STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015336	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HEARTS ASSISTED LIVING LLC	143 SCHOOL CREEK TRL LUXEMBURG, WI 54217

(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 09/11/2024, with additional information gathered through 09/16/2024, Surveyors conducted 5 complaint investigations and a verification visit at Helping Hearts Assisted Living LLC. Eleven of 11 previous deficiencies were corrected. Five of 5 complaints were substantiated. Six (6) deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 15	{N 000}		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on interview and record review, the provider did not send a written report to the department within 3 working days after law enforcement personnel were called to the CBRF as a result of an allegation of misappropriation by Resident 2.	N 164		

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

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N 164	Continued From page 1 Resident 2 and Resident 2's family members called the police to report Resident 2's wallet was missing. Findings Include: On 07/26/2024, the department received a complaint regarding missing items. On 09/11/2024, Surveyors conducted an onsite visit to the facility. A sample of residents was selected, including the record of Resident 2. Resident 2 was admitted to the facility on 09/11/2020 with diagnoses to include type 2 diabetes mellitus, hypertension, macular degeneration, osteoarthritis and thyroid disorder. On 09/11/2024 at 10:30AM, Surveyor interviewed Resident 2. Resident 2 reported to Surveyor his/her "billfold" was stolen. Resident 2 reported there was $62.00 along with photo identification card and Medicare and Medicaid cards. Resident 2 stated the billfold was kept in his/her walker and stated, "where I am, my walker is." Resident 2 showed Surveyor where the billfold was kept on walker, and lifted the seat of the walker and opened a zippered bag that was attached to the bottom of the seat. Resident 2 showed Surveyor his/her new billfold. Resident 2 stated 6 of his/her children came to look for the billfold and "went through everything." Resident 2 stated the police were here and the officer searched all over Resident 2's room as well. Resident 2 stated "I'm scared to keep money in billfold anymore." Surveyor requested the facility investigation from Assistant Administrator A. An incident report dated 07/19/2024 stated, "On 07/19/2024 [Resident 2] noticed [his/her] wallet	N 164		

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N 164	Continued From page 2 was missing out of [his/her] walker. After [his/her] shower while [s/he] was getting ready for bed. [Resident 2] stated [Caregiver F] stayed in the shower room and did not leave. At 8pm med pass [Resident 2] told [Caregiver F] [his/her] wallet was missing. [Resident 2's] family came to look for it and was unsuccessful. Family called the police to make a report after staff and family could not be found.[sic]" Attached to the incident report was a police department document titled, "Information for Victims of Crime in Wisconsin." The document referred to a case number and officer contact information. On 09/12/2024, Surveyor reviewed the department's facility folder and was unable to locate a facility self report. On 09/16/2024 at approximately 2:00 PM, Surveyor interviewed Assistant Director A and LPN (Licensed Practical Nurse) B regarding the investigation and self report. LPN B stated, "I'll take the blame for that one. Resident 2's family indicated they were going to call the State, so I thought since they were notifying the State, the facility didn't have to." LPN B verified the facility did not send a facility self report to the Department.	N 164		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be	N 243		

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N 243	Continued From page 3 provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by:	N 243		

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HELPING HEARTS ASSISTED LIVING LLC	143 SCHOOL CREEK TRL LUXEMBURG, WI 54217

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N 243	Continued From page 4 Based on record review and interview, the provider did not ensure Caregiver F received training in Client Groups and Recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment. Findings include: The provider is licensed to provide services for up to 20 residents who may be physically disabled, advanced age, terminally ill, and/or have Alzheimer's/dementia. On 09/11/2024, Surveyor reviewed Caregiver F's employee record and noted s/he was hired on 03/22/2024 as a caregiver. Surveyor reviewed Caregiver F's training records and noted a copy of a "Certificate of Achievement" for "CLIENT GROUP SPECIFIC" issued by an unaffiliated provider and dated 12/10/2002. Surveyor reviewed a copy of a "Certificate of Achievement" for "CHALLENGING BEHAVIORS" issued by an unaffiliated provider and dated 12/11/2002. Surveyor did not find evidence of any exemptions to receiving the trainings in Caregiver F's record. Surveyor reviewed the provider's schedule and noted Caregiver F was primarily scheduled on night/3rd shift independently. On 09/16/2024 at approximately 2:00 PM, Surveyors interviewed Assistant Administrator A and Executive Director C. Assistant Administrator A stated Caregiver F received the required trainings and would send verification. As of 09/17/2024, no additional evidence of Caregiver F receiving training in client groups and challenging	N 243		

