STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012604	A. BUILDING: _____ B. WING _____	R-C 03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX ST WAUPUN, WI 53963

(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 03/05/2024, with information obtained through 03/06/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation and verification visit at Prairie Ridge Assisted Living, a community-based residential facility (CBRF) located in Waupun, WI. As a result of the survey, 6 deficiencies were identified. Six deficiencies are repeat deficiencies from Statement of Deficiency (SOD) X5CD11, dated 09/15/2023, SOD NPVS12, dated 11/15/2019, SOD BJ8114, dated 03/07/2019, and SOD BJ8113, dated 07/16/2018. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. The complaint was unsubstantiated. Census: 18	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition.	N 230		

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

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N 230	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 employees were provided orientation training that included all the required topics before they performed any job duties. Caregiver R did not have training in emergency and disaster plan and evacuation procedures, recognizing and responding to resident changes of condition, and information regarding the assessed needs and individual services for each resident whom s/he was responsible. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD11, dated 09/15/2023. Findings include: On 03/05/2024, at approximately 9:45 a.m., Surveyor toured resident rooms with Caregiver R. While touring, Caregiver R reported s/he was working as a first shift caregiver that day. On 03/05/2024, Surveyor conducted a review of 3 employees with Administrator A to verify compliance with orientation training requirements. The record for Caregiver R, hired 09/20/2023, did not contain evidence of training in emergency and disaster plan and evacuation procedures, recognizing and responding to resident changes of condition, and information regarding the assessed needs and individual services for each resident whom s/he was responsible. At approximately 2:37 p.m., Surveyor interviewed Administrator A. Administrator A confirmed the	N 230		

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N 230	Continued From page 2 provider did not have evidence that Caregiver R was trained in emergency and disaster plan and evacuation procedures, recognizing and responding to resident changes of condition, and information regarding the assessed needs and individual services for each resident whom s/he was responsible. Administrator A reported that s/he has reached out to Caregiver R multiple times to remind him/her to complete training, including via private messaging.	N 230		
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 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	N 243		

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N 243	Continued From page 3 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: Based on record review and interview, the provider did not ensure that 1 of 3 employees reviewed obtained all training as required within 90 days after starting employment. Caregiver R did not have training in required client groups, resident rights, or recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD11, dated 09/15/2023. Findings include: The facility is licensed to provide care and services to residents within the client groups of advanced aged and irreversible dementia/Alzheimer's.	N 243		

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N 243	Continued From page 4 On 03/05/2024, at approximately 9:45 a.m., Surveyor toured resident rooms with Caregiver R. While touring, Caregiver R reported s/he was working as a first shift caregiver that day. On 03/05/2024, Surveyor conducted a review of 3 employees with Administrator A to verify compliance with all employee training requirements. The record for Caregiver R, hired 09/20/2023, did not contain evidence of training or evidence of meeting an exemption for resident rights, client groups, or recognizing, preventing, managing, and responding to challenging behaviors training. At approximately 2:37 p.m., Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence that Caregiver R was trained in or met an exemption for client groups, resident rights, or challenging behaviors training. Administrator A reported that s/he has reached out to Caregiver R multiple times to remind him/her to complete training, including via private messaging.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment.	N 247		

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N 247	Continued From page 5 Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 employees reviewed obtained all task-specific training as required. Caregiver R, who has responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. Caregiver R, who also performs dietary duties, did not have	N 247		

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training in dietary services within 90 days after assuming these job duties.

This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD11, dated 09/15/2023.

Findings include:

On 03/05/2024, at approximately 9:45 a.m., Surveyor toured resident rooms with Caregiver R. While touring, Caregiver R reported s/he was working as a first shift caregiver that day.

On 03/05/2024, Surveyor conducted a review of 3 employees with Administrator A to verify compliance with task-specific training requirements.

The record for Caregiver R, hired 09/20/2023, contained a training titled, "Proper Resident Lifting and Transferring Skills," dated 03/04/2024. There was no other evidence of personal cares-related training or evidence that Caregiver R met an exemption for personal cares training. The record for Caregiver R did not contain evidence of training or evidence of meeting an exemption for dietary training.

