STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016076	A. BUILDING: _____ B. WING _____	C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE BLACK RIVER FALLS II	642 E 3RD ST BLACK RIVER FALLS, WI 54615

(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 02/27/2024, Surveyor conducted 3 complaint investigations at Country Terrace Black River Falls II. Data collection continued through 03/27/2024. Two of the 3 complaints were substantiated. Fourteen deficiencies were identified. Three of the 14 deficiencies were repeat violations. See Statement of Deficiency (SOD) 4V7911, dated 07/27/2022; SOD 4EIN12, dated 02/17/2021; and SOD 4EIN11, dated 11/12/2019. Census: 24	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.	N 158		

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

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N 158	Continued From page 1	N 158		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not report caregiver misconduct to the department after they concluded Assistant Director (AD) F was not completing resident cares and used verbal communication resulting in resident fear and embarrassment.

Findings include:

The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease.

Wis. Admin. Code § DHS 13.03(12). Defines abuse as any of the following:
"1. An act or repeated acts by a caregiver or nonclient resident, including but not limited to restraint, isolation or confinement, that, when contrary to the entity's policies and procedures, not a part of the client's treatment plan and done intentionally to cause harm, does any of the following:
a. Causes or could reasonably be expected to cause pain or injury to a client or the death of a client, and the act does not constitute self-defense as defined in s. 939.48, Stats.
b. Substantially disregards a client's rights under ch. 50 or 51, Stats., or a caregiver's duties and obligations to a client.
c. Causes or could reasonably be expected to cause mental or emotional damage to a client, including harm to the client's psychological or intellectual functioning that is exhibited by anxiety, depression, withdrawal, regression, outward aggressive behavior, agitation, or a fear of harm or death, or a combination of these behaviors.

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N 158	Continued From page 2 This subdivision does not apply to permissible restraint, isolation, or confinement implemented by order of a court or as permitted by statute... 4. A course of conduct or repeated acts by a caregiver which serve no legitimate purpose and which, when done with intent to harass, intimidate, humiliate, threaten or frighten a client, causes or could reasonably be expected to cause the client to be harassed, intimidated, humiliated, threatened or frightened." On 02/27/2024 at approximately 09:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated AD F was let go from employment 2 months ago and his/her role had not been filled yet. At 10:17 AM, Surveyor interviewed Resident 2. Resident 2 reported an incident with AD F during a shower where AD F reacted negatively towards Resident 2. At approximately 12:00 PM, Surveyor interviewed Caregiver B. Caregiver B stated AD F was let go due to not getting resident cares done. At approximately 2:50 PM, Surveyor interviewed Caregiver G. Caregiver G stated AD F was terminated due to being verbally abusive to residents. On 02/28/2024 at 11:34 AM, Surveyor requested the abuse/misconduct policy and procedure and any internal interventions or employee performance issues in the past 6 months. On 03/06/2024, Surveyor reviewed AD F's employee performance document. An employee separation statement, dated	N 158		

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N 158	Continued From page 3	N 158		

01/10/2024, which read in part, "Negative behavior toward staff and residents. Multiple staff, resident, and family c/o (complained of) poor resident care, unprofessionalism, rude behavior."

The abuse/misconduct policy and procedure did not specify when a misconduct investigation should be reported to the Office of Caregiver Quality (OCQ).

On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about AD F's termination. Director A stated there was a family complaint for AD F on 01/05/2024. Director A conducted an investigation, interviewing residents and staff. AD F did not work during the time of the investigation. With all the accumulated information, Director A terminated AD F. Surveyor asked if the investigation was reported to the Office of Caregiver Quality (OCQ). Director A stated, "Probably not." Surveyor requested Director A send the internal investigation for this incident and for Director A to submit the incident to OCQ if they had not.

On 03/27/2024, Surveyor reviewed the internal investigation for AD F's termination. The internal investigation read, in part, "-Saturday, January 6, 2024: POAH (power of attorney for healthcare) visit with resident ([Resident 1]) at 11:06 a.m. Resident was still in bed and had soiled [him/herself], [his/her] bathroom, and bowel smears on [his/her] floor. Resident's 'check & change' chart hadn't been signed since 6:00 a.m. and [s/he] is to be every 2 hours. POAH noted that staff were in the medication room. When [s/he'd] asked [AD F] for a mop in order to clean resident room, POAH reported that [AD F] was 'very uncooperative and said [s/he] was passing meds' [sic].

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N 158	Continued From page 4 -Tuesday, January 9, 2024: POAH for [Resident 1] reported that [s/he] was on the phone with the resident early morning and that resident had pulled [his/her] call light for assistance as was seated on [his/her] toilet. [AD F] had arrived to tell resident that [s/he] would need to wait for another 15 minutes before [AD F] could help [him/her] and had told the resident 'to quit [his/her] [explicative]'." Director A's internal investigation continued to read, "Interviews conducted by myself [sic] on Tuesday, January 9 and Wednesday, January 10, 2024 with staff and residents indicated: -Seven residents reported to have been scared to ask [AD F] for assistance due to [his/her] attitude toward them ... -An incident occurred when a resident had soiled themselves and [AD F] had verbally made comments, eye rolling, as well as other body language, embarrassing the resident. -[AD F] had not been following the care plan correctly for a resident that requires the assist of 2 staff as the resident is a mechanical lift. [AD F] had been transferring the resident by [him/herself]." Based on Director A's findings, it was determined to terminate AD F from employment. On 03/26/2024 at 11:04 AM, Surveyor reached out to OCQ and confirmed they did not receive a report from the provider for this incident.	N 158		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident	N 165		

