STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016630	A. BUILDING: _____ B. WING _____	R 09/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA OF GREENFIELD	8765 W FOREST HOME AVE GREENFIELD, WI 53228

(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 08/31/2023, Surveyors completed 4 complaint investigations and a verification visit at Villa Of Greenfield. As a result, the previous 12 deficiencies were corrected, 5 new deficient practices were identified. Three complaints were substantiated, one complaint was unsubstantiated. Under statuatory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 19	{N 000}		
N 356	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident's right to the least restrictive environment for 19 of 19 residents. The provider restricted visiting hours and did not allow residents to have visitors of choice at any time. Findings include: On 08/02/2023, the department received a complaint about the provider prohibiting visitors for residents.	N 356		

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

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N 356	Continued From page 1 On 08/29/2023, at approximately 3:30 PM, Surveyor reviewed an email sent from Administrator A to Family Member KK. The email stated, "This is a follow up to the phone call we just had. This is to reiterate that our visiting hours end at 8:00 PM unless approved by management ...." On 08/30/2023, at 11:00 AM, Surveyors entered the facility. Surveyors observed a sign in the front foyer that stated, "Visiting Hours 8AM-8PM." On 08/30/2023, at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A reported the provider did not enforce visiting hours. When Surveyor inquired about an email Administrator A send to Family Member KK, Administrator A stated, "Well, yes, I had to enforce visiting hours with that family, but only because [Resident 7] likes to go to bed early. S/He is always asking to go to bed and the family forces her/him to stay up." When Surveyor inquired if anyone had ever asked Resident 7 what s/he would like to do when s/he had visitors, Administrator A reported s/he did not believe anyone had ever asked Resident 7. On 08/31/2023, at 3:35 PM, Surveyor interviewed Resident Assistant G. Surveyor inquired about visiting hours within the facility. Resident Assistant G confirmed the visiting hours were from 8:00 AM until 8:00 PM. Surveyor inquired what happened if a family was visiting past 8:00 PM, Resident Assistant G stated, "We ask them politely to leave at 8:00 PM. If there is a problem, we call management."	N 356		

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N 417	Continued From page 2	N 417		
N 417	83.37(3)(a) Medication storage: original containers. Original containers. The CBRF shall keep medications in the original containers and not transfer medications to another container, unless the CBRF complies with all of the following: 1. Transfer of medications from the original container to another container shall be done by a practitioner, registered nurse, or pharmacist. Transfer of medication to another container may be delegated to other personnel by a practitioner, registered nurse or pharmacist. 2. If a medication is administered by CBRF employees and the medication is transferred from the original container by a registered nurse, or practitioner or other personnel who were delegated the task, the CBRF shall have a legible label on the new container that includes, at a minimum, the resident ' s name, medication name, dose and instructions for use. The CBRF shall maintain the original pharmacy container until the transferred medication is gone. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the person transferring medications from the original container to another container was a practitioner, registered nurse, or pharmacist, or someone delegated by a practitioner, registered nurse, or pharmacist for 1 of 1 resident (Resident 22). Findings include: On 08/31/2023, at 12:10 PM, Surveyor observed the facility medication cart. Surveyor observed Resident 22's medications. Resident 22's medications were located in a bubble pack card type of packaging with handwritten instructions	N 417		

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N 417	Continued From page 3	N 417		

for the medications located at the top of the card.

On 08/31/2023, at 12:20 PM, Surveyor reviewed Resident 22's medication administration record (MAR). Resident 22's MAR indicated Resident 2 was prescribed the following medications: aspirin 81 milligrams (mg) tablet once a day, tamsulosin 0.4 mg capsule once a day, metformin 500 mg tablet twice daily, clopidogrel 75 mg tablet once a day, amlodipine 5 mg tablet once a day, atorvastatin calcium 40 mg tablet once a day, atenolol 25 mg tablet once a day, tera-m tablet once a day, atorvastatin 10 mg tablet once a day, metoprolol tartrate 25 mg tablet twice a day, and vitamin D3 5,000 units once a day.

On 08/31/2023, at 12:30 PM, Surveyor interviewed Medication (Med) Passer E. Surveyor inquired why Resident 22's medications contained handwritten instructions at the top of the medication cards. Med Passer E reported staff wrote the information on the top of the cards when the medications were repackaged. Med Passer E reported Resident 22 received her/his medications from Veterans Affairs (VA) in bottles. Med Passer E reported staff were responsible for repackaging the medications.

