STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015217	A. BUILDING: _____ B. WING _____	R-C 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKWOOD ASSISTED LIVING GREEN HOUSI	6370 N GREEN BAY AVE GLENDALE, WI 53209

(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 10/01/2024 with information gathered through 10/02/2024, Surveyors conducted a verification visit and five complaint investigations at Parkwood Assisted Living Green House, a Community-Based Residential Facility (CBRF) in Glendale, WI. Ten deficiencies identified. Eight of 10 deficiencies are repeat deficiencies. One of 5 complaints substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 10	{N 000}		
{N 214}	83.15(3)(a) Administrator shall supervise daily operation The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. This Rule is not met as evidenced by: Based on observation, record review and interview, Administrator D did not supervise the daily operation of the Community-Based Residential Facility (CBRF) related to resident	{N 214}		

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

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{N 214}	Continued From page 1	{N 214}		

care and services. The administrator did not provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety were protected and promoted.

This is a repeat deficiency. See statement of Deficiency (SOD) XD4Y16, dated 01/03/2023 and SOD XD4Y17, dated 06/28/2024.

Findings include:

The facility is licensed as a 12 bed class CNA (non-ambulatory) facility to provided services for the developmentally disabled, advanced aged, emotionally disabled/mental illness, irreversible dementia/Alzheimer's and physically disabled.

On 10/01/2024, Surveyors reviewed Department records and identified the following:

On 08/16/2024, the Department issued a Notice and Order Letter, which included special orders, with SOD XD4Y17. The following was identified:

SPECIAL ORDERS
Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Parkwood Assisted Living Green House:

CONSULTANT REQUIRED
1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs.

WITHIN 45 DAYS of receipt of this notice, the

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{N 214}	Continued From page 2	{N 214}		

licensee will correct the deficiencies identified in Statement of Deficiency (SOD) XD4Y17 in consultation with a Registered Nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code chs. 12, 13, and 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Parkwood Assisted Living Green House. The licensee will provide the consultant with a copy of the SOD XD4Y17, along with this Notice and Order letter prior to providing consultation services.

WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training to all managers and all resident care staff on the corrective actions taken to resolve each deficiency identified in SOD XD4Y17. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant. Documentation will be made available to department representatives upon request.

2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of Statement of Deficiency XD4Y17 and a copy of this Notice and Order letter. The licensee shall retain documentation, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or

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{N 214}	Continued From page 3 email from each legal representative and case manager. The documentation required by Order #2 will be available to department representatives upon request. On 10/01/2024 at 9:00 AM, Surveyors requested RN consultation information per special orders from Director of Operations F. Director of Operations F stated s/he did not hire a RN consultant because s/he thought since Facility RN II's first day on the job was when Surveyors came last time, s/he thought since Facility RN II was working, they did not need one. Director of Operations F stated, "to be honest, I just looked at the Statement of Deficiency and have not done anything with the special orders and I know some of the citations will not be corrected." On 10/01/2024 with information gathered through 10/02/2024, Surveyors conducted a verification visit and five complaint investigations at Parkwood Assisted Living Green House resulting in 10 violations. Eight of the 10 violations are repeat violations, see Statement of Deficiency: XD4Y11, dated 04/18/2018, XD4Y12, dated 12/28/2018, XD4Y13, dated 06/28/2019, XD4Y14, dated 01/29/2021, XD4Y15, dated 11/17/2021, XD4Y16 dated 01/03/2023, XD4Y17 dated 06/28/2024. 83.15(3)(a) Administrator Shall Supervise Daily Operation (repeat) 83.28(3) Provide Admission Agreement As Required (repeat) 83.28(6) Resident Rights, Grievance Procedure, Rules (repeat) 83.35(1)(a) Pre-admission and Ongoing Assessments (repeat) 83.35(3)(b) Service Plan Development: Parties Involved (repeat)	{N 214}		

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{N 214}	Continued From page 4 83.35(5)(a) Initial Evaluation of Evacuation Limitations (repeat) 83.37(2)(d) Documentation of Medication Administration (repeat) 83.38(1)(g) Health Monitoring (repeat) On 10/01/2024 at approximately 11:30 AM, Surveyors interviewed Director of Operations F. Director of Operations F stated s/he is continuously working to fix all of these issues since s/he had bought the facility from Administrator D. Director of Operations F stated s/he is aware of DHS 83 and will need to be in substantial compliance before an official change of ownership can happen.	{N 214}		
{N 301}	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not provide an admission agreement for 2 of 2 residents reviewed (Resident 20 and Resident 22). This is a repeat deficiency. See Statement of Deficiency (SOD) XD4Y17 dated 06/28/2024. Findings include: On 10/01/2024 at approximately 10:30 AM, Surveyors reviewed Resident 20's and Resident 22's record. Surveyors identified the following:	{N 301}		

