STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018152	A. BUILDING: _____ B. WING _____	R-C 05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 05/09/2024, Surveyor conduced a complaint investigation, self-report investigation, standard licensure survey, and a verification visit at Cambridge Senior Living. Data was collected through 05/14/2024. One of 3 complaints was substantiated. One violation was identified. The violation was a repeat deficiency. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023 and SCQV12, dated 08/02/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 40	{N 000}		
{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, record review, and interview, the provider did not implement Resident 1's or Resident 2's individual service plan (ISP) as written. This is a repeat violation. See Statement of Deficiencies (SOD) SCQV11, dated 04/18/2023 and SCQV12, dated 08/02/2023. Findings include: The Department received a complaint regarding resident care.	{N 388}		

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

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{N 388}	Continued From page 1 On Thursday 05/09/2024 at 9:20 AM, Surveyor interviewed Administrator A. Administrator A stated the provider used an electronic charting system to track resident care task completion. Administrator A stated staff also used Clinical Care Assistant daily task sheets. If there were resident refusals, such as shower refusals, then staff would document the refusal in the electronic chart and on the hard-copy Clinical Care Assistant daily task sheet to alert management. Administrator A said staff also communicated residents' needs/concerns/changes in condition on their Teams messaging platform, and managers reviewed these messages/chats daily. If there was anything out of the ordinary on the Clinical Care Assistant task sheet or on the Teams chat, management would document it within the resident's progress notes to ensure the issue was retained in the resident's record. Administrator A stated, if a scheduled shower was not completed on a shift, staff were expected to notify the oncoming shift until it was completed. Administrator A stated s/he expected the missed task would be completed within 24 hours from the time it was scheduled. At 9:40 AM, Surveyor interviewed Resident 1 in his/her room. Resident 1's hair appeared greasy, s/he had approximately 1/4-inch whiskers on his/her chin, and s/he was wearing a shirt that had stains down the front. Resident 1 stated staff assisted him/her with his/her showers. Surveyor asked how often, and Resident 1 stated not often enough. Resident 1 said s/he'd like a shower at least weekly but daily would be better. Resident 1 said s/he received 3 showers from staff since admission. Surveyor asked if staff helped him/her with daily grooming tasks. Resident 1 said they did not. Resident 1 stated his/her spouse visited daily and was a lot of help. Surveyor noticed a	{N 388}		

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{N 388}	Continued From page 2	{N 388}		

basket of laundry that was overflowing and stacked much higher than the basket.

At 10:05 AM, Surveyor observed Resident 2 sleeping in his/her recliner. Resident 2's room smelled unclean but there was a heavily fragranced air freshener that was somewhat masking the odor.

At 10:09 AM, Surveyor interviewed Caregiver C. Caregiver C stated Resident 2 often refused his/her showers. Caregiver C said Resident 2 was incontinent and unsteady but s/he refused to use incontinence products or push his/her button for staff assistance. Caregiver C said Resident 2's odor "gets really bad at times." Caregiver C stated Resident 2 might have had 2 showers in the last month.

At 11:50 AM, Surveyor interviewed Resident 2. Resident 2 stated staff helped him/her with showers sometimes.

According to the laundry and shower schedule provided by Nurse B on 05/09/2024, Resident 2 was scheduled to receive shower assistance on Monday and Thursday evenings. Resident 1 was scheduled to receive shower and laundry services on Tuesday evenings.

Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 06/19/2023 with primary diagnoses of Type 2 diabetes, heart disease, anxiety, depression, pain, cerebral infarction, encephalopathy, and edema.

Resident 2's ISP, updated 07/19/2024, read: "[Resident 2] will receive physical assistance with bathing... Staff will provide physical assistance during baths... Staff will notify nurse/physician

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{N 388}	Continued From page 3	{N 388}		

with any changes in bathing abilities as necessary... Prefers: Showers."