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N 165	Continued From page 5 resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after Resident 16 fell, resulting in emergency room (ER) treatment for a rib fracture. This is a repeat deficiency. See Statement of Deficiency (SOD) 4EIN12, dated 02/17/2021. Findings include: On 01/10/2024, the department received a complaint alleging residents had falls and received treatment at the emergency room (ER) or hospital. The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. On 02/27/2024, Surveyor reviewed Resident 16's record. Resident 16 was admitted on 05/24/2023 and had an activated power of attorney (POA). Resident 16 had diagnoses that included radiculopathy of lumbosacral region, mild cognitive impairment, and anxiety. A typed-out incident report, signed on 07/05/2023, indicated on 07/02/2023, Resident 16 had an unwitnessed fall on his/her buttocks in the bathroom. On 07/04/2023, Resident 16 complained of left-sided pain and was sent to the	N 165		

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N 165	Continued From page 6 ER for evaluation. Medical notes, dated 07/04/2023, indicated Resident 16 was diagnosed with a rib fracture. Resident 16's orders indicated s/he was to deep breath to keep his/her lungs well-inflated and prescribed over-the-counter pain medication for comfort. On 02/23/2024, Surveyor reviewed records submitted to the department from the provider. There was not a documented report of Resident 16's fall on 07/02/2023. On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about concerns with reporting Resident 16's incident on 07/02/2023. Director A stated s/he would send the incident reports to management and management would send in the self-reports. Director A stated s/he was unsure if the self-report was sent to the department and would investigate. On 03/27/2024 at 4:17 PM, Surveyor received a fax from Director A with a face sheet that indicated Director A did not find an email to management from him/herself for Resident 16's fall on 07/02/2023. The provider did not report Resident 16's fall that resulted in ER treatment due for a rib fracture.	N 165		
N 214	83.15(3)(a) Administrator shall supervise daily operation The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel,	N 214		

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N 214	Continued From page 7	N 214		

finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.

This Rule is not met as evidenced by:
Based on record review and interview, the administrator did not supervise the daily operations, including: supervision to ensure proper care and services, that the residents' health and safety were protected and promoted, and that residents' rights were respected.

This is a repeat deficiency. See Statement of Deficiency (SOD) 4EIN12, dated 02/17/2021, and SOD 4EIN11, dated 11/12/2019.

Findings include:

On 12/13/2023 and 01/10/2024, the department received with multiple allegations, including concerns with staffing and no oversight by the administrator.

The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease.

On 02/27/2024, Surveyor conducted a complaint investigation at the facility. Upon entrance to the facility, Surveyor waited approximately 20 minutes for staff to approach at the entrance. At approximately 9:45 AM, Surveyor interviewed Caregiver B. Caregiver B explained Director A

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N 214	Continued From page 8	N 214		

was on vacation and s/he was in charge when Director A was gone. Caregiver B explained s/he did not have access to employee files or some of the resident records. Caregiver B stated s/he thought the employee records and the missing resident records would be in Director A's office but did not have access to them and did not feel comfortable looking for them in Director A's office. Caregiver B stated s/he had to use a plastic rewards card to break into Director A's office as a key was not left for staff when Director A went on vacation.

At 10:00 AM, Surveyor suggested Caregiver B to reach out to the corporate office for support when s/he was done with his/her current task.

At approximately 2:00 PM, Surveyor had Caregiver B call the corporate office to notify them Surveyor was there and wanted access to employee and resident records. Caregiver B spoke to Director of Clinical Services (DCS E) on the phone. DCS E stated they did not have access to the employee records and would not be sending someone to help support Caregiver B. Caregiver B stated Director A would be back on 02/29/2024 and would be able to get the records then. Surveyor asked Caregiver B if there was an emergency, who would s/he reach out to. Caregiver B stated someone from the corporate office.

On 02/27/2024 at 4:38 PM, the department emailed Director of Clinical Services (DOCS) E about the concern of Surveyor not having access to resident records.

On 02/27/2024 at 4:40 PM, DOCS E responded back via email, "I apologize, I know. [Director A] is back tomorrow and it will be addressed."

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N 214	Continued From page 9 On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about concerns with administrator oversight while s/he was on vacation. Director A stated Caregiver B was technically left in charge while s/he was on vacation for approximately a week. Director A stated s/he felt Caregiver B was educated and a strong professional, and that was why s/he asked him/her to cover. Director A stated staff were to go to Caregiver B with any questions, concerns, or call-ins. Director A left the petty cash keys with Caregiver B but did not leave the keys for employee file access, or the office keys. Director A stated s/he was hoping to hire a new assistant director soon, as they had been without one for approximately 2 months. On 02/27/2024 through 03/27/2024, Surveyor reviewed resident records, employee records and staffing schedules. Based on Surveyor's interviews and record reviews, Surveyor substantiated 2 of the 3 complaints and identified the following deficiencies: 83.12(2)(a) Caregiver: Investigating Abuse Neglect 83.12(4)(c) Reporting Incidents With Serious Injury 83.15(3)(a) Administrator Shall Supervise Daily Operation 83.18(2) Employee Records Available Upon Request 83.20(2)(a)-(d) Department-Approved Training Courses 83.32(3)(h) Rights Of Residents: Receive Medication 83.37(1)(k) Medication Error Or Adverse Reaction 83.37(2)(d) Documentation Of Medication Administration	N 214		