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{N 301}	Continued From page 5 -Resident 20 was admitted on 04/25/2024 and his/her record did not contain evidence of an admission agreement. -Resident 22 was admitted on 03/04/2024 and his/her record did not contain evidence of an admission agreement. On 10/01/2024 at approximately 11:00 AM, Surveyors interviewed Director of Operations F. Director of Operations F stated s/he looked in both residents' records and could not locate an admission agreement for both residents. Director of Operations F stated if it was completed, it would have been in their records.	{N 301}		
{N 305}	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not provide resident rights, grievance procedures and house rules before or upon admission for 2 of 2 residents reviewed (Resident 20 and Resident 22).	{N 305}		

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{N 305}	Continued From page 6 This is a repeat deficiency. See Statement of Deficiency (SOD) XD4Y17 dated 06/28/2024. Findings include: On 10/01/2024 at approximately 10:30 AM, Surveyors requested to review Resident 20 and Resident 22's record. Surveyors identified the following: -Resident 20 was admitted on 04/25/2024 and his/her record did not contain evidence of Resident 20 being provided with resident rights, grievance procedures and house rules before or upon admission. -Resident 22 was admitted on 03/04/2024 and his/her record did not contain evidence of Resident 22 being provided with resident rights, grievance procedures and house rules before or upon admission. On 10/01/2024 at approximately 11:00 AM, Surveyors interviewed Director of Operations F. Director of Operations F stated s/he looked in both residents' records and could not locate evidence of residents being provided with resident rights, grievance procedures and house rules before or upon admission for both residents. Director of Operations F stated if it was completed, it would have been in their records.	{N 305}		
{N 381}	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities	{N 381}		

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{N 381}	Continued From page 7 or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident reviewed when s/he had a change in his/her needs, abilities, and/or physical and mental condition. Resident 20 had a signficant fall on 07/14/2024, multiple emergency room visits, wound on right buttock that required wound care and a cushion in his/her wheelchair. This is a repeat deficiency. See Statement of Deficiency (SOD) XD4Y17 dated 06/28/2024. Findings include: On 10/01/2024, Surveyors reviewed Resident 20's record and identified the following: Resident 20 was admitted to the facility on 04/25/2024 with diagnoses of type 2 diabetes without complications, chronic kidney disease, fibromyalgia and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Resident 20 was his/her own decision maker. Resident 20 had an assessment completed on 07/10/2024 and assessment stated Resident 20 needed complete supervision and full assistance	{N 381}		

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{N 381}	Continued From page 8	{N 381}		

with all physical disabilities. Resident 20 would need full hands on assistance in handling and aiding these disabilities. Resident 20's assessment stated Resident 20's skin is in good condition with no open wounds, able to monitor skin and apply lotion independently. Resident 20's assessment did not identify any adaptive equipment used.

Resident 20's fall/incident reported dated 07/14/2024 stated the following:
-"Resident 20 had an alleged fall in the common area
-Resident 20 did not know why or how s/he slid out of his/her chair
-Staff got [Resident 20] off the ground and examined [him/her]. Gave [Resident 20] a pain pill. [S/he] still wanted to seek extra help so staff called to send [him/her] out to the hospital."

Resident 20's Emergency Department after visit summary from 07/14/2024 stated the following:
-"Reason for visit: Knee pain
-Diagnoses: Fall, initial encounter, acute left ankle pain, and acute pain for left knee. Instructions to use the RICE method which stands for rest, ice, compression and elevation."