The provider's electronic care system was not setup to prompt staff to shower Resident 2 twice a week. Resident 2's electronic task record indicated s/he was scheduled to receive showers 4 times in the past 30 days (on Thursdays). Staff charted as follows:
04/18/2024 - refused
04/25/2024 - not applicable
05/02/2024 - not applicable
05/09/2024 - refused

Resident 2's electronic task record also included a prompt for staff on each shift to document "yes," "no," "resident refused," or "resident not available" to the following question daily: "All ADLs [activities of daily living] listed in the ISP requiring staff assistance were completed." Staff charted "yes" every time in the previous 30 days. This was inconsistent with the shower charting noted above.

Resident 2's progress notes for the past 30 days did not include documentation of shower refusals, shower attempts, or completed showers.

Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/13/2023, with diagnoses that included dementia without behavioral disturbance, essential hypertension, and peripheral vascular disease.

Resident 1's ISP, updated 09/29/2023, read:
- "Staff will provide physical assistance during baths/showers. Staff assist [Resident 1] into and out of the shower and assist [Resident 1] with hard to reach areas as necessary... Staff will notify nurse/physician with any changes in

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{N 388}	Continued From page 4	{N 388}		

bathing abilities as necessary... Prefers: Showers."
- "[Resident 1] will receive physical assistance with grooming... [Resident 1] has personal grooming device/s [sic] to assist with specific grooming tasks... Staff will provide physical assistance during grooming... Staff will notify nurse/physician with any changes in grooming/oral hygiene abilities as necessary."
- "[Resident 1] will receive assistance with housekeeping and laundry tasks... Housekeeping will complete all routine cleaning tasks, laundry, and linen changes on scheduled bath day and as needed."

Resident 1's electronic task record indicated s/he was scheduled to receive showers 4 times in the past 30 days (on Thursdays). Staff charted as follows:
04/16/2024 - refused
04/23/2024 - refused
04/30/2024 - refused
05/07/2024 - refused

Resident 1's electronic task record also included a prompt for staff on each shift to document "yes," "no," "resident refused," or "resident not available" to the following question daily: "All ADLs [activities of daily living] listed in the ISP requiring staff assistance were completed." Staff charted "yes" every time in the previous 30 days. This was inconsistent with the shower charting noted above.

On 05/14/2024 at 10:30 AM, Surveyor interviewed Administrator A and Registered Nurse (RN) B. RN B stated Resident 2 was scheduled for a shower every Thursday and s/he was scheduled for an as-needed shower every Tuesday. Surveyor asked when Resident 2 last

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{N 388}	Continued From page 5 received a shower. Administrator A and RN B reviewed documentation that included Resident 2's electronic charting and Teams chat messages; they were unable to identify when Resident 2 received his/her last shower. RN B recalled staff were celebrating being able to get Resident 2 in the shower last week; RN B stated the shower was completed on either Tuesday, 05/07/2024, or Wednesday, 05/08/2024, but there was no record of this. Surveyor asked Administrator A and RN B if staff were providing or attempting to provide shower services per Resident 2's care plan. RN B stated s/he stressed to staff that documentation needed to tell the story. RN B expected that staff communicate shower refusals or concerns on Teams. RN B stated there were no Teams messages about Resident 2's shower refusals. RN B stated staff should also document shower refusals on the Clinical Care Assistant task lists but this did not happen. Administrator A said, "If there is no charting, it didn't happen." Administrator A and RN B were unable to provide dates when Resident 2 was showered or offered a shower in the past month. Administrator A and RN B discussed the physical care assistance Resident 1 required, which was consistent with the care needs identified in Resident 1's ISP (i.e., weekly showers and laundry and daily grooming). Surveyor discussed the observations s/he made on 05/09/2024. Administrator A and RN B reviewed Resident 1's charting related to grooming, laundry, and showers and were unable to see when these tasks were attempted or completed within the past 30 days.	{N 388}		