On 08/31/2023, at 1:15 PM, Surveyor interviewed Nurse Y. Nurse Y confirmed Resident 22 received her/his medication from the VA, and staff repackaged the medications into bubble packs. When Surveyor inquired if staff were delegated to complete this task by a practitioner, registered nurse or pharmacist, Nurse Y stated, "No we have not done that, I don't think we have ever done that." Nurse Y reported s/he would ensure staff would be delegated on this task right away.

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N 448	Continued From page 4	N 448		
N 448	83.41(2)(a) Nutrition: diet. Diets. 1. The CBRF shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. 2. The CBRF shall provide a therapeutic diet as ordered by a resident ' s physician. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure 29 of 29 residents were provided with palatable food that met the recommended dietary allowance based on current dietary guidelines for Americans. The menus did not meet dietary guidelines. Residents reported they did not receive additional food when they asked for more at mealtimes. This is a repeat deficiency. See Statement of Deficiency (SOD) UXEE11, dated 01/16/2020. Findings include: The provider is licensed to provide services up to 42 residents within the client groups of irreversible dementia/Alzheimer's and advanced aged. On 06/09/2023, the department received a complaint about the amount of food offered during meals. On 08/02/2023, the department received a complaint about residents being denied additional	N 448		

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N 448	Continued From page 5 food and drink when they ask for more. On 08/30/2023, Surveyor reviewed the facility's menu and identified the following: -08/30/2023: Breakfast: coffee, juice, milk, cold cereal, oatmeal, toast. Lunch: coffee, milk, spaghetti with meatballs, breadstick Dinner: coffee, milk, philly cheese steak sandwich, oatmeal cookie -08/31/2023: Breakfast: coffee, juice, milk, waffle, strawberry, bacon Lunch: coffee, milk, chicken cordon blue, white rice, broccoli Dinner: coffee, milk, Italian sausage on a bun, ice cream sandwich -09/01/2023: Breakfast: coffee, juice, milk, cold cereal, oatmeal, banana, toast Lunch: coffee, milk, breaded cod, french fries, coleslaw, rye bread Dinner: coffee, juice, milk, chicken salad sandwich 09/02/2023: Breakfast: coffee, milk, juice, french toast, bacon, orange Lunch: coffee, milk, roast pork lion medallions, scalloped potatoes, kernel corn Dinner: coffee, milk, meatball hoagie, chips, pickle spear, tapioca pudding 09/03/2023: Breakfast: coffee, milk, juice, egg and sausage muffin, banana Lunch: stuffed peppers, carrots, dinner roll, cookie Dinner: chicken tenders, barbeque sauce, raspberry mini pie	N 448		

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N 448	Continued From page 6 On 08/30/2023, at approximately 12:00 PM, Surveyor observed the lunch meal. Surveyor observed resident being served philly cheese steak sandwiches with onions and cheese, mixed vegetables, and ice cream. On 08/30/2023, at 12:30 PM, Surveyor interviewed Cook P. Surveyor inquired what was being served for dinner. Cook P reported spaghetti and breadsticks were being prepared for dinner. On 08/30/2023, at 1:25 PM, Surveyor interviewed Resident 15. Surveyor inquired about the meals. Resident 15 stated, "The food could be better, I don't eat a lot but some people say they [sic] still hungry." On 08/30/2023, at 1:45 PM, Surveyor interviewed Resident 14. Surveyor inquired about the meals served at the facility. Resident 14 stated, "The food is okay but we don't get enough." When Surveyor inquired if more food is offered if s/he is still hungry, Resident 14 stated, "I don't bother with asking, I've heard others ask and they get nowhere." "Key Recommendations: Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level. A healthy eating pattern includes: A variety of vegetables from all of the subgroups-dark green, red and orange, legumes (beans and peas), starchy, and other, fruits, especially whole fruits, grains, at least half of which are whole grains, fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages. A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products. Oils" (Source:	N 448		

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N 448	Continued From page 7 US Department of Health and Human Services website, Dietary Guidelines For Americans 2015-2020 Eighth Edition, August 24, 2021, https://health.gov/sites/default/files/2019-09/2015-2020_Dietary_Guidelines.pdf (retrieval date - September 9, 2023).) MyPlate for Older Adults is the current nutrition guide published by the United States Department of Agriculture's Center for Nutrition Policy and Promotion, and serves as a recommendation based on the Dietary Guidelines for Americans. The plate is composed of approximately: 50 percent fruits and vegetables; 25 percent grains, many of which are whole grains; 25 percent protein-rich foods such as nuts, beans, fish, lean meat, poultry, and fat-free and low-fat dairy products such as milk, cheeses, and yogurts. Surveyor noted the menus, dated 08/30/2023-09-03-2023, did not meet the recommended dietary guidelines.	N 448		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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N 452	Continued From page 8	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the facility did not ensure food was stored under sanitary conditions to prevent food-borne illness. This had the potential to affect 29 of 29 residents.

