. S/he could not recall how long it had been like this and s/he was unsure if it had been reported to maintenance. Caregiver F said Resident 1 was "really strong," so s/he did not have trouble opening the door. At 11:17 AM, Surveyor interviewed Resident 1. Resident 1, Caregiver D, and Surveyor were in Resident 1's bathroom with the door shut. Surveyor asked if Resident 1 ever had trouble with his/her bathroom door. Resident 1 shook his/her head yes and stated, "It sticks sometimes." Surveyor asked Resident 1 to demonstrate how s/he opened the door. Resident 1 steadied him/herself and kicked the door 3 times with significant force before it opened. At 11:19 AM, Caregiver D stated maintenance was at the facility weekly. S/he said s/he verbally reported the door issue to Clinical Care Coordinator E about 1 month ago. Caregiver D said Resident 2's family also reported the concern.	N 493		

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N 493	Continued From page 34 At approximately 2:00 PM, Surveyor interviewed Administrator in Training (AIT) A and Administrator B. Administrator B said maintenance came to the facility weekly and as needed. Administrator B said Administrative Assistant (AA) O maintained the maintenance log. AIT A reviewed the maintenance requests in the system and stated s/he could not find one for Resident 1's door. At 2:33 PM, Surveyor interviewed AA O. AA O stated s/he was unable to scan the maintenance request in, so maintenance had not received the request yet. AA O went into his/her office and returned a few minutes later with a maintenance request for Resident 1's door, dated 07/25/2023. Surveyor questioned why a request was created yesterday when staff reported it a month ago. AA O stated, "It must have fallen through the crack."	N 493		