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 07/31/2024

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 07/31/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Prairie Ridge Assisted Living, a community-based residential facility (CBRF) located in Waupun, WI. As a result of the survey, 7 deficiencies were identified. Six deficiencies are repeat deficiencies from Statement of Deficiency (SOD) X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, SOD NPVS12, dated 11/15/2019, and SOD BJ8114, dated 03/07/2019. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 11	N 000		
N 215	83.15(3)(b) Administrator responsible for staff training The administrator shall be responsible for the training and competency of all employees. This Rule is not met as evidenced by: Based on record review and interview, the administrator did not ensure the training and competency of all employees. Findings include: On 07/31/2024, Surveyor reviewed staff training records, and observed the following: - Two of 3 employees reviewed had not received	N 215		

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

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N 215	Continued From page 1 all orientation training as required (1 employee missing 3 required training topics, 1 employee missing 4 required training topics) - Two of 3 employees reviewed had not received all training as required within 90 days after starting employment (3 of 3 required training topics for both employees not completed) - Two of 3 employees reviewed had not received all task specific training (2 of 2 required training topics for both employees not completed) On 07/31/2024, at approximately 11:45 a.m., Surveyor interviewed Administrator A, who has been the administrator for the provider since 04/10/2023, and Care Coordinator X, who, per the staff roster, was hired on 06/01/2024. Administrator A reported that when providing requested staff training records to Surveyor that s/he had a chance to review them and already knew the staff were missing required trainings. Administrator A reported that s/he had a previous care coordinator, Care Coordinator U, who was responsible for overseeing employee training but was not doing his/her job. Administrator A reported that s/he had terminated Care Coordinator U awhile back for not fulfilling his/her job tasks. Administrator A reported that the provider was still trying to work out a process to ensure that staff completed all required trainings they were assigned. Administrator A reported that trainings get assigned via online modules to staff but the staff just don't complete them. Administrator A reported s/he wasn't sure what s/he had to do to get staff to complete their required trainings. Administrator A reported s/he thought about pulling staff from shifts until they completed trainings but that the provider then wouldn't have enough caregiving staff for daily operation.	N 215		

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N 215	Continued From page 2 Based on a review of the facility's training compliance history since the last licensing survey from 09/06/2023 - 09/15/2023, with Statement of Deficiency (SOD) X5CD11, the following was observed: From 09/06/2023 - 09/15/2023, the Department conducted a standard licensing survey. As a result, 4 training-related citations of noncompliance were issued with SOD X5CD11, which included the following 3 citations: N0230 DHS 83.19 Orientation N0243 DHS 83.21(1)-(3) All Employee Training N0247 DHS 83.22(1)-(4) Task Specific Training From 03/05/2024 - 03/06/2024, the Department conducted a verification visit of SOD X5CD11. As a result, 3 training-related citations of noncompliance were issued with SOD X5CD12, which included the following: N0230 DHS 83.19 Orientation N0243 DHS 83.21(1)-(3) All Employee Training N0247 DHS 83.22(1)-(4) Task Specific Training Cross Reference: N0230 DHS 83.19 Orientation N0243 DHS 83.21(1)-(3) All Employee Training N0247 DHS 83.22(1)-(4) Task Specific Training	N 215		
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	N 230		

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N 230	Continued From page 3 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 employees were provided orientation training that included all the required topics before they performed any job duties. Caregiver V 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. Caregiver W did not have training in emergency and disaster plan and evacuation procedures, recognizing and responding to resident changes of condition, information regarding the assessed needs and individual services for each resident whom s/he was responsible, and prevention and reporting of resident abuse, neglect, and misappropriation of resident property. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023. Findings include:	N 230		

