STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017158	A. BUILDING: _____ B. WING _____	C 09/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALICE & LOUISES II	8679 STATE HWY 186 ARPIN, WI 54410

(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 08/25/2023, with information gathered through 09/11/2023, Surveyor conducted a complaint investigation at Alice & Louises II. Five deficiencies were identified. Complaint was substantiated. Census: 8	N 000		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not immediately notify Resident 1's managed care organization (MCO) Care Manager (CM) B when Resident 1 sustained an injury on 03/31/2023 and was taken to urgent care. Findings include: On 08/25/2023, at approximately 1:15 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) B. CM B stated s/he had not been informed that Resident 1 had visited urgent care for a potential burn on 03/31/2023. CM B stated, "I was reviewing [Resident 1's] medical records in	N 169		

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

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N 169	Continued From page 1	N 169		

preparing for [his/her] review. That is when I saw that [s/he] had been seen at urgent care on 03/31/2023 for a reddened area on [his/her] outer right buttock, possibly a burn." CM B stated s/he visited Resident 1 on 06/06/2023 and the provider informed him/her that the skin area was not a burn, but rather a skin tear due to resident 1's shower chair being too small and having a sharp edge. CM B stated concerns had not been mentioned prior regarding concerns with Resident 1's shower chair. CM B stated, "I informed them they are to notify [Resident 1's] team within 24 hours of any changes of conditions, urgent care visits, emergency room visits, or hospitalizations."

On 08/25/2023, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the provider on 07/06/2021.
Resident 1's "Daily Report," dated 03/31/2023, documented:
"Told me [s/he] burnt [him/herself] in the shower. Looks like an old blister that popped. [S/he] then told me it was 3 days ago. Called dr. (doctor) nurse said to go urgent care to have it checked out."

On 08/25/2023, at approximately 2:15 PM, Surveyor interviewed House Manager (HM) C. Surveyor asked when/if Resident 1's care team had been notified when s/he had received medical attention. HM C stated Resident 1's power of attorney had been contacted.

On 09/11/2023, Licensee A provided Surveyor with Resident 1's urgent care medical report, dated 03/31/2023, which documented:
"[Resident 1] accompanied by the owner of the assisted living that [s/he] lives in ...- a burn or

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N 169	Continued From page 2 some sort of problem on the right hip. [S/he] was just made aware that today but the patient says that it was there Tuesday. They have no idea how it got there. [S/he] does not recall burning [her/himself] or sliding out of the [not defined]. [S/he] says it does not hurt at all. They have not really been treating it with anything. ... [S/he] has an area that is about 20 x 5 cm (centimeter) in size and it appears to have the very top layer of the skin peeled off. It is rough and red ... The area on your right hip appears to be a burn or some sort of abrasion." On 09/11/2023 at 12:10 PM, Surveyor emailed Licensee A and HM C requesting documentation showing that CM B had been contacted prior to the 06/06/2023 onsite visit by CM B. On 09/11/2023, at approximately 4:00 PM, Surveyor interviewed Licensee A. Licensee A stated, "Staff is very good about updating resident care managers. [Resident 1's] care team never contacted us to state they had a concern until they reached out to my manager and stated they never received the incident report." Licensee A stated s/he could not provide proof that the incident report had been faxed and going forward, would implement a new system of documenting this information.	N 169		
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	N 352		

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N 352	Continued From page 3 is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 residents. Resident 1 did not receive his/her Silvadene (cream to treat wound infections) as prescribed. Findings include: On 08/25/2023, at approximately 1:15 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) B. CM B stated s/he had not been informed that Resident 1 had visited urgent care for a potential burn on 03/31/2023. On 08/25/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 07/06/2021. Resident 1's "Daily Report," dated 03/31/2023, documented: "Told me [s/he] burnt [him/herself] in the shower. Looks like an old blister that popped. [S/he] then told me it was 3 days ago. Called dr. (doctor) nurse said to go urgent care to have it checked out." On 08/25/2023, at approximately 2:15 PM, Surveyor interviewed House Manager (HM) C. HM C stated Resident 1 was prescribed Silvadene at urgent care. HM C stated the order had been handwritten in on the April 2023 Medication Administration Record (MAR). Surveyor reviewed the MAR with Caregiver D and noted Silvadene had not been added to the MAR.	N 352		

