STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017917	A. BUILDING: _____ B. WING _____	R-C 09/30/2024

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APPLE CREEK PLACE II	5118 CHERRYVALE AVENUE APPLETON, WI 54913

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 08/28/2024, with additional information gathered through 09/09/2024, Surveyors conducted 6 complaint investigations and a verification visit. On 09/25/2024, with additional information gathered through 09/30/2024, Surveyor conducted a new complaint investigation at Apple Creek Place II. Seven of 7 complaints were substantiated. Eleven deficiencies were identified. Six (6) of 11 deficiencies were repeat violations. See Statements of Deficiency (SOD) IMC811, dated 01/29/2021; SYDX12 dated 10/21/2022; SYDX13, dated 08/03/2023 and SOD SYDX14, dated 03/18/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 14	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Panosh, Amy L. Grube, Chelsey M. Based on observation, record review, and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing	N 196		

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

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the CBRF.

Seven of 7 complaints investigated from 08/28/2024 through 09/30/2024 were substantiated. Eleven deficiencies were identified, including 6 repeat violations. See Statements of Deficiency (SOD) IMC811, dated 01/29/2021; SYDX12 dated 10/21/2022; SYDX13, dated 08/03/2023 and SOD SYDX14, dated 03/18/2024.

Findings include:

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.

On 08/28/2024, Surveyors conducted 6 complaint investigations and a verification visit. On 09/25/2024, with additional information gathered through 09/30/2024, Surveyor conducted a new complaint investigation. At the time of investigations, the census was 14.

On 08/28/2024, Surveyor reviewed the department provider records for Apple Creek Place II and noted the facility has been licensed by Licensee N with PPRC LLC since 03/19/2020. Upon complaint investigations, Surveyors were made aware the facility was managed by Cornerstone Management Services since February 2022. The department had conducted 4 investigations resulting in deficiencies since February 2022. See Statements of Deficiency (SOD) SYDX12, dated 10/21/2022, SOD SYDX13, dated 08/03/2023, and SOD SYDX14, dated 03/18/2024.

On 09/09/2024, the department received

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correspondence from Cornerstone Vice President of Clinical Operations O and Cornerstone Chief Operating Officer P stating Cornerstone Management Services had retained Health Dimensions Group (HDG) as a consultant group and Interim Director Q with HDG would be the acting interim Administrator.

On 09/26/2024, the department received correspondence from HDG identifying a change in management group from Cornerstone Management Services to Health Dimensions Group effective 10/01/2024. Upon notification, the department also received documentation of agreement between Health Dimensions Group and Penta Investments, LLC. The department was made aware that Licensee N had no longer owned and operated Apple Creek Place II and its 2 sister facilities on the same campus. The department had not been notified and an application for change in ownership had not been submitted by Penta Investments, LLC as of 09/30/2024.

As a result of Licensee N not upholding his/her responsibilities as the licensee, 7 of 7 complaints investigated from 08/28/2024 through 09/30/2024 were substantiated and the following 11 deficiencies were identified (6 of 11 deficiencies were repeat violations):

N0239 83.20(2)(a-d) Department Approved Training Courses
Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver F and Caregiver H) reviewed received the department-approved first aid and choking training within 90 days after starting employment as caregivers. This is a repeat deficiency, see Statement of Deficiency (SOD) SYDX12, dated

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N 196	Continued From page 3 10/21/2022. N0302 83.28(4)(a) Resident Health Screening and Documentation Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 5) reviewed were screened for clinically apparent communicable disease, including tuberculosis within 90 days before or 7 days after admission to the facility. This is a repeat deficiency. See Statement of Deficiency (SOD) IMC811, dated 01/29/2021. N0352 83.32(3)(h) Rights of Residents: Receive Medication Based on record review and interview, the provider did not ensure 4 of 4 (Resident 4, 5, 6 and 7) residents reviewed received medications as prescribed. N0383 83.35(1)(c) Listed Areas for Assessments Based on observation, record review, and interview, the provider did not ensure Resident 2 and Resident 7 were assessed to ensure their needs were met. This is a repeat deficiency. See Statement of Deficiency (SOD) SYDX14, dated 03/18/2024. N0388 83.35(3)(c) Implement, Follow the ISP Based on observation, record review, interview and observation the provider did not implement and follow the Individualized Service Plan (ISP) for 3 of 3 (Resident 3, 5 and 6) residents reviewed. N0415 83.37(2)(d) Documentation of Medication Administration Based on record review and interview, the provider did not ensure the person administering the medication or treatment documented and	N 196		

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N 196	Continued From page 4 initialed the medication administration record (MAR) for Resident 2, Resident 6, and Resident 7. N0439 83.39(1) Infection Control Program Based on observation, staff interviews and record review, the facility did not establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection, which had the potential to effect 7 of 7 residents (Resident 1, 2, 3, 6, 7, 9 and 10) who required blood glucose monitoring. N0452 83.41(3)(b) Food Safety Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. This is a repeat deficiency, see Statement of Deficiency (SOD) SYDX14, dated 03/18/2024. N0481 83.43(1) Environment Safe, Clean and Comfortable Based on observation and interview, the provider did not ensure the environment was safe, clean, comfortable, and homelike. This requirement is being cited for the third time. See SOD (Statement of Deficiency) SOD SYDX13 dated 08/03/2023 and SYDX14 dated 03/18/2024. Y3244 50.09 (1)(L) Care Based on record review and interview, the provider did not ensure residents received care within the capacity of the facility for Resident 2, Resident 3, Resident 6 and Resident 8. This requirement is being cited for a third time. See Statements of Deficiency (SOD) SYDX13, dated 08/03/2023 and SOD SYDX14, dated 03/18/2024.	N 196		

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N 239	Continued From page 5	N 239		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver F and Caregiver H) obtained all department approved training as required. Caregiver F and Caregiver H did not have training in first aid and choking within 90 days after starting employment.	N 239		

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N 239	Continued From page 6 This is a repeat deficiency, see Statement of Deficiency (SOD) SYDX12, dated 10/21/2022. Findings include: On 08/28/2024, Surveyor conducted a review of 2 employees to verify compliance with department approved training requirements. Surveyor requested training records from Regional Director of Clinical Operations G for Caregivers F and H. First Aid and Choking The records for Caregiver F and H, both with hire dates of 05/22/2024, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 09/05/2024, at approximately 9:00 AM, Surveyor interviewed Regional Director of Clinical Operations G. Regional Director of Clinical Operations G confirmed the provider did not have evidence Caregivers F and H completed or met an exemption for first aid and choking training. On 08/28/2024, Surveyor verified Caregivers F and H were not on the Community-Based Care and Treatment training registry for first aid and choking.	N 239		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including	N 302		

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tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 5) reviewed were screened for clinically apparent communicable disease, including tuberculosis within 90 days before or 7 days after admission to the facility.

This is a repeat deficiency. See Statement of Deficiency (SOD) IMC811, dated 01/29/2021.

Findings include:

On 05/07/2024, the department received complaint information alleging residents were not screened for tuberculosis.

On 08/28/2024, Surveyors conducted a complaint investigation.
Surveyor reviewed Resident 5's record and noted s/he was admitted to the facility on 04/30/2024 and discharged from the facility on 06/18/2024.