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N 214	Continued From page 10 83.38(1)(a) Personal Care 83.38(1)(g) Health Monitoring 83.39(3) Hand Washing 83.41(3)(b) Food Safety 83.42(3) Access To Resident Records 83.43(1) Environment Safe, Clean, And Comfortable Director A did not ensure residents' rights, health and safety were protected by not reporting allegations of caregiver misconduct to the Department. Director A did not ensure residents received proper care and services by not ensuring staff received training applicable to the CBRF.	N 214		
N 229	83.18(2) Employee records available upon request Employee records shall be available upon request at the CBRF for review by the department. This Rule is not met as evidenced by: Based on interview, the provider did not ensure employee records were available upon request. Findings include: The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. On 02/27/2024 at approximately 9:45 AM Surveyor interviewed Caregiver B. Surveyor explained that some employee records would be requested during the survey. Caregiver B stated s/he thought the employee records would be in	N 229		

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N 229	Continued From page 11 Director A's office but did not have access to them and did not feel comfortable looking for them in Director A's office. Caregiver B stated s/he had to use a plastic rewards card to break into Director A's office as a key was not left for staff when Director A went on vacation. At approximately 2:00 PM, Surveyor had Caregiver B call the corporate office to notify them a Surveyor was there and wanted access to employee records. Caregiver B spoke to Director of Clinical Services (DCS E) on the phone. DCS E stated they did not have access to the employee records. Caregiver B stated Director A would be back on 02/29/2024 and Surveyor would have to wait until then to receive employee records. On 02/27/2024 at 4:38 PM, the department emailed Director of Clinical Services (DOCS) E about the concern of Surveyor not having access to employee records. On 02/27/2024 at 4:40 PM, DOCS E responded back via email, "I apologize, I know. [Director A] is back tomorrow and it will be addressed." On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about concerns with access to employee records on the day of survey. Director A stated s/he had left his/her office door unlocked when s/he left on vacation. Director A stated the only keys s/he did not give Caregiver B were to the employee files as those files were not part of his/her role. Director A stated no one else had access to the employee files and s/he would develop a plan for employee files to be accessible.	N 229		

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N 239	Continued From page 12	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 1 of 5 employees obtained all department approved training as required. Caregiver G did not have training in fire safety within 90 days after starting employment. Findings include:	N 239		

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N 239	Continued From page 13 On 01/10/2024, the department received a complaint about staff training. On 03/05/2024, Surveyor conducted a review of 5 employees to verify compliance with department approved training requirements. FIRE SAFETY Caregiver G had a hire date of 10/26/2022. The record did not contain evidence Caregiver G completed training in fire safety. On 03/05/2024, Surveyor verified Caregiver G was not on the Community-Based Care and Treatment training registry for fire safety. On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about concerns with employee training. Director A stated s/he would investigate the missing training. On 03/27/2024 at 4:17 PM, Surveyor received a fax from Director A with a face sheet that read, in part, "[Caregiver G] is signed up for fire safety April 2024." The provider did not ensure department approved training was completed for fire safety within 90 days of employment for Caregiver G.	N 239		
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	N 352		

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N 352	Continued From page 14	N 352		

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 Resident 10 received all medications in the dosages and at intervals prescribed by a practitioner.

Resident 10 had not received his/her prescribed daily ascorbic acid supplement in February 2024.

This is a repeat deficiency. See Statement of Deficiency (SOD) 4EIN12, dated 02/17/2021 and SOD 4V7911, dated 07/27/2022.

Findings include:

On 01/10/2024, the department received a complaint alleging residents were frequently out of medications.

The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease.

On 02/27/2024, Surveyor reviewed Resident 10's record. Resident 10 was admitted to the facility on 03/30/2023. Resident 10 had diagnoses that included adult failure to thrive, anemia, atrial fibrillation, diabetes mellitus type 2, and chronic obstructive pulmonary disease. Resident 10 was his/her own decision maker and had medications managed by the provider.

The February 2024 medication administration record (MAR) indicated Resident 10 was taking ascorbic acid 250 milligrams (mg) 1 tablet 2 times

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N 352	Continued From page 15 daily after breakfast and after supper. Staff charting in the MAR indicated Resident 10 was administered 4 doses of the medication in February 2024. Staff notes on the back of the MAR indicated ascorbic acid was not on site to be administered on 02/03/2024, 02/04/2024, 02/05/2024, 02/08/2024, 02/10/2024, and 02/11/2024. On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about concerns with Resident 10's medications. Director A stated Resident 10 received his/her medications from the Veteran's Affairs (VA) pharmacy and his/her ascorbic acid had not shipped. Director A stated Resident 10's physician had to reorder the medication and there was a delay with the medication coming through. The provider did not ensure Resident 10 received all medications in the dosages and at intervals prescribed by a practitioner, when Resident 10 did not receive multiple doses of ascorbic acid in February 2024.	N 352		
N 410	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or	N 410		

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N 410	Continued From page 16 pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the prescribing practitioner, supervising nurse or pharmacist, as soon as possible, when Resident 14 refused medications for over 2 consecutive days. Findings include: The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. On 02/27/2024, Surveyor reviewed Resident 14's record. Resident 14 was admitted to the facility on 04/25/2023, with diagnoses including heart failure, dementia, and hypertension. Resident 14 had an activated power of attorney (POA). Resident 14 had a Physician Order, dated 02/02/2023, for: -Furosemide 20 milligrams (mg) take 1 tablet daily at 8:00 AM for congestive heart failure -Lisinopril 10 mg take 1 tablet daily at 8:00 AM for hypertension. On 02/27/2024, Surveyor reviewed Resident 14's October 2023 through February 2024 Medication Administration Records (MARs). The MARs documented that Resident 14 refused both Furosemide and Lisinopril on all dates in October 2023 through February 2024 except the following (Many of the dates listed below there was no staff	N 410		