At approximately 2:37 p.m., Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence that Caregiver R completed or met an exemption for provision of personal care training prior to assuming these duties. Administrator A confirmed that caregiving staff were typically responsible for preparing residents' plates and serving them. Administrator A confirmed the provider did not have evidence that Caregiver R completed or met an exemption for dietary training. Administrator A reported that s/he has reached out to Caregiver R multiple

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N 247	Continued From page 7 times to remind him/her to complete training, including via private messaging.	N 247		
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 is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 residents reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 5's insulin was held or administered on 14 occasions not in accordance with his/her medical provider's orders. This is a repeat deficiency. See Statement of Deficiency (SOD) NPVS12, dated 11/15/2019, and SOD X5CD11, dated 09/15/2023. Findings include: On 03/05/2024, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the provider on 12/23/2020 with diagnoses including type 2 diabetes mellitus. Resident 5's prescriptions included the following: - Novolog FlexPen 100 units/mL, active from 12/29/2023 through 02/27/2024 with instructions	N 352		

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N 352	Continued From page 8 to "Inject 15 units subcutaneously 3 times a day..." There were no hold parameters identified with the order, and no hold parameters identified in Resident 5's individual service plan (ISP). - Humalog 100 units/mL KwikPen, active from 02/27/2024, with instructions to "Inject 15 units subcutaneously 3 times a day...add 5 units if [blood glucose] >499 & hold if [blood glucose] <90." - Basaglar 100 units/mL KwikPen, active from 01/17/2024, with instructions to "Inject 70 units subcutaneously at bedtime...hold if [blood glucose] <90." Surveyor observed Resident 5's medication administration records (MARs) from 02/01/2024 - 03/05/2024 and observed the following 14 discrepancies between what was administered or held from Resident 1 and his/her insulin orders: - 02/01/2024 (11:54 a.m.): Blood sugar documented as 99, "No pass per vitals" noted with an annotation of "low [blood sugar]" - 02/02/2024 (8:02 a.m.): Blood sugar documented as 89, "No pass per vitals" noted with an annotation of "low [blood sugar]" - 02/03/2024 (11:50 a.m.): Blood sugar documented 96, "No pass per vitals" noted - 02/05/2024 (7:52 a.m.): Blood sugar documented as 98, "No pass per vitals" noted with an annotation of "low [blood sugar]" - 02/06/2024 (4:36 p.m.): Blood sugar documented as 84, "No pass per vitals" noted with an annotation of "[blood sugar] below 90" - 02/09/2024 (12:02 p.m.): Blood sugar documented as 89, "No pass per vitals" noted with an annotation of [low [blood sugar]" - 02/11/2024 (8:02 a.m.): Blood sugar documented as 89, "No pass per vitals" noted - 02/13/2024 (4:32 p.m.): Blood sugar	N 352		

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N 352	Continued From page 9 documented as 84, "No pass per vitals" noted - 02/16/2024 (8:09 a.m.): Blood sugar documented as 84, "No pass per vitals" noted - 02/16/2024 (4:51 p.m.): Blood sugar documented as 79, "No pass per vitals" noted - 02/19/2024 (7:29 p.m.): Blood sugar documented as 139, "No pass per vitals" noted with an annotation of "Blood sugar was 49 earlier," documented. Surveyor observed that the earlier reading of 49 was taken at 5:38 p.m. - 02/20/2024 (9:22 a.m.): Blood sugar documented as 74, "No pass per vitals" noted - 02/20/2024 (4:48 p.m.): Blood sugar documented as 87, "No pass per vitals" noted - 03/04/2024 (11:37 a.m.): Blood sugar documented as 82, Humalog documented as administered (despite being within hold parameters) At approximately 3:02 a.m., Surveyor interviewed Administrator A. Administrator A acknowledged Surveyor's concern that staff did not appear to be correctly holding or administering Resident 5's insulin based on his/her medical provider orders. Administrator A reported that there had been changeover in nursing staff, who had responsibilities for correcting medication issues from the last survey, and that s/he intended to have the provider's recently hired nurse practitioner address the concerns.	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	N 389		

