| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| {N 000} | Initial Comments<br><br>On 02/20/2024, with additional information gathered through 03/18/2024, Surveyors conducted a verification visit and 5 complaint investigations at Apple Creek Place II in Appleton.<br><br>Five (5) of 5 complaints were substantiated. As a result of the survey, 17 deficiencies were issued. Seven (7) of the 17 deficiencies were repeat deficiencies. See Statements of Deficiency (SOD) SYDX11 dated 01/10/2022, SOD SYDX12 dated 10/21/2022 and SOD SYDX13 dated 08/03/2023 for additional information.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed.<br><br>Census: 19 | {N 000} | | |
| N 164 | 83.12(4)(b) Reporting when law enforcement is called.<br><br>A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provided did not send a written report to the department within 3 working days after law enforcement personnel were called to the facility as a result of an incident that jeopardized the | N 164 | | |

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| N 164 | Continued From page 1 | N 164 | | |

health, safety, or welfare of residents or employees.

Findings include:

On 01/10/2024 and 01/24/2024, the department received complaint information alleging 911 was called to the facility frequently.

On 02/20/2024, Surveyors conducted a complaint investigation.

On 02/2024 at approximately 2:00 PM, Surveyors interviewed Director A who stated Resident 2 contacted law enforcement frequently related to anxiety and his/her trach. Surveyor inquired if other residents called 911 and s/he said yes, but it was primarily Resident 2.

On 03/06/2024, Surveyor reviewed a history report from Appleton Police Department. The report was for the facility location for 12/01/2023-02/29/2024. Surveyor noted the following law enforcement visits to the facility on these dates and for these natures of involvement:
12/08/2023 Breathing
12/09/2023 Assist
12/11/2023 Assist
12/15/2023 Rescue
12/19/2023 Rescue
02/29/2024 Welfare Check

Surveyor reviewed Resident 2's record and noted s/he had frequent contact with law enforcement.

On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Regional Director D who verified awareness of the need to report law enforcement involvement to the department.

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| N 164 | Continued From page 2<br>Cross Reference:<br>Y3244 Ch 50.09(1)(L) Care | N 164 | | |
| N 169 | 83.12(5)(a) Notification: incident, injury, changes.<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review, and interview, the provider did not immediately notify Resident 2 and Resident 3's legal representatives when there were incidents or changes in their physical or mental condition.<br><br>Resident 2 had frequent calls and visits to the emergency room. Resident 2's legal representative was not notified of the incidents from the facility.<br><br>Resident 3 had an unwitnessed fall with a need for medical evaluation. Resident 3's legal representative was not notified of the fall or the injury requiring medical evaluation by the facility.<br><br>Findings include:<br><br>On 02/20/2024, Surveyors conducted an onsite visit. | N 169 | | |

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| N 169 | Continued From page 3<br><br>On 02/20/2024, Surveyor reviewed Resident 2's record and noted s/he had an activated Power of Attorney for Health Care (POAHC) and had a tracheostomy. Surveyor reviewed facility observation notes and noted 5 documented times where s/he had involvement with law enforcement, paramedics, and/or went to the hospital.<br><br>On 02/28/2024 at approximately 12:51 PM, Surveyor interviewed POAHC F. S/he stated s/he was never notified by the facility that Resident 2 called 911 or was going to the hospital, except on the very last and final time where s/he didn't return to the facility. POAHC F stated Resident 2 went to the hospital 6 times. S/he indicated 5 of the 6 times s/he went to the hospital s/he was notified by hospital staff after Resident 2 was already in the emergency room.<br><br>On 02/20/2024, Surveyor reviewed Resident 3's record and noted s/he was admitted to the facility on 07/26/2023. Resident 3 had a history of stroke and had hemiparesis. Surveyor noted Resident 3's individual service plan (ISP) identified Resident 3 to require assistance with bathing, dressing, toileting, transferring, and mobility. Resident 3 had an activated POAHC.<br><br>On 02/20/2024 at approximately 12:35 PM while Surveyors were onsite, Resident 3 had an unwitnessed fall in his/her room while attempting to self-transfer. At approximately 1:30 PM, Surveyors observed Caregiver E ask Resident Care Coordinator (RCC) H what hospital Resident 3 should be sent to as the paramedics had arrived for him/her. Surveyor inquired with RCC H if Resident 3 had a change in condition and RCC E stated yes, s/he apparently had a bump on his/her head. | N 169 | | |

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| N 169 | Continued From page 4<br><br>On 03/05/2024 at approximately 1:35 PM, Surveyor interviewed POAHC G. S/he said s/he was not notified by the facility that Resident 3 had fallen and had been transported to the hospital. POAHC G stated s/he learned from his/her brother later on that evening.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Regional Director D who acknowledged Resident 2 and Resident 3's legal representatives should have been notified upon incident and changes in condition.<br><br>Cross Reference:<br>N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called<br>N0389 DHS 83.35 (3)(d) Service Plans Updated Annually Or On Changes<br>Y3244 Ch 50.09(1)(L) Care | N 169 | | |
| N 214 | 83.15(3)(a) Administrator shall supervise daily operation<br><br>The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.<br><br>This Rule is not met as evidenced by: | N 214 | | |

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| N 214 | Continued From page 5<br><br>Based on observation, record review, and interview, the administrator did not supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, and physical plant. The administrator did not provide the supervision necessary to ensure that the residents received proper care and treatment, that their health and safety was protected and promoted and that their rights were respected.<br><br>Five (5) of 5 complaints investigated from 02/20/2024 through 03/18/2024 were substantiated; and 17 deficiencies were identified, including 7 repeat violations. See Statements of Deficiency (SOD) SYDX11 dated 01/10/2022, SYDX12 dated 10/21/2022 and SYDX13 dated 08/03/2023.<br><br>Findings include:<br><br>The provider is licensed to serve up to 22 residents who may be physically disabled, of advanced age, terminally ill, and/or have Alzheimer's/dementia.<br><br>On 02/20/2024 through 03/18/2024, Surveyors conducted a verification visit and 5 complaint investigations related to adequate staffing, care and treatment of residents, programming, and environment. As a result of this survey, 5 of 5 complaints were substantiated and the following concerns were identified:<br><br>- The provider did not report to the department when law enforcement was called to the facility.<br>- The provider did not notify residents' legal representatives or healthcare provider when residents experienced a change in condition.<br>- The provider did not provide an allowable reason for involuntary discharge. | N 214 | | |

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| N 214 | Continued From page 6<br>- The provider did not base the assessment on current diagnostic, medical and social history obtained from the person's health care providers and other service providers and did not hold a face-to-face interview with resident and his/her legal representative.<br>- Residents were not assessed and records did not reflect resident ability to self-administer medications and treatments.<br>- Resident did not have a temporary service plan developed.<br>- Resident services plans were not updated upon changes in condition.<br>- Staff were not provided in sufficient numbers to meet residents' needs.<br>- The provider did not provide a daily activity program that met the needs and interests of the residents.<br>- The provider did not monitor resident health and arrange for services when necessary.<br>- The provider did not store equipment and utensils in a clean manner and/or good repair.<br>- Food in refrigerator was not labeled or dated. Additionally, time and temperature sensitive food was left on the counter for over 2 hours.<br>- The provider did not maintain resident records.<br>- Facility environment was not kept safe, clean and comfortable.<br>- Windows did not have screens or had holes in the screens.<br>- The provider did not ensure residents received appropriate and adequate care within the capacity of the facility.<br><br>On 02/20/2024, Surveyor reviewed department documents that indicated Administrator/RN (Registered Nurse) B was the Administrator on record of the facility.<br><br>On 02/20/2024, Surveyors made an onsite visit to | N 214 | | |

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| N 214 | Continued From page 7 | N 214 | | |

the facility. Director A was present in the facility. Director A indicated Administrator/RN B was unavailable as s/he was out of town working at a sister facility. Surveyor spoke with Administrator RN B on the phone on 02/15/2024 and 02/22/2024, and Administrator RN B indicated s/he was at sister facilities both days.

On 03/06/2024 at approximately 8:30AM, Surveyor conducted exit meeting with Regional Director J, Vice President of Clinical Operations K, Director A and Director of Compliance R. Surveyor asked if Administrator/RN B was going to join the meeting since s/he was the named Administrator on the license. VP of Clinical Operations K stated Administrator/RN B was not the Administrator for the facility. Regional Director J corrected VP of Clinical Operations and verified Administrator/RN B is the Administrator on record for the facility. Administrator/RN B was not involved in the exit meeting. Regional Director J also indicated that Administrator/RN B was at the facility regulary, however, when Surveyor made onsite visit, Administrator/RN B happened to be attending training at corporate headquarters in Minnesota or was at a sister facility out of the area.

Cross References:
N0164 DHS 83.12 (4)(b) Reporting When Law Enforcement is called
N0169 DHS 83.12 (5)(a) Notification: Incident, Injury, Changes
N0327 DHS 83.31(4)(b) Allowable Reasons for Involuntary Discharge
N0382 DHS 83.35(1)(b) Sources Used for Assessment Information
N0383 DHS 83.35(1)(c) Listed Areas For Assessment
N0385 DHS 83.35(2) Temporary Service Plan

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| N 214 | Continued From page 8<br><br>N0389 DHS 83.35 (3)(d) Service Plans Updated Annually Or On Changes<br>N0396 DHS 83.36 (1)(a) Adequate Staff to Meet Resident Needs<br>N0427 DHS 83.38 (1)(c) Leisure Time Activities<br>N0431 DHS 83.38 (1)(g) Health Monitoring<br>N0446 DHS 83.41(1)(b) Equipment<br>N0452 DHS 83.41(3)(b) Food Safety<br>N0454 DHS 83.42 (1) Resident Record Maintained<br>N0481 DHS 83.43 (1) Environment Safe, Clean, And Comfortable<br>N0669 DHS 83.60(2) Insect-Proof Screens on Openable Windows<br>Y3244 Ch 50.09(1)(L) Care | N 214 | | |
| N 327 | 83.31(4)(b) Allowable reasons for involuntary discharge.<br><br>Discharge or transfer initiated by CBRF. Reasons for involuntary discharge. The CBRF may not involuntarily discharge a resident except for any of the following reasons: 1. Nonpayment of charges, following reasonable opportunity to pay. 2. Care is required that is beyond the CBRF ' s license classification. 3. Care is required that is inconsistent with the CBRF ' s program statement and beyond that which the CBRF is required to provide under the terms of the admission agreement and this chapter. 4. Medical care is required that the CBRF cannot provide. 5. There is imminent risk of serious harm to the health or safety of the resident, other residents or employees, as documented in the resident ' s record. 6. As provided under s. 50.03 (5m), Stats. 7. As otherwise permitted by law. | N 327 | | |

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| N 327 | Continued From page 9 | N 327 | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider involuntarily discharged Resident 6 without just cause.

Resident 6 was issued an involuntary discharge notice by the provider. Resident 6 appealed the involuntary discharge. During the appeal review process, Resident 6 had an acute change in condition requiring hospitalization but did not have a change in care needs. The department upheld the appeal, requiring Resident 6 to remain a resident and return to the facility. Resident 6 was not accepted back to the facility, his home, and his/her room was cleaned out.

Findings include:

On 01/11/2024, the department received complaint information alleging a resident was wrongfully discharged.