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N 230	Continued From page 4 On 07/31/2024, Surveyor conducted a review of 3 employees to verify compliance with orientation training requirements. Surveyor requested training records for Caregivers T, V, and W from Administrator A. The record for Caregiver V, hired 02/14/2024, 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. The record for Caregiver W, hired 04/03/2024, did not contain evidence of training in emergency and disaster plan and evacuation procedures, recognizing and responding to resident changes of condition, information regarding the assessed needs and individual services for each resident whom s/he was responsible, and prevention and reporting of resident abuse, neglect, and misappropriation of resident property. At approximately 11:45 a.m., Surveyor interviewed Administrator A and Care Coordinator X. Administrator A reported that when providing the training records to Surveyor for the above staff that s/he had a chance to review them and already knew they were missing required training. Administrator A reported that s/he had a previous care coordinator, Care Coordinator U, who was responsible for overseeing employee training but was not doing his/her job. Administrator A reported that s/he had terminated Care Coordinator U for not fulfilling his/her job tasks. Administrator A reported that the provider was still trying to work out a process to ensure that staff completed all required trainings they were assigned.	N 230		

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N 230	Continued From page 5 Cross Reference: N0215 83.15(3)(b) Administrator Responsible for Staff Training	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 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	N 243		

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N 243	Continued From page 6 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 2 of 3 employees reviewed obtained all training as required within 90 days after starting employment. Caregiver V did not have training in resident rights, required client groups, or recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment. Caregiver W did not have training in resident rights, required client groups, 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) X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023. Findings include: On 07/31/2024, Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested	N 243		

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N 243	Continued From page 7 training records from Administrator A for Caregivers T, V, and W. Resident Rights The record for Caregiver V, hired 02/14/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights training. The record for Caregiver W. hired 04/03/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights training. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver V, hired 02/14/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. The record for Caregiver W. hired 04/03/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Client Group The facility is licensed to provide care and services to residents within the client groups of advanced aged and irreversible dementia/Alzheimer's. The record for Caregiver V, hired 02/14/2024, did not contain evidence of training or evidence of meeting an exemption for client group training. The record for Caregiver W. hired 04/03/2024, did not contain evidence of training or evidence of meeting an exemption for client group training.	N 243		

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N 243	Continued From page 8 INTERVIEWS: At approximately 11:45 a.m., Surveyor interviewed Administrator A and Care Coordinator X. Administrator A reported that when providing the training records to Surveyor for the above staff that s/he had a chance to review them and already knew they were missing required training. Administrator A reported that s/he had a previous care coordinator, Care Coordinator U, who was responsible for overseeing employee training but was not doing his/her job. Administrator A reported that s/he had terminated Care Coordinator U for not fulfilling his/her job tasks. Administrator A reported that the provider was still trying to work out a process to ensure that staff completed all required trainings they were assigned. At approximately 3:55 p.m., Surveyor interviewed Administrator A, Care Coordinator X, and Operations Manager Y. Administrator A confirmed the provider did not have evidence that Caregiver V or Caregiver W completed or met exemptions for client group, resident rights, or challenging behaviors training. Cross Reference: N0215 83.15(3)(b) Administrator Responsible for Staff Training	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	N 247		

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N 247	Continued From page 9 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. 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 2 of 3 employees reviewed obtained all task-specific training as required.	N 247		

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N 247	Continued From page 10 Caregiver V, 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 V, who also performs dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Caregiver W, 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 W, who also performs dietary duties, did not have training in dietary services within 90 days after assuming these job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023. Findings include: On 07/31/2024, Surveyor conducted a review of 3 employees to verify compliance with task-specific training requirements. Surveyor requested training records from Administrator A for Caregivers T, V, and W. Provision of Personal Care The record for Caregiver V, hired 02/14/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training. The record for Caregiver W, hired 04/03/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training. Dietary Training	N 247		