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N 410	Continued From page 17 documentation in the MAR indicating if the medication was given or not.): 10/15/2023 10/29/2023 11/06/2023 11/09/2023 11/21/2023 11/26/2023 11/30/2023 11/31/2023 12/10/2023 12/11/2023 12/17/2023 12/21/2023 12/31/2023 01/01/2024 01/07/2024 01/15/2024 02/06/2024 02/07/2024 02/13/2024 02/14/2024 02/15/2024 02/17/2024 02/18/2024 02/19/2024 02/20/2024 02/22/2024 02/23/2024 02/24/2024 02/25/2024. The medication discharge and/or destruction form, dated 01/04/2024, indicated 17 total tablets each for Furosemide and Lisinopril had been disposed of. On 02/27/2024 at 3:00 PM, Surveyor observed Resident 14's medication bubble packs for Furosemide and Lisinopril morning doses with a	N 410		

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dispensary date of 01/31/2024. The bubble packs for each medication were labeled with a date by each tablet. For the Furosemide bubble pack, the only dates punched out were 02/17/2024 and 02/24/2024. For the Lisinopril bubble pack, the only date punched out was 02/24/2024.

A nurse note written by Director A, dated 12/05/2023, indicated a call was made to Resident 14's physician and read, in part, "[Resident 14's] refusal of meds [sic]; hope to clarify, D/C (discontinue) or further advice and orders."

The Medication Storage/Administration/Documentation policy and procedure read, in part, "Re-attempt to give medication at least one to two (1-2) times if refused by a confused resident ...If a dose of a regularly scheduled medication is withheld, refused, or given at a time other than the scheduled time, the space provided on the front of the MAR for that dosage is initialed and circled. An explanatory note is entered on the back of that same page."

On 03/27/2024 at 10:30 PM, Surveyor interviewed Director A about concerns with Resident 14 refusing medications for over 2 consecutive days. Director A stated s/he did reach out to Resident 14's physician on 12/05/2023 and had followed up again with Resident 14's care team more recently. Director A stated Resident 14 had been refusing the medications for a while and s/he had not notified Resident 14's physician prior to 12/05/2023. Director A stated their policy and procedure would be for staff to pop the medications out of the bubble pack and attempt several times to administer to the resident, documenting each

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N 410	Continued From page 19 attempt. The provider did not report to the prescribing practitioner, supervising nurse or pharmacist, as soon as possible, after Resident 14 refused medications for over 2 consecutive days. When staff had charted Resident 14 refusing his/her Furosemide and Lisinopril numerous times from October 2023 through February 2024. Director A did not contact Resident 14's physician about the medication refusals until 12/05/2023.	N 410		
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, 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 that at the time of medication administration, the person administering the medication documented in the resident record the name, dosage, date and time of medication taken, and initial the medication administration record.	N 415		

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N 415	Continued From page 20 Findings include: The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. On 02/27/2024, Surveyor reviewed the medication administration records (MARs) for Resident 1 and Resident 11. Resident 1 Resident 1 was admitted to the facility on 08/01/2023. The MARs for September 2023 through February 2024 indicated the following medications were not charted by staff for each date: Vitamin D3 2,000 Units take 1 tablet daily at 8:00 AM -09/01/2023 8:00 AM -09/04/2023 8:00 AM -11/12/2023 8:00 AM -11/30/2023 8:00 AM -02/07/2024 8:00 AM Potassium chloride 20 milliequivalents (mEq) take 1 tablet 2 times daily at 8:00 AM and 5:00 PM -09/06/2023 5:00 PM -09/30/2023 5:00 PM -11/02/2023 5:00 PM -11/30/2023 8:00 AM -12/23/2023 5:00 PM Symbicort 80-4.5 micrograms (mcg) inhale 2 puffs 2 times daily at 8:00 AM and 8:00 PM -09/06/2023 8:00 PM -11/13/2023 8:00 PM	N 415		

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N 415	Continued From page 21 -11/30/2023 8:00 AM -12/31/2023 8:00 PM Acyclovir 400 milligrams (mg) take 1 tablet 2 times daily at 8:00 AM and 8:00 PM -11/30/2023 8:00 AM -12/14/2023 8:00 AM -12/31/2023 8:00 PM Calcium 600 mg take 1 tablet daily at 8:00 AM -11/30/2023 8:00 AM -12/26/2023 8:00 AM Eliquis 5 mg take 1 tablet 2 times daily at 8:00 AM and 8:00 PM -11/30/2023 8:00 AM -12/31/2023 8:00 PM Furosemide 20 mg take 1 tablet daily at 8:00 AM -11/30/2023 8:00 AM Gabapentin 400 mg take 2 capsules daily at 8:00 AM -11/30/2023 8:00 AM -12/31/2023 8:00 PM Magnesium oxide 400 mg take 1 tablet daily at 8:00 AM -11/30/2023 8:00 AM -02/06/2024 8:00 AM -02/07/2024 8:00 AM Metoprolol succinate ER (extended release) take 1 tablet 2 times daily at 8:00 AM and 8:00 PM -11/13/2023 8:00 PM -11/30/2023 8:00 AM and 8:00 PM -12/31/2023 8:00 PM -02/06/2024 8:00 AM -02/07/2024 8:00 AM	N 415		