On 02/20/2024, Surveyors conducted a complaint investigation.

On 02/20/2024, Surveyor reviewed the provider's department file. Surveyor reviewed Resident 6's letter appealing an involuntary discharge and a copy of the involuntary discharge letter. Surveyor reviewed the department's letter of decision dated 11/30/2023, which stated the provider had not met the conditions for discharge and Resident 6's appeal was upheld. Surveyor noted in information provided for justification of the discharge from the provider that Resident 6 was in the hospital at the time of the department's review. Surveyor noted Resident 6's condition and needs had not changed to meet an allowable

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| N 327 | Continued From page 10 | N 327 | | |

reason for discharge.
Surveyor noted the provider had issued 3 total involuntary discharges to Resident 6 since his/her admission. Resident 6 sent appeal requests to the department on:
09/15/2022 and the department upheld the appeal on 10/06/2022
07/03/2023 and the department upheld the appeal on 07/21/2023
11/17/2023 and the department upheld the appeal on 11/30/2023.

On 02/20/2024, Surveyor reviewed Resident 6's facility record and noted s/he was admitted to the facility on 07/09/2020 and went to the hospital on 11/28/2024. Resident 6 never returned to the facility.

On 02/28/2024 at approximately 1:55 PM, Surveyor interviewed Friend V who stated concern for Resident 5 and Resident 6's mental health now that they no longer live next to one another. Friend V said they spent most of their days with one another when Resident 6 lived at the facility too. S/he said Resident 6's needs had not changed and they discharged him/her anyways. His/her room was directed to be cleaned out immediately.

On 02/29/2024 at approximately 8:43 AM, Surveyor interviewed Resident 5 who is Resident 6's significant other. Resident 5 said Resident 6 not returning to the facility was "devastating." S/he said the provider did not even speak to Resident 6 about him/her not returning to the facility. Resident 5 stated s/he had to drive over an hour to see Resident 6 now, which was very upsetting to him/her.

On 02/20/2024 at approximately 9:45 AM,

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| N 327 | Continued From page 11<br><br>Surveyor interviewed Director A who stated Resident 6 was discharged to a skilled nursing facility (SNF) from the hospital. Surveyor inquired with Director A if s/he was aware the department upheld the appeal for involuntary discharge of Resident 6 and Director A stated yes. Director A provided Surveyor with the letter from the department with information of the appeal being upheld. Director A verified Resident 6 was involuntarily discharged after the appeal was upheld by the department. | N 327 | | |
| N 382 | 83.35(1)(b) Sources used for assessment information.<br><br>Information gathering. The CBRF shall base the assessment on the current diagnostic, medical and social history obtained from the person ' s health care providers, case manager and other service providers. Other service providers may include a psychiatrist, psychologist, licensed therapist, counselor, occupational therapist, physical therapist, pharmacist or registered nurse. The administrator or designee shall hold a face-to-face interview with the person and the person ' s legal representative, if any, and family members, as appropriate, to determine what the person views as his or her needs, abilities, interests, and expectations.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not base the assessment on current diagnostic, medical and social history obtained from the person's health care providers and other service providers. The provider did not hold a face-to-face interview with Resident 2 and his/her legal representative, to determine what the person views as his/her needs, abilities, interests, | N 382 | | |

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| N 382 | Continued From page 12<br>and expectations.<br><br>Findings include:<br><br>On 12/14/2023, 01/10/224, and 02/06/2024, the department received complaint information alleging resident needs were not identified.<br><br>On 02/20/2024, Surveyors conducted complaint investigations.<br><br>Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 12/08/2023.<br><br>On 02/28/2024 at approximately 12:51 PM, Surveyor interviewed Power of Attorney for Health Care (POAHC) F.<br>POAHC F stated s/he received a call from Administrator RN B stating they would admit Resident 2 into the facility. S/he said they never met in person with Administrator RN B or had much of a conversation about Resident 2's needs prior to his/her admission. POAHC F stated Resident 2 had been at the hospital for a number of months before discharging to a skilled nursing facility (SNF) for rehabilitation. Resident 2 discharged to POAHC F's home for a few weeks before being admitted to the facility. Surveyor inquired whether the facility obtained documentation from the SNF regarding Resident 2 and s/he said s/he did not think so.<br><br>On 02/29/2024 at approximately 9:56 AM, Surveyor interviewed Peabody Manor SNF Social Worker (SW) S. SW S stated Resident 2 discharged home on 11/20/2024 after being at the SNF. S/he said s/he did not meet or correspond with anyone at the facility, but did note that a senior housing referral company was involved. SW S stated s/he believed records were provided | N 382 | | |

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| N 382 | Continued From page 13<br>to the facility, but s/he was unsure whether they were used as part of their assessment.<br><br>On 02/20/2024, Surveyor requested to review Resident 2's record. Surveyor noted Resident 2 was admitted to the facility on 12/08/2023. Surveyor did not find documentation from Peabody Manor SNF in Resident 2's record. At approximately 2:00 PM, Surveyor interviewed Director A who said Administrator RN B completed Resident 2's assessment. Surveyor inquired whether there were any other assessments for Resident 2 and Director A said no. Surveyor inquired whether there was any documentation from the SNF or family regarding Resident 2's tracheostomy tube and Director A said s/he did not find any.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyor interviewed Director A and Regional Director D who acknowledged prior to admission, information from Resident 2's history should have been gathered and Resident 2's assessment should have been completed face to face.<br><br>Cross Reference:<br>N0301 DHS 83.28(3) Provide Admission Agreement<br>N0385 DHS 83.35(2) Temporary Service Plan<br>Y3244 Ch 50.09(1)(L) Care | N 382 | | |
| N 383 | 83.35(1)(c) Listed areas for assessments.<br><br>Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need | N 383 | | |

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| N 383 | Continued From page 14 | N 383 | | |

for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure Resident 5, Resident 14, and Resident 16 were assessed on their ability to control and self-administer their medications. All residents were identified to require assistance from provider staff with medication administration.

Resident 5 had topical medicinal creams and ointments, and a bottle of antacids in his/her room that were not stored securely and s/he would self-administer.

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| N 383 | Continued From page 15<br>Resident 14 had a bottle of over-the-counter (OTC) acetaminophen in his/her bathroom that s/he voiced self-administering as needed. Resident 16 was observed being given his/her morning medications and taking them to his/her room to self-administer without staff oversight. Resident 16 and Caregiver E stated s/he always took them this way.<br><br>Findings include:<br><br>On 02/20/2024, Surveyors conducted an onsite visit.<br><br>RESIDENT 5<br>Surveyor reviewed Resident 5's record and noted s/he was admitted to the facility on 11/10/2020 and had diagnoses of psoriasis, venous insufficiency, and a history of cellulitis and acute lymphangitis.<br><br>Surveyor noted Resident 5 was prescribed multiple topical medicinal treatments including: banophen 2/0.1% cream, calmoseptine ointment, clotrimazole 1% cream, gold bond friction defense, ketoconazole 2% cream, triamcinolone 0.1% cream, and triamcinolone 0.1% ointment.<br><br>Resident 5' individual service plan (ISP) listed "BATHING - PARTIAL ASSISTANCE...Make sure [Resident 5] is dry then put Nystatin on... DRESSING - AS NEEDED ASSISTANCE..Apply creams and place paper towel under [skin]...History of redness under [chest], ensure skin is clean and dry and apply creams and paper towel...<br>MEDICATION MANAGEMENT - ASSIST...Admin/RCC [Resident Care Coordinator] to assess resident's ability to manage and administer own medications per | N 383 | | |

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policy Store [sic], monitor and administer medications..To receive assistance from staff administering medications.

Resident 5's record did not contain any medication administration assessments or physician orders that reflected his/her ability to control and self-administer his/her medications. Surveyor noted Resident 5's medication administration record (MAR) did not include all topical medicinal treatments Resident 5 had in his/her room.

On 02/20/2024 at approximately 10:00 AM, Surveyor observed the following medicinal topical treatments and an OTC medication on Resident 5's dresser:
A bottle of nystatin powder, a tube of calmoseptine ointment, a tube of calmoseptinge cream, a jar of minerin cream with a broken pharmacy seal and label, 3 tubes of triamcinolone acetoniede ointment, a bottle of baby powder, a tube of Benadryl itch cream, and a bottle of OTC antacid (TUMS) tablets.
In Resident 5's bathroom, Surveyor observed a jar of Eucerin cream with an open pharmacy seal and a tube of ketacanzole cream.

RESIDENT 14
Surveyor reviewed Resident 14's record and noted s/he was admitted to the facility on 01/26/2024 with diagnoses of diabetes mellitus and had an activate Power of Attorney for Health Care (POAHC). Surveyor noted Resident 14 did not have an order for acetaminophen 500 mg listed on his/her medication list or medication administration record.
Resident 14's ISP listed "MEDICATION MANAGEMENT - ASSIST [Medication Administration/Medication Management]... Needs

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assistance administering medications...Staff will do medication administration."
Resident 14's record did not contain any medication administration assessments or physician orders that reflected his/her ability to control and self-administer his/her medications.

On 02/20/2024 at approximately 10:15 AM, Surveyor observed a 3/4 full bottle of OTC acetaminophen 500 mg on Resident 14's bathroom sink counter. Surveyor inquired with Resident 14 if s/he ever took the Tylenol and Resident 14 stated yes, if s/he needed it. Surveyor inquired whether staff were aware of him/her having the acetaminophen in his/her room and s/he stated they did not.

RESIDENT 16
Surveyor reviewed Resident 16's record and noted s/he was admitted to the facility on 05/06/2023 and was prescribed medications for anemia, high blood pressure, low potassium, Resident 16 was prescribed approximately 18 medications. Resident 16 had an activated POAHC.
Resident 16's ISP face sheet noted "Medications administered by staff" with a checkmark next to it.
Resident 16's ISP stated "MEDICATION MANAGEMENT - ASSIST...Needs assistance administering medications."
Resident 16's record did not contain any medication administration assessments or physician orders that reflected his/her ability to control and self-administer his/her medications.