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N 247	Continued From page 11 On 07/31/2024, at approximately 12:00 p.m., Surveyor observed lunch preparation. Caregiver W was observed preparing residents plates. Each plate was prepared with a beef burrito, chips, and a cup of salsa from their respective communal/serving containers. Caregiver W confirmed that staff working on the CBRF side of the facility typically prepared residents' plates for meals. At approximately 12:05 p.m., Surveyor interviewed Caregiver T. Caregiver T also confirmed that staff working on the CBRF side of the facility typically prepared residents' plates for meals. The record for Caregiver V, hired 02/14/2024, did not contain evidence of training or evidence of meeting an exemption for dietary training. The record for Caregiver W, hired 04/03/2024, did not contain evidence of training or evidence of meeting an exemption for dietary training. ADDITIONAL INTERVIEWS: At approximately 11:45 a.m., Surveyor interviewed Administrator A and Care Coordinator X. Administrator A reported that when providing the training records to Surveyor for the above staff that s/he had a chance to review them and already knew they were missing required training. Administrator A reported that s/he had a previous care coordinator, Care Coordinator U, who was responsible for overseeing employee training but was not doing his/her job. Administrator A reported that s/he had terminated Care Coordinator U for not fulfilling his/her job tasks. Administrator A reported that the provider was still	N 247		

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N 247	Continued From page 12 trying to work out a process to ensure that staff completed all required trainings they were assigned. At approximately 3:55 p.m., Surveyor interviewed Administrator A, Care Coordinator X, and Operations Manager Y. Administrator A confirmed the provider did not have evidence that Caregiver V or Caregiver W completed or met exemptions for personal cares training or dietary training. Cross Reference: N0215 83.15(3)(b) Administrator Responsible for Staff Training	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 10's rivastigmine patch, which contained orders for rotating placement locations, was placed in the same location for more than 1 day in a row on 25 occasions between 06/04/2024 and 07/31/2024.	N 352		

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N 352	Continued From page 13 This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019. Findings include: On 07/31/2024, Surveyor reviewed Resident 10's record. Resident 10 was admitted to the provider on 03/18/2021 with diagnoses including dementia. Resident 10's prescriptions included rivastigmine 4.6 mg / 24 hour patches with instructions to, "Apply 1 patch topically every morning for Alzheimer's *Remove old patch before apply new - rotate sites*." Surveyor reviewed Resident 10's medication administration records (MARs) from 06/04/2024 - 07/31/2024. Under the entry for Resident 10's rivastigmine patches, staff documented the location of his/her daily patch application. Surveyor observed the following 25 occasions in which staff documented applying the patch to the same location more than 1 day in a row, despite his/her prescription instructions directing for the application site to be rotated: - 06/04/2024: Applied to upper left shoulder - 06/05/2024: Applied to upper left shoulder (2 total days in a row) - 06/06/2024: Applied to upper right shoulder - 06/07/2024: Applied to upper right shoulder - 06/08/2024: Applied to upper right shoulder - 06/09/2024: Applied to upper right shoulder (4 total days in a row) - 06/10/2024: Applied to upper left shoulder - 06/11/2024: Applied to upper left shoulder (2 total days in a row)	N 352		

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N 352	Continued From page 14 - 06/13/2024: Applied to upper left shoulder - 06/14/2024: Applied to upper left shoulder - 06/15/2024: Applied to upper left shoulder - 06/16/2024: Applied to upper left shoulder - 06/17/2024: Applied to upper left shoulder - 06/18/2024: Applied to upper left shoulder (6 total days in a row) - 06/20/2024: Applied to upper left shoulder - 06/212024: Applied to upper left shoulder - 06/22/2024: Applied to upper left shoulder (3 total days in a row) - 06/24/2024: Applied to upper left shoulder - 06/25/2024: Applied to upper left shoulder (2 total days in a row) - 07/01/2024: Applied to upper right shoulder - 07/02/2024: Applied to upper right shoulder - 07/03/2024: Applied to upper right shoulder (3 total days in a row) - 07/06/2024: Applied to upper left shoulder - 07/07/2024: Applied to upper left shoulder - 07/08/2024: Applied to upper left shoulder (3 total days in a row) - 07/10/2024: Applied to upper left shoulder - 07/11/2024: Applied to upper left shoulder (2 total days in a row) - 07/16/2024: Applied to upper right shoulder - 07/17/2024: Applied to upper right shoulder - 07/18/2024: Applied to upper right shoulder - 07/19/2024: Applied to upper right shoulder - 07/20/2024: Applied to upper right shoulder (5 total days in a row) - 07/22/2024: Applied to upper right shoulder	N 352		