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N 415	Continued From page 22 Mirabegron ER (extended release) take 1 tablet once daily -11/30/2023 8:00 AM Atorvastatin 80 mg take 1 tablet at bedtime -12/31/2023 8:00 PM Zinc oxide cream apply to buttocks 2 times daily -12/21/2023 HS (past midday) -12/29/2023 AM (before midday) -12/30/2023 AM -12/31/2023 AM and HS -02/20/2024 5:00 AM -02/21/2024 1:00 PM -02/22/2024 5:00 AM -02/23/2024 5:00 AM -02/24/2024 5:00 AM -02/25/2024 5:00 AM -02/26/2024 5:00 AM, 1:00 PM, and 9:00 PM -02/27/2024 5:00 AM Resident 11 Resident 11 was admitted to the facility on 08/15/2023. The MARs for November 2023 through January 2024 indicated the following medications were not charted on by staff for each date: Amlodipine 2.5 mg take 4 tablets daily -11/21/2023 AM -11/30/2023 AM Aspirin 81 mg take 4 tablets daily -11/21/2023 AM -11/30/2023 AM -12/18/2023 AM Calcium 600 mg take 1 tablet 2 times daily -11/30/2023 AM	N 415		

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N 415	Continued From page 23 -12/14/2023 AM -12/18/2023 AM Carvedilol 12.5 mg take half tablet (6.25 mg) 2 times daily -11/30/2023 AM -12/14/2023 AM -12/18/2023 AM -01/31/2024 5:00 PM -02/01/2024 8:00 AM Loratadine 10 mg take 1 tablet daily -12/14/2023 AM -12/18/2023 AM Melatonin 3 mg take 3 tablets at bedtime -01/31/2024 8:00 PM PreserVision AREDS (Age-Related Eye Disease Studies) take 1 capsule 2 times daily -11/30/2023 AM -12/14/2023 AM -12/17/2023 PM -12/18/2023 AM -01/31/2024 5:00 PM Fish oil 1,000 mg take 1 capsule 2 times daily -not charted by staff from 11/01/2023 through 11/30/2023 for AM and PM doses -12/14/2023 AM -12/18/2023 AM -01/31/2024 8:00 PM Multivitamin take 1 tablet daily -11/21/2023 AM -11/30/2023 AM Omeprazole 20 mg take 1 capsule daily -11/21/2023 AM -11/30/2023 AM	N 415		

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N 415	Continued From page 24 Vitamin D3 10,000 Units take 1 capsule daily -11/21/2023 AM -11/30/2023 AM -12/04/2023 AM -12/08/2023 AM Clopidogrel bisulfate 75 mg take 1 tablet daily -11/21/2023 AM -11/30/2023 AM -12/04/2023 AM Omeprazole 20 mg take 1 capsule 2 times daily -01/14/2024 8:00 PM -01/30/2024 8:00 PM -01/31/2024 8:00 PM Eliquis 5mg take 1 tablet 2 times daily -01/31/2024 8:00 PM -02/01/2024 8:00 AM Amlodipine 10 mg take 1 tablet daily -02/01/2024 8:00 AM -02/16/2024 8:00 AM On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about staff charting in resident MARs. Director A stated staff used to do monthly MAR audits, but now s/he had taken over that task within the past year. Director A stated s/he would review all resident MARs monthly. Director A stated s/he would follow up with all staff to ensure medication administration is documented accurately as s/he is aware of the requirement for documentation at the time of administration. The provider did not ensure that at the time of medication administration, the person administering the medication documented in the	N 415		

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N 415	Continued From page 25 resident record the name, dosage, date and time of medication taken and initial the medication administration record, when Resident 1 and Resident 11 had multiple medications not charted by staff.	N 415		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received routine bathing services and assistance with incontinence care. Resident 1 did not receive showers and toileting as scheduled which may have contributed to skin breakdown issues. Findings include:	N 425		

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On 12/13/2023, the department received a complaint alleging residents did not receive showers as scheduled.

The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease.

On 02/28/2024 at 11:34 AM, Surveyor requested Resident 1's record for review, including individual service plan (ISP), shower charting, and care flow sheets since admission.

On 03/01/2024, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility on 08/01/2023 and had an activated power of attorney (POA). Resident 1 had diagnoses that included amputation of left lower extremity, dementia, multiple myeloma in relapse, type 2 diabetes mellites, congestive heart failure, chronic obstructive pulmonary disease, and transient ischemic attack.

The ISP indicated upon admission Resident 1 used incontinent products and would toilet independently. The ISP also indicated upon admission Resident 1 required 1 staff to assist with setup for bathing. Resident 1 was then able to shower him/herself and used a shower chair. On 01/03/2024, the ISP was updated for Resident 1 to be toileted every 2 hours and to make sure s/he had dry skin. On 01/10/2024, the ISP was updated and indicated Resident 1 needed staff assistance to shower due to skin integrity issues.

The weekly shower schedule indicated Resident 1 was to receive showers every Friday evening

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(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 425	Continued From page 27 shift. The shower day worksheet indicated Resident 1 received showers on the following dates since admission on 08/01/2023: August 2023 -08/06/2023 -08/11/2023 -08/13/2023 -08/25/2023 September 2023 -09/05/2023 -09/12/2023 -09/15/2023 -09/22/2023 October 2023 -10/13/2023 November 2023 -11/09/2023 -11/25/2023 December2023 -12/26/2023 -12/30/2023 January 2024 -01/02/2024 -01/05/2024 -01/09/2024 -01/12/2024 -01/16/2024 -01/19/2024 -01/23/2024 -01/26/2024. Resident 1 had only 1 documented shower in	N 425		

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N 425	Continued From page 28	N 425		

October 2023, 2 documented showers in September 2023, and 2 documented showers in December 2023. According to the staff shower charting, Resident 1 did not have a shower for 1 month from 11/25/2023 to 12/26/2023. On 12/26/2023, the shower day worksheet noted Resident 1 had new "very red/open sores" under his/her breasts and in his/her groin area.