On 02/20/2024 at approximately 9:00 AM, Surveyor observed Caregiver E hand Resident 16 a cup with his/her medications in it in the dining room. Resident 16 carried the cup of medications to his/her room. Surveyor asked

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| N 383 | Continued From page 18<br><br>Resident 16 if s/he usually took his/her medications in his/her room and s/he stated "yes, I take them with chocolate milk in my room." Surveyor asked Caregiver E if Resident 16 self-administered medications and s/he stated no, but s/he always took them to his/her room to take them. Surveyor asked if staff observe Resident 16 taking his/her medications and s/he said no.<br><br>Surveyor inquired with Caregiver E if there were any residents at the facility who self- administered their medications and Caregiver E said not that s/he was aware of.<br><br>At approximately 1:09 PM, Surveyor interviewed RCC H who stated no residents at this facility self-administered medications.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Regional Director G who verified residents should be assessed and resident records should contain physician orders that reflected resident ability to control and self administer medications. | N 383 | | |
| N 385 | 83.35(2) Temporary Service Plan.<br><br>Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not prepare and implement a written temporary service plan that met the immediate needs of Resident 2 upon admission. | N 385 | | |

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| N 385 | Continued From page 19<br><br>Resident 2's assessment and temporary service plan did not corroborate Resident 2's needs. Resident 2's temporary service plan did not include identification and needs related to his/her tracheostomy tube (trach), including suctioning, choking, mobility status, his/her identified anxiety, and communication needs. Resident 2's temporary service plan was not specific to meet his/her immediate needs upon admission.<br><br>Findings include:<br><br>On 12/14/2023, 01/10/2024, and 02/06/2024, the department received complaint information alleging the facility was unable to meet resident needs.<br><br>On 02/20/2024, Surveyors conducted complaint investigations.<br>Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 12/08/2023. Resident 2's record did not include his/her diagnoses. Surveyor noted Resident 2's face sheet listed Resident 2's discharge date as 01/05/2024, but Resident 2's MAR indicated s/he was not at the facility after 12/25/2024.<br><br>On 02/23/2024, Surveyor reviewed a document provided by Administrator RN B via email titled "Pre-Admission Assessment." Surveyor noted the following assessed needs:<br>"Date of evaluation 12-5-23 ...Date of planned admission 12-8-23."<br>"Memory - occasional forgetfulness ...<br>Elopement Risk (Yes / No) [uncircled] ...Does resident have any hearing, vision, or communication problems? [checked] ...Trach [handwritten] ...<br>Bathing ... some assistance [checked] ... | N 385 | | |

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| N 385 | Continued From page 20<br>Hygiene ... some assistance [checked] ...<br>Dressing ... set-up assistance [checked] ...<br>Mobility ...Assistive device(s) used (cane, wheelchair, prosthesis, etc.) Walker [handwritten] ...<br>Toileting ...Independent [checked] ...<br>Transfers ...[no selection] ...<br>Respiratory / breathing conditions ...[section crossed off] N/A [not applicable; handwritten]."<br>"Family and resident are in agreement that if [Resident 2] can not take care of [his/her] own suctioning of [his/her] trach [s/he] will need to go to a higher level of care facility. [handwritten]"<br>Surveyor noted at the bottom of the document "Persons participating in evaluation: Signature: [Administrator RN's signature], Relationship to client: None, Date 2/5/24."<br><br>Surveyor reviewed Resident 2's individual service plan (ISP) with print date 02/20/2024. Surveyor noted the following:<br>"BATHING - PARTIAL ASSISTANCE ...Resident requires partial assistance from staff to complete bathing tasks ...<br>DRESSING - PARTIAL ASSISTANCE ...Resident requires partial assistance from staff to complete dressing tasks ...<br>ORAL CARE - INDEPENDENT ...<br>TOILETING - PARTIAL ASSISTANCE ...Resident requires partial assistance from staff to complete toileting tasks ...<br>TRANSFERRING - STAFF ASSISTANCE ...Resident requires staff assistance to complete transfers ..."<br><br>On 02/20/2024 at approximately 2:00 PM, Surveyors interviewed Director A who stated Administrator RN B completed and had Resident 2's initial assessment and indicated Resident 2 was at the facility for around 2 weeks. S/he | N 385 | | |

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| N 385 | Continued From page 21<br>described Resident 2 as being fairly independent, was able to make his/her needs known, and had a walker and wheelchair. Director A stated Resident 2 did not need assistance with ADL's. S/he said Resident 2 had a trach, but s/he could take care of it him/herself. S/he indicated Resident 2 had anxiety about his/her trach and would call 911 about it.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Regional Director D who acknowledged Resident 2's service plan did not identify his/her needs.<br><br>Cross Reference:<br>N0382 DHS 83.35(1)(b) Sources Used for Assessment Information<br>Y3244 Ch 50.09(1)(L) Care | N 385 | | |
| {N 389} | 83.35(3)(d) Service plans updated annually or on changes<br><br>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.<br><br>This Rule is not met as evidenced by: | {N 389} | | |

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| {N 389} | Continued From page 22<br><br>Based on record review and interview, the provider did not review and revise the individual service plan (ISP) when there was a change in resident's needs, abilities or physical or mental condition for 3 of 3 (Residents 1, 3, and 9) residents reviewed.<br><br>Resident 1 had a chronic wound on his/her upper chest area and was receivng services from a home health care agency and hospice. Resident 1's most recent ISP was not updated to reflect the wound or outside service help.<br><br>Resident 3 was observed to have an unwitnessed fall during Surveyors' onsite visit and was identified as a fall risk. Resident 3's primary language was Mung. Resident 3 had reported concerns with depression and not having enough interaction with others. Resident 3's family provided him/her his/her meals, which s/he ate in his/her room. Resident 3's ISP did not contain information regarding Resident 3's fall interventions, mental health needs, communication needs, and dietary preferences.<br><br>Resident 9 was observed smoking outside on the back patio. Resident 9's ISP did not contain information regarding Resident 9's smoking needs.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) SYDX13 dated 08/03/2023 for additional information.<br><br>Findings Include:<br><br>On 02/20/2024, Surveyor conducted a verification visit at the facility. A sample of residents was selected including Residents 1 and 9 resident records. | {N 389} | | |

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Resident 1
Resident 1 was admitted to the facility on 03/02/2022 with diagnoses to include malignant neoplasm of breast, type 2 diabetes mellitus, depression and unspecified protein-calorie malnutrition. Resident 1's most recent ISP (with no date) indicated Resident 1 required more assistance on the days s/he was receiving chemotherapy and to give pain medications as ordered by hospice. Resident 1's ISP does not contain information about Resident 1's wound on breast area or include information on home care agency involved or if Resident 1 is receiving hospice services.

An observation note dated 01/25/2024 stated, "New Orders from Theda Care Cancer Center: Discontinue oral chemo medications. Resident has been started on IV chemo."

An observation note dated 02/07/2024 stated, "Resident was at an appointment today 2/7/2024 and was sent to Theda Care Hospital and admitted...[Resident 1] was admitted to ThedaCare Hospital today d/t [due to] increased weakness. Started on antibiotics to r/o [related to] sepsis from left breast wound. Hospital is also running a c-diff as [Resident 1] has some diarrhea..."

An observation note dated 02/22/2024 stated, "Resident returned from hospital today 2/22/24 and is on St. Croix Hospice with comfort measures in place."

On 02/27/2024 at 3:40PM, Surveyor interviewed Case Manager Q. Case Manager Q verified s/he was the Case manager for Resident 1. Case Manager Q indicated Resident 1 has a large

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| {N 389} | Continued From page 24 | {N 389} | | |

chronic wound on breast area due to cancer. Case Manager Q stated Resident 1 was receiving chemotherapy treatments. Case Manager Q indicated Resident 1 was receiving home health services on Monday, Wednesday and Friday to manage wound while residing at the facility. Case Manager Q stated in early February, Resident 1 was sent to hospital for sepsis infection in left breast wound. Resident 1 returned to facility and shortly after that, Resident 1 had a stroke and the health care power of attorney elected hospice services.

On 02/28/2024 at 10:20AM, Surveyor interviewed RN (Registered Nurse) R from home care agency. RN R indicated Resident 1 was admitted to home care agency in September 2023 for chronic wound under left breast area due to metastatic breast cancer. RN R stated home care agency staff saw Resident 1 Monday, Wednesday and Friday for wound dressing changes. RN R stated Resident 1 had a change in condition on 2/20/2024 and was sent to hospital and then went on hospice services so home care agency services ended when hospice was elected.

On 03/06/2024, Director A and Regional Director D verified Resident 1's ISP did not contain information/treatment related to Resident 1's chronic wound to left breast area nor home care or hospice service involvement.

Resident 3
Surveyor reviewed Resident 3's record and noted s/he was admitted to the facility on 07/26/2023. Surveyor noted Resident 3's diagnoses were not listed in his/her record. Resident 3's ISP listed Resident 3 required full assistance with bathing, dressing, toileting, and mobility from 1 staff.

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| {N 389} | Continued From page 25<br>Surveyor noted the following:<br>"EATING - INDEPENDENT ...<br>RISK - FALL<br>Schedule: Daily @ 12:00 PM<br>Resident's Needs/Preferences: Resident has been identified as a fall risk.<br>Resident's Desired Goals & Outcomes: To be free of falls ...."<br><br>Surveyor noted Resident 3's ISP did not include information about his/her mental health related to depression, dietary preferences related to food being provided by family, fall risk interventions, and communication needs related to Resident 3's primary language.<br><br>On 02/20/2024 at approximately 12:35 PM, Resident 3 was found on his/her room floor following an unwitnessed fall. Surveyor observed Resident 3 to be able to speak, understand, and gesture in response to limited English language, but was able to make his/her basic needs known.<br><br>On 03/18/2024 at approximately 9:00 AM, Surveyor interviewed Community Care Inc Care Manager (CM) T who stated Resident 3 was very depressed as there was little to no engagement for Resident 3. CM T indicated Resident 3 was social and enjoyed being around others, even if s/he did not participate in the activity. S/he stated Resident 3's depression had been significantly impacted since residing at the facility because staff do not check in on her. CM T reported Resident 3 primarily spoke mung. CM T stated s/he used a translation service to communicate with Resident 3 which was how Resident 3 communicated about depressed s/he was. S/he shared Resident 3's family provided Resident 3 with all of his/her meals and Resident 3 ate it in his/her room. | {N 389} | | |

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| {N 389} | Continued From page 26<br><br>CM T reported Resident 3 had a history of falls and encouraging Resident 3 to press his/her call light and wait for staff to assist was an example of an intervention discussed with the provider.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Director A and Administrator RN B who verified Resident 3's ISP did not contain fall interventions, dietary preferences, mental health needs, communication needs, and diagnoses.<br><br>Resident 9<br>Resident 9 was admitted to the facility on 11/13/2020 with diagnoses to include back pain, major depression, hypothyroidism and high cholesterol. Resident 9's most recent ISP dated 02/22/2024 stated Resident 9 required staff to administer medications and requires 24 hour supervision and is independent with all ADLs (Activities of Daily Living). Resident 9's ISP did not include information regarding Resident 9's smoking capabilities or where Resident 9's smoking materials were kept.<br><br>On 02/20/2024, at approximately 10:10AM, Surveyor interviewed Caregiver E who was standing by the medication cart in the resident hallway. Surveyor observed Resident 9 walk up to the medication cart and ask Caregiver E for his/her cigarettes. Caregiver E asked Resident 9 if s/he wanted 1 or 2 cigarettes; Resident 9 said 2 and Caregiver E handed him/her the 2 cigarettes from his/her pack in the medication cart. Surveyor inquired with Caregiver E why Resident 9's cigarettes are kept in the medication cart and s/he said s/he did not know. Surveyor inquired whether all residents' cigarettes were kept in the medication cart and s/he said no. | {N 389} | | |

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| {N 389} | Continued From page 27<br>On 02/20/2024, Surveyor observed Resident 9 smoking on the facility's back patio area multiple times between 9AM-12PM and 1PM-3PM.<br><br>On 03/06/2024 at 8:30AM, Surveyor interviewed Director A and Regional Director D. Both verified the ISP did not contain information regarding Resident 9's smoking capabilities or where Resident 9's smoking materials should be kept.<br><br>Cross Reference:<br>Y3244 Ch 50.09(1)(L) Care | {N 389} | | |
| N 396 | 83.36(1)(a) Adequate staff to meet resident needs.<br><br>The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents.<br><br>The facility was licensed to serve up to 22 residents who were terminally ill, physically disabled, advanced aged and/or have irreversible dementia or Alzheimer's Disease. At the time of the survey, 19 residents resided at the facility. December 2023 and January 2024 staffing schedules reflected time periods when no caregivers or only one caregiver was present in the building resulting in call lights not answered timely.<br><br>This is a repeat deficiency, see Statement of Deficiency (SOD) SYDX11 dated 01/10/2022 and | N 396 | | |

