STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018253	A. BUILDING: _____ B. WING _____	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS LINDEN II	9034 LINDEN COURT STURTEVANT, WI 53177

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N 000	Initial Comments On 07/03/2024, Surveyor concluded a standard survey and two complaint investigations at Open Arms Linden II. As a result, 3 deficient practices were identified. One compliant was substantiated. One compliant was unsubstantiated. Census: 5	N 000		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not ensure 1 of 1 residents received prompt and adequate treatment that was appropriate to his/her needs. Resident 1 experienced changes in condition including weight loss. The provider did not address physician's recommendation to try boost or ensure after noted weight loss at a doctor visit on 09/05/2023. Findings include: On 05/23/2024, the Department received a complaint alleging that a resident was losing weight. Record Review	N 353		

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

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N 353	Continued From page 1 On 06/20/2024 at 1:00 p.m., Surveyor reviewed Resident 1s record. Resident 1 was admitted on 03/29/2021, with diagnosis of Alzheimer's dementia, paranoid schizophrenia, and nicotine dependence. Resident 1's Health Care Power of Attorney was activated on 11/09/2016. Resident 1's record did not include evidence of Resident 1 receiving a nutritional shake to address weight loss. Resident 1's daily shift reports, dated 04/22/2024 through 06/02/2024, provided space for first shift (am) and second shift (pm) caregivers to document Resident 1's appetite. Caregivers observed and documented, "Poor, Fair or Good" appetite every day for first shift (am) and second shift (pm). Surveyor observed 84 occurrences, for first shift and second shift. For 5 of the occurrences, Resident 1 was gone with family. For 79 of the occurrences, caregivers documented 'good' for Resident 1's appetite. On 03/30/2023, Resident 1's after visit summary from annual wellness visit stated Resident 1's weight was, "124 lbs." On 08/09/2023, Resident 1's after visit summary from physician visit stated Resident 1's weight was, "119 lbs." Physician's Assistant (PA) G wrote instructions, "See primary care doctor for concerns about weight loss and memory loss." On 09/05/2023 Resident 1's after visit summary from physician visit Resident 1's weight was, "121 lbs." Under instructions, Physician (MD) K wrote, "Try boost or ensure." On 04/04/2024, Resident 1's after visit summary	N 353		

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from Medicare annual wellness visit stated Resident 1's weight was, "113 lbs."

On 05/22/2024, Resident 1's after visit summary from emergency room visit stated Resident 1 was seen for, "Dizziness, dehydration, fall and urinary tract infection." Resident 1's weight was recorded as, "100 lbs."

On 06/10/2024, RN CM F and MCO CM E conducted semi-annual assessment. One of the active problems and conditions identified was abnormal weight loss.

Interviews

On 06/20/2024 at 10:55 a.m., Surveyor interviewed Administrator (Admin) A and Chief Operating Officer (COO) B. Admin A explained s/he received a verbal report from the hospital on 05/22/2024, where the hospital staff stated Resident 1 was, "picking at his/her food." Admin A confirmed, "We do not do weights if we do not have a physicians order."

Admin A stated on 06/10/2024, the provider had a care conference for Resident 1 and AHCPOA D was unable to attend. AHCPOA D texted Admin A several concerns including Resident 1's showering concerns, his/her weight loss and memory loss/behaviors.

On 06/20/2024 at 1:40 p.m., Surveyor interviewed Chief Nursing Officer (CNO) J. who stated caregivers and managers did the front-line health monitoring. They utilized daily shift reports to document observations. Then, upper management watched for concerns and would forward any concerns/information to the Managed Care Organizations (MCO's) to address.