A nursing note, dated 12/13/2023, indicated Resident 1 returned from a clinic appointment with a sore to his/her inner thigh. The note read, in part, "MD (medical doctor) orders to wash, dry, apply Aquaphor (with) toileting. Increase toileting to assist (with) prevention of moisture skin [sic]."

A physician visit form, dated 01/03/2024, indicated Resident 1 had a wound care clinic follow-up appointment for inner thighs and buttocks. Under "Current Findings," the form read, "Severe moisture associated [sic] skin breakdown to groin/buttock."

Resident 1's scheduled toileting log charting from 12/13/2023 to 02/27/2024 indicated staff did not consistently toilet Resident 1 every 2 hours as ordered.

On 02/27/2024 at 1:24 PM, Surveyor interviewed Caregiver C. Caregiver C stated that some days it was hard to get showers done at their scheduled time but staff were usually able to get them done that same day.

On 03/26/2024 at 4:20 PM, Surveyor interviewed Case Manager (CM) H. CM H stated s/he had concerns about Resident 1's cares when s/he was first admitted but it had improved since then. Resident 1 had an "extraordinary" amount of incontinence and was not receiving adequate

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N 425	Continued From page 29 care by a certain caregiver. CM H called it a "perfect storm" to cause skin issues for Resident 1. CM H stated Director A had addressed the concerns and the alleged caregiver was terminated. On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about Resident 1's showering and toileting. Director A believed it was a staff charting error because Resident 1 was adamant about his/her shower time. Director A stated Resident 1 would have had more than 2 showers in a month. Director A believed the skin concerns occurred due to Resident 1 at the time was toileting his/herself and not going as often as s/he should have. Director A stated Resident 1 has been seen in the clinic recently and had a urinary catheter placed. Director A stated Resident 1 was placed on a toileting schedule and staff were to monitor his/her skin during those checks.	N 425		
N 431	83.38(1)(g) Health monitoring. 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	N 431		

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N 431	Continued From page 30 advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure health monitoring took place. The provider did not monitor Resident 1' s blood glucose levels as ordered upon admission. Findings include: On 12/13/2023, the department received a complaint alleging resident blood glucose levels were not monitored as ordered. The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. On 02/28/2024 at 11:34 AM, Surveyor requested	N 431		

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Resident 1's record for review, including individual service plan (ISP), pre-admission assessment, admission orders, medication administration records (MAR) and orders since admission, and blood glucose charting since admission.

On 03/01/2024, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility on 08/01/2023 and had an activated power of attorney (POA). Resident 1 had diagnoses that included dementia, multiple myeloma in relapse, type 2 diabetes mellites, congestive heart failure, chronic obstructive pulmonary disease, and transient ischemic attack.

The physician orders upon admission, dated 07/28/2023, indicated Resident 1 had an order to receive a Friday morning fasting blood glucose level check.

The ISP, last updated 01/10/2024, indicated Resident 1 was diabetic and was on a controlled carbohydrate diet. The ISP did not indicate frequency of blood glucose checks for Resident 1.

The December 2023 MAR indicated Resident 1 was to have his/her blood glucose level monitored every Friday morning starting on 12/15/2023. Starting on 12/23/2023, the MAR indicated Resident 1 was switched to blood glucose checks twice per day.

The blood glucose monitoring logs indicated blood glucose checks were not charted until 12/15/2023. The following dates indicated staff did not chart a blood glucose level as ordered:

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N 431	Continued From page 32 -01/06/2024 before breakfast -01/09/2024 before breakfast -01/15/2024 before breakfast -01/26/2024 before dinner -02/04/2024 before dinner -02/07/2024 before breakfast -02/13/2024 before breakfast -02/16/2024 before dinner. On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about monitoring of Resident 1's glucose levels. Director A stated that at the time of Resident 1's admission, all the orders were sent to the pharmacy. Director A stated s/he did not check the MAR to verify the orders were correct from the pharmacy. Director A stated s/he had a care team meeting in December 2023 with Resident 1 and his/her POA. Resident 1's POA indicated to Director A that Resident 1's physician had been asking about his/her blood glucose levels. Director A stated that was when they figured out Resident 1 had not had his/her blood glucose levels checked since admission. Director A stated s/he corrected the error immediately and moving forward would be double checking the MAR after the pharmacy had placed the orders. Director A stated the blood glucose level checks should have been printed on the MAR. The provider did not monitor Resident 1's health related to blood glucose levels as ordered when documentation of his/her blood glucose checks was not recorded in the in the log until 12/15/2023. Resident 1 had blood glucose checks ordered upon admission for every Friday morning and did not have a blood glucose check done from day of admission on 08/01/2023 until 12/15/2023.	N 431		

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N 441	Continued From page 33	N 441		
N 441	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure all employees followed hand washing procedures according to the Center for Disease Control and Prevention (CDC) standards. Caregiver B did not perform hand hygiene during medication pass on 02/27/2024. Findings include: The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. The CDC recommends hand hygiene to be performed: "- Immediately before touching a patient - Before performing an aseptic task or... handling invasive medical devices - Before moving from work on a soiled body site to a clean body site on the same patient - After touching a patient or the patient's immediate environment - After contact with blood, body fluids, or contaminated surfaces - Immediately after glove removal... Gloves are not a substitute for hand hygiene....If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the	N 441		

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N 441	Continued From page 34	N 441		

patient or the patient environment...Perform hand hygiene immediately after removing gloves.