On 08/29/2024 at approximately 4:17 PM, Surveyor reviewed email correspondence from Regional Director of Clinical Operations G who stated s/he was unable to locate Resident 5's communicable disease and tuberculosis

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N 302	Continued From page 8 screenings. On 09/05/2024 at approximately 9:00 AM, Surveyors interviewed Regional Director of Clinical Operations G who verified there was no evidence of Resident 5 being screened for clinically apparent communicable disease including tuberculosis.	N 302		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 (Resident 4, 5, 6 and 7) residents reviewed received medications as prescribed. Findings Include: On 05/07/2024, 05/20/2024, 07/02/2024 and 07/10/2024, the department received complaints alleging residents were not receiving medications as prescribed. RESIDENT 4 On 08/28/2024, Surveyor reviewed Resident 4's May 2024 MAR and noted on 05/22/2024 medications were not passed. The reasons listed were as follows:	N 352		

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N 352	Continued From page 9 Acidophilus 100mg(milligrams) - take 1 capsule by mouth three times daily. 8:00AM dose - "other" 12:00PM dose - "other" Bumetanide 1mg - take one tablet by mouth twice daily for congestive heart failure 8:00AM dose - "other" Carvedilol 25mg - take one tablet by mouth twice daily for hypertension 8:00AM dose - "other" 8:00PM dose - no initials Cetirizine 10mg - take one tablet by mouth once a day for allergies 8:00AM dose - "other" Doxazosin 2mg - take one tablet by mouth once a day for hypertension 8:00AM dose - "other" Duloxetine 60mg - take one capsule by mouth once a day for major depression disorder 8:00AM dose - "other" Eliquis 5mg - take one tablet by mouth twice daily for history of TIA (Trans Ischemic Attack) 8:00AM dose - "other" 8:00PM dose - no initials Ferrous Sulfate 325mg - take one tablet by mouth four times weekly on Mon/Wed/Fri/Sat for Anemia 8:00AM dose - "other" Fish Oil 1000mg capsule - take one capsule by mouth twice daily for supplement 8:00AM dose - "other" 8:00PM dose - no initials	N 352		

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N 352	Continued From page 10 Gabapentin 600mg - take 1 tablet by mouth twice daily for chronic pain 8:00AM dose - "other" 8:00PM dose - no initials Hydrazaline 50mg - take one tablet by mouth 3 times daily for hypertension 8:00AM dose - "other" 8:00PM dose - no initials Incruse Ellipta 62.5mcg(micrograms)/Inhale - inhale 1 puff into the lungs once daily for Severe/Persistent Asthma 8:00AM dose - "other" Lamotrigine 200mg - take one tablet by mouth twice daily for bipolar II disorder 8:00AM dose - "other" 8:00PM dose - no initials Losartan 100mg - take one tablet by mouth once a day for essential hypertension 8:00AM dose - "other" Magnesium Oxide 400mg - take one tablet by mouth once a day for supplement 8:00AM dose - "other" Multivitamin W/Minerals - take one tablet once a day for supplement 8:00AM dose - "other" Nystatin 100,000 units Powder 30 grams - apply topically to affected areas twice daily for rash 8:00AM dose - "other" 8:00PM dose - no initials Omeprazole 40mg - take one capsule every evening for GERD	N 352		

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N 352	Continued From page 11 8:00PM dose - no initials Prednisone 10mg - take one tablet once a day for Rheumatoid Arthritis 8:00AM dose - "other" Rosuvastatin 20mg - take one tablet once daily at bedtime for mixed hyperlipidemia 8:00PM dose - no initials Zinc sulfate 50mg - take one tablet once a day for supplement 8:00AM dose - "other" Lantus Solostar 100unit/ml(milliliters) pen - inject 10 units subcutaneously once daily at bedtime for type II diabetes 8:00PM dose - no initials Diclofenac 1%(percent) gel - apply to right arm topically 3 times daily for pain relief 8:00AM dose - "other" 8:00PM dose - no initials On 08/31/2024 at 11:40AM, Surveyor interviewed Director A. Director A verified his/her initials were on the MAR for 05/22/2024. Director A was unsure why the documentation said "other". Director A indicated Resident 4 was out to hospital a lot so it could be s/he was in the hospital. Director A stated they just received training on putting more information down other than "other". Director A was going to check other documentation about what happened that day and get back to Surveyor. At approximately 2:00PM, Director A informed Surveyor s/he thought there was some confusion with where Resident 4 resided and s/he thought Resident 4 was in the sister facility next door and	N 352		

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therefore marked "other" because s/he was not in the facility. Surveyor explained that Resident 4 received medications at other times of the day on 05/22/2024. Director A was unable to explain the reason for Resident 4 not receiving medications on 05/22/2024.

RESIDENT 5
On 08/28/2024, Surveyor reviewed Resident 5's June 2024 MAR and noted entries indicating medications were not passed. The dates and reasons listed were as follows:

Metoprolol Tartrate 12.5 - take ½ tablet by mouth twice daily
8:00AM dose
*06/03/2024 - "waiting on MD order"
*06/07/2024, 06/08/2024, 06/09/2024, 06/16/2024 - "other"
*06/14/2024 - "other" "not in cart"
*06/17/2024 - "other" "not in med cart"

8:00PM dose
*06/03/2024, 06/05/2024 - "waiting on MD order"
*06/09/2024 - "other" "med not available"
*06/10/2024 - "other" "med not available. contacted pharmacy"
*06/12/2024 - "other" "waiting on pharmacy"
*06/13/2024 and 06/14/2024 - "other" "no meds"
*06/16/2024 - "waiting on MD refill"

Glipizide 10mg - take 2 tablets (20mg) by mouth daily with breakfast
8:00AM dose
*06/03/2024 - "waiting on MD refill"
*06/07/2024, 06/08/2024, 06/09/2024 and 06/16/2024 - "other"
*06/14/2024 - "other" "not inn [sic] cart"

Acyclovir 400mg - take 1 tablet by mouth twice

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N 352	Continued From page 13 daily 8:00AM dose *06/03/2024 - "waiting on MD refill" *06/07/2024, 06/08/2024, 06/09/2024, 06/10/2024 and 06/16/2024 - "other" *06/14/2024 - "other" "not in cart" 8:00PM dose *06/03/2024 and 06/05/2024 - "waiting on MD refill" *06/09/2024 - "other" "med not available" *06/10/2024 - "other" "med not available. contacted pharmacy" *06/12/2024 - "other" "waiting on pharmacy" *06/13/2024, 06/14/2024 - "other" "no meds" *06/16/2024 - "other" "med not available" RESIDENT 6 On 09/03/2024 at 11:23AM, Surveyor reviewed Resident 6's July and August 2024 MAR and noted entries indicating medications were not passed. The dates and reasons listed were as follows: Humalog Kwikpen 100unit/ml - Inject 15 units subcutaneously three times daily with meals for diabetes. >1st Dose: 07/03/2024 - no board 07/09/2024 - no board >2nd Dose: 07/09/2024 - no board >3rd Dose: 07/09/2024 - n/a Fluticasone HFA 110MCG/ACT - Inhale 1 puff into the lungs twice daily for anti-asthmatic. 2nd Dose: 07/31/2024 - Waiting on MD refill	N 352		

