STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015619	A. BUILDING: _____ B. WING _____	R-C 05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW VILLAGE SENIOR LIVING	W176 N9430 RIVER CREST DR MENOMONEE FALLS, WI 53051

(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 05/02/2024, Surveyor conducted 2 complaint investigations and verification visit at Riverview Village Senior Living. Two deficiencies were identified. One of 2 deficiencies is being cited for the 3rd time. See statement of deficiency (SOD) #XCD211, dated 08/08/2023 and SOD #UFG011, dated 12/05/2022. All previous violations from SOD #XCD211, dated 08/08/2023 were substantially corrected. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Chap 50, a $200 revisit fee is being assessed. Census: 42	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. From 07/09/2020 to 05/02/2024, the provider did not comply with all the laws governing the CBRF as evidenced by 13 deficiencies identified and 5	N 196		

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

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N 196	Continued From page 1	N 196		

complaints substantiated. The current survey included investigation of a complaint and verification visit. As a result, 1 deficiency is being cited for the 3rd time and resident outcome. Statement of deficiency (SOD) #XCD212, dated 05/02/2024, SOD #XCD211, dated 08/08/2023, SOD #UFG011, dated 12/05/2022, SOD #6KFT11, dated 09/21/2022, and SOD #UYTN11, dated 07/09/2020 all resulted in negative resident outcome.

Findings include:

Facility is a Class CNA non-ambulatory facility. Has a capacity of 48 residents and serves advanced aged and irreversible dementia & Alzheimer's.

Example 1: Obtain and maintain compliance with laws governing the CBRF:

On 05/02/2024, Surveyor conducted a complaint investigation and verification visit. As a result of the survey 1 deficiency was identified in SOD #XCD212. This deficiency led to negative resident outcome in the amputation of a resident's foot. This deficiency is being cited for the 3rd time:
83. 35(3)(c) Implement, Follow The Individual Service Plan

On 08/08/2023, Surveyor conducted 2 complaint investigations and a self-report review. As a result of the survey 2 complaints were substantiated and 4 deficiencies were identified in SOD #XCD211. These deficiencies led to negative resident outcome with a fibia fracture and not monitoring resident weight loss.
83.20(2)(a)-(d) Department-Approved Training Courses

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N 196	Continued From page 2 83.35(3)(c) Implement, Follow The Individual Service Plan 83.35(3)(d) Service Plan Updated Annually Or Ongoing 83.38(1)(g) Health Monitoring On 12/05/2022, Surveyor conducted 2 complaint investigations. As a result of the survey 1 complaint was substantiated and 1 complaint was unsubstantiated and 1 deficiency was identified in SOD #UFG011. This deficiency led to negative resident outcome with an ankle fracture. 83.35(3)(c) Implement, Follow the Individual Service Plan. On 09/21/2022, Surveyor conducted a complaint investigation. As a result of the survey 1 complaint was substantiated and 6 deficiencies were identified in SOD #6KFT11. This deficiency led to negative resident outcome with staff treatment. 83.12(4)(b) Reporting When Law Enforcement Is Called 83.12(4)(c) Reporting Incidents With Serious Injury 83.35(3)(b) Service Plan Development: Parties Involved 83.42(1) Resident Record Maintained 83.45(3) Toxic Substance 50.45(3) Treatment On 07/09/2020, Surveyor conducted a complaint investigation. As a result of the survey 1 complaint was substantiated and 1 deficiency was identified in SOD #UYTN11. This deficiency led to negative outcome when a resident was left outside unsupervised for 9.5 hours. 83.38(1)(b) Supervision Example 2: Repeat violations of laws governing	N 196		

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N 196	Continued From page 3 the CBRF. 1) 83.35(3)(c) Implement, Follow The Individual Service Plan SOD #XCD212, dated 05/02/2024, SOD #XCD211, dated 08/08/2023, and SOD #UFG011, dated 12/05/2022. Example 3: Number of Complaints Substantiated 1) SOD #XCD211, dated 08/08/2023, 2 complaints substantiated. 2) SOD #UFG011, dated 12/05/2022, 1 complaint substantiated. 3) SOD #6KFT11, dated 09/21/2022, 1 complaints substantiated. 4) SOD #UYTN11, dated 07/09/2020, 1 complaint substantiated. Summary: The licensee did not ensure the facility and its operation complied with all laws governing the CBRF. Cross Reference: N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan	N 196		
{N 388}	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 4's individual service plan (ISP) was followed when s/he experienced a right foot amputation. The provider	{N 388}		