Resident 20's Emergency Department after visit summary from 08/20/2024 stated the following:
-"Reason for visit: Shoulder pain
-Diagnoses: Nodule of right lung, shoulder strain, initial encounter"

Resident 20's Emergency Department after visit summary from 09/16/2024 stated the following:
-"Your medications have changed: Start taking cephalexin and potassium chloride
-Reason for visit: pressure ulcer, dizziness
-Diagnoses: constipation, bladder infection,

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{N 381}	Continued From page 9 pressure injury of buttock, stage 2, unspecified laterality, and hypokalemia Resident 20's after visit summary with his/her primary doctor on 09/26/2024 at 12:00 PM stated the following: -"recent ct (computed tomography scan-uses X-rays to create images of the inside of the body) abdomen [@ hospital]/new bed sore on buttocks. -Reviewed medications: Remedy Phytoplex Z-Guard (zinc oxide) 17%-57% topical paste, apply externally to the affected area(s) 2 times a day, renewed on 08/20/2024 -Have coccyx pressure wound (had wound care) -Skin: inspection and palpation: ulcer; stage 2 pressure ulcer right buttock -Pressure injury of buttock: stage 2, barrier cream wound care follow up, need new wound care referral, advised change positions as often, increase protein diet, home care referral for wound care On 10/01/2024 at approximately 12:00 PM, Surveyors interviewed Resident 20. Resident 20 stated s/he had the wound for awhile now and they are putting a cream on it twice a day. Resident 20 stated s/he has not been receiving any wound care for it. Surveyors observed Resident 20 sitting on a cushion in his/her wheelchair. Resident 20 stated his/her buttock hurts so much that his/her adult child bought the cushion for his/her wheelchair to help with the pain. On 10/01/2024 at approximately 12:15 PM, Surveyors interviewed Director of Operations F. Director of Operations F stated s/he believed Resident 20 had the wound starting in July of 2024. Director of Operations F stated the only assessment s/he could find on file would be the	{N 381}		

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{N 381}	Continued From page 10 July 2024 assessment and it was completed prior to Resident 20 developing wounds so the wounds were not identified in the nurses assessment. Director of Operations F acknowledged a new assessment was not completed when staff identified Resident 20 had a wound on his/her buttock and multiple falls/ER visits.	{N 381}		
{N 387}	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not involve 3 of 3 residents reviewed (Resident 16, Resident 17 and Resident 18) and the resident's legal representative, as appropriate, in developing the individual service plan (ISP) and did not have the plan signed acknowledging their involvement in,	{N 387}		

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{N 387}	Continued From page 11 understanding of, and agreement with the plan. This is a repeat deficiency and being cited for the fourth time. See statement of Deficiency (SOD) XD4Y14, dated 01/29/2021, SOD XD4Y15 dated 11/17/2021 and SOD WR6G11 dated 04/25/2023. Findings include: On 06/18/2024 at approximately 10:30 AM, Surveyors reviewed Resident 16, Resident 17's and Resident 18's record. Surveyors identified the following: -Resident 16 was admitted on 11/16/2015. Resident 16 had a guardian, and his/her record did not have an ISP signed by Resident 16's guardian. The current signed ISP in Resident 16 was dated 11/10/2020 and was signed by a former Licensed Practical Nurse (LPN). -Resident 17 was admitted on 03/02/2023 and was his/her own person. Resident 17's record did not contain evidence of a signed ISP by Resident 17. -Resident 18 was admitted on 06/17/2021 and was his/her own person. Resident 18's record did not contain evidence of a signed ISP by Resident 18. On 06/18/2024 at approximately 11:00 AM, Surveyors interviewed Director of Operations F. Director of Operations F stated s/he looked in Resident 16's, Resident 17's and Resident 18's records and could not locate an ISP that was signed for all 3 residents. Director of Operations F stated if it was completed, it would have been in their records.	{N 387}		

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{N 393}	Continued From page 12	{N 393}		
{N 393}	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not complete an evaluation of evacuation limitations for 2 of 2 residents reviewed (Resident 20 and Resident 22), within 3 days of the resident's admission. This is a repeat deficiency. See Statement of Deficiency (SOD) XD4Y17 dated, 06/28/2024. Findings include: The facility is licensed as a class CNA (non-ambulatory) facility for 12 residents with programs in advanced age, emotionally disturbed/mental illness, developmentally disabled, physically disabled, and irreversible dementia/Alzheimer's. On 10/01/2024 at approximately 10:30 AM, Surveyors reviewed Resident 20's and Resident 22's records. Surveyors identified the following:	{N 393}		

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{N 393}	Continued From page 13 -Resident 20 was admitted on 04/25/2024 and his/her record did not contain evidence of an initial evacuation assessment. -Resident 22 was admitted on 03/04/2024 and his/her record did not contain evidence of an initial evacuation assessment. On 10/01/2024 at approximately 11:00 AM, Surveyors interviewed Director of Operations F. Director of Operations F stated if Surveyors did not see the assessment in the records, then the assessments were not completed.	{N 393}		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have documentation of the time of medication administration, the person administering the medication or treatment and the name, dosage, date, and time of medication taken or treatments performed and initialed in the	{N 415}		