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| N 396 | Continued From page 28<br>SYDX12 dated 10/21/2022.<br><br>Findings Include:<br><br>On 01/10/2024 and 02/06/2024, the department received complaint information alleging staffing concerns.<br><br>On 02/20/2024, Surveyor conducted an onsite tour of the facility.<br><br>On 02/20/2024 at 8:45AM, Surveyor interviewed Caregiver E. Caregiver E verified s/he was the only caregiver working on this day. Caregiver E stated s/he doesn't usually work in this facility, usually works in sister facility next door. Caregiver E stated s/he was not very familiar with the residents in this building.<br><br>On 02/20/2024 at 9:45AM, Surveyor interviewed Director A. Director A indicated they schedule caregivers for 3 shifts. The "AM" shift is from 7AM-3PM and there are usually 2 caregivers working. The "PM" is from 3PM-11PM and there are usually 2 caregivers working. The "night" shift is from 11PM-7AM and there is a caregiver in each building and a float that will go to each building if/when they are needed. Director A stated s/he found out last night that the caregiver scheduled to work the AM shift today with Caregiver E has a medical excuse and can not come back until Thursday. Director A stated the facility is a "very low level of care; people are independent in this building." Surveyor requested staffing schedules and call light response time logs for December 2023 and January 2024.<br><br>December 24, 2023<br>Surveyor reviewed the December 24, 2023 staffing schedule for Hawthorne. The schedule | N 396 | | |

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| N 396 | Continued From page 29 | N 396 | | |

shows Caregiver J scheduled from 12AM to 7:06AM, Caregiver K scheduled from 7AM to 3PM, Director A scheduled from 3:04PM to 3:04PM, Caregiver L scheduled from 4PM to 11PM. The schedule does not reflect a caregiver in the building from 3:04PM to 4:00PM and from 11:00PM to 12A (on 12/25/023).

Surveyor reviewed the December 24, 2023 call light response time logs. The following was noted:
-Resident 4's call light went on at 9:32AM and was on for 37 minutes
-Resident 4's call light went on at 12:32PM and was on for 132 minutes
-Resident 4's call light went on at 3:38PM and was on for 133 minutes
-Resident 5's call light went on at 8:22AM and was on for 170 minutes
-Resident 8 's call light went on at 7:11AM and was on for 137 minutes
-Resident 8's call light went on at 3:14PM and was on for 172 minutes
-Resident 9's call light went on at 9:01AM and was on for 451 minutes
-Resident 9's call light went on at 4:44PM and was on for 83 minutes
-Resident 10's call light went on at 10:28AM and was on for 462 minutes
-Resident 11's call light went on at 10:45AM and was on for 173 minutes
-Resident 12's call light went on at 6:50AM and was on for 88 minutes
-Resident 12's call light went on at 8:22AM and was on for 47 minutes

December 25, 2023
Surveyor reviewed the December 25, 2023 staffing schedule for Hawthorne. The schedule shows Caregiver J scheduled from 12AM to 7:16AM, Caregiver M scheduled 7:07AM to 4PM,

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| N 396 | Continued From page 30 | N 396 | | |

Caregiver K scheduled from 3PM to 8:30PM, Caregiver N scheduled from 4:00PM to 10:00PM. The schedule does not reflect a caregiver in the building from 10PM to 12A (on 12/26/2023).

Surveyor reviewed the December 25, 2023 call light response time logs. The following was noted:
-Resident 4's call light went on at 10:21AM and was on for 27 minutes
-Resident 5's call light went on at 6:21AM and was on for 39 minutes
-Resident 5's call light went on at 7:24AM and was on for 129 minutes
-Resident 5's call light went on at 1:17PM and was on for 150 minutes
-Resident 8's call light went on at 7:41AM and was on for 112 minutes
-Resident 9's call light went on at 6:16AM and was on for 577 minutes

January 9, 2024
Surveyor reviewed the January 9, 2024, staffing schedule for Hawthorne. The schedule shows Caregiver O scheduled from 12AM to 1:33PM, Caregiver K scheduled 7AM to 3PM, Caregiver M scheduled from 7:00AM to 3:00PM, Caregiver N scheduled from 2:56PM to 11:00PM, Caregiver Q scheduled from 3:00PM to 11:00PM. The schedule does not reflect a caregiver working from 11:00PM to 12AM (on 1/10/2024).

Surveyor reviewed the January 9, 2024 call light response time logs. The following was noted:
-Resident 3's call light went on at 10:56AM and was on for 270 minutes
-Resident 3's call light went on at 3:52PM and was on for 22 minutes
-Resident 5's call light went on at 7:23AM and was on for 137 minutes
-Resident 5's call light went on at 2:02PM and

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| N 396 | Continued From page 31 | N 396 | | |

was on for 78 minutes
-Resident 5's call light went on at 5:14PM and was on for 23 minutes
-Resident 5's call light went on at 9:10PM and was on for 41 minutes
-Resident 8's call light went on at 8:51PM and was on for 24 minutes
-Resident 12's call light went on at 1:25PM and was on for 35 minutes

January 10, 2024
Surveyor reviewed the January 10, 2024, staffing schedule for Hawthorne. The schedule shows Caregiver O scheduled 12AM to 9AM, Caregiver P scheduled from 6:39AM to 4:26PM, Caregiver K scheduled from 6:45AM to 3:30PM, Caregiver M scheduled from 7:13AM to 3:00PM, Caregiver L scheduled from 3:00PM to 11:00PM, Stat Agency caregiver scheduled from 3:00PM to 11:00PM . The schedule does not reflect a caregiver working from 11PM to 12AM (on 01/11/2024).

Surveyor reviewed the January 10, 2024 call light response time logs. The following was noted:
-Resident 3's call light went on at 11:25AM and was on for 241 minutes
-Resident 8's call light went on at 8:18AM and was on for 116 minutes
-Resident 8's call light went on at 10:18AM and was on for 36 minutes
-Resident 8's call light went on at 10:54AM and was on for 23 minutes
-Resident 12's call light went on at 12:43AM and was on for 66 minutes

The facility did not provide adequate staffing on 12/24/2023, 12/25/2023, 01/09/2024 and 01/10/2024 resulting in call light wait times over 20 minutes long.

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| {N 427} | 83.38(1)(c) Leisure time activities.<br><br>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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not ensure a daily activity program to meet the interests and capabilities of residents was provided.<br><br>This is a repeat deficiency, see Statement of Deficiency (SOD) SYDX12 dated 10/21/2022.<br><br>Findings include:<br><br>On 01/11/2024 and 02/20/2024, the department received complaint information alleging there were no activities at the facility.<br><br>On 02/20/2024 at approximately 9:30AM, Surveyor toured the facility. Surveyor observed an activity calendar posted in the dining room. The calendar indicated on 02/20/2024 at "9am Coffee & Crosswords, 10:30pm [sic] (the 10 was crossed out and a 9 written in) Chair Yoga, | {N 427} | | |

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| {N 427} | Continued From page 33<br>1:00pm BINGO, 2:30 Bubble Blowing and 6:30pm Wheel of Fortune Club." At approximately 9:30 AM, Surveyors observed approximately 3 residents attending an exercise activity. Surveyors were in the building from 9am-12pm and then from 1-3pm. Surveyors observed no other activities while in the building.<br><br>On 02/20/2024 at approximately 10:20 AM, Surveyor interviewed Resident 14. Resident 14 told Surveyor "there's nothing to do around here" and indicated s/he got bored often. Surveyor observed a computer and TV in his/her room. Resident 14 stated s/he could only sit on his/her computer for so long and s/he wished there were activities.<br><br>On 02/29/2024 at approximately 8:43 AM, Surveyor interviewed Resident 5 who stated there were no activities and nothing to do at the facility. Resident 5 said s/he was a social person and would participate if there were things to do.<br><br>On 03/05/2024 at approximately 9:13 AM, Surveyor interviewed managed care organization Care Manager (CM) T. CM T indicated s/he had been Resident 3's Care Manager for a while now. CM T stated Resident 3 had confided in him/her about feeling very lonely and unincluded at the facility. S/he said Resident 3 had depression and s/he just sits in his/her room all day and would like to be included. Resident 3 reported wanting to participate in activities and wanting to be invited out of his/her room, but there were no activities offered. CM T said s/he was told the provider was hiring an activity person, but s/he had not noticed any updates on it. CM T stated during Resident 3's care conference with facility management, s/he had requested that staff check in to say hi to Resident 3 a few times a shift, as | {N 427} | | |

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| {N 427} | Continued From page 34<br>even just saying hi to Resident 3 would bring him/her joy.<br><br>On 02/20/2024 at approximately 9:45AM, Surveyor interviewed Director A who indicated they contracted with a program called "Fit-to-be Healthy" and they come to the facility to do the exercise program; this was the first day. Director A stated they have hired an activity person to help with conducting activities per the calendar. | {N 427} | | |
| {N 431} | 83.38(1)(g) Health monitoring.<br><br>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. | {N 431} | | |

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| {N 431} | Continued From page 35 | {N 431} | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not monitor Resident 1's health and make arrangements for physical health services when s/he was experiencing pain due to open wound and cancer diagnosis.

Resident 1 had a large open wound on left breast area due to metastatic breast cancer. Resident 1 was receiving IV (intravenous) chemotherapy. Resident 1 had an order with a start date of 10/04/2023 for Menthol 4% (percent) gel to be administered 3 times a day, an order with a start date of 10/04/2023 for Hydrocodone/APAP 5/325mg(milligrams) to be taken twice daily as needed for severe pain and an end date of 02/23/2024 and an order with a start date of 01/31/2024 for Hydrocodone/APAP 5/325mg take one tablet 3 times daily for pain and an end date of 02/09/2024. Resident 1 had a change in condition and was admitted to the hospital on 02/07/2024. Resident 1 was discharged from the hospital on 02/09/2024. At the time of discharge, Resident 1's Hydrocodone/APAP 5/325mg scheduled for 3 times a day was discontinued. Resident 1's February 2024 MAR (Medication Administration Record) indicated Resident 1 received no scheduled pain medications between 02/09/2024 and 02/23/2024. Additionally, the MAR indicated Resident 1 did not receive the Menthol gel as prescribed between 02/01/2024

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and 02/19/2024. The provider did not follow up with Resident 1's physician to ensure Resident 1's pain levels were managed appropriately.

This deficiency is repeated for the third time. See Statement of Deficiency (SOD) SYDX12 dated 10/21/2022 and SOD SYDX13 dated 08/03/2023.

Findings include:

On 02/20/2024, Surveyor conducted a verification visit at the facility. A sample of residents was selected including the resident record of Resident 1.