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	0015336	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

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N 243	Continued From page 5 behaviors within 90 days of hire was provided.	N 243		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not involve the resident's legal representative in developing the individual service plan (ISP) and sign the plan acknowledging his/her involvement in, understanding of, and agreement with the plan for 1 of 2 (Resident 4) residents reviewed. Findings include: On 09/11/2024, Surveyors conducted a verification visit and reviewed sample resident records.	N 387		

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HELPING HEARTS ASSISTED LIVING LLC	143 SCHOOL CREEK TRL LUXEMBURG, WI 54217

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N 387	Continued From page 6 At approximately 11:30 AM, LPN B provided Surveyor with resident records including Resident 4's. LPN B stated s/he had not been successful in obtaining Resident 4's legal representative signature on his/her ISP. Surveyor inquired whether s/he attempted to mail it or send electronically and LPN B stated s/he was going to discuss the ISP with him/her and get his/her signature in person. Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 07/15/2024. Surveyor reviewed Resident 4's 30-day comprehensive ISP with print date 09/11/2024 and noted Resident 4 had an activated Power of Attorney for Healthcare. Surveyor noted LPN B's signature and date 08/29/2024. All other signature lines for resident and/or legal representative were blank. Surveyor note: Resident 4's 30-day comprehensive ISP was to be created, developed, and signed prior to 08/15/2024. On 09/16/2024 at approximately 2:00 PM, Surveyors interviewed Assistant Administrator A and LPN B. Assistant Administrator A stated s/he made efforts to discuss Resident 4's 30-day ISP with his/her legal representative and would provide documentation. As of 09/17/2024, no evidence of communication regarding Resident 4's ISP with his/her legal representative was provided.	N 387		
N 420	83.37(3)(d) Medication storage: refrigeration Refrigeration. Medications stored in a common refrigerator shall be properly labeled and stored in a locked box.	N 420		

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N 420	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure refrigerated medications were stored in a locked box. Findings include: On 09/12/2024 at approximately 9:00 AM, Surveyors observed an unlocked mini fridge located in an open-door room identified as the activities office. The activities office was located amongst a hallway of resident rooms. Surveyor opened the fridge and observed the following: -A clear ziplock bag with 2 insulin pens labeled as Resident 1's Lantus Solostar 100 unit/mL on the floor of the refrigerator -an unlocked metal cash box with handwritten note "Lock at all times" with: -an open box of Resident 1's Lantus Solostar 100 unit/15 mL insulin pens -an open box of Resident 2's Trulicity insulin pens -an open box of Resident 1's Humalog Kwik pen insulin pens -an open box of Resident 3's Lantus Solostar 100 units/mL insulin pens -an unlabeled Humalog Kwikpen insulin pen -Resident 1's Humalog Kwikpen insulin pen On 09/12/2024 at approximately 1:37 PM, Surveyor interviewed Med Tech D who stated the office was only closed when Activity Director G was not present, otherwise it was always open. Med Tech D stated the lock box in the refrigerator was never locked. Surveyors observed Assistant Administrator A and Med Tech D go into the refrigerator to take insulin pens out and to put them back in at least 4 times during Surveyors' visit.	N 420		

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	0015336	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HEARTS ASSISTED LIVING LLC	143 SCHOOL CREEK TRL LUXEMBURG, WI 54217