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N 352	Continued From page 14 RESIDENT 7 On 09/03/2024 at 1:10PM, Surveyor reviewed Resident 7's July and August 2024 medication administration record (MAR) and noted entries indicating medications were not passed. The dates and reasons listed were as follows: Novolog 4 units - Administer 4 units if blood sugar is above 200 07/23/2024 at 6:34PM - Blood Sugar was 328 - waiting on MD refill Novolog 100unit/ml flexpen - inject 9 units subcutaneously before lunch and supper, plus 1 unit per 50 over 150mg/dl sliding scale. 07/23/2024 at 6:34PM - Blood Sugar was 328 - waiting on MD refill Atorvastatin 80mg - take one tab daily. 07/25/2024 - not in cart Vitamin C 500mg tab - take one tab by daily. 08/20/2024 - not in cart 08/22/2024 - waiting on MD refill Ezetimibe 10mg - take one tab daily. 08/22/2024 - waiting on MD refill Toujeo 32 units - give 32 units daily in the AM. 08/27/2024 - waiting on MD refill On 09/05/2024 at approximately 9:00AM, Surveyor interviewed Director A and Director of Nursing B. Director of Nursing B confirmed then notation, "no board," was likely referencing the absence of the bubble packed medications. No additional information was provided regarding Residents 4, 5, 6 or 7 at the time of the exit.	N 352		

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{N 383}	Continued From page 15	{N 383}		
{N 383}	83.35(1)(c) Listed areas for assessments. 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 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 2 and Resident 7 were assessed to ensure their	{N 383}		

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{N 383}	Continued From page 16	{N 383}		

needs were met.
Resident 2 was identified as requiring assistance with medication administration and management. Surveyor observed multiple topical treatments medications and an over-the-counter oral medication in his/her room.
Resident 2 was not assessed and his/her record was not updated to reflect his/her care needs related to his/her continuous positive airway pressure machine (CPAP).
Resident 2 and Resident 7 were not assessed for their capacity to maintain toxic substances. Surveyor observed toxic substances in Resident 2 and Resident 7's rooms.

This is a repeat deficiency. See Statement of Deficiency (SOD) SYDX14, dated 03/18/2024.

Findings include:

On 08/28/2024, Surveyors conducted a verification visit.

RESIDENT 2
On 08/28/2024, Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 11/10/2020 with diagnoses of bipolar disorder, congestive heart failure, psoriasis, cellulitis and acute lymphangitis, chronic kidney disease, chronic obstructive pulmonary disease (COPD), and type 2 diabetes. Resident 2 was his/her own person and able to make his/her needs known.

Medication Management
Surveyor reviewed Resident 2's individual service plan with reviewed date 04/24/2024, and noted "BATHING - PARTIAL ASSISTANCE ... Make sure [Resident 2] is dry and apply skin protectant as ordered."
"MEDICATION MANAGEMENT - ASSIST...To

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{N 383}	Continued From page 17 receive assistance from staff administering medications....Medication stored in locked medication cart." On 09/03/2024, Surveyor reviewed Resident 2's "Medication Administration" assessment dated 04/15/2024 with "Next Due Date: 07/14/2024" and noted "Medication Management Do they self-administer their own medications? Or is the staff responsible to assist? Medication Management - Assist Non Schedule Item Resident's Needs/ Preferences: Resident prefers medications to be effective for diagnoses and to be administered safely according to physician orders. Resident's Desired Goals & Outcomes: To received assistance from staff administering medications. Service Provider Responsibilities: Resident prefers medications to be effective for diagnoses and to be administered safely according to physician orders. Medications stored in locked medication cart. Monitoring of medication supplies by unlicensed staff and/or licensed nurse. Physician will review/sign medication/treatment orders at a minimum of annually for resident. Staff administer medications according to Physician Orders. Measurable Goals, Outcomes and Review: Resident will receive all ordered medications as prescribed. Staff will monitor for effects of high or low blood pressure, low blood sugars, pain/discomfort and constipation as a result of pain medication." On 08/28/2024 at approximately 10:00 AM, Surveyor interviewed Resident 2 and observed the following on Resident 2's dresser: -a plastic bag that had a label for Resident 2's Triamcinolone 0.1% Cream. In the plastic bag were 2 tubes of Triamcinolone Cream and a tube of Clotrimazole 1% Cream,	{N 383}		

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{N 383}	Continued From page 18 -a plastic bag with Banophen 2/0 1/% Cream -A bottle of Antacid Tablets (Calcium Carbonate 1000 mg) -a tube of laxatone oral gel -a tube of Benadryl "itch stopping gel" -a stick of Gold Bond friction defense -a stick of Biofreeze cool gel roll on ointment -a bottle of baby powder Resident 2 stated the staff chose to keep his/her topical treatments in his/her room for convenience. Resident 2's record did not contain any self-medication administration assessments or physician orders that reflected his/her ability to control and self-administer his/her medications. Surveyor noted Resident 2's medication administration record (MAR) did not include all topical medicinal treatments Resident 2 had in his/her room. CPAP On 08/28/2024 at approximately 10:00 AM, Surveyor interviewed Resident 2 and observed a CPAP mask on Resident 2's night stand and machine on his/her bed. Resident 2 stated s/he had COPD and sleep apnea and has had to wear a CPAP for some time now when s/he slept. Resident 2 stated s/he does not get assistance with the CPAP and sometimes needed assistance with it. Resident 2 stated s/he had asked Director of Nursing B for assistance with his/her CPAP and s/he told him/her that s/he didn't know anything about it. Surveyor reviewed Resident 2's record and did not find evidence of an assessment or documentation of resident's assessed need related to managing and maintaining his/her medical device, the CPAP.	{N 383}		

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{N 383}	Continued From page 19 Toxic Substances On 08/28/2024 at approximately 10:00 AM, Surveyor interviewed Resident 2 in his/her room. Surveyor observed his/her 2-bedroom apartment and noted 2 large jugs of laundry detergent, a can of furniture polish, Pet Fresh carpet cleaner, and a bottle of Dawn dish soap. Surveyor reviewed Resident 2's record and did not find evidence of an assessment or documentation of resident's ability to maintain toxic substances. RESIDENT 7 Toxic Substances On 08/28/2024 at approximately 10:16 AM, Surveyor interviewed Resident 7 in his/her room and observed a milk jug with a clear substance and handwritten "Carpet Steamer" on it. During the observation, Resident 7 verified the contents of the jug was carpet cleaning solution. Resident 7 explained his/her family member brought the jug from thier home so Resident 7 could clean stains on his/her bedroom carpet. Surveyor reviewed Resident 7's record and noted s/he had diagnoses of type 2 diabetes and had an activated Power of Attorney for Healthcare. Resident 7's record did not contain evidence of an assessment or documentation of resident's ability to maintain toxic substances. On 09/05/2024 at approximately 9:00AM, Surveyors interviewed Director A and Director of Nursing B. No further information was provided at the time of exit.	{N 383}		

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N 388	Continued From page 20	N 388		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, record review, interview and observation the provider did not implement and follow the Individualized Service Plan (ISP) for 3 of 3 (Resident 3, 5 and 6) residents reviewed. Resident 3's ISP indicated Resident 3 was to be ambulated 2 times a day at 10:00AM and 2:00PM. Resident 3 was not consistently ambulated 2 times a day. Additionally, Resident 3's ISP indicated Resident 3 was to receive showers weekly on Wednesday and Sunday. Resident 3 did not receive showers consistently. Resident 5's ISP indicated Resident 5 was to receive showers weekly on Monday and Friday. Resident 5 did not receive showers consistently. Additionally, Resident 5's ISP indicated Resident 5 was to have blood sugars checked one time daily. Resident 5's blood sugars were not checked daily. Resident 6's ISP identified Resident 6 should be assisted with bathing daily. Resident 6 was not showered daily. Findings Include: On 07/02/2024, the department received a complaint alleging residents were not receiving all cares. RESIDENT 3	N 388		

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Resident 3 was admitted to the facility on 12/04/2023 with diagnoses to include type 2 diabetes mellitus, major depressive disorder, anxiety disorder, age-related osteoporosis and thoracic spine pain. Resident 3's signed ISP dated 06/17/2024 stated, "Provide partial assistance bathing/showering...weekly [Wednesday, Sunday] at 7AM, as needed." Additionally, the ISP stated, "Resident is to be ambulating with assistance 2 x a day and to and from all meals."