Resident 1 was admitted to the facility on 03/02/2022 with diagnoses to include malignant neoplasm of unspecified site of unspecified breast, type 2 diabetes mellitus without complications, unspecified protein-calorie malnutrition, vitamin D deficiency, major depressive disorder, hypokalemia, migraine and hypertension. Resident 1's most recent ISP (individualized service plan) dated 02/22/2024 indicated Resident 1 "may need more help on days when receiving chemo when transferring around the home." Additionally, Resident 1 required staff to manage/administer medications. The ISP indicated staff were to "give pain medication as ordered by hospice. Watch for any non-verbal signs of pain. Notify RCC (resident care coordinator) or RN (registered nurse) if medication is not effective..."Resident requires staff assistance with pain management." Lastly, the ISP indicated "Resident is able to make needs known. Staff have noticed some memory impairment and confusion. Update RCC or RN if memory impairment increase with advancement of cancer or chemo infusions."

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| {N 431} | Continued From page 37<br>Surveyor reviewed Resident 1's observation notes from 01/01/2024 through 02/29/2024. The following was noted:<br>-01/25/2024 "New Orders from Theda Care Cancer center: Discontinue oral chemo medications. Resident has been started on IV chemo.<br>-01/31/2024 "Scheduled Hydrocodone/APAP is ordered to help with pain control<br>-02/07/2024 "Resident was at an appointment today 02/07/2024 and was sent to Theda Care Hospital and admitted."<br>-02/07/2024 "[Resident 1] was admitted to ThedaCare Hospital today d/t [due to] increased weakness. Started on antibiotics to r/o [rule out] sepsis from left breast wound. Hospital is also running a c-diff as [Resident 1] has some diarrhea. Will call hospital tomorrow for another update."<br>-02/08/2024 "Theda Care called with update on resident. Possibly coming back tomorrow."<br>-02/11/2024 "Hydrocodone was d/cd [discontinued]."<br>-02/20/2024 "This morning at approximately 10am resident was found barely conscious in bedroom with vomit in bed. Around 9am staff was in [his/her] room talking with [his/her] and [s/he] was fine. 911 was called and resident was sent to hospital."<br>-02/22/2024 "Resident returned from hospital today 2/22/24 and is on St. Croix Hospice with comfort measures in place."<br>-02/23/2024 "New order from Hospital discharge: DC[discontinue] all scheduled meds and start morphine PRN[as needed] every hr[hour] as needed and Lorazepam every 2 hrs PRN as needed to keep resident comfortable. Resident is now a DNR[do not resuscitate] with an activated POA[power of attorney]. Change of condition was done on resident please look at resident's care | {N 431} | | |

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plan. Resident has been put on 2hr checks and repositioning. Update hospice, POA, RN and/or RCC for any concerns or questions."
-02/28/2024 "Resident passed away this evening around 8pm..."

Surveyor reviewed Resident 1's February 2024 MAR. The following was noted regarding medication orders and administration for Resident 1:
-Menthol 4% gel to be applied to lower back three times daily with a start date of 10/04/2023 and an end date of 02/23/2024. The medication was not administered at 4pm and 8pm from 02/01/2024-02/06/2024, 02/09/2024-02/19/2024.
-Hydrocodone/APAP 5/325mg tablet to be taken 3 times daily for pain with a start date of 01/31/2024 and an end date of 02/09/2024.
-Hydrocodone/APAP 5/325mg tablet to be taken twice daily as needed for severe pain with a start date of 12/20/2023 and an end date of 02/02/2024. However, Surveyor received an untitled document from the facility with the same order which had a start date of 10/04/2023 and an end date of 02/23/2024. The medication was only administered on 02/16/2024 and 02/18/2024 during the month of February.

On 03/05/2024 at 10:20 AM, Surveyor interviewed Caregiver E. Caregiver E verified s/he was familiar with Resident 1 and his/her diagnoses. Surveyor asked Caregiver E about Resident 1's level of pain and Caregiver E responded, "To be honest, I think [Resident 1] was always in pain."

On 02/27/2024 at 3:40PM, Surveyor interviewed Case Manager (CM) Q. CM Q verified s/he was the Case Manager for Resident 1. CM Q indicated Resident 1 has a large chronic wound

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on breast area due to cancer. CM Q indicated Resident 1 was receiving home health services on Monday, Wednesday and Friday to manage wound while residing at the facility. CM Q stated in early February, Resident 1 was sent to hospital for sepsis infection in left breast wound. At that time, CM Q stated there was discussion with Resident 1 about entering into hospice services. Resident 1 returned to facility, however, did not elect hospice services at this time. CM Q had a meeting with RN B and RCC H on 02/16/2024 regarding the need for staff to check on Resident 1 more frequently since IV chemotherapy treatments made Resident 1 weak for 2-3 days after. Additionally, CM Q relayed to RN B and RCC H to offer food and drinks more frequently and to keep track of intake along with making sure PRN pain medications were offered due to wound that will not heal. CM Q indicated Resident 1 would report that staff were not giving him/her pain medications on time and were not offering food and drink. CM Q stated s/he got a call on 02/20/2024 from the facility that Resident 1 was unresponsive and vomiting and was being sent out to hospital. CM Q stated it was discovered that Resident 1 had a stroke and the health care power of attorney elected hospice services. CM Q stated Resident 1 was sent back to facility on 02/22/2024 under hospice services.

On 02/28/2024 at 10:20AM, Surveyor interviewed RN (Registered Nurse) R from home care agency. RN R indicated Resident 1 was admitted to home care agency in September 2023 for chronic wound under left breast area due to metastatic breast cancer. RN R stated home care agency staff saw Resident 1 Monday, Wednesday and Friday for wound dressing changes. RN R stated s/he saw Resident 1 on 2/5/24 around noon and RN R did not like the way

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the wound looked. The wound had a foul odor and something was just off with it. RN R also noticed that Resident 1 had pills on bedside table. RN R asked Resident 1 about the pills and Resident 1 stated they were morning pills and some of them were pain medications. RN R stated she instructed Resident 1 to take the pills. RN R stated upon leaving the facility, s/he stopped to talk with RN B and inform RN B about the observations of Resident 1's change in wound and level of consciousness. RN B acknowledge this and indicated staff also noticed a change in level of consciousness. RN B indicated s/he alerted staff that Resident 1 was having a lot of discomfort and it is important to give Resident 1 his/her pain medications. RN R stated Resident 1 had an appointment on 2/7/24 at the wound clinic. RN R called the wound clinic on 2/5/24 to ask what to do and they indicated they would see Resident 1 on 2/7/24. Resident 1 went to wound clinic on 2/7/24 and was sent to hospital and admitted for sepsis. RN R indicated there was talk of Resident 1 going onto hospice services while in the hospital as home care was called to end services. However, after Resident 1 came back to the facility, Resident 1 declined hospice services and home care was called on 2/11/2024 to come and see Resident 1 on starting on 2/12/2024 at the facility. RN R stated home care agency saw Resident 1 on 2/12/2024, 2/14/2024, 2/16/2024 and 2/19/2024. RN R stated s/he had asked several times for pain medications or to premedicate Resident 1 before the wound dressing changes, but it didn't happen. Additionally, RN R indicated Resident 1 expressed to RN R that s/he asked staff for medications but they would not bring them in. RN R stated s/he called Resident 1's physician office and asked them to reevaluate pain management routine due to the wound progressing in size. RN

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| {N 431} | Continued From page 41<br><br>R stated s/he felt like there was confusion when Resident 1 went to hospital on 2/7/24 because hospital thought s/he was going on hospice services so discontinued medications, however, Resident 1 chose not to and scheduled pain medications didn't get restarted. RN R stated if Resident 1 would have enrolled in hospice services after hospitalization on 2/7/24, someone would have been managing pain control. RN R stated Resident 1 had a change in condition on 2/20/2024 and was sent to hospital and then went on hospice services so home care agency services ended when hospice was elected.<br><br>On 03/06/2024 at 8:30 AM, Surveyor interviewed Director A and Regional Director D regarding pain control for Resident 1. Director A and Regional Director D verified the February 2024 MAR contained dates where Resident 1 did not receive the Menthol Gel at the scheduled time and Resident 1 went without scheduled pain medication from 02/09/2024 - 02/20/2024 when wound treatments were occurring and Resident 1 was going through chemotherapy infusions. | {N 431} | | |
| N 446 | 83.41(1)(b) Equipment.<br><br>Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not store equipment and utensils in a clean | N 446 | | |

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| N 446 | Continued From page 42<br>manner and/or good repair.<br><br>-A spatula was found laying on the floor in the kitchen<br>-Dishes were stored upright on shelves<br>-A sink drain pipe was leaking into a container that was filled to the top with water<br>-A drawer was missing from a cabinet and the cabinet door was not attached properly<br>-A rack in a freezer was not installed properly, making it lean on its side and unable to put anything on it<br>-2 rags were on the floor<br><br>Findings include:<br><br>On 12/14/2023 and 01/10/2024, the department received complaints regarding food.<br><br>On 02/20/2024, Surveyor made an onsite visit to the facility. At approximately 11:00AM, Surveyor toured the kitchen. The following was noted:<br><br>-A spatula was found laying on the floor in the kitchen<br>-Dishes were stored upright on shelves<br>-A sink drain pipe was leaking into a container that was filled to the top with water<br>-A drawer was missing from a cabinet and the cabinet door was not attached properly<br>-A rack in a freezer was not installed properly, making it lean on its side and unable to put anything on it<br><br>On 03/06/2024 at 8:30AM, Surveyor interviewed Director A and Regional Director D. Director A and Regional Director D verified the above items. Director A stated Maintenance Director C was in the process of fixing the drain pipe. | N 446 | | |

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| N 446 | Continued From page 43<br>Cross Reference:<br>N0452 DHS 83.41(3)(b) Food Safety<br>N0481 DHS 83.43(1) Environment Clean, Safe, and Comfortable | N 446 | | |
| N 452 | 83.41(3)(b) Food safety.<br><br>Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure food was stored, prepared, distributed or served under sanitary conditions for the prevention of food borne illnesses.<br><br>Multiple food items in the refrigerator and freezer were not labeled, dated and/or were expired. Milk, orange juice, eggs, frozen hashbrowns, and frozen french toast were left sitting on the kitchen counters for over 2 hours. | N 452 | | |

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| N 452 | Continued From page 44<br><br>Findings Include:<br><br>On 12/14/2023 and 01/10/2024, the department received complaints regarding food.<br><br>According to the Wisconsin Food Code located at: https://docs.legis.wisconsin.gov/code/admin_code/atcp/055/75_.pdf states, " (Retrieval Date 02/21/2024)...Time/Temperature Control for Safety Food shall be maintained: (1) At 57 degrees C [Celsius] (135 degrees F[Fahrenheit]) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11 (B) or reheated as specified in 3-403.11 (E) may be held at a temperature of 54 degrees C (130 degrees F) or above; (2) At 5 degrees C (41 degrees F) or less."<br><br>Additionally, the Wisconsin Food Code states, "Except when packaging food using a reduced oxygen packaging method as specified under 3-502.12, and except as specified in (E), (F), and (H) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature and time combination of 5 degrees C (41 degrees F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1."<br><br>On 02/20/2024, Surveyor made an onsite visit to the facility. At approximately 8:45AM, Surveyor conducted a tour of the facility. The following was observed in the kitchen area:<br>-a container with 1/3 of orange juice sitting on the | N 452 | | |