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N 389	Continued From page 10 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 individual service plans (ISPs) for 2 of 3 residents were updated when there were changes in their needs and physical condition. Resident 1's known behaviors of wandering into other residents' rooms and taking their belongings, as well as interventions to mitigate these behaviors, were not identified in his/her ISP. Resident 7 was identified as a high falls risk and experienced 11 total falls from 05/13/2024 - 03/04/2024. In 1 of the falls, on 02/09/2024, Resident 7 fractured his/her right 4th and 5th ribs. The only update in his/her ISP during this time period related to his/her fall risk was an annotation on 11/01/2023 that directed staff to encourage Resident 7 to call for help for transfers. This is a repeat deficiency. See Statement of Deficiency (SOD) NPVS12, dated 11/15/2019, and SOD X5CD11, dated 09/15/2023. Findings include:	N 389		

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Example 1 - Resident 1

On 03/05/2024, at approximately 9:25 a.m., Surveyor interviewed Caregiver T. While interviewing Caregiver T, an unidentified person approached Caregiver T, identified themselves as being from Resident 8's hospice agency, and asked if Caregiver T could let him/her into Resident 8's room, where Resident 8 was located, in order to give him/her a shower. After assisting this person, Caregiver T reported to Surveyor that s/he was informed that it was standard to lock all resident room doors when staff left them, regardless of whether residents were inside them or not. Caregiver T reported that Caregiver C is who instructed him/her in this. Caregiver T reported that s/he thought this was done to prevent Resident 1 from wandering into others' rooms and taking their things, which s/he was known to do.

At approximately 9:45 a.m., Surveyor interviewed Caregiver R. Caregiver R reported that it wasn't necessarily standard for staff to lock resident room doors after leaving them, but that many residents requested staff to do so, or did so themselves, out of concern for Resident 1's wandering and taking others' belongings from their rooms.

On 03/05/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 04/12/2021 with diagnoses including dementia. Surveyor reviewed Resident 1's observation notes, dated 12/01/2023 - 03/04/2024 and observed the following entries related to wandering behaviors:

- 01/06/2024: "[Unidentified second resident] stated to [Caregiver S] That[sic] resident walked

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N 389	Continued From page 12 to [his/her] room and looked inside..." Surveyor observed Resident 1's current ISP, provided by Administrator A, and dated as last reviewed on 04/13/2023. Resident 1 was documented as being able to independently ambulate. The only section related to his/her wandering behaviors was the following: - Under the "Safety" heading: "[Resident 1] will need to be in a Maintain[sic] calm environment to decrease agitation & anxiety. Facility doors are locked to prevent exiting & wandering from facility." Surveyor did not observe any documented behaviors related to the extent of his/her wandering, his/her taking of others' belongings, or interventions staff were utilizing to mitigate either behavior. At approximately 2:14 p.m., Surveyor interviewed Administrator A and Care Coordinator U. Both confirmed having awareness of Resident 1 frequently wandering and taking others' belongings from their rooms. Care Coordinator U reported that Resident 1 thinks the belongings are his/her own. Care Coordinator U also reported thinking that Resident 1 liked to fidget with things in his/her hands which was why s/he was maybe prone to grabbing/taking others' belongings while wandering. Care Coordinator U reported that Resident 1 would also climb into the bed of Resident 9, regardless of whether Resident 9 was in his/her bed or not. Care Coordinator U reported that Resident 1 was generally very easily redirected. Both acknowledged Surveyors' concern that the extent of Resident 1's wandering as well as his/her known behaviors of taking others' belongings was	N 389		

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not identified on his/her ISP.

Example 2 - Resident 7

On 03/05/2024, Surveyor reviewed Resident 7's record. Resident 7 was admitted to the provider on 03/16/2023 with diagnoses including restless leg syndrome and difficulty walking. In reviewing Resident 7's observation notes from 12/01/2023 - 03/04/2024, Surveyor observed 3 entries indicating that fall reports had been created: 01/23/2024 (2:15 p.m.), 02/09/2024 (10:00 a.m.), and 02/26/2024 (10:15 a.m.). Surveyor also observed the following entries:

- 12/06/2023 (12:00 p.m.): "[Physical therapy (PT)] came for a visit to do a [patient] evaluation and they came up with PT 2x a week..."

- 02/14/2024 (12:30 p.m.): "[Patient] returned from the Hospital[sic] today...Hospital stated [patient] has Right[sic] rib fractures on the 4th & 5th rib. They also found fluid along the right lung base..."