On 08/28/2024 Surveyor reviewed Resident 3's TAR (Task Administration Record) for July 2024. The July 2024 TAR identified Resident 3 received 2 showers (07/28/2024 and 07/31/2024). Resident 3's TAR for August 2024 identified Resident 3 received only 2 showers (08/07/2024 and 08/28/2024). The rest of the scheduled shower days in July and August were blank, other than 07/24/2024 where the TAR indicated Resident 3 refused a shower.

Additionally, Resident 3's July 2024 TAR identified 21 days Resident 3 was not ambulated twice a day. And Resident 3's August 2024 TAR identified 15 days Resident 3 was not ambulated twice a day.

On 08/28/2024 at approximately 10:30AM, Surveyor interviewed Resident 3. Resident 3 stated s/he is unable to shower self and needs assistance. Resident 3 stated s/he is "seldom getting showers on Wednesdays." Resident 3 indicated s/he has received a shower maybe 3 or 4 times in the last few months and has gone at least 2 weeks without one. Resident 3 stated, "I feel gross. I'm incontinent and my bottom hurts all the time. I have skin peeling off from the brief being stuck on my skin. The cream they apply

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after a shower helps." Resident 3 continued, "Staff are supposed to walk me twice a day but they are not except a couple of times since I have been admitted."

On 08/28/2024 at 11:40AM, Surveyor interviewed Caregiver C. Caregiver C stated, "No one has told me to walk him/her...staff are not walking Resident 3."

On 08/28/2024 at 1:25PM, Surveyor interviewed Caregiver D. Caregiver D stated, "For awhile Resident 3 was not getting showers because s/he is one that if s/he doesn't like you, s/he will refuse." Caregiver D stated Resident 3 complains of soreness to bottom area. Caregiver D stated Resident 3 does not have any open wounds, just peeling skin on his/her bottom. Caregiver D indicated staff assist Resident 3 with ambulating to bathroom or bed from wheelchair but hasn't been ambulating around the facility.

RESIDENT 5
Resident 5 was admitted to the facility on 04/30/2024 with diagnoses to include small cell B-cell lymphoma, non-hodgkin lymphoma, type 2 diabetes mellitus and atrial fibrillation. Resident 5's signed ISP dated 06/13/2024 indicated Resident 5 requires 1 assist with showering on Monday and Friday at 6:00PM and to perform skin assessment with every shower and document results. Additionally, Resident 5's ISP stated Resident 5 "requires blood sugar checks to be done 1x [time] daily." Resident 5 was discharged from the facility on 06/18/2024.

On 08/28/2024, Surveyor reviewed Resident 5's May and June 2024 TAR (Task Administration Record). Resident 5 received one shower on 05/03/2024 and refused a shower on 05/24/2024,

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the rest of the shower areas were blank. Resident 5 received zero showers in June 2024.

Surveyor reviewed Resident 5's MAR (Medication Administration Record) and TAR for May and June and did not find any documentation of Resident 5's blood sugar levels being checked daily.

On 08/28/2024 at 2:00PM, Surveyor requested physician orders for blood sugars to be checked. Corporate Clinical Director I indicated there were no physician orders for blood sugars to be checked daily because Resident 5 was not on insulin.

On 08/29/2024 at 3:15PM, Surveyor interviewed Family Member J. Family Member J indicated s/he was the Health Care Power of Attorney for Resident 5. Family Member J confirmed Resident 5 did not receive a shower on his/her scheduled shower days. Family Member J stated Resident 5 developed a yeast infection under breast area due to lack of showers and is still being treated for the infection as of today. Additionally, Family Member J indicated Resident 5's blood sugar levels were never checked while s/he was a resident of the facility. Family Member J stated s/he moved Resident 5 out of the facility because of the lack of care Resident 5 received.

RESIDENT 6

On 08/28/2024 at 9:54AM, Surveyor interviewed Resident 6 regarding showering assistance. Resident 6 reported s/he does not always get a shower when s/he needs one. Resident 6 stated s/he did not receive a shower yesterday, 08/27/2024, because one of the caregivers had to work at another building. Resident 6 stated the

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N 388	Continued From page 24 last shower she received was "a couple of days ago." During the interview on 08/28/2024 at 9:54AM, Surveyor observed Resident 6 smelled of body odor and had greasy hair. On 08/28/2024 at approximately 3:00PM, Surveyor observed Resident 6 in the dining area participating in activities. Resident 6 still had a body odor smell and greasy hair. On 09/03/2024 at 10:00AM, Surveyor reviewed Resident 6's individual service plan updated (ISP) on 08/22/2024. The ISP stated Resident 6 needs full assistance bathing/showering daily. The ISP further stated, "[Resident 6] wishes to be odor free ...Assist [Resident 6] with washing back, legs, feet, and peri-area. Assist [Resident 6] with washing hair if needed ...." On 08/28/2024 at 1:48PM, Surveyor observed a shower schedule in the medication room. The shower scheduled identified Resident 6 receives a shower daily. On 09/05/2024 at approximately 9:00AM, Surveyors interviewed Director A. Director A stated s/he plans to implement a calendar for Resident 6 and the staff to sign after each shower to acknowledge the shower was provided.	N 388		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name,	N 415		

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dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the person administering the medication or treatment documented and initialed the medication administration record (MAR) for Resident 2, Resident 6, and Resident 7.

Findings Include:

On 05/07/2024, 05/20/2024, 07/02/2024 and 07/10/2024, the department received complaint information alleging caregivers administering medications were not initialing the MAR.

RESIDENT 2
On 08/28/2024, Surveyor reviewed Resident 2's July and August 2024 MAR and noted several dates that were not initial to verify administration. The medication and dates were:
Levothyroxine 300 mcg tab - take 1 tablet my mouth once daily for hypothyroidism. The medication was listed as needing to be administered at 6:00 AM.
07/05/2024, 07/15/2024, 07/17/2024, 07/21/2024, 08/07/2024, 08/08/2024, 08/09/2024, 08/18/2024, 08/21/2024, 08/22/2024, 08/28/2024

On 08/28/2024 at approximately 10:00 AM, Surveyor interviewed Resident 2 who stated s/he

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did not always get his/her levothyroxine.

On 08/29/2024 at approximately 1:57 PM, Surveyor reviewed email correspondence from Regional Director of Clinical Operations G who stated in reference to Resident 2's documentation of his/her levothyroxine, Director of Nursing B "has provided re-education on documentation practices with staff."

