| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016540 | A. BUILDING: _____ B. WING _____ | C 11/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUNSET RIDGE JEFFERSON | 826 REINEL STREET JEFFERSON, WI 53549 |

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| N 000 | Initial Comments<br><br>On 11/08/2023, with information gathered through 11/20/2023, Surveyor conducted a complaint investigation at Sunset Ridge Jefferson.<br><br>Three (3) deficiencies were identified. The complaint was substantiated.<br><br>Census: 23 | N 000 | | |
| N 161 | 83.12(3)(a) Investigate injuries of unknown source.<br><br>Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not investigate Resident 1's injuries that were not observed by any person after s/he was found on the ground in the bathroom with blood on his/her face.<br><br>Findings include:<br><br>On 09/26/2023, the department received a complaint regarding resident supervision and well-being.<br><br>On 11/08/2023, Surveyor conducted a complaint investigation. Surveyor reviewed the closed record of Resident 1.<br>Resident 1 was admitted to the provider on 06/21/2023 with diagnoses including high risk for | N 161 | | |

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

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| N 161 | Continued From page 1 | N 161 | | |

falls, breakthrough seizures and uncontrolled diabetes.

Surveyor reviewed a resident fall report dated 09/26/2023 at 7:00 a.m. that documents, "Around 7:00 a.m. I, [Caregiver C], was assisting another resident when the housekeeper, [Housekeeper D], came in and told me to come with [him/her] ...NOW! When [Housekeeper D] and I went into [Resident 1's] room, [s/he] was in [his/her] bathroom by [his/her] shower." The report documents that Resident 1 was transported via emergency medical services (EMS) to the emergency department.

Surveyor review an EMS report, dated 09/26/2023, which states that EMS responded to the provider due to a resident who may have fallen. There was bruising/abrasions to chest, resident unable to ambulate, speaking only in one word responses where as the resident is typically conversational and mobile. Caregivers reported that the last time they could confirm Resident 1 was well was between 7:00 p.m. and 8:00 p.m. on the evening of 09/25/2023. Resident 1 was transported to the emergency department at 8:00 a.m. on 09/26/2023 with dried blood to his/her mouth and nose which appeared old in nature.

Surveyor reviewed an emergency department report, dated 09/26/2023 at 8:23 a.m., which documents, "Trauma yellow; pt found down by first shift upon first check this AM; unknown down time. Facial, chest wall evidence of trauma. Responds to verbal stimuli. Following commands. Dried blood on nose. No active bleeding. Protecting airway, +thinner. ... Scattered abrasions noted to chest, shallow but adequate respirations, scattered intact fluid-filled yellow blisters noted to left and right lower

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| N 161 | Continued From page 2<br>extremities. ... appears globally weak and unable to move bilateral lower extremities."<br><br>At 3:47 p.m., Surveyor interviewed Assistant Admin B in regard to Resident 1. Assistant Admin B stated that that the housekeeper went into Resident 1's room when s/he started work and found Resident 1 on the floor in the bathroom and his/her face was bleeding. Surveyor asked if anyone had witnessed what happened to cause the injuries to Resident 1. Assistant Admin B stated no. Surveyor asked if the provider had done an investigation of the injuries of an unknown source. Assistant Admin B stated, "No, I don't believe so." | N 161 | | |
| N 386 | 83.35(3)(a) Comprehensive Individualized Service Plan<br><br>Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not develop an individualized service | N 386 | | |

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plan (ISP) for Resident 1 to identify his/her needs, desired outcomes, program services, frequency and approaches regarding Resident 1's falls.

Repeat violation from statement of deficiency (SOD) #4D6G11, dated 01/24/2018.

Findings include:

On 09/26/2023, the department received a complaint regarding resident supervision and well-being.

On 11/08/2023, Surveyor conducted a complaint investigation. Surveyor reviewed the closed record of Resident 1. Resident 1 was admitted to the provider on 06/21/2023 with diagnoses including high risk for falls, breakthrough seizures and uncontrolled diabetes.

Surveyor reviewed Resident 1's pre-admission assessment completed by Licensee A, dated 06/12/2023. The pre-admission assessment identified that Resident 1 uses a cane and wall to walk and has a history of falls. The most recent being Wednesday (06/07/2023) where his/her legs collapsed coming into the house. With the pre-admission assessment was an office visit discharge summary, dated 05/25/2023, which identifies, "At high risk for falls" as the first diagnoses listed.