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| N 452 | Continued From page 45<br>counter<br>-a container with 1/4 of juice sitting on the counter<br>-a gallon of milk with 1/2 left sitting on the counter<br>-a container with 6 eggs sitting on the counter<br>-a bag of frozen hashbrown patties sitting on the counter<br>-a bag of french toast sitting on the counter<br>-a pan of cake with a single piece left with no covering<br><br>Surveyor observed these items to be left on the counter until approximately 10:50AM when Maintenance Director C and Resident 13 started to put the items back in the refrigerator.<br><br>At approximately 9:00 AM, Surveyor observed a standard fridge and freezer combo, and a 2-door standing freezer in the pantry located behind the kitchen. The following opened items had unsealed packaging or were not labeled in the freezer:<br>-a plastic bag of hamburger patties with ice and visible freezer burn with no label or date, and was not sealed<br>-a plastic bag with food that looked like smiley face potatoes with no label or date<br>-a plastic bag with food that looked like chicken nuggets with no label or date<br>-a plastic cup with an unknown frozen liquid with no label or date, and was uncovered<br>-a plastic bag with unknown food with no label or date<br>-a plastic bag with food that looked like hashbrowns with no label or date<br>-a plastic bag with waffles with no label or date<br>-a plastic bag with corn with no label or date<br>-a plastic bag with a substance that looked like brown sugar with no label or date<br>Surveyor noted the freezer temperature was 18 degrees Fahrenheit. | N 452 | | |

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| N 452 | Continued From page 46<br><br>The following was noted in the freezer of the fridge and freezer combo:<br>-debris, crumbs, and a frozen unknown liquid on the ceiling and floor of the freezer<br>-a box of taquitos with no date, and was unsealed<br><br>At approximately 11:00AM, Surveyor observed a 2-door standing refrigerator in the kitchen. The following opened items were not labeled, dated or were expired:<br>-a plastic container labeled vanilla pudding with a date of 2-15<br>-a plastic container with a thick white yogurt consistency substance in it with no label or date<br>-a plastic container with food that looked like cauliflower and broccoli labeled "save for [Resident 1] 2/14"<br>-a plastic container with an unknown food substance with no label or date<br>-a plastic container with food that looked like peaches with no label or date<br>-a plastic bag that contained sausage with a date of 2-7<br>-a plastic container with a red sauce with no label or date<br>-a plastic container with a brown think substance in it with no label or date<br>-a plastic bag that contained pickles with a date of 2-2<br>-a plastic container with an opened bag of ham with no date<br>-a plastic container with food that looked like hamburger and potato casserole with no label or date<br>-a plastic container with a green substance with no label or date<br><br>On 02/20/2024 at 2:45PM, Surveyor interviewed Director A. Director A stated third shift is | N 452 | | |

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| N 452 | Continued From page 47<br>supposed to go in the kitchen and clean it up including mopping, wiping the counters and doing the dishes. Director A indicated staff should also be cleaning out the refrigerator and freezers.<br><br>Cross Reference:<br>N0481 DHS 83.43(1) Environment Clean, Safe, and Comfortable | N 452 | | |
| N 454 | 83.42(1) Resident record maintained.<br><br>The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following:<br>(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) | N 454 | | |

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| N 454 | Continued From page 48<br>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 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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Resident 7's and Resident 17's records were maintained. | N 454 | | |

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| N 454 | Continued From page 49<br><br>Resident 7's record did not contain his/her admission agreement, admission assessment, documentation of significant incidents, assessments, documentation to accurately describe the resident's condition and any changes, date and reason for discharge, and other resident related documentation.<br><br>Resident 17 had a fall and sustained an injury requiring<br><br>Findings include:<br><br>Resident 7<br>On 03/14/2024, Surveyors conducted a complaint investigation at the facility's sister facility. Upon investigation, it was found that Resident 7 had previously resided at this facility before transferring to the sister facility.<br>Surveyors requested to review Resident 7's record for both facilities related to a change in his/her mental condition.<br><br>On 03/19/2024, Surveyors reviewed written documentation from Regional Director D regarding Resident 7 which stated:<br>"Admission Agreement - None located - Moved in 09/21/2020<br>Date [s/he] moved from Hawthorn [Apple Creek Place II; this facility] to Linden [Apple Creek Place III] - None located.<br>Admission Assessment - None located -<br>Any recent assessments [none located]."<br><br>Resident 17<br>On 12/14/2023, the department received complaint information alleging a resident was not assisted timely after a fall and stroke - like symptoms. | N 454 | | |

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| N 454 | Continued From page 50<br><br>On 02/20/2024 at approximately 12:10 PM, Surveyor inquired with Director A if there were any incident involving residents who had a fall and/or stroke like symptoms. Director A provided Surveyors with fall reports and incident reports for December 2023. Surveyor noted no documentation related to a resident with stroke-like symptoms or untimely response to a fall.<br><br>On 02/27/2024, Surveyor reviewed paramedic reports from Gold Cross and noted an incident on 02/12/2024 where the provider contacted paramedics for Resident 17 having a fall and experiencing stroke-like symptoms. Resident 17 was taken to the hospital for medical evaluation.<br><br>On 03/05/2024, Surveyor reviewed Resident 17's record and noted s/he was admitted to the facility on 08/26/2019 with diagnoses of dementia, anxiety, muscle weakness, osteoporosis, and difficulty walking. Surveyor noted Resident 17's record did not including information regarding a fall on 02/12/2024 or evidence of him/her experiencing stroke-like symptoms.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyor interviewed Director A who verified s/he was not aware of and did not have record of Resident 17's fall, him/her experiencing stoke-like symptoms, or him/her requiring medical evaluation.<br><br>On 03/21/2024 at approximately 8:30 AM, Surveyors interviewed Regional Director D who verified Resident 7 and Resident 17's records were not maintained. | N 454 | | |

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| {N 481} | Continued From page 51 | {N 481} | | |
| {N 481} | 83.43(1) Environment safe, clean, and comfortable<br><br>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not provide a living environment that was safe, clean, comfortable and homelike.<br><br>This is a repeat deficiency, see Statement of Deficiency (SOD) SYDX13, dated 08/03/2023.<br><br>Findings include:<br><br>On 01/10/2024, 01/11/2024, 01/24/2024, the department received complaint information alleging the provider was not providing housekeeping and the facility was unclean.<br><br>On 02/20/2024, Surveyors conducted a verification visit and complaint investigation.<br><br>CLEANLINESS<br>At approximately 8:45 AM, Surveyors toured the facility. Surveyor observed the 2 entrance doors (separated by a small vestibule) were all glass and had fingerprint-like marks and streaks covering the entirety of the glass on both sides of the doors.<br><br>Surveyor noted the kitchen floor was sticky and had debris, multiple dark brown circular stains, | {N 481} | | |

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food crumbs, and spots that looked like ketchup splatter throughout the floor in walking areas and under countertops, the sinks, and appliances. Surveyors noted the floor had not been cleaned or mopped while Surveyors were onsite from 8:30 AM to 12:00 PM and 1:00 PM to 3:00 PM, and remained in the same state.

Surveyor noted a mechanical room located to the right of the entrance in a resident hallway was unlocked. Surveyor walked inside and noted the HVAC (heating, ventilation and air conditioning) had large stains underneath them, the floor throughout the mechanical room to have multiple water rust-like stains, debris, garbage in a mop bucket, 2 small unfolded empty boxes, dirt, and at least 3 papers.

Surveyor noted a hair salon located to the left of the entrance in a resident hallway to be open and unlocked. The floor had laminate squares and at least 5 of the squares were pulling up which may pose a fall hazard, and had missing laminate.

Surveyors reviewed the provider's "Daily NOC shift duties," which stated "Daily Cleaning Duties ...Sweep and mop kitchen, dining room, pantry, and entryway floors ...Sweep and mop under the large 3 bin sink ..."

At approximately 9:27 AM, Surveyor interviewed Resident 4 who said the back door to the patio was very difficult to get in and out of due to the threshold weather strip. Surveyor observed Resident 4 to self-propel in his/her wheelchair. Resident 4 stated the facility was very unclean and indicated that noone cleaned. Surveyor observed Resident 4's carpeting to have debris on it. Surveyor noted Resident 4's room was odorous of urine like smell. Resident 4 stated

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| {N 481} | Continued From page 53 | {N 481} | | |

"they're supposed to clean." Surveyor observed Resident 4's toilet to have dried feces on the front of the toilet, in the toilet bowl, and on the floor in front of his/her toilet, and toilet paper particles on his/her bathroom floor.
Surveyor observed the back patio door had a 1-1 1/2 inch threshold, which likely caused Resident 4 and other residents difficulty in entering from the patio independently.

At approximately 10:20 AM, Surveyor interviewed Resident 14. Surveyor observed Resident 14's room to have a 13 - gallon garbage can overflowing with garbage, a full basket of dirty laundry, a basket with clean clothes not put away, his/her bed was unmade, his/her blinds were broken, clothes were on the floor and on various furniture pieces, debris was on the carpeting, there were at least 13 small circular brown coffee-looking stains on the carpeting by the front door, debris on the bathroom floor and shower floor, the toilet bowl had brown stains in it, the toilet seat had urine-like spots, and all surfaces were covered in garbage and miscellaneous items. Surveyor noted Resident 14's bathroom had a used mop and bucket, a toilet bowl brush, and a bottle labeled "water and vinegar" in it. Resident 14 voiced concern of his/her blinds not being broken and stated s/he sure wished s/he could open the blinds. Resident 14 said s/he had his/her own vacuum, mop, and cleaning supplies because his/her family member bought it for him/her so if s/he wanted to or had to clean s/he could.

On 01/20/2024 at approximately 10:00 AM, Surveyor toured Resident 5's room and noted it was a 2-bedroom apartment. Surveyor observed the second bedroom to be located off the first bedroom to be filled ¾ with multiple full boxes, a

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| {N 481} | Continued From page 54 | {N 481} | | |

pet kennel, protein shakes, cords, multiple large furniture pieces like a book shelf and armoire, cleaning supplies, a shovel, and multiple other personal belongings. Surveyor was unable to walk further than 5 steps into the room. Surveyor noted an electric heater connected to the wall in the second bedroom that was on and said 66 degrees Fahrenheit. Surveyor noted Resident 5 had his/her bathroom sink covered in personal hygiene products and every surface in his/her room covered in personal belongings. Resident 5's bathroom had multiple wipes, cleaning supplies, a bottle of water and vinegar, a toilet bowl brush, dirty laundry on the shower bench, stains in and on his/her toilet and toilet seat, and an overflowing garbage of incontinence products. Surveyor noted Resident 5's bedroom floors and bathroom floor to have debris on them. Resident 5's bed was unmade and his/her blinds were visibly broken.

On 02/29/2024 at approximately 8:43 AM, Surveyor interviewed Resident 5 who stated there was no housekeeper so housekeeping was rarely done by facility staff. S/he said "they depend on us to do our own cleaning;" they're supposed to do it. S/he indicated s/he had some troubles getting around and tired out easily, so needed staff to assist with keepings things tidy and organized. Resident 5 stated they don't take out garbage for days; until it will be overflowing. S/he stated the bathroom garbage would even be overflowing with depends. Resident 5 stated the "windows are filthy." Resident 5 said no one had dusted since s/he moved into the facility. S/he stated "they gave everyone a bottle of vinegar and a toilet bowl brush to clean their own toilets." Resident 5 said s/he would not let anyone into his/her room because s/he was embarrassed by the state it was always in. S/he said s/he had

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gotten his/her own cleaning supplies so s/he could clean at times, but was not strong enough to do it all the time.

