STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015112	A. BUILDING: _____ B. WING _____	R-C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADELAIDE PLACE	478 W ARNDT ST FOND DU LAC, WI 54935

(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 09/27/2023, Surveyor conducted a standard licensure survey, verification visit, and complaint investigation at Adelaide Place. Five deficiencies were identified. One of the 5 deficiencies was a repeat violation. See Statement of Deficiency (SOD) V5VN11, dated 05/04/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 29	{N 000}		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the Individualized Service Plan (ISP) was updated when there was change in needs and physical or mental condition for 1 out of 1 resident (Resident 2).	N 389		

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

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N 389	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) V5VN11, dated 05/04/2022. Resident 2's ISP was not reviewed and revised to reflect his/her fall risks and associated behaviors. Findings include: On 09/27/2023, Surveyor reviewed Resident 2's record with Director of Operations B. Resident 2 was admitted to the facility with diagnoses including adjustment disorder with mixed anxiety and depressed mood and mild cognitive impairment. Resident 2's ISP, dated 03/21/2023, documented: "Mental Health Status: Poor" "Memory Care Assist: Redirect and give reminders to resident when confused/forgetful. Give resident one step directions for task and allow time to respond when asked a question or directed to do a task. Explain each step while completing cares with resident. Promote routine, repetition and praise of all positive efforts." "Fall Prevention Program: Staff to provide extensive assistance to resident to prevent falls. Keep room free from tripping hazards. Keep area clear of oxygen tubing, blankets off the floor, remove rugs, etc. Resident to use adaptive device for transfers/ambulation at all times. Monitor for adverse side effects from medications that may cause dizziness, light headedness, poor balance, or weakness. PT/OT (physical therapy/occupational therapy) eval (evaluation) for safety with transfers and ambulation. Toileting schedule implemented to prevent urgency leading to unsafe transfers. Monitor for changes in pain control or changes in mental status. Keep pendant in reach. Monitor sensory deficits or	N 389		

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changes in senses to affect ambulation and mobility. Anticipate needs ie: toileting, thirsty, hunger, boredom and need for purposeful involvement."
"Fall from 12/01/2022, 12/21/2022 Resident was found on the floor in [his/her] bedroom. 02/06/2023 Unwitnessed fall w/laceration to back of head. 02/07/2023 Unwitnessed fall in bedroom, no injury. 03/16/2023 Unwitnessed fall restroom, c/o knee pain, watch resident for searching, toileting schedule and offer assistance. Resident reminded to lock breaks [sic: brakes] of wheelchair and activate call pendant for assistance. Wheelchair closest to destination, bed, keep in common area for easy view. Reminder of pendant for assistance of transfer, reinforce locking breaks on wheelchair when transferring, non-slip shoes to be worn, wheelchair close to destination. Keep in common area."

Resident 2's ISP, dated 08/25/2023, documented:
"Mental Health Status: Poor"
"Memory Care Assist: Redirect and give reminders to resident when confused/forgetful. Give resident one step directions for task and allow time to respond when asked a question or directed to do a task. Explain each step while completing cares with resident. Promote routine, repetition and praise of all positive efforts."
"Fall Prevention Program: Staff to provide extensive assistance to resident to prevent falls. Keep room free from tripping hazards. Keep area clear of oxygen tubing, blankets off the floor, remove rugs, etc. Resident to use adaptive device for transfers/ambulation at all times. Monitor for adverse side effects from medications that may cause dizziness, light headedness, poor balance, or weakness. PT/OT (physical therapy/occupational therapy) eval (evaluation)

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for safety with transfers and ambulation. Toileting schedule implemented to prevent urgency leading to unsafe transfers. Monitor for changes in pain control or changes in mental status. Keep pendant in reach. Monitor sensory deficits or changes in senses to affect ambulation and mobility. Anticipate needs ie: toileting, thirsty, hunger, boredom and need for purposeful involvement."
"Fall from 12/01/2022, 12/21/2022 Resident was found n the floor in [his/her] bedroom. 02/06/2023 Unwitnessed fall w/laceration to back of head. 02/07/2023 Unwitnessed fall in bedroom, no injury. 03/16/2023 Unwitnessed fall restroom, c/o knee pain, watch resident for searching, toileting schedule and offer assistance. Resident reminded to lock breaks [sic: brakes] of wheelchair and activate call pendant for assistance. Wheelchair closest to destination, bed, keep in common area for easy view. Reminder of pendant for assistance of transfer, reinforce locking breaks on wheelchair when transferring, non-slip shoes to be worn, wheelchair close to destination. Keep in common area. 08/21/2023 Resident fell in bathroom self-transferring to toilet. Visual reminders to be placed in residents room and bathroom."
"Behavior Monitoring: Refuses cares, behavior changes related to time of day, repetitive communication/behavior. Resistive or combative with cares or showers, will talk about needing to go to [town]. Keep resident away from aggressive residents. Will try to get into altercations with other residents at times."