RESIDENT 6

On 09/03/2024 at 11:23AM, Surveyor reviewed Resident 6's July and August 2024 MAR and noted several dates that were not initialed at the time of administration. The medications and dates were as follows:

Trulicity 0.75mg/0.5ml - inject 0.5ml subcutaneously once per week at noon for diabetes.
07/16/20204

Lantus Solostar 100unit/ml pen - inject 30 units subcutaneously in the morning.
07/04/20204, 07/10/2024, 07/16/2024 and 07/28/2024

Olopatadine 0.2% Opth soln - instill one drop in both eyes once a day.
Tizanidine 25mg - take one tab daily at 6PM for muscle spasms.
Metoprolol 25mg - take one tab twice daily (1st Dose).
Methimazole 5mg - take one tab daily for hyperthyroidism.
Lisinopril 20mg - take one tab daily for hypertension.
Humalog Kwikpen 100unit/ml - inject 15 units three times daily with meals for diabetes (1st and

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2nd Dose).
Aspirin 81mg Chew - take one tab daily.
Aripiprazole 5mg Tab - take one tab daily in the AM
Diclofenac 1% gel - apply 4 grams to the skin 4 times daily for pain to knees (1st Dose).
>07/04/2024, 07/10/2024 and 07/16/2024

Nystatin 100,000u pow 60gm - apply topically twice daily for redness and irritation.
Jardiance 25mg - take one tab by mouth daily for diabetes.
Fluticasone HFA 110mcg/act - inhale 1 puff twice daily for anti-asthmatic.
Escitalopram 10mg - take one tab by mouth daily.
Divalproex 250mg - take one by mouth twice daily for depression (1st Dose).
Acetaminophen ER 650mg - take 2tabs by mouth daily for chronic pain (1st Dose).
>07/04/2024 and 07/16/2024

Diclofenac 1% gel - apply 4 grams to the skin 4 times daily for pain to knees.
>2nd Dose - 07/04/2024, 07/10/2024, 07/16/2024, 07/28/2024, 08/03/2024 and 08/04/2024
>3rd Dose - 07/05/2024

RESIDENT 7

On 09/03/2024 at 1:10PM, Surveyor reviewed Resident 7's July and August 2024 MAR and noted several dates that were not initialed at the time of administration. The medications and dates were as follows:

Novolog 100units/ml Flexpen - Inject 9 units subcutaneously before lunch and supper. Plus 1 unit per 50 over 150mg/dl - sliding scale.
>1st Dose - 08/15/2024 and 08/21/2024

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N 415	Continued From page 28 >2nd Dose - 08/16/2024 On 09/05/2024 at approximately 9:00AM, Surveyors interviewed Director of Nursing B regarding missing initials on the MAR. Director of Nursing B reported s/he is now reviewing MARs daily for missed initials and reminding caregivers to document correctly.	N 415		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on observation, staff interviews and record review, the facility did not establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection, which had the potential to effect 7 of 7 residents (Resident 1, 2, 3, 6, 7, 9 and 10) who required blood glucose monitoring. Glucose meters that were stored in the medication carts, which were shared between residents, were not being disinfected between each resident use. Findings include: On 09/17/2024, the Department received a complaint regarding diabetic supplies.	N 439		

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N 439	Continued From page 29 On 09/25/2024, Surveyor conducted an onsite visit to the facility and a sample of residents was selected, including the resident records of Resident 1, 2, 3, 6, 7, 9 and 10. Resident 1 was admitted to the facility on 08/04/2022 with diagnoses to include diabetes mellitus. Resident 1's ISP (Individualized Service Plan) dated 09/30/2024 indicated medications are administered by staff. Additionally, Resident 1's ISP indicated Resident 1 needs scheduled blood sugar checks 4 times daily and staff will continue to take blood sugars and to notify RCC (Resident Care Coordinator) or RN (Registered Nurse) of any concerns. Resident 1 utilizes an Accu Chek Guide glucometer. The manufacturer's recommendations, dated 2023, recommends the following steps to clean the glucometer: "Clean and disinfect the meter before allowing anyone else to handle the meter. Do not allow anyone else to use the meter on themselves for testing purposes. 1. Wash hands with soap and water and dry thoroughly. 2. Turn the meter off and wipe the entire meter surface with a Super Sani-Cloth. (Do not use any other cleaning or disinfecting solutions. Using solutions other than the Super Sani-Cloth could result in damage to the meter and lancing device.) Carefully wipe around the test strip slot and other openings. Make sure that no liquid enters any slot or opening. 3. A separate Super Sani-Cloth should be used for cleaning and disinfection. For disinfecting the meter, get a new cloth and repeat step 2, making sure the surface stays wet for 2 minutes. Let air dry. Make sure that no solution is seen in any slot or opening. 4. Wash hands with soap and water and dry thoroughly." Resident 2 was admitted to the facility on 11/10/2020 with diagnoses to include Type 2	N 439		

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diabetes mellitus. Resident 2's ISP dated 09/30/2024 indicated medications are administered by staff. Additionally, Resident 2's ISP indicated Resident 2 needs scheduled blood sugar checks 4 times daily and staff to report signs and symptoms of hypo/hyperglycemia or blood glucose out of designated range to appropriate supervisor. Resident 2 utilizes an Accu Chek Guide glucometer. The manufacturer's recommendations, dated 2023, recommends the following steps to clean the glucometer: "Clean and disinfect the meter before allowing anyone else to handle the meter. Do not allow anyone else to use the meter on themselves for testing purposes. 1. Wash hands with soap and water and dry thoroughly. 2. Turn the meter off and wipe the entire meter surface with a Super Sani-Cloth. (Do not use any other cleaning or disinfecting solutions. Using solutions other than the Super Sani-Cloth could result in damage to the meter and lancing device.) Carefully wipe around the test strip slot and other openings. Make sure that no liquid enters any slot or opening. 3. A separate Super Sani-Cloth should be used for cleaning and disinfection. For disinfecting the meter, get a new cloth and repeat step 2, making sure the surface stays wet for 2 minutes. Let air dry. Make sure that no solution is seen in any slot or opening. 4. Wash hands with soap and water and dry thoroughly."

Resident 3 was admitted to the facility on 12/04/2023 with diagnoses to include Type 2 diabetes mellitus with hypoglycemia without coma. Resident 3's medication orders dated 09/30/2024 indicated Resident 3's blood sugar is to be checked once a day. Resident 3's ISP dated 09/30/2024 indicated medications are administered by staff. Resident 3 does not have a blood glucose monitoring device.

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N 439	Continued From page 31 Resident 6 was admitted to the facility on 11/07/2022 with diagnoses to include Type 2 diabetes mellitus with diabetic nephropathy. Resident 6's ISP dated 09/30/2024 indicated medications are administered by staff. Resident 6's ISP indicated Resident 6 requires scheduled blood sugar checks 4 times daily and staff to administer all diabetic orders. Resident 6 utilizes an Easy Max glucometer. The manufacturer's recommendations, with no date, recommend the following steps to clean the glucometer: "Make sure the meter is turned off. Gently wipe the meter's surface with a soft cloth slightly dampened with ethanol (70~75%). Resident 7 was admitted to the facility on 01/26/2024 with diagnoses to include Type 2 diabetes Resident 7's ISP dated 09/30/2024 indicated medications are administered by staff. Resident 7's ISP indicated Resident 7 requires scheduled blood sugar checks 3 times daily and staff to obtain blood glucose levels from residents Dexcom 3x(times) daily and obtain blood glucose readings from finger stick in event that Dexcom meter is not functioning. Resident 7 utilizes an Accu Check Aviva glucometer. The manufacturer's recommendations, with no date, recommend the following steps to clean the glucometer: "When to Clean and Disinfect the Meter: Clean the meter to remove visible dirt or other material prior to disinfecting. Clean and disinfect the meter at least once per week and when blood is present on the surface of the meter. Clean and disinfect the meter before allowing anyone else to handle the meter. Do not allow anyone else to use the meter on themselves for testing purposes. 1. Wash hands thoroughly with soap and water. 2. Turn the meter	N 439		

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off and wipe the entire meter surface with a Super Sani-Cloth. Carefully wipe around the test strip slot and other openings. Make sure that no liquid enters any slot or opening 3.A separate Super Sani-Cloth should be used for cleaning and disinfection. For disinfecting the meter, get a new cloth and repeat step 2, making sure that the surface stays wet for 2 minutes. Make sure that no solution is seen in any slot or opening. 4 Wash hands thoroughly with soap and water."