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N 420	Continued From page 8 Surveyors noted the office door remained open and the cash box with medications remained unlocked for the entirety of Surveyors' visit from approximately 9:00 AM to 2:30 PM. On 09/16/2024 at approximately 2:00 PM, Surveyors interviewed Executive Director C who acknowledged the lockbox of refrigerated medications should be kept locked.	N 420		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 5, 6 and 7) sampled were provided medication administration appropriate to their needs. Resident 5 and Resident 6 did not receive eye drops as needed for their glaucoma and high blood pressure. Resident 7 did not receive their scheduled anticoagulant for 5 days to prevent a stroke, heart attack or other heart problem.	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015336	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 432	Continued From page 9 Findings include: On 05/24/2024, 07/10/2024, 08/22/2024, and 08/28/2024, the department received complaint information alleging medications, including eye drops, were not administered as needed and ordered. On 09/11/2024, Surveyors conducted a complaint investigation. RESIDENT 5 Surveyor reviewed Resident 5's record and noted s/he was admitted to the facility on 10/20/2014 with diagnoses of Parkinson's disease, high blood pressure, debility, and glaucoma. Surveyor reviewed Resident 5's individual service plan (ISP) with review date 08/08/2024 and noted s/he had an activated Power of Attorney for Healthcare (POAHC) and was able to make his/her needs known. Surveyor noted Resident 5 required assistance from staff for medication administration. Surveyor reviewed Resident 5's August and September 2024 Medication Administration Record (MAR) and noted an order for Travoprost Drops 0.004% ordered 07/12/2024 - Place 1 drop in both eyes nightly at bedtime. Surveyor noted a circle with a line through it on 08/12/2024, 08/13/2024, 08/14/2024, 08/15/2024, and 08/16/2024 (5 nights). On 09/11/2024 at approximately 12:36 PM, Surveyor interviewed Assistant Administrator A and inquired about any documentation or notations for Resident 5's eye drop administration from 08/12-08/16/2024. Assistant Administrator A stated staff did not document the reasoning of the	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015336	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HEARTS ASSISTED LIVING LLC	143 SCHOOL CREEK TRL LUXEMBURG, WI 54217

(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 432	Continued From page 10	N 432		

circle with a line through, but s/he does know "there was a time that [Resident 5] ran out of the eye drops before his/her insurance kicked in, so Resident 5 did not get his/her eye drops on those days.

RESIDENT 6
Surveyor reviewed Resident 6's record and noted s/he was admitted to the facility on 10/20/2014 with diagnoses of high blood pressure and glaucoma. Surveyor reviewed Resident 6's ISP with review date 09/05/2024 and noted s/he was his/her own person, of sound mind and orientation, and able to make his/her needs known. Resident 6 required assistance from staff for medication administration.

Surveyor reviewed Resident 6's August and September 2024 MAR and noted an order for Travoprost drops 0/004% ordered 07/12/2024 - Place 1 drop in both eyes nightly at bedtime.

RESIDENT 5 & 6
At approximately 10:35 AM, Surveyor interviewed Resident 5 and Resident 6 in their shared room. Resident 6 stated s/he and Resident 5 did not get their eye drops regularly and had not gotten them for "more than the last few days." Resident 6 reported s/he notified Assistant Administrator A and caregivers of this multiple times.

At approximately 12:36 PM, Surveyor interviewed Assistant Administrator A who stated they recently changed pharmacies and medication delivery took about 1-2 days. Surveyor inquired whether medications were added to the cart upon arrival and s/he said s/he checked the medications in and added them to the cart on the day of arrival or the day after.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015336	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HEARTS ASSISTED LIVING LLC	143 SCHOOL CREEK TRL LUXEMBURG, WI 54217