On 09/27/2023, at approximately 4:00 PM, Surveyor interviewed Director of Operations B and Executive Director H. Surveyor stated Resident 2 was documented with poor mental health. Surveyor explained Resident 2's ISP,

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N 389	Continued From page 4 dated 03/21/2023, documented after Resident 2's 5th fall between 12/01/2022 to 03/16/2023, the resident was reminded to lock brakes of wheelchair and activate call pendant for assistance. Surveyor asked if reminding Resident 2 to utilize his/her call pendant was a reasonable fall risk prevention based on his/her cognition capabilities. Director of Operations B reviewed Resident 2's ISP and stated residents with memory/cognition issues should not be expected to utilize a call light pendent. Director Operations B stated resident ISPs would be reviewed by the provider's nurse.	N 389		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.	N 408		

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This Rule is not met as evidenced by:
Based on record review and interviews, the provider did not ensure that 1 of 1 resident prescribed PRN (as needed) psychotropic medication was documented on the resident's Individualized Service Plan (ISP).

Resident 4 was on PRN Lorazepam and his/her ISP did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration of PRN psychotropic medication.

Findings include:

On 09/27/2023, Surveyor reviewed Resident 4's record.

Resident 4 was admitted to the facility with diagnoses including dementia with behavioral disturbance, generalized anxiety, panic attacks and major depressive disorder.

Resident 4's August and September 2023 Medication Administration Record (MAR), dated 08/01/2023 to 09/27/2023, documented:
"Lorazepam - Take 1 tablet by mouth every 6 hours as needed for anxiety or insomnia. Start Date 03/31/2023.
08/02/2023 11:21 AM - anxiety and restlessness
08/03/2023 1:37 PM- anxious
08/07/2023 6:54 PM - high anxiety
08/15/2023 8:46 PM - having an anxiety attack
09/15/2023 2:31 PM - anxiety
09/27/2023 3:35 PM - anxiety"

Resident 4's Individual Service Plan, 05/01/2023, documented:
"Memory Care assist: Resident to express or demonstrate satisfaction with long term

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N 408	Continued From page 6 placement. Redirect and give reminders to resident when confused/forgetful ... Will Mask memory loss. Is becoming more forgetful especially while [spouse] is in hospital." "Behavior Monitoring: Staff to provide behavior intervention for resident based on their unique needs. ... PRN psychotropic medications should only be administered if all personal and standard interventions have been attempted and are not effective." "Medication Assistance: Resident is assisted with their medications based on their individual needs." On 09/27/2023, at approximately 4:00 PM, Surveyor discussed the concerns with Director of Operations B and Executive Director H. Surveyor asked what behaviors Resident 4 displayed that were considered anxiety outside of his/her baseline. Director of Operations stated Resident 4's ISP would be updated to outline the behaviors that were specific to Resident 4 and when the PRN Lorazepam should be administered.	N 408		
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	N 452		

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N 452	Continued From page 7 serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator and freezer that were not properly sealed to avoid freezer burn and contamination; food packages stored in the dry food area were not sealed properly. Findings include: On 09/27/2023, at approximately 1:30 PM, Surveyor toured facility kitchens and observed the following: Pantry: A one-pound box of baking soda that was not properly sealed. Refrigerator: A 32-ounce open container of scrambled egg mix that was not dated. A clear bag of processed ham slices that was not dated or properly sealed. (2) gallon jugs of 2% milk that were not dated when opened. Freezer: An open box of 16 corn dogs that was not properly sealed. A clear bag of what appeared to be miniature tortilla wrapped food that was not properly sealed. A clear bag of what appeared to be chicken	N 452		

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N 452	Continued From page 8 tenders that were not properly sealed. A brown bag of what appeared to be potato slices that were not properly sealed. A clear bag of what appeared to be flat bread that was not properly sealed. A clear bag of what appeared to be waffles that were not properly sealed. According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety foods (TCS) that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). On 09/27/2023, at approximately 4:00 PM, Surveyor discussed the concerns with Director of Operations B and Executive Director H. Director of Operations B stated s/he would discuss the concerns with staff.	N 452		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure that all rooms are clean and free	N 489		

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from odor.

Findings Include:

On 09/27/2023 at approximately 1:00 PM, Surveyor noted a urine like odor emanating into the resident hallway. Surveyor entered Resident 2's room where the scent was the strongest. Surveyor noted the carpeting had brown/black markings that appeared to be created from consistent foot traffic. Surveyor noted Resident 2's bed was made. Surveyor bent down and smelled the blanket and sheets which contained a urine-like scent. Surveyor toured Resident 2's bathroom where s/he observed Resident 2's laundry basket full of soiled clothing and his/her toilet bowl contained a black line where the water level was. Surveyor noted a hand towel was not available for use in Resident 2's bathroom.

On 09/27/2023, Surveyor reviewed Resident 2's record.

Resident 2's "Individual Service Plan," dated 08/25/2023, documented:
"Resident Daily Task: All resident's cares/tasks are completed daily per the individualized plan of care."