Resident 9 was admitted to the facility on 05/10/2022 with diagnoses to include Type 2 diabetes mellitus with diabetic nephropathy. Resident 9's medication orders dated 09/30/2024 indicated Resident 9's blood sugar is to be checked once a day. Resident 9's ISP dated 09/30/2024 indicated medications are administered by staff. Resident 9 utilizes a True Metrix glucometer. The manufacturer's recommendations, with no date, recommend the following steps to clean the glucometer: "1. Wash hands thoroughly with soap and water. 2. To Clean: Make sure meter is off and a test strip is not inserted. With ONLY PDI Super Sani Cloth Wipes, rub the entire outside of the meter using 3 circular wiping motions with moderate pressure on the front, back, left side, right side, top and bottom of the meter. Discard used wipes. 3. To Disinfect: Using fresh wipes, make sure that all outside surfaces of the meter remain wet for 2 minutes.Make sure no liquids enter the Test Port or any other opening in the meter."

Resident 10 was admitted to the facility on 09/04/2023 with diagnoses to include Type 2 diabetes mellitus with hyperglycemia. Resident 10's ISP dated 09/30/2024 indicated medications are administered by staff. Additionally, Resident 10's ISP indicated blood sugars are to be taken

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once a day. Resident 10 did not have a blood glucose monitoring device.

The CDC guidelines for "Considerations for Blood Glucose Monitoring and Insulin Administration" updated August 7, 2024 indicates, "Whenever possible, assign blood glucose meters to a person and do not share them...If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per the manufacturer's instructions, to prevent the spread of blood and infectious agents. If the manufacturer does not specify how the device should be cleaned and disinfected, it should not be shared."

On 09/25/2024 at 11:45 AM, Surveyor observed Caregiver D take the blood sugar of Resident 6. During this time, Caregiver D expressed frustration that not every resident had their own glucometer. Caregiver D stated Resident 3 and 10 did not have a glucometer to check their blood sugars. Caregiver D stated s/he borrows another resident's glucometer to check the blood sugars of Resident 3 and 10. Careger D and Surveyor walked to the medication room. Surveyor observed Residents 1, 2, 6, 7 and 9 had glucometers stored in a hard plastic case in the medication cart. Resident 3 and 10 had no device for checking blood sugar levels located in the in the medication cart or room. Caregiver D stated s/he just uses another residents glucometer to check Reisdent 3 and 10's blood sugars, but did not specifiy which resident's blood glucose meter s/he uses. Caregiver D indicated s/he uses an alcohol wipe to disinfect the glucometer when s/he is done.

On 09/25/2024 at 12:30 PM, Surveyor interviewed Wellness Director Consultant R.

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N 439	Continued From page 34 Wellness Director Consultant R indicated s/he came onboard around 09/09/2024. Wellness Director Consultant R verified Resident 3 and 10 did not have their own blood glucose monitoring device. Wellness Director Consultant R stated s/he has contacted pharmacy to order the devices. Pharmacy indicated they did not have orders for the devices. Wellness Director Consultant R stated s/he then contacted the primary doctors for Residents 1, 2, 3, 6, 7, 9 and 10 to have them send current orders to the pharmacy. All primary doctors indicated they sent orders to the pharmacy. The facility still did not receive the devices. Wellness Director Consultant R stated s/he called the pharmacy again to request the devices and have not heard anything further from the pharmacy and Residents 3 and 10 still do not have blood sugar monitoring devices. Wellness Director Consultant R stated as of 10/01/2024, a new management company will be taking over management of the facility and can hopefully resolve the situation.	N 439		
{N 452}	83.41(3)(b) Food safety. 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.	{N 452}		

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This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses.
The refrigerator temperature was above 40 degrees Fahrenheit and not all refrigerated food was covered, labeled and stored properly.
All frozen foods were not sealed and did not have labels and dates. Various frozen food had visible frost on the surfaces.

This is a repeat deficiency, see Statement of Deficiency (SOD) SYDX14, dated 03/18/2024.

Findings include:

Surveyor note: According to the Wisconsin Food Code located at: https://docs.legis.wisconsin.gov/code/admin_code/atcp/055/75_.pdf states, " (Retrieval Date 10/30/2024)...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."

Additionally, the Wisconsin Food Code states,

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{N 452}	Continued From page 36 "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." On 08/28/2024, Surveyors conducted a verification visit. At approximately 9:50 AM, Surveyor toured the kitchen and pantry, and observed the following: Kitchen Refrigerator - -The refrigerator temperature was 45 degrees Fahrenheit according to the digital temperature display. Surveyor observed a refrigerator temperature log that showed at least 4 testing occurrences in the past month where the refrigerator was at least 41 degrees Fahrenheit or higher. -An unsealed, unlabeled, and undated freezer bag of what appeared to be breaded chicken or fish strips -An unsealed freezer bag of leftover penne noodles and sauce Pantry Freezer - -An unsealed, unlabeled and undated open to air large bag of dinner rolls -An unsealed, unlabeled and undated large bag of garlic bread -An unsealed, unlabeled and undated medium size bag of croissants	{N 452}		

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{N 452}	Continued From page 37 -Two unsealed, unlabeled and undated medium size bag of hashbrowns Surveyor noted frost lining the bag of the dinner rolls and croissants, and thick frost on the surface of the hashbrowns and garlic bread. Pantry Refrigerator/Freezer combo - -The freezer floor had debris throughout and on the shelving of the door, and an orangish brown-dried substance spanned approximately 12 inches by 5 inches of the freezer floor. -The freezer ceiling had multiple brown splatter spots. -An unsealed box of cheddar nuggets with Resident 1's name on it. On 09/05/2024 at approximately 9:00 AM, Surveyors interviewed Director A who acknowledged food was not stored under sanitary conditions.	{N 452}		
{N 481}	83.43(1) Environment safe, clean, and comfortable 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was safe, clean, comfortable, and homelike. Resident 6's room had a soiled fabric chair. Resident 7's room had large red stains on the floor.	{N 481}		

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The common area had a stained fabric chair.
The kitchen had open chemicals accessible to residents.
The laundry room did not have a one hand one motion door knob.

This requirement is being cited for the third time. See SOD (Statement of Deficiency) SOD SYDX13 dated 08/03/2023 and SYDX14 dated 03/18/2024.

Findings Include:

RESIDENT 6
On 08/28/2024 at 9:54AM, Surveyor observed Resident 6's room. There was a fabric chair with a pillow. The chair had large brown colored stains on the seat cushion and arm rests. The pillow also had brown stains.

RESIDENT 7
On 08/28/2024 at 10:16AM, Surveyor observed Resident 7's room. Surveyor noted several areas of red stains on the carpet located in the following locations: next to the bed, door, and refrigerator as well as 2 next to Resident 7's desk.

COMMON AREA
On 08/28/2024, at 2:53PM, Surveyor observed the living room common area. Surveyor noted a fabric chair with heavily soiled arm rests, brown in color.

LAUNDRY ROOM
On 08/28/2024 at approximately 10:34AM, Surveyor observed the laundry room. The door was unable to be opened with one hand one motion from the inside when locked.