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N 432	Continued From page 11 On 09/11/2024 at approximately 1:06 PM, Surveyor observed the medication cart with Med Tech D. Surveyor observed Resident 5's Travoprost eye drops bottle in a pill bottle. The eye drops listed "Refill date 09/05/24." Surveyor noted the seal of the eye drops was not broken and the eye drops bottle was not open. Med Tech D verified the seal was not broken. Surveyor observed Resident 6's Travoprost eye drops bottle in a pill bottle. The eye drops listed "Refill date 09/05/24." Surveyor noted the seal of the eye drops was not broken and the eye drops bottle was not open. Med Tech D verified the seal was not broken. Surveyor inquired whether there were open bottles of eye drops for Resident 5 and Resident 6 in the cart or kept elsewhere and Med Tech D stated not that s/he was aware of. Surveyor inquired when the eye drops got into the cart and Med Tech D stated Assistant Administrator A checked in the medications. At approximately 1:37 PM, Surveyor interviewed Med Tech D who stated Resident 5 and Resident 6 tell him/her almost every morning that they did not receive their eye drops the night before. Med Tech D indicated 2nd shift staff were responsible for administering Resident 5 and Resident 6's bedtime eye drops and staff were signing out that they were administering them. Med Tech D stated s/he and other caregivers have notified Assistant Administrator A of this. At approximately 1:45 PM, Surveyor interviewed Assistant Administrator A who stated s/he did not have Resident 5 and Resident 6's most recently used eye drop bottles as they must have been thrown away, but had the boxes that s/he noticed on his/her desk that morning. Surveyor observed Resident 5's empty box of eye drops. Assistant Administrator A had already blacked out the label	N 432		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HEARTS ASSISTED LIVING LLC	143 SCHOOL CREEK TRL LUXEMBURG, WI 54217

(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 432	Continued From page 12	N 432		

for a box of eye drops s/he identified as Resident 6's for destruction prior to Surveyor being able to view it. Assistant Administrator A stated the new pharmacy changed the packaging of the eye drops.

At approximately 2:30 PM, Surveyors interviewed Med Tech E who stated s/he did not know the packaging of the eye drops had changed and s/he had been looking for boxes when they were now packaged in pill bottles. Med Tech E stated s/he did not administer Resident 5 and Resident 6's eye drops the last few nights because of this.

Surveyor reviewed Resident 5 and Resident 6's September 2024 MARs and noted Med Tech E's initials were on the MAR for 09/07/2024, 09/08/2024, 09/09/2024, and 09/10/2024 for their eye drops being administered.

On 09/16/2024 at approximately 2:00 PM, Surveyors interviewed Assistant Administrator A and Executive Director C. No additional information was provided during exit.

RESIDENT 7
Resident 7 was admitted to the facility on 11/03/2021 with diagnoses to include cardiovascular accident (CVA), chronica atrial fibrillation, congestive heart failure and chronic kidney disease. Resident 7's most recent ISP dated 11/26/2022 stated "Medications administered by CBRF [Community Based Residential Facility] staff."

Surveyor reviewed Resident 7's May 2024 MAR. Resident 7 had an order for Clopidogrel (an anticoagulant) 75mg to be taken once a day. Resident 7's MAR indicated, by staff initials, Resident 7 received the medication 05/01/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015336	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HEARTS ASSISTED LIVING LLC	143 SCHOOL CREEK TRL LUXEMBURG, WI 54217

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N 432	Continued From page 13 through 05/28/2024 at 8am On 09/12/2024 at 8:20 AM, Surveyor interviewed Med Tech D. Med Tech D stated Resident 7 ran out of Clopidogrel in May. Med Tech D indicated that if Resident 7 didn't receive Clopidogrel it could cause him/her to have a stroke. Med Tech D stated s/he notified Hospice RN H and Hospice RN H was "highly upset" "furious" that Resident 7 had not received the medication for several days. Med Tech D stated Hospice RN H notified Assistant Administrator A and they worked together to take care of it. On 09/12/2024 at 1:55 PM, Surveyor interviewed Hospice RN H. Hospice RN H stated floor staff informed him/her that Clopidogrel was not in the medication cart. Hospice RN H stated s/he spoke with Assistant Administrator A and Assistant Administrator A said s/he didn't know where it was. Hospice RN H stated s/he told Assistant Administrator A to notify the physician and Resident 7's health care power of attorney (HCPOA) about the medication error. Hospice RN H stated s/he saw Resident 7 the following week and Clopidogrel was in the cart. Hospice RN H indicated Resident 7 did not receive Clopidogrel from 5/16/2024 through 5/20/2024. On 09/16/2024 at 12:35 PM, Surveyor interviewed Family Member I. Family Member I verified s/he was the activated health care power of attorney (HCPOA) for Resident 7. Family Member I stated the hospice agency called and notified Family Member I that Resident 7 did not receive Plavix (Clopidogrel) for several days because it was not in the cart. Family Member I stated this occurred sometime in May 2024 but was unsure of exact dates.	N 432		

