| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019869 | A. BUILDING: _____ B. WING _____ | C 07/31/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BAY HARBOR MEMORY CARE ASSISTED LIVING OF | 1936 TENNYSON LN MADISON, WI 53704 |

| (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 |
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| N 000 | Initial Comments<br><br>From 07/30/2024 to 07/31/2024, Surveyor conducted 3 complaint investigations at Bay Harbor Memory Care Assisted Living of Madison, a CBRF in Madison.<br><br>One deficiency was identified.<br><br>One of three complaints was substantiated. Two of three complaints were unsubstantiated.<br><br>Census: 49 | N 000 | | |
| 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 | N 431 | | |

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

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| N 431 | Continued From page 1<br>status in the resident ' s record.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had their health monitored and communication with the resident's physician documented in the resident's record. Resident 1's weights were not taken daily as prescribed and Resident 1's physician was not notified when Resident 1's weight changed 3 lbs. within 1 day or 5 lbs. within a week.<br><br>Findings include:<br><br>From 07/30/2024 to 07/31/2024, Surveyor conducted a complaint investigation alleging the provider did not monitor the health of residents.<br><br>On 07/30/2024 at approximately 11:15 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 05/20/2024 with diagnoses including chronic obstructive pulmonary disease and congestive heart failure. Resident 1 passed away at the facility on 07/20/2024. Resident 1's record included an admission order, dated 05/09/2024, for the provider to take daily weights and contact the physician with a change of 3 lbs. in 1 day or 5 lbs. in 1 week. Records indicated daily weights were discontinued by hospice on 07/19/2024. Resident 1's record of vitals, dated 05/20/2024 to | N 431 | | |

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| N 431 | Continued From page 2 | N 431 | | |

07/20/2024, included the following weight recordings: 06/04/2024: 129 lbs., 06/05/2024 128.2 lbs., 06/06/2024 122 lbs., 06/07/2024 120 lbs. and 122.1 lbs., 06/08/2024 122.4 lbs. and 123 lbs., 06/09/2024 123.4 lbs., 06/10/2024 109.1 lbs., 06/11/2024 109 lbs. and 120 lbs., 06/12/2024 124.6 lbs., 06/18/2024 136.4 lbs., 06/19/2024 121.4 lbs., 06/20/2024 129.4 lbs., 06/21/2024 130.9 lbs., 06/25/2024 136.4 lbs., 06/26/2024 134.5 lbs. and 132 lbs., 06/26/2024 132 lbs., 06/27/2024 129 lbs., 06/28/2024 133 lbs. and 143 lbs., 06/30/2024 134 lbs., 07/01/2024 131 lbs., 07/02/2024 131 lbs., 07/03/2024 115 lbs., 07/05/2024 132.5 lbs., 07/06/2024 130 lbs., 07/07/2024 131.5 lbs., 07/08/2024 132 lbs., 07/09/2024 131.1 lbs. and 128 lbs. and 07/10/2024 129.5 lbs. *Records documented a hospitalization from 05/24/2024 to 05/29/2024.

Weight recordings identified the following concerns:

- Weights Not Taken: Weights were not recorded 05/20/2024 through 05/24/2024, 05/29/2024 through 06/04/2024, 06/13/2024 through 06/17/2024, 06/22/2024 through 06/24/2024, 07/04/2024 and 07/10/2024 through 07/19/2024. Resident 1's record included a progress note from the hospice RN, dated 07/12/2024, that stated, "Please continue to weigh [him/her] every day at the same time with the same clothing. This really helps the provider to decide what medications should be ordered."
- Physician Notification Not Documented: Physician notification of a 3 lb. weight difference within a day was not documented on 06/12/2024, 06/19/2024 and 07/03/2024. Physician notification of a 5 lb. weight difference within a week was not documented on 06/11/2024, 06/18/2024, 07/02/2024, 07/03/2024 and 07/05/2024.

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| N 431 | Continued From page 3<br><br>On 07/30/2024 at approximately 11:45 a.m., Surveyor interviewed LPN B. LPN B stated s/he began working with Resident 1 on approximately 05/28/2024. Surveyor shared observation that Resident 1's weights were ordered daily from 05/20/2024 to 07/20/2024, but not recorded daily and that physician notifications in Resident 1's record did not account for each occurrence of Resident 1 having a weight change of 3 lbs. within a day or 5 lbs. within a week. LPN B stated s/he put signs up for staff to remember to weigh and document Resident 1's weights in the electronic charting system, but confirmed the weights did not occur daily. LPN B stated weights had become difficult because the provider's wheelchair scale broke (LPN B was unable to recall date), so caregivers had to use a seated scale or standing scale, which was challenging for Resident 1. LPN B stated Director of Operations A was made aware of the broken scale, but the scale had not been replaced. When asked about notifying the provider of weight changes, LPN B replied, "I did the best I could.'<br><br>On 07/30/2024 at approximately 12:45 p.m., Surveyor reviewed concern with Director of Operations A, Executive Director C, Health Care Coordinator D and LPN B that Resident 1's weights were not monitored daily as ordered. Health Care Coordinator D and LPN B discussed the challenges of taking Resident 1's weights, including transferring him/her out of the wheelchair once the wheelchair scale broke and a time period when the provider's elevator was broken (06/22/2024 - 06/24/2024) and the wheelchair scale was on a different floor. Director of Operations A stated s/he was hearing about the broken wheelchair scale for the first time in Surveyor's presence. | N 431 | | |

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| **BAY HARBOR MEMORY CARE ASSISTED LIVING OF** | **1936 TENNYSON LN MADISON, WI 53704** |

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