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N 352	Continued From page 15 - 07/23/2024: Applied to upper right shoulder - 07/24/2024: Applied to upper right shoulder (3 total days in a row) - 07/28/2024: Applied to upper right shoulder - 07/29/2024: Applied to upper right shoulder (2 total days in a row) At approximately 3:55 p.m., Surveyor interviewed Administrator A, Care Coordinator X, and Operations Manager Y. Administrator A and Care Coordinator X agreed with Surveyor's concern regarding the repeated instances of Resident 10's rivastigmine patch applied to the same location but said nothing further. According to the U.S. Food and Drug Administration (FDA), regarding rivastigmine (Brand name: Exelon) patches, "Patients or caregivers...should be instructed to rotate the application site in order to minimize skin irritation. The same site should not be used within 14 days." The FDA also instructs, "When changing your patch, apply your new patch to a different spot of skin (for example on the right side of your body one day, then on the left side the next day). Do not apply a new patch to that same spot for at least 14 days." Recommended sites for application include the upper or lower back, upper arm (a body map with the instructions show the upper arm/shoulder areas), and chest (Source: FDA, Highlights of Prescribing Information, no date, https://www.accessdata.fda.gov/drugsatfda_docs/label/2007/022083lbl.pdf (retrieval date - 08/01/2024).).	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes	N 389		

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N 389	Continued From page 16 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 individual service plans (ISPs) for 3 of 3 residents reviewed were reviewed annually with input from their legal representatives. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019. Findings include: Example 1 - Resident 1 On 07/31/2024, at approximately 12:00 p.m., Surveyor observed lunch. Caregiver T guided Resident 1 to the table for lunch, where s/he was then served a plate of food. Caregiver T then left the dining area to address other resident care needs (out of view). Resident 1 was observed eating independently for approximately 2 minutes	N 389		

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N 389	Continued From page 17	N 389		

before s/he got up and stood with his/her plate at the counter. Caregiver W, who was preparing other residents' plates in the kitchenette, attempted to verbally redirect Resident 1 back to his/her chair. Resident 1 was then observed walking throughout the halls while continuing to eat his meal, while Caregiver T assisted another resident outside of view and Caregiver W continued to work in the kitchenette. After approximately 3 minutes of Resident 1 walking the halls and eating independently outside of staff's view, s/he was spotted by Caregiver T who redirected him/her back to the table to finish eating.

On 07/31/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 04/12/2021 with diagnoses including frontotemporal dementia. Resident 1 was documented as having an activated power of attorney for healthcare (POA). Surveyor reviewed the last signed reviewed ISP as well as the current ISP for Resident 1 - both provided by Administrator A. Within the current ISP, staff documented the dates that different sections were reviewed. Sections of the ISP were documented as being reviewed on certain dates, which included the following:

- Dated as last reviewed 04/11/2022 (approximately 2.25 years prior to the survey): Evacuation capabilities, behavior/mental status

- Dated as last reviewed 04/13/2023 (approximately 1.25 years prior to the survey): Activities, PM cares, grooming, nail care, bathing, bowel movement monitoring, safety, vitals monitoring, weight monitoring, medication management, mobility/transfers and ambulation, chronic illness, communication, dietary,

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housekeeping, laundry, and transportation

- Dated as last reviewed 02/21/2024: Toileting schedule

- Dated as last reviewed 04/14/2024: AM cares

In reviewing the ISP that was most recently signed, Surveyor observed that Resident 1's POA signed his/her ISP as having been reviewed on 04/13/2023 (approximately 1.25 years prior to the survey). There was no evidence that Resident 1's POA had reviewed his/her ISP since that date.