On 09/27/2023, at approximately 2:30 PM, Surveyor interviewed Resident 3. Resident 3 and his/her Family Member (FM) I and FM J noted concerns about the cleanliness of Resident 3's room. Surveyor toured Resident 3's bathroom and noted the floor to be sticky. Surveyor observed hair and dirt build up along shower floor trim. Surveyor noted the carpeting that met the bathroom linoleum was missing the carpet runner leaving the carpet frays exposed, causing a tripping hazard. Surveyor observed a large hole,

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approximately 4 inches x 2 inches, on the wall behind Resident 3's recliner. Surveyor noted there were white markings on the top corner of Resident 3's recliner, likely caused from reclining in the chair and hitting the wall. FM I and FM J stated this occurred after the room was rearranged a few months earlier due to fumigation of bed bugs; Resident 3's chair was not placed where it originally had been. Surveyor observed Resident 3's pillowcase to have an approximately one-inch circular brown marking. FM I and FM J stated that Resident 3 dealt with dermatitis which caused drainage on to his/her pillowcase. Surveyor noted that the sheets on Resident 3's bed were not tucked in and contained holes. FM I and FM J stated that staff provided the sheets for Resident 3. They had been informed there was a shortage of sheets.

On 09/27/2023 at approximately 2:45 PM, Surveyor interviewed Caregiver F and Caregiver G. Surveyor commented that Resident 3's bed was made with sheets that contained holes. Caregiver F and Caregiver G stated they thought that the family provided the sheets. Caregiver G stated Resident 3 does not sleep in his/her bed, s/he sleeps in his/her recliner. Surveyor stated that Resident 3's pillow contained stains likely caused from his/her dermatitis. Caregiver F and Caregiver G stated the pillow is probably utilized in the chair and placed on the bed when s/he gets out of the chair.

On 09/27/2023 at approximately 3:15 PM, Surveyor interviewed Caregiver E. Caregiver E stated s/he had started in July, and s/he explained that Resident 2's room had always contained a urine-like odor.

On 09/27/2023 at approximately 4:00 PM,

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N 489	Continued From page 11 Surveyor interviewed Director of Operations B and Executive Director H. Director of Operations B stated s/he did not understand why Resident 3's bed was made with holey sheets. Director of Operations B stated s/he would discuss with staff the cleaning schedule and determine why Resident 2's room consistently had a urine-like odor.	N 489		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area. Surveyor observed the laundry room door unlocked with cleaning supplies stored inside, cleaning compounds sitting on the kitchen floor in the assisted living unit and cleaning compounds located in the main kitchen that was not securely locked leaving residents the ability to access the cleaning compounds stored in those rooms. Findings include: The provider is licensed to care for up to 50 residents within the client groups: advanced aged, irreversible dementia/Alzheimer's, terminally ill, emotionally disturbed/mental illness, and physically disabled. On 09/27/2023 at approximately 1:35 PM, Surveyor toured the kitchen in the memory care	N 499		

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N 499	Continued From page 12 unit. Surveyor had to open an unsecured half door to enter the kitchen. Surveyor observed the following cleaning compounds in an unsecured cabinet: - (2) 2-liter jug of concentrated citrus all purpose cleaner - Quart jug of heavy duty degreaser - 32 fluid ounce spray bottle of odor eliminator - 32 fluid ounce bottle of bowl cleaner - 32 fluid ounce bottle of odor eliminator - 32 fluid ounce bottle of carpet stain remover - 17-ounce spray can of stainless steel cleaner - (4) quart bottles of mild acid bowl cleanser - 17-ounce spray can of bug killer Surveyor observed hanging on the side of the unsecured cabinet the following: - 32 fluid ounce bottle of window cleaner - 32 fluid ounce bottle of milk acid bowl cleaner - 32 fluid ounce bottle of odor eliminator - 32 fluid ounce bottle of all purpose cleaner On 09/27/2023 at approximately 1:45 PM, Surveyor conducted a tour of the facility and observed the laundry room door open and observed the following: - (2) gallon jugs of commercial laundry soap - advanced enzyme detergent On 09/27/2023 at approximately 2:55 PM, Surveyor conducted a tour of the assisted living where the kitchen was open to the dining room and the following cleaning compounds were sitting on the floor: - Gallon jug of pot & pan detergent - Gallon jug of commercial dishwasher detergent - Gallon jug of food contact sanitizer - Gallon jug of mechanical dish detergent, non-chlorinated - Gallon jug of lo temp sanitizer	N 499		

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N 499	Continued From page 13 - Gallon jug of quaternary sanitizer These areas were accessible to all residents. Residents were observed moving freely throughout the facility. On 09/27/2023 at approximately 4:00 PM, Surveyor discussed the above concern with Director of Operations B and Executive Director H. Director of Operations B stated s/he would address the concerns immediately by determining with staff why the cleaning compounds were not securely stored.	N 499		