- 02/27/2024 (10:30 a.m.): "resident[sic] was self-transferring [him/herself] from [his/her] bed to [his/her] chair. resident[sic] fell between the bed and the chair..."

Surveyor reviewed 10 fall reports for Resident 1 from 05/31/2023 - 03/05/2024, created for 10 falls that Resident 1 had in that timeframe. The fall reports documented the following:

- 05/13/2023 (1:32 p.m.): "found resident laying on the shower floor [his/her] head was out side[sic] of the shower while the rest of [his/her] body remained in the shower [s/he] had [his/her] socks on and wheelchair in the shower. [s/he]

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was laying on [his/her] back trying to push [his/her] self[sic] off the floor...resident stated [s/he] had slipped in the shower because [s/he] had left [his/her] socks on and stated [s/he] was not hurt..."

- 05/31/2023 (8:09 p.m.): "Resident was found on the floor in front of [his/her] bed in the bedroom but resident stated [s/he] slid out of [his/her] chair in the bathroom and crawled to [his/her] bed...Resident stated [s/he] slid out of [his/her] wheelchair in the bathroom while filling water into [his/her] humidifiers. [s/he] said [s/he] then crawled to [his/her] bed until staff went into the room to give [him/her] bedtime meds..."

- 06/11/2023 (8:31 p.m.): "...resident stated [s/he] stood up to get in [his/her] wheelchair to use the restroom and slid on the floor and fell on [his/her] butt..."

- 07/02/2023 (8:51 a.m.): "...Resident stated that [s/he] forgot to lock wheelchair and was trying to transfer and slipped onto floor..."

- 07/07/2023 (5:47 a.m.): "...Resident stated [s/he] slipped out of bed. [S/he] was sitting on the edge and was moving from the bed to [his/her] chair and just slipped right down..."

- 10/31/2023 (10:30 a.m.): "...[s/he] was laying in bed and scooted off the bed..."

- 11/02/2023 (2:56 p.m.): "...[S/he] slid out of bed. [S/he] was sitting on the on a towel[sic]. [S/he] was not wet and [his/her] bed was not wet. not[sic] sure why the towel was there..."

- 01/23/2024 (2:16 p.m.): "Resident was in [his/her] room. Resident stated [s/he] was going

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N 389	Continued From page 15 to take a shower and that [s/he] fell..." - 02/09/2024 (10:00 a.m.): "...Resident stated [s/he] was trying to get from [his/her] bed into the wheelchair and fell from the bed onto the floor..." - 02/26/2024 (10:18 a.m.): "Resident took a shower this morning and was trying to transfer from wheelchair to bed. Resident stated [s/he] slipped and fell when trying to transfer. Resident stated [s/he] did not hit [his/her] head. Surveyor reviewed Resident 7's hospital discharge summary, related to his/her 02/14/2024 observation note, documented above, which detailed that Resident 7 had returned from the hospital. The discharge summary documented that Resident 7 was taken to the emergency department after s/he experienced a fall on 02/09/2024 and was hospitalized until 02/14/2024. The summary documented that Resident 7 experienced fractures of his/her fourth and fifth ribs. Surveyor reviewed Resident 7's current ISP, dated 03/23/2023 with some individual sections having been dated as reviewed more recently. Surveyor observed the following in relation to his/her falls: - Under the "Repositioning Rail/Bed Rail" section: "[Resident 7] has been sliding out of bed because [his/her] legs are very stiff...Please give the resident gentle reminders that the rail is there for [him/her] to help transfer and reposition [him/herself] in bed so [s/he] does not slide out of bed." Under the "Mobility/Transfers & Ambulation" section: "Resident is a High Risk for Falls. [S/he]	N 389		

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N 389	Continued From page 16 had fractures of pelvis and sacrum from previous falls, that have healed. Osteoporosis. Resident is able to transfer [him/herself] to wheelchair. [S/he] uses wheelchair for mobility. Please encourage resident to call for help if [s/he] is unable to transfer [him/herself]." An additional annotation documented, "Reviewed 4-13-23 no change. Reviewed: 11/01/23 encourage resident to call for help if [s/he] is unable to transfer [him/herself]." Surveyor did not observe any other fall interventions for Resident 7, or any information about Resident 7's physical therapy. At approximately 1:49 p.m., Surveyor interviewed Administrator A. Administrator A acknowledged Surveyor's concern regarding the lack of fall risk mitigation strategies implemented for Resident 7 and reported but that s/he instructed Care Coordinator U to implement other interventions to mitigate Resident 7's fall risk.	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	N 431		