KITCHEN

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{N 481}	Continued From page 39 On 08/28/2024 at 9:52AM, Surveyor observed the kitchen. The kitchen was unlocked, and Surveyor noted several chemicals that were out and accessible. Chemicals were found under the sink area and next to the dishwasher. The chemicals were as follows: >Ecolab Super Trump Dish Detergent >2 Open bottle of TMA Mechanical Dish Detergent-CS >Open bottle of TMA Premium Rinse Additive > TMA Quaternary Sanitizer The pipes, walls and bottles of chemicals were covered in debris and dried reddish substance. On 09/05/2024 at approximately 9:00AM, Surveyors interviewed Director A. Director A reported a new chair has been ordered for Resident 6's room, a one hand one motion door handle has been ordered, and they have called a company to clean carpets in all buildings. No further information was provided at the time of the exit.	{N 481}		
{Y3244}	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	{Y3244}		

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{Y3244}	Continued From page 40	{Y3244}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure residents received care within the capacity of the facility for Resident 2, Resident 6 and Resident 8.

Resident 2 did not receive daily showers and topical treatment as ordered by his/her physician and toileting assistance. Resident 2 did not receive transportation assistance as needed resulting in missed appointments.
Resident 6 did not receive care to his/her rash as ordered by his/her physician and experienced long call wait times.
Resident 8 was not gotten up in time and transportation was not arranged resulting in him/her missing an appointment.

This requirement is being cited for a third time. See Statements of Deficiency (SOD) SYDX13, dated 08/03/2023 and SOD SYDX14, dated 03/18/2024.

Findings Include:

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.

On 05/07/2024, 06/06/2024, and 07/02/2024, the department received complaint information alleging appointments were being missed and residents were not receiving cares as needed.

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{Y3244}	Continued From page 41 RESIDENT 2 On 08/28/2024, Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 11/10/2020 with diagnoses of bipolar disorder, congestive heart failure, psoriasis, cellulitis and acute lymphangitis, chronic kidney disease, chronic obstructive pulmonary disease, and type 2 diabetes. Resident 2 was his/her own person and able to make his/her needs known. Showers: On 08/28/2024 at approximately 10:00 AM, Surveyor interviewed Resident 2. Resident 2 shared that s/he needed a topical treatment to his/her chest due to redness, discomfort and yeast every day. Resident 2 stated s/he had a physician order to receive a shower daily due to chronic psoriasis. S/he stated the topical treatment was to be done following showers, but s/he did not always get a daily shower and his/her topical treatment was not always applied. S/he said when s/he does get showers, they are in the evenings. Resident 2 stated s/he became "very sore" when s/he does not get a daily shower due to his/her psoriasis. Resident 2 stated s/he was very worried about the yeast build up, redness, and discomfort on his/her chest and under his/her armpits when staff do not apply his/her creams. S/he said there were directions for his/her treatment posted in his/her bathroom. On 09/09/2024 at approximately 9:44 AM, Surveyor reviewed email correspondence from Friend M: "I have been concerned about [Resident 2's] neglect for quite some time and I have been very vocal about it. [S/he] has standing Doctor's orders to receive DAILY showers for [his/her] psoriasis, yet [s/he] has yet to go even a full week	{Y3244}		

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{Y3244}	Continued From page 42	{Y3244}		

of accomplishing this ... [s/he] is often simply overlooked and ignored, and that cannot be justified."

On 08/28/2024 at approximately 10:15 AM, Surveyor observed a typed piece of paper posted on the wall in Resident 2's bathroom.
"[Resident 2's] Cares:"
1. Patient should be given a shower every day per MD [physician] orders.
2. Please wash patient up with soap and water. Apply new briefs as needed.
3. Cleanse with soap and water. Bilateral groin, [chest], back folds. Rinse with fresh water. Pat dry. (Do not rub, swipe) this can cause open wounds. Followed by cornstarch to help prevent friction. [handwritten]
4. Apply medicated ointment per EMAR [electronic medication administration record]. Patient is supposed to be alternating medications every 2 weeks. Creams to be used are Triamcinolone 0.1% and Tacrolimus 0.1% Apply to affects areas on extremities, trunk, groin, gluteal cleft.
5. Apply Minerin cream to bilateral legs for [his/her] dry cracked feet

Surveyor reviewed Resident 2's individual service plan (ISP) with review date 04/24/2024 and noted:
"BATHING - PARTIAL ASSISTANCE...Monitor and provide assistance with bathing/showering, 10 AM shower daily Monday through Sunday, Make sure [Resident 2] is dry and apply skin protectant as ordered....Weekly [Mon, Tue, Wed, Thu ,Fri] at 1:00 PM, As Needed...Resident to be given showers daily to help prevent rash on body."
Surveyor note: Resident 2's ISP listed contradicting information and was not updated to

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{Y3244}	Continued From page 43	{Y3244}		

reflect physician order and resident needs.

Surveyor noted skin monitoring needs, skin integrity, and treatment needs were not listed in Resident 2's ISP.

Surveyor reviewed the provider's shower schedule and noted Resident 2 was listed as a "PM" shower every day of the week.

Surveyor reviewed a sample of Resident 2's observation notes for 07/19/2024-08/31/2024 and noted:
07/24/2024 completed by Director of Nursing (DON) B "...Shower completed, creams applied to skin folds. Redness continues under [chest] and back skin folds. Resident aware."
07/27/2024 completed by Caregiver L "Resident received shower, Redness and skin irritation under both armpits and [chest]. Ointment/powder applied."
08/03/2024 completed by Caregiver L "Shower was completed this morning at 0530 [AM]. Right arm pit and under [chest] in [sic] irritated, red, and has broken skin. Cleaned, dried and applied Ointment to irritated areas."

Surveyor reviewed Resident 2's July & August 2024 Task Administration Record (TAR) and noted "BATHING - PARTIAL ASSISTANCE Monitor and provide assistance with bathing/showering, 10AM shower daily Monday through Sunday. Make sure [Resident 2] is dry and apply skin protectant as ordered." Surveyor noted daily bathing was not documented on the following dates:
07/01/2024-07/22/2024, 07/26/2024-07/29/2024, 07/31/2024
08/03/2024, 08/04/2024, 08/08/2024, 08/10/2024, 08/11/2024, 08/12/2024, 08/14/2024-08/19/2024,

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{Y3244}	Continued From page 44 08/21/2024-08/25/2024, 08/27/2024-08/31/2024 Surveyor note: the TAR lists bathing time as 1:00 PM. Surveyor noted "SKIN MONITORING - As Needed" listed on the July & August TAR and no initials for documentation of it being completed in July and August. Toileting: Resident 2 stated s/he required assistance with wiping after a bowel movement and would press his/her call pendant to notify staff when s/he required assistance. S/he explained s/he will go all day without being wiped as staff will not answer his/her call light. S/he indicated this had been an ongoing issue and s/he has had to go to appointments "dirty." "It's awful and embarrassing." Resident 2 stated s/he got a bidet to assist some and that did help, but s/he still needed to be wiped. Surveyor reviewed Resident 2's ISP with review date 04/24/2024 and noted "Provide verbal prompting as well as physical assistance as needed with toileting needs. Physical assistance as needed to complete toileting. Assist with toileting per resident request and as needed. Assist resident with changing incontinence briefs as needed d/t [due to] right shoulder pain..." Surveyor reviewed Resident 2's July & August 2024 TAR and noted "TOILETING - AS NEEDED ASSISTANCE Provide verbal prompting as well as physical assistance as needed with toileting needs." Surveyor noted no initials for documentation of assistance provided was completed in July and August. Transportation: Resident 2 stated s/he has had to cancel many	{Y3244}		

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{Y3244}	Continued From page 45	{Y3244}		

appointments due to transportation not being set up in advance and a cab not being available by the facility. Resident 2 stated s/he does not always remember to tell management of his/her appointments, but staff don't follow up or check in with him/her following the appointments and s/he was told on numerous occasions that the facility phone is not answered and calls are not returned when the physician office calls. Resident 2 stated s/he wrote down his/her appointments on a calendar which was provided to management. Resident 2 recalled missing at least 3 appointments in the past 2 months due to transportation not being made. S/he said s/he had a car, but was not supposed to be driving anymore.