While reviewing the dietary section in Resident 1's ISP, dated most recently reviewed on 04/13/2023, Surveyor observed the following: "Resident is at risk for choking. Needs to be monitored at meals, Staff [sic] to sit with resident at meal times, Resident needs to be reminded to slow down while eating. [S/he] tends to stuff all the food in [his/her] mouth at once and then chokes on [his/her] food...Staff to sit with resident at meal times and slowly give [him/her] food so [s/he] is able to chew food before swallowing..."

At approximately 3:00 p.m., Surveyor interviewed Administrator A. Administrator A reported that the previous care coordinator, Care Coordinator U, was found to not be fulfilling his/her job duties, which included updating and reviewing resident ISPs, and that was why s/he was terminated. Administrator A reported that the new care coordinator, Care Coordinator X, had begun working to update resident ISPs.

At approximately 3:55 p.m., Surveyor interviewed Administrator A, Care Coordinator X, and Operations Manager Y. Regarding the inconsistency between Resident 1's current ISP,

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which directed for staff to sit with him/her during meals to monitor him/her, and what Surveyor observed during that day's lunch, when Resident 1 ate his/her meal unsupervised by staff, both Administrator A and Care Coordinator X reported that they didn't think that the information in his/her ISP was current. Administrator A confirmed Resident 1 was a choking risk due to stuffing food quickly in his/her mouth, but reported that since s/he has had no choking episodes since admitting to the provider, s/he did not think s/he necessarily required staff to sit with him/her. Care Coordinator X reported that staff have typically not been sitting with Resident 1 during meals.

Example 2 - Resident 10

On 07/31/2024, Surveyor reviewed Resident 10's record. Resident 10 was admitted to the provider on 03/18/2021 with diagnoses including dementia. Resident 10 was documented as having an activated POA. Surveyor reviewed the last signed reviewed ISP as well as the current ISP for Resident 10 - both provided by Administrator A. Within the current ISP, staff documented the dates that different sections were reviewed. All sections of Resident 10's current ISP were documented as being last reviewed on 04/13/2023 (approximately 1.25 years prior to the survey).

In reviewing the ISP that was most recently signed, Surveyor observed that Resident 10's POA signed his/her ISP as having been reviewed on 04/24/2023 (around the same date it was last reviewed by the provider's staff). There was no evidence that Resident 10's POA had reviewed his/her ISP since that date.

At approximately 3:00 p.m., Surveyor interviewed

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N 389	Continued From page 20 Administrator A. Administrator A reported that the previous care coordinator, Care Coordinator U, was found to not be fulfilling his/her job duties, which included updating and reviewing resident ISPs, and that was why s/he was terminated. Administrator A reported that the new care coordinator, Care Coordinator X, had begun working to update resident ISPs. Example 3 - Resident 11 On 07/31/2024, Surveyor reviewed Resident 11's record. Resident 11 was admitted to the provider on 01/30/2020 with diagnoses including vascular dementia. Resident 11 was documented as having an activated POA. Surveyor reviewed the last signed reviewed ISP as well as the current ISP for Resident 11 - both provided by Administrator A. Within the current ISP, staff documented the dates that different sections were reviewed. Sections of the ISP were documented as being reviewed on certain dates, which included the following: - Dated as last reviewed 07/06/2023 (1 year prior to the survey): Activities, nail care, hospice information, evacuation capabilities (also reviewed 07/12/2023), nighttime snack, vitals monitoring, weight monitoring, medication management, communication, meal reminders, housekeeping, laundry, and transportation. - Dated as last reviewed 08/18/2023: Bathing - Dated 12/12/2023: Chair alarm use - Dated as last reviewed 02/21/2024: Grooming, toileting, behavior, mobility/transfers and ambulation	N 389		

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N 389	Continued From page 21 - Dated as last reviewed 07/23/2024: Dressing In reviewing the ISP that was most recently signed, Surveyor observed that Resident 11's POA signed his/her ISP as having been reviewed on 04/21/2023 (approximately 1.25 years prior to the survey). There was no evidence that Resident 11's POA had reviewed his/her ISP since that date. At approximately 3:00 p.m., Surveyor interviewed Administrator A. Administrator A reported that the previous care coordinator, Care Coordinator U, was found to not be fulfilling his/her job duties, which included updating and reviewing resident ISPs, and that was why s/he was terminated. Administrator A reported that the new care coordinator, Care Coordinator X, had begun working to update resident ISPs.	N 389		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a	N 431		