On 02/28/2024 at approximately 1:55 PM, Surveyor interviewed Friend V who visited Resident 5 often. Friend V said Resident 5's room was not being cleaned and because of this Resident 5 no longer invited Friend V to see his/her room because s/he's "embarrassed by it" and they only meet in the common area. S/he indicated this was new for Resident 5 and him/her. Friend V said Resident 5's laundry was done very inconsistently and his/her garbage was rarely cleaned up or taken out. S/he said Resident 5 had voiced concerns about not being able to clean up or take care of things in his/her room independently because it tired him/her out, so s/he wished staff would do it like they said they would. Friend V stated s/he had offered to Director A and staff if they needed help cleaning that s/he would volunteer to help, but never heard back.

On 02/28/2024 at approximately 12:51 PM, Surveyor interviewed Power of Attorney for Healthcare (POAHC) F who stated the facility was always dirty. Resident 2 did not always keep his/her room clean and was assessed as needing assistance from provider staff to keep his/her room clean. S/he said Maintenance Director B never followed up on requests to fix things and they brought in their own cable box for Resident 2 as it was supposed to be provided per the admission agreement. POAHC F stated Resident 2's shower had "literal feces" on the floor of it for the entirety of his/her stay at the facility (2 weeks) and was never cleaned up. S/he said Resident 2's room always had leftover dirty dishes from meal times and the garbage

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| {N 481} | Continued From page 56<br>was always overflowing when they visited.<br><br>On 02/29/2024 at 9:05 AM, Surveyor interviewed Family Member U. Family Member U verified they were a family member of Resident 15. Family Member U stated Resident 15 does not spend much time at the facility. Resident 15 goes to Family Member U's house daily. Family Member U stated s/he does most of the cleaning in Resident 15's room because it cut down the monthly cost for Resident 15's rent. Family Member U stated s/he used own wipes and duster but facility does provide a vacuum. Family Member U stated Resident 15 was given a spray bottle with water and vinegar in it and a toilet brush to clean the bathroom and toilet area.<br><br>TOXIC SUBSTANCES<br>On 02/20/2024, Surveyors observed toxic substances throughout the facility:<br>-on the floor of the kitchen a jug of mechanical dish detergent and a jug of quaternary sanitizer (both of which had "KEEP OUT OF REACH OF CHILDREN DANGER" labels visible on the front of them) and a spray bottle of Odo Ban Deodorizer and Disinfectant on the oven.<br>-an unlocked closet located in a hallway of resident rooms had 4 bottles of Clorox toilet bowl cleaner.<br>-the open and unlocked salon had 2 bottles of acetone nail polish remover on a shelf<br>-Resident 5's 2-bedroom apartment had a jug of bleach, a jug of surface sanitizer, a can of furniture polish, Pet Fresh carpet cleaner, a spray bottle of Windex window cleaner, and a spray bottle of deodorizer.<br>Surveyor reviewed Resident 5's record and noted it did not include an assessment or documentation of resident's ability to maintain toxic substances. | {N 481} | | |

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| {N 481} | Continued From page 57<br>-Resident 14's room had a large jug of laundry detergent on the floor and in the bathroom a bottle of Clorox toilet bowl cleaner and Dawn dish soap.<br>Surveyor reviewed Resident 14's record and noted it did not include an assessment or documentation of resident's ability to maintain toxic substances.<br><br>In conclusion, the kitchen, common areas, and resident rooms were not kept clean and maintained, the door threshold to the back patio posed a risk for entry, and multiple toxic substances were found unsecured throughout the facility.<br><br>On 03/06/2024 at approximately 8:30 AM, Surveyors interviewed Regional Director D who verified concerns with the environment being safe, clean, and homelike.<br><br>Cross Reference:<br>N0396 DHS 83.36 (1)(a) Adequate Staff to Meet Resident Needs<br>N0446 DHS 83.41(1)(b) Equipment<br>N0452 DHS 83.41(3)(b) Food Safety<br>N0669 DHS 83.60(2) Insect-Proof Screens on Openable Windows | {N 481} | | |
| {N 669} | 83.60(2) Insect-proof screens on openable windows<br><br>Screens. All required openable windows shall have insect-proof screens.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure all required openable windows had insect-proof screens and were free of holes. | {N 669} | | |

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| {N 669} | Continued From page 58<br><br>This is a repeat deficiency, see Statement of Deficiency (SOD) SYDX13, dated 08/22/2023.<br><br>Findings include:<br><br>On 02/20/2024, Surveyors conducted a verification visit.<br>At approximately 9:00 AM, Surveyors observed 2 of 3 window sets on the side of the building facing the parking lot to have multiple (at least 5) dime sized to golf ball sized holes in the window screens.<br>Surveyor observed 1 of 3 window sets to have a missing screen on the window.<br><br>At approximately 9:27 AM, Surveyor observed Resident 5's window to not have a screen.<br>At approximately 10:05 AM, Surveyor observed Resident 4's window to not have a screen.<br><br>On 03/06/2024, Surveyor reviewed a quote for work to be completed to fix and replace window screens provided by Director A. On 03/06/2024 at approximately 8:30 AM, Surveyor interviewed Director A and Vice President I who verified some resident window screens were missing and some were not yet fixed and replaced as needed.<br><br>Cross Reference:<br>N0481 DHS 83.43(1) Environment Clean, Safe, and Comfortable | {N 669} | | |
| {Y3244} | 50.09(1)(L) Care<br><br>(1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right | {Y3244} | | |

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| {Y3244} | Continued From page 59<br>to<br><br>(I) Receive adequate and appropriate care within the capacity of the facility.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not ensure Resident 2, Resident 3, Resident 4, and Resident 8 received adequate and appropriate care within the capacity of the facility.<br><br>Resident 2 was admitted to the facility with a tracheostomy. Provider staff were not trained and Resident 2's record did not include information on Resident 2's tracheostomy and how to meet his/her needs. Resident 2 experienced difficulties with mucous plugs, shortness of breath, and increased anxiety. Resident 2 had concerns with long call wait times and contacted 911 for assistance 9 times in the 2 weeks while residing at the facility.<br><br>Resident 3 required assistance with bathing, mobility, toileting, scheduling appointments, checks, and transportation. Resident 3 has only received showers from his/her family members. Resident 3 experienced long call light times and self-transferred to the bathroom leading to a fall during Surveyor onsite visit. | {Y3244} | | |

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| {Y3244} | Continued From page 60<br><br>The provider did not keep record of Resident 4's doctor's appointment and did not arrange transportation as needed by Resident 4. Resident 4 missed his/her appointment due to staff not knowing about the appointment and not arranging transportation. Resident 4 required his/her appointment to discuss pain management options with his/her primary care physician.<br><br>Resident 8 had a colonoscopy scheduled for 02/20/2024. The facility did not know the location of the colonoscopy procedure and sent Resident 8 to the wrong location. This resulted in Resident 8 having to cancel the colonoscopy procedure and reschedule for a future date.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) SYDX13 dated 08/03/2023 for additional information.<br><br>Findings Include:<br><br>On 12/14/2023, 01/10/2024, and 02/06/2024, the department received complaint information alleging the facility was unable to meet resident needs.<br><br>On 02/20/2024, Surveyors conducted a verification visit at the facility.<br><br>Resident 2<br>Surveyor reviewed Resident 2's record and noted s/he resided at the facility from 12/08/2023 to 12/25/2023. Resident 2 had a tracheostomy (trach). Resident 2 was independent with activities of daily living (ADL's) and was able to self-propel in his/her wheelchair and used a walker. Resident 2 had the trach for many years and had a history of caring for it and suctioning it independently. | {Y3244} | | |

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| {Y3244} | Continued From page 61 | {Y3244} | | |

Surveyor note: Resident 2's individual service plan (ISP) did not identify s/he had a trach and had oxygen and needs or interventions related to the trach.

According to Northwestern Medicine, "Tracheostomy A tracheostomy (trach) is an opening (stoma) through the neck into the trachea (windpipe) (Figure 1). A plastic trach tube goes into the stoma. It acts as an airway and helps to clear secretions from the lungs ...
Suctioning The trach tube needs to be suctioned when:
The high pressure alarm goes off on the ventilator.
The person asks to be suctioned or you can hear gurgling sounds.
The person cannot cough out the mucus.
The person has trouble breathing"
file:///C:/Users/grubecm/Downloads/northwestern-medicine-tracheostomy-care-nmh%20(1).pdf
Retrieved 04/24/2024.

Surveyor reviewed an incident report dated 12/08/2023 at 5:40 PM, "resident said that [s/he] just had a hard time breathing and resident had called 911 ...ambulance came and took [him/her] to the hospital." No other incident reports were noted in Resident 2's record.

Surveyor reviewed Resident 2's facility observation notes and noted the following related to Resident 2 seeking EMS support for his/her trach:
12/09/23 " ...[Resident 2] was sent out to hospital last evening but arrived back soon after with no new orders. Staff to make sure that if resident is having a hard time breathing to make sure [s/he[ has [his/her[ oxygen on. Was in a pleasant mood and window was cracked open a bit as [s/he] was

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too warm."
12/11/23 "Event Notes: Staff notice resident didn't have the proper equipment to breathe."
12/15/23 "[Resident 2] rang pendant and called 911 around 6:15 am [Resident 2] [complained] of SOB [shortness of breath]. [Resident 2] sent out to [Appleton Medical Center]."
12/19/23 "Res [resident] c/o [complained] shortness of breath 911 called taken [sic] to St. Elizabeth for further assistance ..."

Surveyor reviewed paramedic reports and noted Emergency Medical Services (EMS) attended to the facility for Resident 2 on the following dates related to assistance with suctioning mucous plugs from his/her trach and/or having difficulty breathing: 12/08/2023, 12/11/2023, 12/12/2023, 12/15/2023, 12/19/2023, 12/23/2023 (twice), 12/25/2023.

On 02/20/2024 at approximately 2:00 PM, Surveyor interviewed Director A who stated the trach was something Resident 2 could take care of him/herself which is why s/he was "allowed to be admitted." Director A stated Resident 2 always called 911 because s/he was "anxious or behavioral," and anytime s/he had a mucous plug in his/her trach. S/he indicated s/he thought it was more anxiety related and not related to suction needs or the trach itself. Director A stated staff did voice fear and concern of the trach and Resident 2 having difficulty breathing. S/he said "I think it's because people don't know much about trachs." Surveyor inquired if staff were trained on what a trach was and how to care for it and Director A indicated no "because [Resident 2] was able to do it by him/herself ...I would never have staff take care of a trach."