Change gloves and perform hand hygiene during patient care, if
- gloves become damaged,
- gloves become visibly soiled with blood or body fluids following a task,
- moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs."
(Source: https://www.cdc.gov/handhygiene/providers/index.html (retrieval date 03/15/2024).)

On 02/27/2024 at approximately 9:30 AM, Surveyor observed Caregiver B perform a medication pass for Resident 7. Surveyor observed Caregiver B administer eye drops to Resident 7 without performing hand hygiene prior to administration and had no gloves on. Caregiver B then applied a lidocaine patch to Resident 7's right shoulder without gloves on. Caregiver B assisted Resident 7 to take his/her pills with water. Caregiver B put gloves on and applied a cream to Resident 7's right shoulder. Caregiver B took his/her gloves off and left a vitamin chew at Resident 7's end table for him/her to take at his/her leisure. Caregiver B prepped Resident 7's inhaler and gave to him/her to use. Caregiver B left the room and obtained fresh water and a protein shake for Resident 7 from the kitchen. Surveyor did not observe Caregiver B perform hand hygiene before, in between, and after medication administration.

At 11:06 AM, Surveyor observed Caregiver B again during the noon medication pass. Caregiver B went to Resident 12's room to obtain a blood glucose level. Surveyor did not observe Caregiver

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B perform hand hygiene prior to putting gloves on. Between cleaning Resident 12's finger with alcohol pad, Caregiver B handed off his/her phone to Caregiver C. Caregiver B then poked Resident 12's finger with the same gloves on and did not clean Resident 12's finger again. Surveyor observed Caregiver B removed his/her gloves after getting a blood glucose level. Surveyor did not observe Caregiver B perform hand hygiene after leaving Resident 12's room and going back to the medication room to obtain Resident 13's blood glucose monitor.

At 11:11 AM, Surveyor observed Caregiver B help Resident 13 in the bathroom and stated s/he would be back in 10 minutes to help him/her get off the toilet. Caregiver B made the comment s/he was going to go wash his/her hands.

At 11:16 AM, Surveyor went with Caregiver B to Resident 9's room to check his/her blood glucose level. Caregiver B applied gloves prior. After getting the blood glucose level, Caregiver B removed his/her gloves and Surveyor did not observe him/her perform hand hygiene.

At 11:26 AM, Surveyor went with Caregiver B back to Resident 13's room. Caregiver B applied gloves prior to taking Resident 13's blood glucose level. Caregiver B wiped the first drop of blood with a tissue and did not perform hand hygiene after removing his/her gloves and leaving Resident 13's room.

On 03/01/2024 at 12:02 PM, Surveyor received a fax from Director A in response to a documentation request. The Medication Storage/Administration/Documentation policy and procedure read in part, "Wash hands before starting, in between residents, before and after

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N 441	Continued From page 36 treatments ...Do not touch medications with your hands ...The staff member assisting a resident with medication administration will remain in the presence of the resident until the medication is consumed." On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about handwashing concerns. Director A stated s/he understood the concern and planned to do a staff training on the topic.	N 441		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store and serve food under sanitary conditions for the prevention of food borne	N 452		

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N 452	Continued From page 37 illnesses. Findings include: On 01/10/2024, the department received a complaint regarding food safety. The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. On 02/27/2024 at approximately 1:09 PM, Surveyor toured the kitchen with Cook D and observed the following: 1.) Four large, packaged roles of hamburger in the pantry freezer were unlabeled and undated. 2.) Three bags of chicken in the pantry freezer were unlabeled and undated. 3.) In the kitchen refrigerator, there were juice containers and multiple condiments unlabeled and undated. Surveyor interviewed Cook D about food safety. Cook D showed Surveyor the "day of the week" food labels in a drawer. Cook D stated leftovers were tossed out every couple of days and were only reheated once. Cook D stated food did not last long in the facility as it got used up fast. Cook D stated the food delivery truck arrived late last night and the evening staff had to put the food away but did not have time to label and date it. On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about food safety issues. Director A stated staff were supposed to put received dates on food when new orders came in	N 452		

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N 452	Continued From page 38 and agreed staff did not follow the procedure.	N 452		
N 480	83.42(3) Access to resident records. The employee in charge on each work shift shall have a means to access resident records. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident records were available to all employees on each shift. Findings include: The provider is licensed to serve up to 25 residents in the following client groups: advanced aged, terminally ill, physically disabled, and irreversible dementia/Alzheimer's disease. On 02/27/2024 at approximately 9:45 AM, Surveyor interviewed Caregiver B. Caregiver B showed Surveyor where the resident charts were located in the secure medication room above the medication carts. At 12:48 PM, Surveyor requested of Caregiver B, Resident 1's chart. Caregiver B looked in the medication room and had to use a plastic rewards card to break into Director A's office, as a key was not left for staff when Director A went on vacation. Caregiver B was unable to locate Resident 1's chart. Caregiver B stated that sometimes Director A would take resident charts home and that may have been where they were. At approximately 2:00 PM, Surveyor, after multiple times prompting all morning, had Caregiver B call the corporate office to notify	N 480		

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them a Surveyor was there and wanted access to resident records. Caregiver B spoke to the corporate office on the phone and related they did not have access to the resident records. Caregiver B stated Director A would be back on 02/29/2024.