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N 353	Continued From page 3 On 06/21/2024 at 3:05 p.m., Surveyor interviewed MCO CM E, who stated AHCPOA D had been concerned about Resident 1's weight for almost two years. In June of 2022, during MCO CM E's first review with Admin A, Resident 1, AHCPOA D and other company staff, weight loss concerns were discussed. Admin A stated back then, Resident 1 was not eating due to his/her behaviors. MCO CM E recalled encouraging the provider to document observations. MCO CM E, stated, "Staff never reported any weight loss concerns to us. In June of 2022, [Admin A] stated s/he would get a scale for [Resident 1] since it was a concern. I do not believe that ever occurred." MCO CM E stated s/he attended a care conference at the facility for Resident 1 on 06/10/2024. AHCPOA D was unable to attend. However, s/he texted several concerns to Admin A. MCO CM E stated weight loss was on the list. AHCPOA D kept telling the MCO team s/he was concerned. The provider did not identify and provide any indications or interventions to monitor Residents 1's weight. On 06/28/2024 at 9:55 a.m., Surveyor interviewed AHCPOA D who stated s/he first started noticing Resident 1's weight loss over a year ago. AHCPOA D stated, "We talked about [Resident 1's] weight loss at one of his/her reviews and I expressed my concern." AHCPOA D asked facility to provide a scale and to monitor Resident 1's weight. AHCPOA D stated s/he noticed the weight loss because s/he had to purchase Resident 1 additional clothing. Resident 1 went down 2 sizes in clothing. AHCPOA D stated about a year ago, MCO CM E asked Admin A if the facility had a scale. When s/he said they did not, MCO CM E requested weighing Resident 1 moving forward. AHCPOA D stated on	N 353		

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06/10/2024, the provider had a care conference for Resident 1 that s/he was unable to attend. AHCPOA D stated, "They included me on the phone call, but I never heard anything about an updated service plan." On 06/10/2024, AHCPOA D texted Admin A several concerns including Resident 1's showering and hygiene, his/her severe weight loss and memory loss concerns.

On 06/28/2024 at 2:00 p.m., Surveyor conducted phone exit interview with Licensee C, Admin A, and CNO J. Surveyor asked about 06/10/2024 care conference, over the phone, with AHCPOA D. Admin A confirmed AHCPOA D only attended briefly via telephone but had to get back to work. S/He sent a list of concerns via text to discuss with RN CM F and CM E during the meeting. CNO J confirmed Resident 1's ISP had no changes after that meeting. Surveyor asked how the weight loss was addressed. Admin A suggested adding a nutritional drink, however, an order would be needed from physician and RN CM F or CM E. CNO J discussed Resident 1's after visit summary dated 08/09/2023, where Resident 1's weight was, 119 pounds. Physician's Assistant (PA) G wrote instructions, "See primary care doctor for concerns about weight loss and memory loss." Surveyor requested facility interventions after 08/08/2023 physician visit. Licensee C stated s/he would forward documentation before 07/01/2024 at 12:00 p.m.

On 07/01/2024 at 11:39 a.m., Surveyor received Resident 1's after visit summary dated 09/05/2023 from physician visit. Resident 1's weight was, "121 lbs." Under instructions, Physician (MD) K wrote, "Try boost or ensure."

Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes

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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 reviews 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 lost thirteen pounds between 04/04/2024 to 05/22/2024. Resident 1 displayed challenging behaviors. Resident 1's original ISP, dated 12/05/2022, was not updated to address and severe weight loss from 04/04/2024 to 05/22/2024 and challenging behaviors. Findings include: Record Review On 06/20/2024 at 1:00 p.m., Surveyor reviewed Resident 1s record. Resident 1 was admitted on 03/29/2021, with diagnosis of Alzheimer's dementia, paranoid schizophrenia, and nicotine	N 389		

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dependence. Resident 1's Health Care Power of Attorney was activated on 11/09/2016. Resident 1's ISP, dated 05/19/2021, identified medications were administered by staff.

Under eating abilities, Resident 1's ISP indicated Resident 1 was independent with eating. Resident 1 was to eat three well balanced meals daily. Resident 1 was to provide staff insight into his/her likes and dislikes pertaining to meals and food. Under dietary needs/restrictions, it read, "Resident 1 has no dietary restrictions and is general diet. S/He doesn't have teeth so soft foods would be suggested."

Under Behavioral Patterns, aggressive behavior, combative behavior, choking with meals, self-destructive behavior, wandering, and elopement, all sections were marked as not applicable.

Surveyor observed a box on the face sheet of ISP reading: "Date of Original ISP: 4-29-2021, 6 Month Review Date: 9-29-2021." Surveyor observed a hand-written note in the same box reading, "Reviewed 12/5/22, Updated 6/14/23."