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N 352	Continued From page 4 Surveyor asked how staff knew they were to administer the medication and if it had been administered. HM C stated, "I do not understand why it was not entered onto the MAR." Resident 1's "Daily Charting," dated 04/01/2023 to 04/15/2023, documented: "04/02/2023 - applied cream to wound on side of buttock & covered with gauze" "04/04/2023 - took bandage off wound to let the air hit it, maybe scab over." Resident 1's staff shift change note documented: "04/04/2023 - Left dressing off of R (right) side of buttock. Spoke with [doctor] said to keep it dry so it can scab over. Just to clean with peroxide 2 x daily." "04/05/2023 - Skin tear was bleeding. Put a 4x4 and tape on it." "04/09/2023 - went to doc (doctor) Keep [his/her] hip dry and put Silvadene cream on cover with pad." Surveyor noted this is the first time the Silvadene cream had been documented, 9 days after the prescription had been written. On 08/29/2023 at 3:32 PM, Licensee A emailed Surveyor a copy of Resident 1's Silvadene medication order that had been received at the pharmacy. The medication order documented: "03/31/2023 2:17 PM - Silvadene 1% topical cream)" The order did not outline how the medication was to be administered. (Surveyor noted the medication order had been faxed over from the pharmacy to the provider on 08/28/2023 at 1:03 PM.) On 09/11/2023, Licensee A provided Surveyor with Resident 1's urgent care medical report,	N 352		

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N 352	Continued From page 5 dated 03/31/2023, which documented: "[Resident 1] accompanied by the owner of the assisted living that [s/he] lives in ...- a burn or some sort of problem on the right hip. ... I am recommending that [s/he] use a scant amount of the sulfa cream also known as Silvadene and use that about once a day. [S/he] should keep the dressing on this to keep it from getting contaminated. Anticipate this will heal in about 7 to 10 days." On 09/11/2023, at approximately 4:00 PM, Surveyor interviewed Licensee A. Licensee A stated the documentation does not show the medication was administered but feels his/her staff did administer the medication. Surveyor stated based on the information that was documented, it appeared that a different regimen had been started with the wound, was a physician order obtained for that change. Licensee A stated that the documentation process would be reviewed with staff.	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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N 389	Continued From page 6	N 389		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not update 1 of 1 resident's Individual Service Plan (ISP) when there was a change in the resident's needs, abilities or physical or mental condition.

Resident 1's ISP was not updated to reflect his/her showering/bathing behaviors.

Findings include:

On 08/25/2023, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the provider on 07/06/2021.

Resident 1's "Individualized Service Plan (ISP)," dated 02/02/2022, documented:
"Bathing: Reminders, Supervision"

Resident 1's ISP, dated 06/10/2022, documented:
"Bathing: Reminders, Supervision"

Resident 1's ISP, dated 12/06/2022, documented:
"Bathing: Independent, Supervision"

Resident 1's MCO "Member Report," dated 12/08/2022 to 06/30/2023, documented:
"Bathing: Receives assistance with turning on the water and adjusting the water temperature. [Resident 1] has supervision during the whole shower and receives assistance with washing hard to reach areas and cues to wash thoroughly. [Resident 1] uses handrails and a shower chair to get in and out of shower."

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N 389	Continued From page 7 Resident 1's April 2023 "Personal Care Calendar" documented a shower on 04/10/2023, 04/22/2023, and 04/24/2023. On 08/25/2023, at approximately 2:15 PM, Surveyor interviewed House Manager (HM) C. HM C stated that Resident 1 was prone to refuse cares as s/he wanted to be more independent. Surveyor reviewed Resident 1's ISPs with HM C. HM C stated the ISP did not outline his/her behaviors regarding showering/bathing. On 09/11/2023, at approximately 4:00 PM, Surveyor interviewed Licensee A. Licensee A stated that s/he understood the ISPs should be more individualized. Licensee A stated Resident 1 wanted to maintain his/her independence, but staff did need to redirect.	N 389		
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 advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a	N 431		

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N 431	Continued From page 8 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 1 of 1 residents reviewed received appropriate health monitoring to meet his/her needs. Resident 1, who required assistance with bathing/showering, was not monitored for skin breakdown. Findings Include: On 06/16/2023, the department received a concern that resident care team members were not updated when medical emergencies occurred. On 08/25/2023, at approximately 1:15 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) B. CM B stated s/he had not been informed Resident 1 had visited urgent care for a potential burn on	N 431		