At approximately 2:15 PM, Surveyor was looking for resident charts in the medication room. Caregiver C pulled down some packets of paper on the top shelf above the medication carts. These packets contained face sheets, individual service plans, Kardexes, and care flow sheets for multiple residents from January 2024. Surveyor asked Caregiver C why the documents were not put in resident charts. Caregiver C stated charts for those residents were not available. Caregiver C stated the following residents did not have records available on the day of survey:
-Resident 1
-Resident 5
-Resident 6
-Resident 7
-Resident 8
-Resident 9
-Resident 10
-Resident 11.

On 02/27/2024 at 4:38 PM, the department emailed Director of Clinical Services (DOCS) E about the concern of Surveyor not having access to resident records.

On 02/27/2024 at 4:40 PM, DOCS E responded back via email, "I apologize, I know. [Director A] is back tomorrow and it will be addressed."

On 03/01/2024 at 12:02 PM, Surveyor received a fax from Director A in response to a documentation request which stated, "Please

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N 480	Continued From page 40 know that resident records were both in med (medication) room and office at your time of visit. I do not understand why staff didn't retreive [sic] as they knew where to locate." On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about resident record access. Director A stated s/he had left his/her office door unlocked when s/he left on vacation but someone must have locked it. S/he stated the resident charts that could not be found in the medication room were located on top of his/her desk in the office. Director A stated s/he did not understand why staff could not find the missing resident charts on the day of survey. Director A stated s/he would address this concern.	N 480		
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, record review and interview, the provider did not provide an environment that was safe, clean, comfortable, and homelike. Findings include: On 01/10/2024, the department received a complaint alleging resident rooms were not clean.	N 481		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE BLACK RIVER FALLS II	642 E 3RD ST BLACK RIVER FALLS, WI 54615

(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 481	Continued From page 41 On 02/27/2024 at approximately 9:45 AM Surveyor interviewed Caregiver B. Caregiver B stated the facility did not have a designated housekeeper and staff were responsible for cleaning resident rooms weekly and as needed. At 10:17 AM, Surveyor observed Resident 2's room. Upon entrance to Resident 2's room there was a strong smell of urine. Surveyor observed multiple pieces of debris on the floor. Surveyor observed Resident 2's bed had just a mattress on it and asked Resident 2 why. Resident 2 stated the bed did not have sheets on it for a few days and s/he had been sleeping in his/her recliner. Surveyor asked permission to observe Resident 2's bathroom and observed stool all over the toilet and in the shower. Surveyor asked Resident 2 how long the bathroom had been like that, and s/he stated it had been since the morning but was unsure of the exact time. At 10:47 AM Surveyor observed Resident 3's room. Upon entrance to Resident 3's room there was a strong smell of urine. Before Surveyor could observe Resident 3's bathroom, Caregiver C entered the room and collected garbage. At 11:40 AM Surveyor observed the front entrance sitting area furniture. On multiple couches and chairs there were stains, and the cushions were flat and worn. On the coffee and end tables there was grime and crumbs. At 12:48 PM, Surveyor interviewed Resident 1. Surveyor observed on the carpet by Resident 1's bedside table, a dried yellow substance 3 inches in diameter. Surveyor also observed small bits of debris on the carpet. Surveyor asked Resident 1 about the floor concerns. Resident 1 stated s/he did not know what the substance was on his/her	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016076	A. BUILDING: _____ B. WING _____	C 03/27/2024

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COUNTRY TERRACE BLACK RIVER FALLS II	642 E 3RD ST BLACK RIVER FALLS, WI 54615

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N 481	Continued From page 42 floor. At 1:24 PM, Surveyor interviewed Caregiver C about housekeeping concerns. Caregiver C stated Resident 2's room had the strongest urine smell. Caregiver C stated that over the past weekend, Resident 2's carpet had been shampooed and the bed was left undone to air out. Surveyor asked Caregiver C about Resident 2's bathroom. Caregiver C stated s/he did not know about Resident 2's bathroom. Caregiver C stated staff usually went into Resident 2's room every 2 hours and would check on the bathroom at that time. Surveyor reported Resident 2's bathroom observations and Caregiver C stated s/he would get it cleaned. Caregiver C stated staff try to keep resident rooms clean but depending on how busy the day was, they sometimes could not keep up with cleaning. At 1:53 PM, Surveyor observed Resident 2's bathroom had still not been cleaned. When Surveyor was leaving Resident 2's room, Caregiver C came down the hall intending to clean the bathroom. At 2:55 PM, Surveyor interviewed Resident 4 in his/her room. Surveyor observed approximately a 3-foot-long, 2-inch wide tear with frayed strings in the carpet lengthwise across the floor in the living area, posing a potential trip hazard. Surveyor asked Resident 4 how long the carpet had been like that. Resident 4 stated for 1 year and the provider was going to replace the carpet at some point. Surveyor also observed a pot filled with plant dirt on the floor with dirt around the pot on the floor. Surveyor asked Resident 4 about how often staff came to clean his/her room. Resident 4 stated s/he thought once per week.	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016076	A. BUILDING: _____ B. WING _____	C 03/27/2024

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N 481	Continued From page 43 On 03/27/2024 at 10:30 AM, Surveyor interviewed Director A about environmental concerns. Director A stated maintenance had been waiting on carpet to come in for replacement in a few resident rooms yet. Director A understood the concerns and would work on correcting immediately.	N 481		