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N 431	Continued From page 17 advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 2 of 3 residents reviewed was monitored. There was no evidence of staff monitoring Resident 1's health when s/he experienced onset of coughing on 01/14/2024 and a change in physical condition on 01/15/2024. The next entry regarding Resident 1's health was on 01/18/2024 which documented that Resident 1 was taken to the emergency department via emergency medical services (EMS) and diagnosed with respiratory syncytial virus (RSV). Out of 5 occasions in which Resident 5's blood sugar values were under 60, there was no evidence of staff notifying his/her medical provider or further monitoring Resident 1's health, as directed by his/her ISP. Resident 5's medical	N 431		

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provider orders included for his/her blood sugar to be tested 4 times daily as well as orders for insulin administration 4 times daily. On 8 occasions from 02/01/2024 - 03/04/2024, staff documented not administering Resident 5's insulin due to his/her blood sugar being too low, but did not document the value. On 02/05/2024, staff documented noticing an onset of skin redness at Resident 5's belly. In response, Nystatin cream was ordered and delivered to the provider on 02/08/2024. However, there was no evidence of follow up monitoring of Resident 5's belly.

This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD11, dated 09/15/2023, SOD NPVS12, dated 11/15/2019, SOD BJ8114, dated 03/07/2019, and SOD BJ8113, dated 07/16/2018.

Findings include:

Example 1 - Resident 1

On 03/05/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 04/12/2021 with diagnoses including dementia. Resident 1 was documented as having an activated power of attorney for healthcare (POA). Resident 1's individual service plan (ISP), dated as last reviewed on 04/13/2023, directed for staff to monitor changes in Resident 1's physical and mental health and contact the administrator with any changes or concerns. Surveyor reviewed Resident 1's observation notes, dated 01/13/2024 - 03/04/2024 and observed the following:

- 01/14/2024 (6:00 a.m.): "Resident was up most of the night coughing. Relayed to [morning] shift

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N 431	Continued From page 19 to keep an eye on [him/her]." - 01/15/2024 (11:45 a.m.): "was pretty shaky this morning and walking to [his/her] room [s/he] almost fell twice. i[sic] contacted [his/her] [spouse] which is [his/her] POA." - Entries between 01/18/2024 - 01/19/2024 detailed how Resident 1 was transported via EMS to the emergency department due to a cough and low oxygen saturations. Resident 1 returned to the provider on 01/19/2024 with a diagnosis of RSV, a virus that typically affects the lungs and breathing passages. Surveyor did not observe any additional information regarding staff's monitoring of Resident 1's health after his/her coughing episode on 01/14/2024 and change in physical condition on 01/15/2024. At approximately 2:00 p.m., Surveyor discussed the above health monitoring concerns with Administrator A and Care Coordinator U. Both acknowledged Surveyor's concern that documentation of follow up monitoring on Resident 1's health was not documented during his/her coughing episode or change of condition on 01/15/2024. Example 2 - Resident 5 On 03/05/2024, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the provider on 12/23/2020 with diagnoses including type 2 diabetes mellitus. Resident 5 was documented as being his/her own legal decision maker. Resident 5's ISP, dated as last reviewed on 02/26/2024, documented the following in relation to his/her blood sugars:	N 431		

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N 431	Continued From page 20 - Under the "Low Blood Sugar Monitoring" heading: "Staff to make sure we are taking care of [Resident 5]'s low Blood[sic] sugar. Low blood sugar signs or symptoms: confusion, weakness, sweating, hunger, looking pale, and fatigue. Administer high sugar content juice (add a tablespoon of sugar, honey, or syrup). Wait 15 minutes and recheck blood sugar, if it is still low repeat high sugar content juice. If it is still low, contact the doctor and care coordinator." Surveyor observed that this information was first documented as reviewed on 09/26/2023 and then reviewed again on 02/26/2024. - Under the "Medication Management" heading: "...Notify physician if blood sugar is less than 60 or greater than 500." This information was most recently dated as reviewed on 09/26/2023. Surveyor reviewed Resident 5's medication administration records (MARs) from 02/01/2024 - 03/05/2024 in addition to his/her observation notes within the same date range, and observed that for 4 of 5 occasions in which Resident 5's blood sugar values were under 60, there was no documentation of staff notifying his/her medical provider (as directed in his/her ISP) or monitoring Resident 5's health. This included the following: - 02/17/2024 (2 occasions): Morning blood sugar taken at 8:27 a.m. was documented as 59. Evening blood sugar taken at 4:33 p.m. was documented as 39. No other information about these readings was documented in Resident 5's record. - 02/23/2024: Nighttime blood sugar taken at 8:00 p.m. was documented as 56. No other information about this reading was documented in	N 431		