On 02/29/2024 at approximately 9:56 AM,

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| {Y3244} | Continued From page 63<br><br>Surveyor interviewed Social Worker (SW) S who was involved in Resident 2's plan of care at the skilled nursing facility (SNF) prior to admission to Apple Creek Place II. SW S stated Resident 2 was very independent, but did have times where s/he would call for assistance with a mucous plug in his trach tube. SW S indicated staff at the SNF would assist him/her as needed. S/he said Resident 2 did not show any signs of anxiety or concern with his/her mental health while residing there. Resident 2 did not call 911 or have any EMS or hospital visits while at the SNF. SW S indicated Resident 2 was a very pleasant person and was able to make his/her needs known. S/he stated Resident 2 would press his/her call light whenever s/he needed assistance without prompting.<br><br>On 02/28/2024 at approximately 12:51 PM, Surveyor interviewed Power of Attorney for Healthcare (POAHC) F who stated the facility was "incredibly understaffed," staff and management never answered the phone, staff did not help Resident 2, and call light wait times were hours long. POAHC F indicated since Resident 2 had to wait such a long time for someone to answer his/her call light, s/he would stop using it and started calling 911 when s/he needed assistance s/he thought. POAHC F said staff never notified him/her so s/he didn't know it was happening. POAHC F stated s/he believed Resident 2 was afraid at the facility as calling 911 and not being able to clean his/her mucous plug was not new to him/her. POAHC F said staff never voiced concern in caring for Resident 2 or concern about him/her having anxiety or needing assistance with the trach. POAHC F stated s/he was unsure if staff knew how to assist Resident 2 with the suctioning, but did recall always having troubles locating staff when assistance was needed. | {Y3244} | | |

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| {Y3244} | Continued From page 64<br><br>In conclusion, Resident 2 was assessed as being independent with tracheostomy and suctioning care. Resident 2 had a history of mucous plugs and requesting assistance intermittently from SNF staff prior to admission to the facility. Provider staff were not trained and did not answer Resident 2's call light timely. Resident 2 had increased anxiety when a mucous plug affected his/her breathing and obstructed his/her trach. Resident 2 contacted 911 - 8 times in 2 weeks related to assistance with his/her trach and suctioning as s/he could not breathe and staff were not able to assist.<br><br>Resident 3<br>On 02/20/2024, Surveyor reviewed Resident 3's record and noted s/he was admitted to the facility on 07/26/2023. Surveyor noted Resident 3's individual service plan (ISP) identified Resident 3 to require assistance with bathing, dressing, toileting, transferring, and mobility.<br><br>On 02/20/2024 at approximately 12:35 PM, Surveyors, Resident Care Coordinator (RCC), and Caregiver G heard yelling from the resident hallway. Surveyor, RCC, and Caregiver G went to Resident 3's room and observed him/her on the floor. Resident 3 gestured s/he was trying to go back to his/her chair from the bathroom. Surveyor observed Resident 3 to have a brace on one of his/her arms and legs, and had limited mobility. Surveyor inquired with Caregiver E and RCC H what Resident 3's primary language was. Caregiver E and RCC H stated they did not know. Caregiver E stated to Surveyor "I was serving lunch to the other residents. This is why we need a second caregiver working."<br>Surveyor reviewed the call light log for 02/20/2024 at noted Resident 3 had his/her call | {Y3244} | | |

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light on for 43 minutes.

On 03/05/2024 at approximately 9:13 AM, Surveyor interviewed managed care organization Care Manager (CM) T who stated s/he had met with RCC H and Administrator RN B a few times and had emailed concerns about Resident 3's care. CM T stated Resident 3 had a history of a stroke and was hoping to rehabilitate some independence and work on strength. Upon admission and multiple times since, CM T had discussed with Administrator RN T about setting up physical and occupational therapy for Resident 3. As of 03/05/2024, Resident 3 had not been referred for therapy.
S/he stated Resident 3 required for assistance with showers, but staff were not showering him/her. Resident 3 had a preference to shower 2-3 times per week, but s/he had not been receiving them, so Resident 3's family member provided him/her with showers once a week.
CM T stated s/he had offered translation services and the idea of the development of a picture board, but no changes had been made to better communicate with Resident 3.
CM T reported Resident 3 was to be weighed monthly and upon record review noted they had not been weighing Resident 3. CM T noted per physician records, Resident 3 had a 40 pound weight loss since moving to the facility. CM T also noted Resident 3 had consistent complaints about long call wait times and having incontinence having to wait so long for someone to assist him/her to the bathroom.

On 03/05/2024 at approximately 1:35 PM, Surveyor interviewed Power of Attorney for Health Care (POAHC) G who stated s/he was very unhappy with Resident 3's care at the facility. S/he stated staff were supposed to assist him/her

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to the bathroom, but s/he would either fall attempting to get to the bathroom his/herself or became incontinent having to wait so long. POAHC G stated s/he would have to wait over 30 minutes at times for his/her call light to be answered and had concerns that no one checked in on Resident 3 for safety reasons or to even say high. POAHC G stated "it is pure negligence." S/he said s/he and his/her family have too coordinate and follow up on all care needs for Resident 3 and then follow up repeatedly with the facility to ensure the care needs are then met. S/he said him/her and his/her family are doing more frequent rounds to be sure s/he got the care Resident 3 needed from them if it was not done by the facility. POAHC G stated Resident 3 had missed multiple appointments and there were issues with transportation, which s/he was in the understanding that was provided. POAHC G voiced frustration that the facility was not providing showers, so his/her family member provided them to him/her. S/he stated s/he was very frustrated and stated Resident 3 only voices complaints and concerns anymore as s/he was not getting the care s/he needed. "I just want to make sure [Resident 3] gets the proper care ...just repeated negligence by the facility." POAHC G stated s/he attempts to reach out to the facility on numerous occasions and can never get in contact with anyone at the facility.

On 03/18/2024 at approximately 9:02 AM, Surveyor interviewed CM T again. CM T stated Resident 3 required assistance with scheduling appointments and arranging for transportation. CM T stated the provider was responsible to provide transportation to Resident 3. CM T stated there had been issues with arranging transportation and ensuring Resident 3 made it to his/her appointments recently and reviewed

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documentation that on 03/05 and 03/07, Resident 3's appointments were cancelled due to not having transportation from the provider, on 03/11, it was noted Resident 3 was a no call, no show to his/her appointment, and on 03/15, CM T had to cancel and reschedule Resident 3's transportation as the provider could only provide one way transportation. CM T stated s/he had met with Director A regarding the missing appointments and issues with transportation and Director A stated s/he will provide education to staff.
CM T reported Resident 3 had contacted him/her and stated the following:
Staff were still not showering him/her, s/he continues to wait a long time for his/her call light to be answered and s/he has to scream loud to get attention. S/he stated to CM T "I feel abandoned" and questioned the "point of being here." Noone checks on him/her and nobody cares about him/her. Resident 3 verbalized fear at night because no one checked on him/her and s/he knew there was only 1 staff.

Resident 4
Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 12/04/2023 with diagnoses of type 2 diabetes, depressive disorder, anxiety disorder, hisotry of fractures, and frailty syndrome.

On 02/20/2024 at approximately 9:20 AM, Surveyor interviewed Resident 4 who stated s/he was in pain and needed to get pain medications prescribed by his/her physician.

Surveyor reviewed Resident 4's ISP and noted Resident 4 was able to make his/her needs known and required 24-hour supervision. Surveyor noted "staff assist with setting up rides

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| {Y3244} | Continued From page 68<br>to and from appointments."<br><br>On 02/20/2024 at approximately 1:30 PM, Surveyors observed Resident 4 come to the office door where Surveyors and RCC B were sitting. RCC B stated "there's [Resident 4]" and did not get up or acknowledge Resident 4. Resident 4 knocked on the door and Surveyors observed Resident 4 self-proper him/herself in his/her wheelchair and ask RCC B if Maintenance Director B was going to pull up the van for him/her to go to his/her doctor's appointment. RCC B told Resident 4 s/he would check. Surveyors observed RCC B look through his/her computer and was not able to find information about an appointment. Resident 4 said the appointment was at 2:00 PM and voiced concern of missing the appointment. RCC B contacted Maintenance Director B who was unavailable and that s/he did not think Resident 4 had an appointment. Resident 4 presented upset and went back to his/her room. At approximately 2:30 PM, Surveyor observed RCC B tell Resident 4 that s/he did miss his/her appointment as the doctor's office had called and his/her appointment was at 11:10 AM that day. Surveyor inquired how appointments were tracked and RCC B said Resident 4 did not always provide him/her with physician sheets, but did need assistance in getting to and from appointments. RCC B stated as far as s/he knew, s/he didn't think anyone knew about Resident 4's appointment.<br><br>Resident 8<br>Resident 8 was admitted to the facility on 11/07/2022 with diagnoses to include type 2 diabetes mellitus with diabetic nephropathy, hyperlipidemia, unspecified mood disorder, anxiety disorder and hypertension. | {Y3244} | | |

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| {Y3244} | Continued From page 69<br><br>On 02/20/2024 at approximately 9:00 AM, Surveyor observed Resident 8 sitting in front living room. Resident 8 indicated s/he was waiting for a ride to colonoscopy appointment.<br><br>At 10:15 AM, Surveyor observed Resident 8 sitting in living in across from kitchen/dining room area. Resident 8 stated s/he missed his/her appointment. Resident 8 stated "I was scheduled for 9:30 AM at the hospital. Communication is not good here. They were supposed to give them a call yesterday to find out where the appointment was at. [Director A] doesn't know because s/he doesn't do medical stuff. [Administrator/RN (Registered Nurse) B] was not here yesterday either." Resident 8 stated they brought him/her to clinic, not the hospital. The clinic informed Resident 8 that the appointment was at the hospital and said it was too late to make the appointment and s/he would need to reschedule. Resident 8 stated, "[Administrator/RN B] has to reschedule, not sure when it will be." Resident 8 stated, "I'm angry, did all the prep and almost got sick."<br><br>On 02/20/2024 at 12:00 PM, Surveyor interviewed Director A. Director A stated Administrator/RN B had down the appointment was at Fox Valley Associates but it was at the hospital. When Resident 8 found out, they told him/her won't make the appointment anymore. Director A stated s/he was going to let Administrator/RN B know and s/he will reschedule. Director A said originally Administrator/RN B said the appointment was at 2:10 PM today, but called this morning and they said it was at 9:30 AM today.<br><br>On 02/20/2024, Surveyor reviewed a document titled, "Colonoscopy Preparation" dated | {Y3244} | | |

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| {Y3244} | Continued From page 70<br><br>02/12/2024 from Fox Valley Surgical Specialist. The document stated, "Procedure Date: 2/20/2024. Location: Outpatient Surgery Center at ThedaCare Regional Medical Center-Appleton 1818 N Meade Street, Appleton W. Patient Arrival Time Notification: You will receive an automated phone call from ThedaCare approximately 2 days prior to your procedure between the hours of 1 pm to 4 pm, informing you of the time you should arrive to the facility...If you haven't received your arrival time the day before surgery, please dial 920-454-7076 between 7:30-5:00 pm to receive your arrival time."<br><br>On 03/06/2024 at approximately 8:30 AM, Regional Director D verified Resident 2, Resident 3, Resident 4, and Resident 8 did not receive proper care.<br><br>Cross Reference:<br>N0164 DHS 83.12 (4)(b) Reporting When Law Enforcement is called<br>N0169 DHS 83.12 (5)(a) Notification: Incident, Injury, Changes<br>N0301 DHS 83.28(3) Provide Admission Agreement as Required<br>N0382 DHS 83.35(1)(b) Sources Used for Assessment Information<br>N0385 DHS 83.35(2) Temporary Service Plan | {Y3244} | | |