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PARKWOOD ASSISTED LIVING GREEN HOUSI	6370 N GREEN BAY AVE GLENDALE, WI 53209

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{N 415}	Continued From page 14 medication administration record (MAR) for 2 of 2 residents (Resident 20 and Resident 22). This is a repeat deficiency. See Statement of Deficiency (SOD) XD4Y16, dated 01/03/2023 and SOD XD4Y17, dated 06/28/2024. Findings include: On 10/01/2024, Surveyors reviewed Resident 20's and Resident 22's record and identified the following: Resident 20 was admitted to the facility on 04/25/2024. Resident 20 September 2024 MAR, dated 09/01/2024 to 09/30/2024, had a total of 37 blank entries for administering his/her medications. Resident 20's MAR stated Resident 20 was prescribed the following medications: - Ammonium Lactate 12% cream, apply topically to area twice daily at 8:00 AM and 8:00 PM - Atorvastatin 80 milligrams (MG), take one tablet daily at 8:00 PM - Eliquis 5 MG, take one tablet twice daily at 8:00 AM and 4:00 PM - Losartan 25 MG, take one tablet daily at 8:00 AM - Melatonin 3 MG, take one tablet daily at 8:00 PM - Multi-Minerals, take one tablet daily at 8:00 AM - Pantoprazole SOD DR 40 MG, take one tablet daily at 8:00 PM - Stimulant Laxative PLUS, take one tablet twice daily at 8:00 AM and 4:00 PM - Vitamin D3 25 micrograms (MCG), take one tablet daily at 8:00 AM - Linzess 145 MCG, take one capsule daily at	{N 415}		

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{N 415}	Continued From page 15	{N 415}		

8:00 AM
- Hydroxyzine 25 MG, take one tablet three times daily at 8:00 AM, 4:00 PM and 8:00 PM
- Lidocaine pain relief 4% patch, apply one patch topically daily, take off at 8:00 PM
- Remedy Phytoplex Z-Guard paste, apply externally to the affected area two times daily at 8:00 AM and 9:00 PM
- Sucralfate 1 gram (GM) / 10 milliliter (ML), take 10 ML suspension, take 10 ML three times daily at 8:00 AM, 4:00 PM and 8:00 PM
- Venlafaxine hydrochloride (HCL) extended release (ER) 37.5 MG, take one capsule daily at 8:00 AM
- Mirtazapine 7.5 MG, take one tablet daily at 8:00 AM
- Venlafaxine HCL ER 75 MG, take one capsule daily at 8:00 AM
- Cephalexin 500 MG, take one capsule three times daily for seven days at 8:00 AM, 4:00 PM and 9:00 PM
- Potassium CL ER 20 milliequivalents (MEQ), take one tablet two times daily at 8:00 AM and 8:00 PM

Resident 20's MAR had missing entries on the following dates:
- Ammonium Lactate 12% cream, on 09/21/2024 at 8:00 PM (1 entry)
- Atorvastatin 80 milligrams (MG) tablet, on 09/21/2024 at 8:00 PM (1 entry)
- Eliquis 5 MG tablet, on 09/22/2024 at 4:00 PM (1 entry)
- Melatonin 3 MG tablet on 09/21/2024 and 09/22/2024 at 8:00 PM (2 entries)
- Stimulant Laxative PLUS tablet on 09/22/2024 and 09/23/2024 at 4:00 PM (2 entries).
- Hydroxyzine 25 MG tablet on 09/21/2024 at 8:00 PM and 09/22/2024 at 4:00 PM (2 entries).
- Lidocaine pain relief 4% patch on 09/21/2024 at

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{N 415}	Continued From page 16	{N 415}		

8:00 PM (1 entry).
- Remedy Phytoplex Z-Guard paste on 09/21/2024 and 09/22/02024 at 9:00 PM (2 entries).
- Sucralfate 1 gram (GM) / 10 milliliter (ML) on 09/22/02024 and 09/23/2024 at 4:00 PM and 09/22/2024, 09/22/2024 and 09/23/2024 at 8:00 PM (5 entries).
- Cephalexin 500 MG capsule on 09/20/2024, 09/21/2024, 09/22/2024 and 09/23/2024 at 8:00 AM, 09/20/2024, 09/21/2024 and 09/22/2024 at 4:00 PM and 09/20/2024, 09/21/2024, 09/22/2024, 09/23/2024 and 09/24/2024 at 9:00 PM (11 entries).
- Potassium CL ER 20 MEQ tablet on 09/20/2024-09/23/2024 at 8:00 AM and 09/20/2024-09/23/2024 at 8:00 PM (8 entries).