Surveyor observed the following signatures on Resident 1's ISP signature page:

- 05/17/2021, Chief Operating Officer (COO) B.

- 05/19/2021, Family Care Case Manager (CM) E.

- 12/21/2021, Unidentified signature.

- 12/05/2022, Resident 1, Administrator (Admin) A, Managed Care Organization Case Manager (MCO CM) E and Activated Health Care Power of

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N 389	Continued From page 7 Attorney (AHCPOA) D. - 12/12/2023, MCO CM E. - 6/14/2023, MCO CM E. - 06/10/2024, MCO CM E and Nurse Care Manager (RN CM) F signed the ISP. AHCPOA D only signed Resident 1's ISP one time since 12/05/2022, acknowledging their involvement in, understanding of, and agreement with the ISP. Resident 1's ISP was not updated to address challenging behaviors and severe weight loss and was not dated and signed by all persons involved in the development of the plan. Surveyor reviewed the following after visit summaries (AVS) in Resident 1's file: On 03/30/2021, Resident 1's AVS from physician visit stated Resident 1's weight was, "153 lbs. (pounds) 9.6 oz (ounces)." On 03/30/2023, Resident 1's AVS from annual wellness visit stated Resident 1's weight was, "124 lbs." On 08/09/2023, Resident 1's AVS from physician visit stated Resident 1's weight was, "119 lbs." Physician's Assistant (PA) G wrote instructions, "See primary care doctor for concerns about weight loss and memory loss." On 09/05/2023 Resident 1's AVS from physician visit Resident 1's weight was, "121 lbs." Under instructions, Physician (MD) K wrote, "Try boost or ensure." On 04/04/2024, Resident 1's AVS from Medicare	N 389		

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annual wellness visit stated Resident 1's weight was, "113 lbs."

On 05/22/2024, Resident 1's AVS from emergency room visit stated Resident 1 was seen for, "Dizziness, dehydration, fall and urinary tract infection." Resident 1's weight was recorded as, "100 lbs."

According to the Academy of Nutrition and Dietetics (AND), the categories for what is determined as significant versus severe weight loss are correlated with the following intervals:

- 1 month: Significant = 5% / Severe = greater than 5%
- 3 months: Significant = 7.5% / Severe = greater than 7.5%
- 6 months: Significant = 10% / Severe = greater than 10%

(Source: Academy of Nutrition and Dietetics, Determining the Severity of Unintended Weight Loss, no date, https://www.andeal.org/files/Docs/ON%20Determining%20Severity%20of%20UWL_07032013.pdf (retrieval date - June 28, 2024).).

On 12/28/2023, Resident 1's Managed Care Organization (MCO) Behavioral Support Plan (BSP) listed his/her diagnoses as, "Paranoid schizophrenia, schizoaffective disorder, Alzheimer's dementia with behavioral disturbance, major depression, peripheral vascular disease ...Dizziness." BSP described behaviors as, "Verbal aggression towards staff continues and staff continue to redirect." Situations where behaviors are likely to occur read, "[Resident 1's] behaviors occur around staff or peers taking his/her food. [Resident 1] feels

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like this is a violation of his/her rights."

On 05/23/2024, Resident 1's MCO CM E case note stated, "[Administrator (Admin) A] informed s/he understands [AHCPOA D], but [Resident 1] is verbally aggressive and resistant to care. [Admin A] reports [Resident 1] is verbally aggressive and has threatened to get physical, [sic] but has not gotten physical. [Admin A] informed they cannot force [Resident 1] to shower or do anything s/he does not want to do and that is something that [AHCPOA D] does not comprehend that they cannot force [Resident 1] to do anything."

On 05/23/2024, Resident 1's MCO CM E case notes documented call with Adult Protective Services Staff (APS) H, who visited facility and interviewed Resident 1. APS H asked Resident 1 about his/her appetite and asked if s/he had eaten breakfast or lunch during visit. Resident 1 did not provide an answer. APS H reported s/he reviewed Resident 1's file and noticed shift notes for appetite that stated, "Good, good, good" and no update on if Resident 1 refused to eat or any other clarifying notes. APS H reported getting ahold of Admin A, who forwarded requested documentation from Resident 1's file, including his/her ISP. APS H reported s/he educated Admin A that the ISP needed to be updated and facility should be documenting Resident 1's behaviors if s/he has any. APS H reported it would be up to the staff to document Resident 1's behaviors due to a diagnosis of dementia. Resident 1 could be forgetting to eat, refusing to eat or does not want to eat due to loss of appetite. APS H reported the follow up plan of care for Resident 1 is up to the facility and AHCPOA D to discuss.

