STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018717	A. BUILDING: _____ B. WING _____	R-C 05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAY HARBOR OF DEFOREST	4897 INNOVATION DRIVE DE FOREST, WI 53532

(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 05/27/2025, Surveyor conducted a verification visit at Bay Harbor of DeForest. Two deficiencies were identified. One of the 2 deficiencies was a repeat violation (see Statement of Deficiency (SOD) YSHR12, SOD T56511, and SOD 2U5R11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
{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 administer medications in the intervals prescribed by a practitioner for 1 of 4 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) T56511, dated 04/02/2024, and SOD YSHR12, dated 10/15/2024. Resident 12 did not receive his/her Fluticasone Propionate and Salmeterol inhaler and Refresh Optive lubricant eye drops as prescribed., Findings include:	{N 352}		

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

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{N 352}	Continued From page 1 On 05/27/2025, at approximately 12:30 PM, Surveyor and Med Passer VV reviewed Resident 12's medications in the med cart. Surveyor observed a Fluticasone Propionate and Salmeterol inhaler, with 16 remaining doses, and a box of Refresh Optive pf (preservative free) lubricant eye drops dispensed on 03/21/2025, with 10 of 60 individual vials remaining. The box of eye drops stated 1 of 1, Quantity 60. Surveyor noted the inhaler had a start date written on it that was difficult to read. Surveyor asked Med Passer VV if s/he knew the date. Med Passer VV stated s/he did not know. On 05/27/2025, Surveyor reviewed Resident 12's record with Chief Operating Officer EE and Assistant Executive Director YY. Resident 12 moved into the facility 10/25/2021. Resident 12's Medication Administration Records (MARs), dated 02/11/2025 to 04/30/2025, documented: "Flutic/Salmet (Fluticasone Propionate and Salmeterol inhaler) 100-50 MCG (microgram) diskus - inhale 1 puff by mouth twice a day for COPD (chronic obstructive pulmonary disease). Scheduled at 8:00 AM and 8:00 PM. Start Date: 12/04/2024, with new prescription start date of 02/11/2025." Surveyor stated the inhaler had a start date written on it, but it was difficult to read. Assistant Executive Director YY contacted the pharmacy who stated the last inhaler had been delivered on 02/11/2025. Executive Director YY stated that the inhaler was not on autofill and staff would have to contact the pharmacy when a reorder was required. Surveyor and Executive Director YY	{N 352}		

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{N 352}	Continued From page 2	{N 352}		

reviewed the picture of the inhaler and determined that the open date was 02/11/2025. Resident 12 was hospitalized the evening of 02/28/2025 to the evening of 03/18/2025 and the evening of 04/23/2025 to 04/30/2025. The MARs documented 54 days (108 doses) of administration. The inhaler had 16 remaining doses (8 days). Executive Director YY stated that Resident 12 did not receive his/her Fluticasone inhaler as prescribed.

"ADVAIR DISKUS is for oral inhalation use only. o Take ADVAIR DISKUS out of the foil pouch just before you use it for the first time. Safely throw away the pouch. The DISKUS will be in the closed position. o Write the date you opened the foil pouch in the first blank line on the label. o Write the "use by" date in the second blank line on the label. That date is 1 month after the date you wrote in the first line. o The counter should read 60. Use 1 inhalation of ADVAIR DISKUS 2 times each day. Use ADVAIR DISKUS at the same time each day, about 12 hours apart. If you miss a dose of ADVAIR DISKUS, just skip that dose. Take your next dose at your usual time. Do not take 2 doses at 1 time. Safely throw away ADVAIR DISKUS in the trash 1 month after you open the foil pouch or when the counter reads 0, whichever comes first." (Source: Advair website, Advair Diskus Patient Information, June 2023, https://www.advair.com/ (retrieval date - July 15, 2025).)

Surveyor determined the inhaler was a 30-day supply based on 60 inhalations divided by 2 puffs per day and the inhaler should have disposed of in 03/2025..