Resident 22 was admitted to the facility on 03/04/2024.

Resident 22 September 2024 MAR dated 09/01/2024 to 09/30/2024, had a total of 41 blank entries for administering his/her medications.

Resident 22's MAR stated Resident 22 was prescribed the following medications:
- Vitamin D3 25 MCG, take one tablet daily at 8:00 AM
- Citalopram hydrobromide 10 MG, take one tablet daily at 8:00 AM
- Donepezil HCL 5 MG, take one tablet daily at 8:00 PM
- Ingrezza 80 MG, take one capsule daily at 8:00 AM
- Melatonin 5 MG, take one daily at 8:00 PM
- Linzess 72 MCG, take one capsule daily at 8:00 AM
- Pantoprazole SOD DR 40 MG, take one tablet daily at 8:00 AM

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{N 415}	Continued From page 17 - Levetiracetam 500 MG, take one tablet 2 times daily at 8:00 AM and 4:00 PM - Carbidopa-Levodopa 25-100, take one tablet 3 times daily at 8:00 AM, 12:00 PM and 4:00 PM - Prazosin 1 MG, take one capsule every 12 hours at 8:00 AM and 8:00 PM - Olanzapine 5 MG, take one tablet daily at 8:00 PM - Mirtazapine 15 MG, take one tablet daily at 8:00 PM Resident 22's MAR had missing entries on the following dates: - Vitamin D3 25 MCG tablet on 09/26/2024 at 8:00 AM (1 entry). - Donepezil HCL 5 MG tablet on 09/21/2024-09/22/2024 and 09/30/2024 at 8:00 PM (3 entries). - Melatonin 5 MG tablet on 09/21/2024-09/22/2024 and 09/30/2024 at 8:00 PM (3 entries). - Levetiracetam 500 MG tablet on 09/21/2024-09/23/2024, 09/26/2024 and 09/30/2024 at 4:00 PM (5 entries). - Carbidopa-Levodopa 25-100 tablet on 09/19/2024-09/23/2024 at 8:00 AM, 09/19/2024, 09/21/2024 and 09/23/24-09/27/2024 at 12:00 PM and 09/19/2024-09/23/2024 and 09/26/2024 at 4:00 PM (18 entries). - Prazosin 1 MG capsule on 09/26/2024 at 8:00 AM, 09/21/2024-09/23/2024 and 09/30/2024 at 8:00 PM (5 entries). - Olanzapine 5 MG tablet on 09/21/2024-09/22/2024 and 09/30/2024 at 8:00 PM (3 entries). - Mirtazapine 15 MG tablet on 09/21/2024-09/22/2024 and 09/30/2024 at 8:00 PM (3 entries). On 10/01/2024 at approximately 12:00 PM,	{N 415}		

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{N 415}	Continued From page 18 Surveyors interviewed Director of Operations F. Director of Operations F stated s/he would talk to staff to make sure they are documenting each time medications were being administered to residents.	{N 415}		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer injectable medications by a registered nurse or a licensed practical nurse within the scope of the license and medication administration was not delegated to non-licensed employees pursuant to s.N6.03(3) for 4 of 4 employees (Caregiver DD, Caregiver FF, Caregiver GG and Caregiver HH) reviewed. Findings include: On 10/01/2024, Surveyors reviewed Caregiver DD, Caregiver FF, Caregiver GG and Caregiver HH's record. Caregiver DD was hired on 12/19/2022. Caregiver FF was hired on 08/15/2024. Caregiver GG was hired on 07/15/2024. Caregiver HH was hired on 05/07/2022. Surveyors reviewed Caregiver DD's, Caregiver FF's, Caregiver GG's and Caregiver HH's RN delegation records. Caregiver DD,	N 416		

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N 416	Continued From page 19 Caregiver FF, Caregiver GG and Caregiver HH did not have records of delegation. On 10/01/2024 at 2:23 PM, Surveyors interviewed Director of Operations F. Director of Operations F indicated one resident received insulin and Caregiver DD, Caregiver FF, Caregiver GG, and Caregiver FF were all medication passers and would give insulin. Director of Operations F stated delegations were completed in July 2024. Director of Operations F stated delegations were not documented.	N 416		
{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 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	{N 431}		

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{N 431}	Continued From page 20 changes in the resident ' s health or mental health status in the resident ' s record.	{N 431}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 20's) wound care was completed.