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{N 388}	Continued From page 4 was responsible for applying compression stockings and removing them daily and applying Aquaphor twice daily. Staff documented both of above care tasks were being completed from 02/02/2024 (last doctor's appointment) until 03/11/2024 (discovery of right foot wounds). This deficiency is being cited for the 3rd time. See statement of deficiency (SOD) XCD211, dated 08/08/2023 and SOD UFG011, dated 12/05/2022. Findings include: On 04/25/2024, Surveyor conducted a verification visit and reviewed the following resident records: On 04/25/2024 at 10:44 AM, Surveyor interviewed Executive Director A and Wellness Director H. Wellness Director H stated since last survey (August 2023) there had been 1 incident where staff did not follow a resident's care plan that resulted in negative outcome. Wellness Director H stated before the incident Resident 4 showered him/herself and was supposed to report any skin issues they were having to staff. Wellness Director H noted Resident 4 had a diagnosis of neuropathy so s/he could not feel the severity of their injury. Wellness Director H confirmed that as a result of not following the residents care plan, Resident 4's right foot was amputated. On 04/25/2024 at 1:30 PM, Surveyor interviewed Executive Director A. Executive Director A stated the provider completed an investigation into how staff did not see condition of Resident 4's right foot. Executive Director A stated staff were supposed to apply Aquaphor twice daily and TED stockings twice daily.	{N 388}		

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{N 388}	Continued From page 5 Resident 4 was admitted to the facility on 10/11/2022 with diagnosis including type 2 diabetes and vascular dementia. Resident 4 had an activated healthcare power of attorney. Resident 4's progress notes documented: "03/08/2024: Writer stopped by resident requesting a refill for PRN gentamicin ointment due to a sore on [his/her] right foot. "That is mostly healed", per the resident. Writer requested the resident remove footwear so writer can see the sore, but resident declined, stating "I don't want to take all this wrapping off right now." Writer will notify pharmacy for ointment and ensure resident is on podiatry schedule for Monday 3/11. 03/10/2024: Resident asked for status of gentamicin refill today, stating "the sore is mostly healed but I'd like to have some for next time." Writer again requested a chance to see right lower extremity (RLE) due to swelling concerns as well; resident declined stating [s/he] was working on the community puzzle and would wait for podiatry tomorrow. Writer did update primary care physician (PCP) regarding lower extremity (LE) swelling as well. 03/11/2024: Resident being transported to [Hospital L] without delay due to visible infection, ulcers noted to right foot by Podiatrist. Visible infection noted to right middle toe, bottom of large toes, as well as on ball of the foot. 03/14/2024: Forefoot amputated and surgical debridement managed with wound care. Resident to discharge to SNF for management of wound care, PT/OT for ambulation, transfers and ADLs. 03/15/2024: [Wellness Director H] and [Executive Director A] met with [daughter/son] and discussed that resident per ISP was independent with skin concerns and refused assistance with showers, had been trained with compression stocking and	{N 388}		

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{N 388}	Continued From page 6	{N 388}		

reporting by homecare. Discussed routine foot checks in the future with [daughter/son] and memory deficit, resident being private and self-negligent with [his/her] neuropathy, less likely to notice or report pain to [his/her] feet. ISP updates to be made with re-assessment upon return and resident to be checked with showers. Refusals will be reported to WD in the future to be reported to the POA.
04/22/2024: Resident returned today from SNF with specialty shoe, walker, wheelchair,..ISP in place. Preceptor Homecare to resume wound care for foot and PT/OT for home transition and care."

Resident 4's ISP dated 11/16/2023 documented: "Bathing: [Resident 4] is aware to alert wellness of any changes in skin condition. Resident states '[s/he] does not want help" bathing, states [s/he] bathes [him/her] self Sunday mornings. Requires reminders, encouragement, or direction to bath.
Dressing: Dresses independently. Put on compression stocking in morning and take off at bedtime.
Medication: Staff performs medication administration.
Skin maintenance: Resident educated on self-application of BLE tubigrips and reporting skin concerns by homecare prior to discharge from homecare from home health in June 2023. If resident has a change in skin condition (i.e., infection, open areas, pressure sores, or other injuries) then the resident should report changes to Wellness lead. Skin check completed during each shower of the week by resident as educated by homecare team and changes reported to the Wellness lead."

Resident 4's physician orders documented: "Compressions one time a day for edema Apply

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{N 388}	Continued From page 7	{N 388}		

upon rising and remove at bedtime with a start date 04/13/2023.
"Aquaphor OIN, apply topically to arms and legs twice daily for skin care with a start date of 10/06/2022."

Resident 4's February and March 2024 Medication Administration Record (MAR) document:
Staff initial compression stockings to be applied and removed daily by staff and apply Aquaphor twice daily as being completed.