Resident 12's MARs, dated 03/21/2025 to 04/23/2025, documented:

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{N 352}	Continued From page 3 "Refresh Optive PF Lubr (lubricant) drops - Instill 1 drop into left eye four times a day. Scheduled at 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM. Start Date: 03/21/2025." The box of individual vials contained 10 of 60 vials. Surveyor determined the box of 60 vials would last 15 days based on 60 vials divided by 4 applications per day. The MARs documented administration 129 out of 136 opportunities which was equivalent to 32 plus days. Chief Operating Officer EE stated med passers would be re-educated on ensuring medications stored in the top drawer of the med cart were administered as prescribed.	{N 352}		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	Y3244		

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Y3244	Continued From page 4	Y3244		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure residents received appropriate care.

Resident 12 did not receive assistance with his/her stockings due to unavailability.
Resident 25 did not receive routine assistance with placement of stockings.

Findings include:

On 05/28/2025, Surveyor reviewed Resident 12's and Resident 25's record with Chief Operating Officer (COO) EE and Assistant Executive Director (AED) YY.

Example 1: Resident 12

Resident 12 admitted to the facility, 10/25/2021, with diagnoses including edema.

Resident 12's April 2025 Medication Administration Record (MAR), dated 04/01/2025 to 04/23/2025, documented:
"Stocking - On in the morning and off at bedtime. Start Date: 03/20/2025."
The MAR documented:
04/01 - 7:46 AM - Other - Medication on Order
04/02 - 7:53 AM - Other - Needs resized
04/03 - 7:12 AM - Other - Meds on Order
04/04 - 8:00 AM - Other - Waiting on delivery from PT (physical therapy)
04/06 - 9:21 AM - Other - Need resized
04/07 - 7:42 AM - Other - Medication on Order
04/08 - 7:52 AM - Other - Waiting on Delivery
04/09 - 7:49 AM - Other - Medication on Order
04/10 - 6:48 AM - Other - Need resized

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Y3244	Continued From page 5 04/11 - 7:18 AM - Other - Resize 04/12 - 7:21 AM - Other - Medication on Order 04/13 - 7:44 AM - Other - Meds on Order 04/14 - 7:06 AM - Other - Not yet delivered 04/15 - 7:38 AM - Other - Not yet delivered 04/18 - 8:11 AM - Other - Medication on order On 05/27/2025, at approximately 2:00 PM, Surveyor interviewed COO EE and AED YY. COO EE stated staff would be re-educated on the importance of completing treatment orders. AED YY confirmed there were some concerns with the ordering of compression stockings. Example 2: Resident 25 Resident 25 admitted to the facility, 02/26/2025, with diagnosis including edema. Resident 25's May 2025 MAR, dated 05/01/2025 to 05/27/2025, documented: (any interview to support this was not a refusal or that the resident removed or that staff removed as requested by resident?) "Stocking - Apply once daily for bilateral lower leg edema. Remove compression stockings prior to bedtime. On 12 hours Off 12 hours. Start Date: 04/29/2025." 05/02/2025 - AM documented as applied. PM documented "Other - Not wearing any." 05/04/2025 - AM documented as applied. PM documented "Other - None on resident." 05/07/2025 - AM documented as applied. PM documented "Other - None." 05/11/2025 - AM documented as applied. PM documented "Refused - Not On." 05/12/2025 - AM documented "Other - Only 1." 05/15/2025 - AM documented "Other - Only 1." Resident 25's individual service plan (ISP), dated	Y3244		

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Y3244	Continued From page 6 03/14/2025, documented: "Skin Care: Resident's skin is in good condition with no open wounds, able to monitor skin and apply lotion independently." "General Health: Resident cannot identify health problems when they occur. Resident requires complete assistance with all general health risks and tasks." The ISP did not identify that s/he wore compression stockings or that s/he refused cares. On 05/27/2025, at approximately 2:00 PM, Surveyor interviewed COO EE and AED YY. COO EE stated staff would be re-educated on the importance of completing treatment orders. AED Y stated that staff had commented there was only one stocking available for Resident 25. AED Y explained that staff were educated that stockings were to be reordered if misplaced.	Y3244		