This deficiency is being cited for the third time. See Statement of Deficiency (SOD) YQT412, dated 10/21/2022, and SOD UXEE11, dated 01/16/2020.

Findings include:

On 08/31/2023, at 2:15 PM, Surveyor toured the facility kitchen and pantry areas, and observed the following:

In a cupboard in the kitchenette were 4 plastic containers of cereal. Each container was labeled with masking tape. The first container label stated, "Fruit Whirls received 2/22/23 opened 3/23/23". The second container label stated, "Cheerios received 11/23/22 opened 12/30/22". The third container label stated, "Crisp rice cereal received 11d/6/22 opened 12/27/22". The fourth container label stated, "Frosted corn flakes received 1/7/23 opened 3/22/23". Surveyor opened the containers of cereal. The containers of cereal had a chemical odor, similar to varnish.

In the basement pantry, Surveyor observed the following:

9 boxes of all-purpose biscuit mix with a date of

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N 452	Continued From page 9 "8/18/21" handwritten on the boxes. 2 boxes of chocolate frosting mix with a date of "8/18/21" handwritten on the boxes. 1 box of Krusteaz homestyle cornbread with a date of "7/16/21" handwritten on the box. 2 boxes of Jiffy corn muffin mix with a date of "2/16/22" handwritten on the boxes. "Biscuit or pancake mix: for freshness and quality, this item should be consumed within 9 months if in the pantry from the date of purchase. Muffin mix, dry, commercially packaged: for freshness and quality, this item should be consumed within 9 months if in the pantry from the date of purchase. Frosting or icing: for freshness and quality, this item should be consumed within 10-12 months if in the pantry from date of purchase." (Source: Food Safety, April 26, 2019, https://www.foodsafety.gov/keep-food-safe/foodkeeper-app (retrieval date September 1, 2023).) On 08/31/2023, at 2:40 PM, Surveyor interviewed Cook P. Surveyor inquired about the cereal in the plastic containers. Cook P reported when the containers were emptied, the containers were filled with new cereal. Surveyor inquired if the containers are washed between uses, Cook P reported s/he was unsure when the containers had been washed last as s/he was new in the position. Surveyor inquired about the dates on the food items in the basement pantry. Cook P reported they write the dates the food is purchased on the packages. On 08/31/2023, at 3:00 PM, Surveyor interviewed Business Office Manager (BOM) M. BOM M	N 452		

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N 452	Continued From page 10 reported s/he was unsure of the system which was in place with the previous cook. BOM M reported all the expired food would be thrown out and the cereal containers would be washed immediately. BOM M reported s/he would be putting in new systems in place to ensure the facility was in compliance.	N 452		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in area accessible to 29 of 29 residents. Cleaning compounds and toxic substances were not securely store in the kitchenette. The kitchenette was located next to resident rooms and accessible to residents. This deficiency is being cited for the third time. See Statement of Deficiency (SOD) YQT412, dated 10/21/2022, and SOD UXEE11, dated 01/16/2020. Findings include: On 08/31/2023, at 2:15 PM, Surveyor toured the kitchenette. The kitchenette was located off the main kitchen. Surveyor observed resident rooms, located next to the kitchenette. Surveyor observed the following cleaning compounds and toxic substances located in a cabinet, under the	N 499		

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N 499	Continued From page 11 sink in the kitchenette: 2 bottles of Cascade dishwashing gel, a can of Sprayway glass cleaner, 2 cans of Easy-Off oven cleaner, a spray bottle of Dawn power dissolver, a bottle of Array liquid dish machine detergent, and a bottle of delimer. The cabinet did not contain a locking mechanism. Surveyor observed residents moving freely around the facility. On 08/31/2023, at 3:00 PM, Surveyor interviewed Business Office Manager (BOM) M. BOM M confirmed toxic substance and cleaning compounds are to be securely stored at all times. BOM M reported there was a locked cabinet in the main kitchen and all cleaning compounds and toxic substances would be moved there.	N 499		