This is a repeat deficiency. See Statement of Deficiency (SOD) XD4Y17 dated 06/28/2024.

Findings include:

On 10/01/2024, Surveyors conducted a complaint investigation. Surveyors reviewed Resident 20's record and identified the following:

Resident 20 was admitted to the facility on 04/25/2024 with diagnoses including type 2 diabetes without complications, chronic kidney disease, fibromyalgia and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Resident 20 was his/her own decision maker.

Resident 20's Emergency Department after visit summary from 09/16/2024 stated the following:
-"Your medications have changed: Start taking cephalexin and potassium chloride
-Reason for visit: pressure ulcer, dizziness
-Diagnoses: constipation, bladder infection, pressure injury of buttock, stage 2, unspecified

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{N 431}	Continued From page 21 laterality, and hypokalemia Resident 20's after visit summary with his/her primary doctor on 09/26/2024 at 12:00 PM stated the following: -"recent ct (computed tomography scan-uses X-rays to create images of the inside of the body) abdomen [@ hospital]/new bed sore on buttocks. -Reviewed medications: Remedy Phytoplex Z-Guard (zinc oxide) 17%-57% topical paste, apply externally to the affected area(s) 2 times a day, renewed on 08/20/2024 -Have coccyx pressure wound (had wound care) -Skin: inspection and palpation: ulcer; stage 2 pressure ulcer right buttock -Pressure injury of buttock: stage 2, barrier cream wound care follow up, need new wound care referral, advised change positions as often, increase protein diet, home care referral for wound care On 10/01/2024 at approximately 12:00 PM, Surveyors interviewed Resident 20. Resident 20 stated s/he has had the wound for awhile now and they are putting a cream on it twice a day. Resident 20 stated s/he has not been receiving any wound care for it. Surveyors observed Resident 20 sitting on a cushion in his/her wheelchair. Resident 20 stated his/her buttock hurts so much that his/her adult child bought the cushion for his/her wheelchair to help with the pain. On 10/01/2024 at approximately 12:15 PM, Surveyors interviewed Director of Operations F. Director of Operations F stated s/he believes Resident 20 had the wound starting in July of 2024. Director of Operations F stated the only assessment s/he could find on file would be the July 2024 assessment and it was completed prior	{N 431}		

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{N 431}	Continued From page 22 to Resident 20 developing wounds so the wounds were not identified in the nurses assessment. Director of Operations F stated s/he was working with Resident 20's case management team to set up wound care. Director of Operations F acknowledged wound care should had been completed since Resident 20's Emergency Department visit on 09/16/2024.	{N 431}		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o)	N 454		

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N 454	Continued From page 23 Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not include documentation of all other services including	N 454		

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N 454	Continued From page 24	N 454		

rehabilitation services or treatment for 1 of 1 resident (Resident 20).

Findings include:

On 10/01/2024 at approximately 9:00 AM, Surveyors observed physical therapy/occupational therapy (PT/OT) working with Resident 20.

Surveyors interviewed the PT/OT staff person with Resident 20. The PT/OT staff person stated Resident 20 has been seen for about 4-5 weeks and was seen twice a week for positioning, strength, core, transfers and standing tolerance.

On 10/01/2024, Surveyors reviewed Resident 20's records. Resident 20 was admitted to the facility on 04/25/2024 with diagnoses including type 2 diabetes without complications, chronic kidney disease, fibromyalgia and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Resident 20 was his/her own decision maker. Resident 20's record did not include any documentation of PT/OT services and any documentation of Resident 20's wound on his/her coccyx.

On 10/01/2024 at approximately 9:30 AM, Surveyors interviewed Director of Operations F. Director of Operations F stated s/he did not have documentation of when PT/OT were in to see Resident 20. Director of Operations F stated s/he had to get better at having outside agencies leaving documentation after each visit at the facility, so they had it as part of their record on-site.

Cross Reference:
N0381 DHS 83.35(1)(a) Pre-Admission And

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N 454	Continued From page 25 Ongoing Assessments	N 454		