Resident 4's hospital discharge records dated 03/11/2024-03/152024 documented:
"..patient ...with past medical history of diabetes complicated by diabetic neuropathy, dementia, osteomyelitis of the right toes that presents from the provider with chief complaint of toe wound. Patient history limited due to patient's dementia. Patient denies any foot or leg pain .....Patient has ulcers on [his/her] right foot and cellulitis of the right leg ....[S/he] was found to have wounds to the plantar great toe and plantar foot as well a necrotic appearing third toe and redness, swelling, and malodorous drainage. MRI findings suggestive or osteomyelitis in distal tuft of great toe as well as the residual proximal phalanx of the fourth toe. ....The fourth metatarsal head exposed and a rongeur was utilized to obtain a bone biopsy and sent to microbiology. The bone taken appeared darkened, soft and degenerated consistent with osteomyelitis ....Pt admitted with R foot wounds and scheduled for transmetatarsal amputation with rotation flap.
Assessment/Diagnostic and Therapeutic Plan:
Diabetic foot ulcer and osteomyelitis, superinfection venous stasis ulcer right leg. Unclear time onset, apparently patient has been denying foot exams at ALF, Ulcers present on

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{N 388}	Continued From page 8 feet, extending to bone, MRI showing osteomyelitis present in the first and fourth toe." The provider's investigation dated 03/11/2024-03/21/2024 completed by Nurse B documented: "Summary On March 11, 2024, during a routine podiatry visit, [Resident 4] was diverted to [Hospital L] for emergent evaluation and treatment of wounds observed to [his/her] right foot and leg. [Resident 4] was diagnosed with diabetic ulcers to [his/her] first metatarsophalangeal joint measuring 2.0 x 1.0 cm in diameter, approximately 3mm in depth. Ulceration noted to the distal plantar aspect of [his/her] right great toe measures 3.0cm x 1.0cm and 2mm in depth. The 4th toe was dislocated in the dorsal direction at the proximal interphalangeal joint level with the middle distal phalanges in the elevated position. Exposed bone is present with skin breakdown measuring 3.0cm in diameter. The wound at this ulceration site was foul in odor, cellulitis and wound presence was noted to the Right Achilles and calf. MRI suggested osteomyelitis and joint degermation to 4th toe, right great toe and right foot including ligament degermation. As a result of these injuries, [Resident 4] received an amputation of [his/her] right foot. Conclusion Resident has history of refusing care including showers and skin checks. Upon evaluation of [his/her] POC it was noted that [s/he] did not have skin checks in [his/her] tasks. Staff were not reporting refusals of showers to the Wellness Director (WD). Resident had orders in [his/her] EMAR for compression stockings to be applied and removed daily by staff and Aquaphor to be applied twice daily.	{N 388}		

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{N 388}	Continued From page 9 Upon evaluation and discussion with staff, staff informed the WD that resident was applying [his/her] own tubigrip stockings and they were checking placement daily vs applying themselves. Staff also documented that Aquaphor was being applied twice daily or refused. [Resident 4] was seen by his Nurse Practitioner on 2-2-24, at that time skin was checked and no wounds are noted to [his/her] bilateral extremities. It can be concluded at some time between 2-2-24 and 3-11-2024, [Resident 4] developed these wounds to [his/her] right foot, it went unnoticed due to staff not reporting that [Resident 4] performs [his/her] own compression stocking placement. In June 2023, [Resident 4] was educated to place these stocking by home care [him/herself] yet no orders were processed or requested to change the order to resident directed. [His/her] care plan reflected independence in these tasks yet the medication order list did not. [Resident 4] has a history of dementia, [s/he] is not likely appropriate to self-manage [his/her] care as [s/he] is not appropriate to manage [his/her], medications, meals, etc. Per reporting from [his/her] [daughter/son], [Resident 4] has no sensation in [his/her] feet secondary to [his/her] diabetic neuropathy and is not an appropriate reporter. ...These factors all contributed to [Resident 4's] injuries." On 05/02/2024 at 1:30 PM, Surveyor interviewed Executive Director A and Wellness Director H regarding the above incident. Executive Director A acknowledged through their internal investigation determined staff did not follow Resident 4's ISP when it came to compression stockings to be applied and removed daily by staff and applying	{N 388}		

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{N 388}	Continued From page 10 Aquaphor twice daily. Wellness Director H stated the provider retrained all med passers involved in Resident 4's documentation of stockings, Aquaphor, and change of condition. Wellness Director H stated Resident 4's ISP was updated to reflect skins checks and reporting of refusals to team. Wellness Director H stated after previous survey where staff did not follow ISP, retraining was completed, and they came up just short with Resident 4's incident. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensure Facility Complies With Laws	{N 388}		