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N 431	Continued From page 9 03/31/2023. On 08/25/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 07/06/2021. Resident 1's "Daily Report," dated 03/31/2023, documented: "Told me [s/he] burnt [him/herself] in the shower. Looks like an old blister that popped. [S/he] then told me it was 3 days ago. Called dr. (doctor) nurse said to go urgent care to have it checked out." Resident 1's "Individualized Service Plan (ISP)," dated 02/02/2022, documented: "Bathing: Reminders, Supervision" "Toileting: Incontinent of urine - will urinate on floor or in bed - needs constant reminders to use bathroom. Most of the time refuses." Resident 1's ISP, dated 06/10/2022, documented: "Bathing: Reminders, Supervision" "Toileting: Incontinent of urine, prescribed bladder control meds, will at times go with out Depends - urinates on floor and keeps Depends in bag under bed." Resident 1's ISP, dated 12/06/2022, documented: "Bathing: Independent, Supervision" "Toileting: Uses Depends & pad inserts, but is still incontinent on the floor. Sometimes [s/he] asks for assistant other times [s/he's] independent." Resident 1's MCO "Member Report," dated 12/08/2022 to 06/30/2023, documented: "Bathing: Receives assistance with turning on the water and adjusting the water temperature.	N 431		

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N 431	Continued From page 10	N 431		

[Resident 1] has supervision during the whole shower and receives assistance with washing hard to reach areas and cues to wash thoroughly. [Resident 1] uses handrails and a shower chair to get in and out of shower."
"Toileting: Receives assistance with cleaning up after a BM (bowel movement). [Resident 1] wears incontinent pads and receives assistance cleaning up and changing and disposing of appropriately. Currently needs persistent cuing to use the restroom to remain socially continent."

Resident 1's March 2023 "Personal Cares Calendar" documented that staff assisted him/her with a shower on 03/26/2023 and 03/27/2023; assisted daily with peri-care.

On 08/25/2023, at approximately 2:15 PM, Surveyor interviewed House Manager (HM) C. Surveyor asked HM C if staff had completed documentation of skin concerns prior to Resident 1's urgent care visit 03/31/2023. HM C stated it would be documented in the "Daily Report." Caregiver D and Surveyor reviewed the May 2023 "Daily Report" and noted the only documented skin concern was when Resident 1 was to be taken to urgent care. Caregiver D then reviewed the shift change staff notes and the only documented skin concern for Resident 1 was documented on 04/04/2023

On 09/11/2023, Licensee A provided Surveyor with Resident 1's urgent care medical report, dated 03/31/2023, which documented:
"[Resident 1] accompanied by the owner of the assisted living that [s/he] lives in ...- a burn or some sort of problem on the right hip. [S/he] was just made aware that today but the patient says that it was there Tuesday. They have no idea how it got there. [S/he] does not recall burning

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N 431	Continued From page 11 [her/himself] or sliding out of the [not defined]. [S/he] says it does not hurt at all. They have not really been treating it with anything. ... [S/he] has an area that is about 20 x 5 cm (centimeter) in size and it appears to have the very top layer of the skin peeled off. It is rough and red ... The area on your right hip appears to be a burn or some sort of abrasion." On 09/11/2023, at approximately 4:00 PM, Surveyor interviewed Licensee A. Licensee A stated that when the wound was observed, Resident 1 was immediately taken to urgent care.	N 431		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of	N 454		

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N 454	Continued From page 12 sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.	N 454		

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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 454	Continued From page 13	N 454		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not maintain a record of 1 of 1 resident's (Resident 1) medical history and urgent care visit summary following medical treatment.

Findings include:

On 06/16/2023, the department received a concern that resident care team members were not updated when medical emergencies occurred.

On 08/25/2023, at approximately 1:15 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) B. CM B stated s/he had not been informed that Resident 1 had visited urgent care for a potential burn on 03/31/2023.

On 08/25/2023, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the provider on 07/06/2021.
Resident 1's "Daily Report," dated 03/31/2023, documented:
"Told me [s/he] burnt [him/herself] in the shower. Looks like an old blister that popped. [S/he] then told me it was 3 days ago. Called dr. (doctor) nurse said to go urgent care to have it checked out."

On 08/25/2023, at approximately 2:15 PM, Surveyor interviewed House Manager (HM) C. Surveyor stated that it was documented that Resident 1 had visited urgent care on 03/31/2023. Surveyor was unable to locate any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017158	A. BUILDING: _____ B. WING _____	C 09/11/2023

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N 454	Continued From page 14 medical discharge paperwork regarding that visit. On 08/28/2023 at 12:14 PM, HM C emailed Surveyor stating that s/he had requested Resident 1's medical documentation from the medical provider who assisted him/her on 03/31/2023. Surveyor responded by asking why the medical documentation was not in Resident 1's record. On 09/11/2023 at 9:04 AM, Licensee A forwarded Surveyor the requested medical documentation. On 09/11/2023, at approximately 4:00 PM, Surveyor interviewed Licensee A. Licensee A stated that due to a HIPPA regulation, staff were unable to bring the medical discharge summary home. Licensee A stated s/he should have contacted Resident 1's power of attorney and requested s/he obtain a copy for their records.	N 454		