On 06/14/2024, RN CM F and MCO CM E

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documented semi-annual assessment. Under behavioral health, verbal aggression, it read, "[Resident 1] will get verbally aggressive with staff and other residents when triggered if s/he runs out of cigarettes or if s/he does not want to be taken on medical appointments or refuses cares. Facility staff informed s/he can be redirected [sic] and they can give him/her space so [Resident 1] does not become more agitated; Frequency of verbal aggression: weekly; Severity of verbal aggression: mild."

RN CM F and MCO CM E documented semi-annual assessment noted per facility staff, Resident 1 could become verbally aggressive if triggered. Admin A informed MCO CM E, when Resident 1 was asked a question or reminded of an upcoming appointment s/he would react. The provider reported they had to redirect Resident 1 weekly and give him/her PRN (as needed) psychiatric medications that help relax him/her.

Interviews

On 06/20/2024 at 10:55 a.m., Surveyor interviewed Admin A and COO B. Admin A stated, "Resident 1 has both mental health issues (schizophrenic) and dementia." According to Admin A and COO B, Resident 1 refused cares often, "which s/he had the right to do." Admin A explained AHCPOA D could come over and get Resident 1 to do anything. Admin A and COO B stated Resident 1 had history of verbal abuse. Admin A explained Resident 1 refused help from caregivers. Surveyor asked specifically what help. Admin A stated, "showering."

Admin A explained s/he received a verbal report from the hospital on 05/22/2024, where the hospital staff stated Resident 1 was, "picking at

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his/her food." Admin A confirmed, "We do not do weights if we do not have a physicians order."

Admin A stated on 06/10/2024, the facility had a care conference for Resident 1 and Activated Healthcare Power of Attorney (AHCPOA) D was unable to attend. AHCPOA D texted Admin A several concerns including Resident 1's showering concerns, his/her weight loss and memory loss/behaviors.

On 06/20/2024 at 2:50 p.m., Surveyor exited survey with Admin A, COO B and Chief Nursing Officer (CNO) J. Admin A stated on 06/10/2024, the facility had a care conference for Resident 1 and AHCPOA D was unable to attend. AHCPOA D texted Admin A several concerns including Resident 1's showering concerns, his/her weight loss and memory loss and behaviors. COO B stated, "We may need to develop a Behavioral Support Plan (BSP) for Resident 1." COO B confirmed Resident 1's ISP was not updated due to having no changes. COO B confirmed Resident 1's ISP was reviewed on the phone and was not signed by AHCPOA D. Admin A stated, "We are working on a better system to review ISPs with guardians and power of attorneys."

On 06/21/2024 at 3:05 p.m., Surveyor interviewed MCO CM E, who stated AHCPOA D had been concerned about Resident 1's weight for almost two years. In June of 2022, during MCO CM E's first review with Admin A, Resident 1, AHCPOA D and other company staff, discussed weight loss concerns. Admin A stated Resident 1 was not eating due to his/her behaviors. MCO CM E recalled encouraging facility to document observations.

On 06/21/2024 at 3:25 p.m., Surveyor interviewed

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MCO CM E, who stated, "Whenever we went over to the facility for our six-month reviews, they would push paperwork in front of us and say, 'While you're here, could you sign this for us?" I should have read the documents instead of just signing them.' MCO CM E stated s/he attended a care conference at the facility for Resident 1 on 06/10/2024. AHCPOA D was unable to attend. However, s/he texted several concerns to Admin A.

On 06/28/2024 at 9:55 a.m., Surveyor interviewed AHCPOA D who stated, "I do not recall signing a service plan but one time." AHCPOA D stated on 06/10/2024, the provider had a care conference for Resident 1 that s/he was unable to attend. AHCPOA D stated, "They included me on phone calls, but I never heard anything about updated service plans." On 06/10/2024, AHCPOA D texted Admin A several concerns including, but not limited to, Resident 1's showering and hygiene, his/her severe weight loss and memory loss concerns.