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	0015336	A. BUILDING: _____ B. WING _____	R-C 09/16/2024

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N 432	Continued From page 14 On 09/16/2024 at 2:00 PM, Surveyor interviewed Assistant Administrator A. Assistant Administrator A verified staff initials were written in the box indicating Clopidogrel had been administered on 05/16/2024 through 05/20/2024. Assistant Administrator A stated she thought there was a discussion between family and hospice about discontinuing the medication and that was the reason for the medication being missed for a few days. Assistant Administrator A verified there was no documentation regarding this nor a discontinue order from hospice or the physician.	N 432		
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 sensory impairment of the resident as required	N 454		

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N 454	Continued From page 15 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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N 454	Continued From page 16 This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record for 1 of 1 (Resident 7) residents reviewed at the CBRF. Resident 7 was noted to have 6 falls in February and March 2024. Resident 7's resident record did not contain documentation of the falls. Findings Include: On 05/24/2024, the Department received a complaint regarding falls. On 09/11/2024, Surveyors conducted an onsite investigation. A sample of residents was selected, including the resident record of Resident 7. Resident 7 was admitted to the facility on 11/03/2021 with diagnoses to include cardiovascular accident (CVA), chronic atrial fibrillation, congestive heart failure and chronic kidney disease. Resident 7's ISP (individualized service plan) dated 11/26/2022 indicated Resident 7 was a fall risk with current status as "stable - ambulates but should have 100% standby assist." Additionally, the ISP indicated a fall mat was used, bed was lowered and mattress was now on floor. Resident 7 discharged from the facility on 05/28/2024. Surveyor requested Resident 7's fall incident reports. Surveyor received fall incident reports from 02/27/2022, 06/19/2022, 06/25/2022, 09/13/2022, 11/29/2022 and 02/05/2023. Surveyor noted s/he did not receive any fall reports from 2024. On 09/12/2024 at 8:20 AM, Surveyor interviewed Med Tech D. Med Tech D stated Resident 7 had a	N 454		

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N 454	Continued From page 17	N 454		

couple of falls a few weeks before s/he moved out of the facility. Med Tech D stated staff called hospice to update them on Resident 7's falls but was never sent out to the hospital due to the falls.

On 09/12/2024 at 1:55 PM, Surveyor interviewed Hospice RN [Registered Nurse] H. Hospice RN H verified Resident 7 had falls on 02/16/2024, 03/15/2024, 03/16/2024, 03/17/2024, 03/18/2024 and 03/26/2024. Hospice RN H indicated Resident 7 was never sent out to the hospital and did not sustain any serious injury. Hospice RN H stated the falls occurred in Resident 7's room. Hospice RN H stated s/he requested the facility use a bed/chair alarm with Resident 7 but many times when Hospice RN H was visiting the alarm was not turned on. Additionally, they had a fall mat, bed in low position and staff said they were doing frequent checks. Hospice RN H stated since Resident 7 moved out of the facility, s/he has not had another fall, is gaining weight and recently started to pivot transfer.

On 09/16/2024 at 12:35 PM, Surveyor interviewed Family Member I. Family Member I verified s/he was the activated health care power of attorney (HCPOA) for Resident 7. Family Member I stated s/he was aware of at least 1 fall in March 2024. Family Member I stated Resident 7 kept falling out of bed. Family Member I stated since Resident 7 moved to a new facility s/he has not fallen.

On 09/16/2024 at 2:00 PM, Surveyor interviewed Assistant Administrator A and Executive Director C regarding Resident 7's fall history. Assistant Administrator A indicated s/he was unaware of Resident 7's falls in February or March. Assistant Administrator A verified Resident 7's record did not contain any incident reports regarding falls in

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N 454	Continued From page 18 February or March. Assistant Administrator A indicated s/he had a call out to hospice to gather additional information and records.	N 454		