Surveyor reviewed Resident Fall Reports for Resident 1 on the following dates:
-08/05/2023, "Staff heard resident calling for help. Staff found resident room and seen [sic] [him/her] on the floor. Resident did not hit head but does have a red scratch on his/her back."
-09/26/2023, "Around 7:00 a.m. I, [Caregiver C], was assisting another resident when the

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| N 386 | Continued From page 4<br><br>housekeeper, [Housekeeper D], came in and told me to come with [him/her] ...NOW! When [Housekeeper D] and I went into [Resident 1's] room, [s/he] was in [his/her] bathroom by [his/her] shower."<br><br>Surveyor reviewed Resident 1's September 2023 task administration record (TAR) which states that staff are to monitor resident and document post fall observations and vitals every PM.<br><br>Surveyor asked Assistant Admin B to review Resident 1's most up to date ISP prior to discharge. The ISP, no date noted, does not identify that Resident 1 is a fall risk or identify his/her needs, desired outcomes, program services, frequency and approaches regarding falls.<br><br>At 4:09 p.m., Surveyor interviewed Assistant Admin B. Surveyor asked if s/he was aware that Resident 1 was identified as a fall risk. Assistant Admin B stated yes. Surveyor asked where that was identified in Resident 1's ISP. Assistant Admin B stated that it wasn't, just that s/he has a diagnosis of falling. | N 386 | | |
| N 415 | 83.37(2)(d) Documentation of medication administration.<br><br>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, 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 | N 415 | | |

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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 staff initialed Resident 1's medication administration record (MAR) at the time of medication administration.

Repeat violation from statement of deficiency (SOD) #VZYX11, dated 07/14/2020; SOD #VZYX12, dated 02/24/2021; SOD #VZYX13, dated 06/02/2021; and SOD #L37L11, dated 04/14/2022.

Findings include:

On 11/08/2023, Surveyor conducted a complaint investigation. Surveyor reviewed the closed record of Resident 1. Resident 1 was admitted to the provider on 06/21/2023 with diagnoses including high risk for falls, breakthrough seizures and uncontrolled diabetes.

Surveyor reviewed a fax to Resident 1's primary care provider, dated 08/30/2023, making him/her aware of an error in medication administration. The fax documents that Resident 1's metoprolol suc 100mg, risperidone 1mg, famotidine 20mg and trazodone 100mg were found, but it was unknown when the error occurred.

At 04:15 p.m., Surveyor interviewed Assistant Admin B regarding Resident 1's medication errors. Assistant Admin B stated that a staff member found the medications but they were unable to identify when the medications were

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from and/or missed in administration because the MAR isn't always filled out at the time of administration, but that they are working on getting better.

Surveyor asked to review Resident 1's September 2023 MAR. Surveyor observed blank entries for the below medications that Resident 1 was prescribed:

-Amlodipine 10mg tab (1 tablet daily): 09/02/2023-09/03/2023, 09/05/2023, 09/16/2023, and 09/20/2023.
- Atorvastatin 80mg tab (1 tablet every night at bedtime): 09/01/2023 and 09/06/2023.
-Divalproex 250mg dr tab (3 tablets twice daily for seizures): 09/01/2023-09/03/2023, 09/05/2023-09/06/2023, 09/16/2023, and 09/20/2023.
-Famotidine 250 tab (1 tablet every night): 09/01/2023 and 09/06/2023.
-Furosemide 40mg tab (1 tablet daily): 09/02/2023-09/03/2023, 09/05/2023, 09/10/2023, 09/16/2023, and 09/20/2023.
-Lisinopril 20mg (1 tablet daily): 09/02/2023-09/03/2023, 09/05/2023, 09/16/2023, and 09/20/2023.
-Metoprolol suc 100mg er tab (1 tablet every night at bedtime): 09/01/2023 and 09/06/2023.
-Eliquis 5mg tab (1 tablet twice a day): 09/01/2023-09/03/2023, 09/05/2023-09/06/2023, 09/16/2023, and 09/20/2023.
-Januvia 100mg tab (1 tablet daily): 09/02/2023-09/03/2023, 09/05/2023-09/06/2023, 09/16/2023, and 09/20/2023.
-Jardiance 25mg tab (1 tablet daily): 09/02/2023-09/03/2023, 09/05/2023-09/06/2023, 09/16/2023, and 09/20/2023.
-Metoprolol suc 50mg er tab (1 tablet every morning): 09/02/2023-09/03/2023,

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| N 415 | Continued From page 7<br>09/05/2023-09/06/2023, 09/16/2023, and 09/20/2023.<br>-Pantoprazole 40mg tab (1 tablet in the morning): 09/02/2023-09/03/2023, 09/05/2023-09/06/2023, 09/16/2023, and 09/20/2023.<br>-Pot Cl Micro 10meq er tab (1 capsule daily): 09/02/2023-09/03/2023, 09/05/2023-09/06/2023, 09/16/2023, and 09/20/2023.<br>-Pramipexole 0.25mg tab (1 tablet every night at bedtime): 09/06/2023.<br>-Risperidone 1mg tab (1 tablet twice a day): 09/01/2023-09/03/2023, 09/05/2023, 09/16/2023, and 09/20/2023.<br>-Trazodone 100mg tab (1 tablet every night at bedtime): 09/01/2023, 09/06/2023, and 09/25/2023.<br>-Vitamin D3 25mcg cap (1 capsule daily): 09/02/2023-09/03/2023, 09/05/2023, 09/16/2023, and 09/20/2023.<br>-Memantine hcl 10mg tab (1 tablet twice a day): 09/01/2023-09/03/2023, 09/05/2023-09/06/2023, 09/16/2023, and 09/20/2023. | N 415 | | |