AHCPOA D confirmed not being physically at care plan meeting on 06/10/2024 to review or sign Resident 1's ISP.

AHCPOA D continued to tell Surveyor that Resident 1's ISP should have been updated a long time ago. Surveyor asked AHCPOA D to describe what changes s/he had witnessed. AHCPOA D stated Resident 1's weight decrease, Resident 1's inability to independently shower and behavioral episodes. "I have to come to the facility to shower [Resident 1] because the facility states s/he refuses, and they cannot manage his/her behaviors. This has been going on for 6-8 months. I put [Resident 1] there to be cared for. It is not happening."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018253	A. BUILDING: _____ B. WING _____	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS LINDEN II	9034 LINDEN COURT STURTEVANT, WI 53177

(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 389	Continued From page 13 Cross Reference N0431 DHS 83.38(1)(g) Health Monitoring	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. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 resident's individual service plan (ISP) included the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN (as needed) Olanzapine (Lybalvi), a psychotropic medication, as prescribed. Resident 1 was prescribed a PRN psychotropic medication, and his/her record did not include the rationale for	N 408		

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N 408	Continued From page 14 use. Findings include: Record Review On 06/20/2024 at 1:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted on 03/29/2021, with diagnosis of Alzheimer's dementia, paranoid schizophrenia, and nicotine dependence. Resident 1's Health Care Power of Attorney was activated on 11/09/2016. Surveyor reviewed Resident 1's Medication Administration Record (MAR) dated 5/01/2024 to 05/31/2024. Surveyor observed Olanzapine (Lybalvi), 5 milligrams, prescribed by Physicians Assistant (PA) G, to take one tablet, four times a day as needed for agitation. Order start date read, 02/15/2024. Surveyor reviewed Resident 1's ISP, dated 05/19/2021. The ISP did not include the rationale for use and description of behaviors that would warrant administration of Resident 1's Olanzapine. Under Behavioral Patterns, aggressive behavior, combative behavior, and self-destructive behavior the document was marked as not applicable. On 06/10/2024, RN CM F documented semi-annual assessment. Under 'Current Medications" Surveyor observed, "OLANZapine 5 MG Oral Tablet use as needed 1 tab (tablet) PO (by mouth) q.i.d (four times a day)." On 06/14/2024, RN CM F and MCO CM E documented semi-annual assessment. Under behavioral health, verbal aggression, it read, "[Resident 1] will get verbally aggressive with staff	N 408		

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N 408	Continued From page 15	N 408		

and other residents when triggered if s/he runs out of cigarettes or if s/he does not want to be taken on medical appointments or refuses cares. Facility staff informed s/he can be redirected [sic] and they can give him/her space so [Resident 1] does not become more agitated; Frequency of verbal aggression: weekly; Severity of verbal aggression: mild."

RN CM F and MCO CM E documented per facility staff, Resident 1 could become verbally aggressive if triggered. Admin A informed MCO CM E, when Resident 1 was asked a question or reminded of an upcoming appointment s/he would react. The facility reported they had to redirect Resident 1 weekly and give him/her a PRN (as needed) psychiatric medications that helped him/her relax.

Interviews

On 06/20/2024 at approximately 11:00 a.m., Surveyor interviewed Administrator (Admin) A, who stated Resident 1 had behaviors and mood disorders including schizophrenia. Sometimes, Resident 1 required a PRN psychotropic medication for agitation.

On 06/28/2024 at 10:10 a.m., Surveyor interviewed AHCPOA D who stated Resident 1 had challenging behaviors and verbal aggression. "[S/he] does have a prescribed medication for that (I believe). I don't know if [his/her] behaviors are addressed on his/her service plan."

On 07/03/2024 at 12:40 p.m., Surveyor interviewed Pharmacy Technician (Pharm Tech) L, who confirmed Resident 1's olanzapine 5 mg tablet was an as needed prescription. It was last renewed and ordered on 02/15/2024.

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N 408	Continued From page 16 Cross Reference N389 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 408		