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Resident 5's record. The next blood sugar reading attempt was the next day, 02/24/2024, at 8:02 a.m. with Resident 5's morning insulin administration.

- 02/27/2024: Nighttime blood sugar taken at 8:32 p.m. was documented as 46. No other information about this reading was documented in Resident 5's record. The next blood sugar reading attempt was the next day, 02/28/2024, at 8:08 a.m. with Resident 5's morning insulin administration.

Surveyor reviewed Resident 5's medical provider order set, which directed for his/her blood sugar to be tested 4 times daily. Resident 5 was prescribed insulin to be injected 4 times daily, which the provider set for 8:00 a.m., 12:00 p.m., 5:00 p.m. and 8:00 p.m. While reviewing Resident 5's MARs again, Surveyor observed the following 8 occasions in which staff did not record Resident 5's blood sugar:

- 02/07/2024 (11:58 a.m.): Insulin documented as held due to "residents[sic] blood sugar was too low." No value was recorded.
- 02/10/2024 (7:52 a.m.): Insulin documented as held due to "blood sugar was too low." No value was recorded.
- 02/12/2024 (7:54 a.m.): Insulin documented as held due to "blood sugar was too low." No value was recorded.
- 02/15/2024 (11:54 a.m.): Insulin documented as held due to "residents[sic] blood sugar was too low." No value was recorded.
- 02/23/2024 (11:45 a.m.): Insulin documented as held due to "sugar too ;ow[sic]." No value was recorded.
- 02/27/2024: No morning or noon blood sugar values recorded.

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- 02/28/2024 (11:54 a.m.): Insulin documented as held due to "blood sugar too low." No value was recorded.

While reviewing Resident 5's ISP, Surveyor did not observe any documentation of skin monitoring needs. In reviewing Resident 5's observation entries from 02/01/2024 - 03/04/2024, Surveyor observed an entry dated 02/05/2024 (12:30 a.m.), that documented, "Writer was changing resident and noticed under [his/her] belly fold it is red. Writer made care coordinator aware." An entry the same day at 7:00 a.m. documented that a request for Nystatin powder or cream was sent to Resident 5's medical provider, and another entry a few hours later, at 12:15 p.m., documented that an order for Nystatin cream was received by Resident 5's medical provider "to be applied until healed." An entry dated 02/08/2024 at 9:15 a.m. documented that the Nystatin cream was delivered from the pharmacy. No other information about Resident 5's skin redness was documented in his/her observation notes. Within Resident 5's medical provider orders, Surveyor observed 2 different orders for Nystatin cream 100,000 units/gram - one with instructions to, "Apply to affected areas 2 times a day until healed," and the other with instructions to, "Apply to groin topically 2 times a day as needed for rash." The orders for both were dated 02/08/2024. On Resident 5's MAR, Surveyor observed the Nystatin cream entries, but did not observe any evidence that either had been administered to Resident 5 since having been delivered from the pharmacy.

At approximately 2:00 p.m., Surveyor discussed the above health monitoring concerns with Administrator A and Care Coordinator U. Both acknowledged Surveyor's concern that staff were

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N 431	Continued From page 23 not recording Resident 5's blood sugars consistently when they were assessing/documenting that it was "too low" for insulin administration. Both acknowledged Surveyor's concern that there was no evidence that staff seemed to be notifying Resident 5's medical provider when his/her blood sugar values were under 60 or providing any other further monitoring of Resident 5's health. Regarding Resident 5's Nystatin order and skin redness, Care Coordinator U reported recalling the Nystatin ordering and refill, but could not recall any follow up monitoring that was completed of Resident 5's skin.	N 431		