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N 431	Continued From page 22 CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents' health was monitored in accordance with his/her medical team's direction. Staff did not monitor Resident 10's daily blood pressures for a 10-day period around or after 05/30/2024 after his/her medical clinic agency directed for the monitoring in relation to fluid retention concerns with medication changes. Staff did not monitor Resident 10's daily blood pressures or daily weights on 11 of 30 and 18 of 30 days, respectively, after 07/01/2024 as directed by his/her medical clinic agency in relation to ongoing fluid retention concerns with additional medication changes. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD	N 431		

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N 431	Continued From page 23 NPVS12, dated 11/15/2019. Findings include: On 07/31/2024, Surveyor reviewed Resident 10's record. Resident 10 was admitted to the provider on 03/18/2021 with diagnoses including dementia, essential hypertension, and chronic obstructive pulmonary disease (COPD). Surveyor reviewed Resident 10's observation notes from 05/01/2024 - 07/31/2024 and observed the following entries related to medical provider updates: - 05/30/2024 (9:30 a.m.): "[Medical provider agency] rounded with resident Medication [sic] changes: Tubi grips size J Apply to bilaterial [sic] lower extremities daily on in AM off PM Lasix 20mg once daily 2pm 5 days for Edema Check Blood Pressure daily in AM 10 days update [electronic record platform] & Provider Increase Potassium to 30MG X 5days and then to regular order." - 06/28/2024 (10:00 a.m.): "[Medical provider agency] rounding: Daily blood pressure checks Daily weight Zaroxolyn 2.5mg [diuretic medication used to treat high blood pressure and fluid retention; taken orally] Tablet Monday, Wednesday, and Friday Hold for [systolic blood pressure] <90 [diagnosis]; Adema [sic]." Surveyor reviewed both Resident 10's medication administration records from 05/30/2024 - 07/30/2024 as well as his/her vitals history document for the same date range to observe for a 10-day period that staff took daily blood pressures (in accordance with his/her 05/30/2024 observation note above) as well as daily blood pressure and weights after 07/01/2024 (in	N 431		

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accordance with his/her 06/28/2024 observation note above). Surveyor observed the following:

- One blood pressure taken on 06/11/2024, with no other 10-day period observed around 05/30/2023 where daily blood pressures were documented

- After 07/01/2024, the following 11 days were missing blood pressure checks: 07/07/2024, 07/11/2024, 07/13/2024, 07/14/2024, 07/16/2024, 07/20/2024, 07/21/2024, 07/23/2024, 07/25/2024, 07/28/2024, and 07/30/2024

- After 07/01/2024, the following 18 days were missing weights: 07/01/2024, 07/02/2024, 07/05/2024, 07/06/2024, 07/07/2024, 07/11/2024, 07/12/2024, 07/15/2024, 07/19/2024 through 07/27/2024, and 07/29/2024

At approximately 3:55 p.m., Surveyor interviewed Administrator A, Care Coordinator X, and Operations Manager Y. Care Coordinator X confirmed that the above observation entries were in relation to Resident 10 experiencing increased concerns with fluid retention and edema. Care Coordinator X reported that the directions provided by Resident 10's medical clinic agency with his/her changing medication orders were in relation to the medical team attempting to address the fluid retention concerns. Care Coordinator X reported that for the first observation entry, which called for 10 days of daily blood pressure checks, this must have been overlooked in the provider's electronic record system platform and so staff were still only checking Resident 10's vitals monthly in accordance with his/her individual service plan (ISP). Both Administrator A and Care Coordinator X acknowledged Surveyor's concern that staff did

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N 431	Continued From page 25 not monitor Resident 10's blood pressure and weights daily, as directed by his/her medical clinic agency, after 07/01/2024.	N 431		