On 09/09/2024 at approximately 9:44 AM, Surveyor reviewed email correspondence from Friend M:
Friend M stated s/he had personally transported Resident 2 to appointments because there was no plan in place to provide the necessary transportation. S/he indicated "I call and leave messages each and every time [Resident 2] has an appointment scheduled, I fail to understand what the problem is ...There have been at least three missed appointments due to these issues, and not even one of them needed to be missed because I have given Apple Creek my personal cell number and told them specifically that I can almost always provide the transportation for [Resident 2] if they find themselves in a 'situation'. [sic] I know several of the aids have personally provided transportation as well ..."

Surveyor reviewed Resident 2's ISP with reviewed dated 04/24/2024 and noted "Assist with traveling needs. Need staff assistance with scheduling rides to appointments. Measurable

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{Y3244}	Continued From page 46 Goals...Resident will go to all appointments and will return to facility without any concerns." On 08/28/2024 at approximately 10:10 AM, Surveyor reviewed Resident 2's calendar laying on his/her desk and noted an appointment for 07/25/2024 Oshkosh at 10:45 AM. Resident 2 stated s/he did not make that appointment and s/he had to reschedule it. Surveyor noted an appointment on 08/09/2024 with "Nurse" at 11:40 AM with a handwritten "Missed" under it. Resident 2 could not recall the third appointment s/he referenced as missing, but stated s/he had a lot of appointments and it was hard to keep track of them. Surveyor reviewed a sample of Resident 2's observation notes for 07/19/2024-08/31/2024 and noted: 08/05/2024 completed by DON B "Resident approached writer, RCC and administer [sic] 2 hours prior to apt [appointment] for lab draw requesting transportation. Resident notified 24 hours, at a minimum, is needed to schedule transportation. Resident became upset and stated [s/he] would drive [him/herself], which [s/he] did." Surveyor reviewed the provider's Transportation process: "Transportation Process Apple Creek Place -Community is informed of upcoming appointment. -RCC [Resident Care Coordinator] emails or calls TLC transportation or Fox Valley Cab to arrange transportation if needed. -If appropriate RCC arranges for community to transport resident with Community transport bus. -Resident, family/POA [Power of Attorney] is notified of pick up time.	{Y3244}		

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{Y3244}	Continued From page 47 -Resident, family/POA reminded of appointment again on morning of and assisted with preparation if needed." On 09/05/2024 at approximately 9:00 AM, Surveyors interviewed Director A who stated staff were provided education on Resident 2's showers and topical treatments. Director A acknowledged Resident 2's toileting needs and transportation needs were not being met. RESIDENT 6 On 08/28/2024 at 9:54AM, Surveyor interviewed Resident 6. Resident 6 explained she had a bad rash on his/her inner thighs approximately a few weeks ago and it was very painful. Resident 6 reported the caregivers assisted with putting a powder or cream in the area and it has helped. Resident 6 explained s/he uses a pendant to notify staff when s/he requires assistance. Resident 6 reported there are times when s/he waits over 30 minutes and sometimes an hour. On 09/03/2024 at 10:00AM, Surveyor reviewed Resident 6's individual service plan updated (ISP) on 08/22/2024. The ISP stated, "Perform skin assessment with every shower and document results. Ensure [s/he] is odor free and clean." According to the ISP, Resident 6 also requires verbal and physical prompts for toileting assistance. On 09/03/2024 at 10:24AM, Surveyor reviewed Resident 6's observation notes. The entry for 08/25/2024 noted the following: "extreme rash near [genital] area, purple red skin color with broken skin tears. [Resident 6] states its extremely itchy and cath stop scratching it. Under right breast is red and irritated. Staff showered and cleaned wounds. Dried moist areas and	{Y3244}		

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{Y3244}	Continued From page 48	{Y3244}		

applied baby powder. RCC was notified on shift."

On 09/03/2024 at 10:13AM, Surveyor reviewed Resident 6's Task Administration Record (TAR) for July and August 2024. Review of the TAR revealed a section titled, "Cares." This section provided a description of the task. Under the section titled, "Bathing," it stated the service provider's responsibilities were as follows: "Staff to shower [Resident 6] daily Monday through Sunday ...Perform skin assessment with every shower and document results." Review of the documentation portion of the TAR that corresponded with the task description of "bathing" revealed several blanks.

Skin checks were not documented on the following dates:
07/04/2024, 07/05/2024, 07/07/2024, 07/09/2024, 07/12/2024, 07/15/2024, 07/17/2024, 07/18/2024, 07/19/2024, 07/20/2024, 07/21/20241, 07/27/2024, 08/07/2024, 08/08/2024, 08/09/2024, 08/18/2024, 08/21/2024, 08/22/2024, 08/23/2024, 08/28/2024, 08/29/2024, 08/29/2024, 08/30/2024 and 08/31/2024.

On 09/02/2024 at 2:50PM, Surveyor reviewed the Device Activity Report from the provider's call light system. Surveyor specifically reviewed pendant activations from Resident 6's pendant and noted on 08/10/2024 there were wait times over 30 minutes. The times were as follows:
>8:44AM: 47 minutes and 52 seconds
>12:55PM: 38 minutes and 25 seconds
>1:34PM: 68 minutes and 57 seconds.

On 09/05/2024 at approximately 9:00AM, Surveyor interviewed Director A. Director A advised s/he plans to implement a calendar for Resident 6 and the staff to sign after each shower

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{Y3244}	Continued From page 49 to acknowledge the shower was provided. The skin checks will continue to be provided at the time of the shower. RESIDENT 8 On 09/03/2024 at 8:57AM, Surveyor interviewed Healthcare Power of Attorney I (HPOA-I). HPOA-I identified s/he was the activated healthcare power of attorney for Resident 8. HPOA-I reported Resident 8 had a neuroscience appointment scheduled for 06/27/2024 at 8:30AM. HPOA-I explained this appointment was very important because the neurologist was going to evaluate and provide a refill script for Resident 8's dementia medication. HPOA-I stated s/he told the provider if Resident 6 missed the appointment, the physician would likely not refill the prescription. Additionally, due to the high volume of patients, appointments have to be booked weeks up to a month in advance. HPOA-I stated the provider was supposed to ensure Resident 8 was transported to the appointment. HPOA-I explained s/he took time off work to attend the appointment, but Resident 8 never showed up. HPOA-I advised s/he had to call the facility to see why Resident 8 missed the appointment. HPOA-I was told Resident 8 refused to get up and they could not force him/her. HPOA-I described feeling frustrated because of the lack of communication. On 09/03/2024 at 2:23PM, Surveyor received an email from Regional Director of Clinical Operations - G (RDCO-G). The email stated, "The appointment was missed due to a mix up in the appointment time and the get up time for the resident. I have reviewed the process with the director, RCC and DON at the community to assure that there is a consistent process in place. This will also be reviewed at the upcoming staff meeting ..."	{Y3244}		

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{Y3244}	Continued From page 50 On 09/05/2024 at approximately 9:00AM, Surveyors interviewed Director A and Director of Nursing B. No further information was provided at the time of exit.	{Y3244}		