

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/22/2023
NAME OF PROVIDER OR SUPPLIER SEBRING ASSISTED CARE RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719		
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N 000	Initial Comments On 09/12/2023, with information gathered through 09/22/2023, Surveyor completed 2 complaint investigations. One deficiency was identified. One complaint was substantiated and 1 complaint was unsubstantiated. Census: 49	N 000		
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 changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 431	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services adequate to meet the needs of the residents were provided in the area of health monitoring. Resident 1's skin was not thoroughly assessed on admission or assessed when peri area and crease under buttock cheek became reddened and sore, when s/he stopped going to activities and the dining room and complained of being sore, or when s/he was confused, weak and unable to stand/transfer on 08/07/2023. Findings include: On 08/10/2023, the Department received a complaint regarding cares. On 09/12/2023, Surveyor reviewed Resident 1's record. S/he was admitted 07/03/2023 from a skilled nursing facility. On 08/07/2023, s/he was taken to ER, admitted to hospital then admitted to inpatient hospice. Diagnoses included mycosis fungoids, extranidal and solid organ sites; follicular disorder, unspecified; and seborrheic dermatitis, unspecified.	N 431			

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N 431	Continued From page 2 "Mycosis fungoides is a low grade, non-Hodgkin lymphoma that arises in the skin and initially resembles eczema, dermatitis or psoriasis. Mycosis fungoides can progress from the skin to lymph nodes or internal organs. Mycosis fungoides is the most common subtype of cutaneous T-cell lymphoma." (Source: https://www.drugs.com/condition/mycosis-fungoides.html (retrieval date 09/15/2023)). Resident 1's record did not contain a discharge summary from the skilled nursing facility s/he was admitted from on 07/03/2023. On 09/26/2023 at 1:31 PM, Surveyor received skilled nursing discharge summary dated 06/29/2023 from skilled nursing facility (summarized): In the area of Skin Care Routine: Apply Ketoconazole to scabs/flaky skin on scalp. Apply Vaseline to both ears. Tacrolimus to face ...Cleanse bilateral breast folds, dry, apply Desitin (zinc)/nystatin powder/dry cloth. Groin cleanse dry apply Ketoconazole and Nystatin Left buttock apply Mupirocin then Clobetasol then Optifoam. Right buttock apply Mupirocin then Clobetasol then Optifoam. Right arm and left arm and abdomen apply Cetaphil and Vaseline mixed together. Right foot, left foot, bilateral legs apply Clobestol (rashy areas) change socks daily. Left chest/shoulder and axilla (red area) apply Mupirocin then Clobetasol. Back and left hip apply Mupirocin to dry scabs on back to waist line and left hip then Clobetasol over enter back to waist line and left hip.	N 431		

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N 431	Continued From page 3 Apply Clobetasol cream to any new rashy areas. Physician orders dated 08/01/2023-08/31/2023: Scheduled medications included Cetaphil apply as directed to arms (start date 06/29/2023); Clobetasol 0.05% apply topically to thick areas of CTCL on trunk and extremities twice daily until flattened out. Do not use on face or body folds (start date 07/11/2023); Desitin 40% paste apply to bilateral breast folds twice daily for yeast (start date 06/29/2023); Desitin 40 % paste apply to affected area twice daily as needed for redness; Ketoconazole 2% cream apply to groin folds for rash (start date 06/29/2023); Ketoconazole 2% shampoo apply to scalp, face, behind ears every other day for dermatitis. Leave on for 10 minutes before rinsing (start date 06/29/2023); Nystatin 100,000 Units/GM powder apply to folds of groin and beneath breasts 1-2 times daily to prevent rash (start date 06/29/2023); Tacrolimus ointment 0.1% apply to face twice daily for mycosis fungoides until resolved (start date 06/29/2023); and Vaseline petroleum gel apply as directed to arms over Cetaphil (start date 06/29/2023). As needed medications included: Fluocin Acet Oil 0.01% SC apply to scalp and ears twice daily as needed for itchy rash, do not use on face; and Mupirocin 2% ointment apply to back wounds and left chest for staph wounds until resolved then twice daily as needed. Comprehensive Assessment dated 06/22/2023 (summarized): Dependent of staff for transfers. Physical assistance, walker, and gait belt for ambulation. Moderate or high risk for falls. Stand by supervision, set, up, verbal cues and/or reminders to complete bathing. Physical assistance with dressing.	N 431		

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N 431	Continued From page 4 Physical assistance with toileting. Continent of bowel and bladder. Staff escort to meals. Mild confusion and disoriented at times. Able to identify own health/wellness needs. Skin not intact, potential/actual impairment to skin integrity. No additional assessments including skin assessments were contained in Resident 1's record. Individual Service Plan (ISP) (summarized): Initial ISP was dated 06/22/2023 and revised on 07/28/2023. In the area of Wellness Services- independent identification of health/wellness needs and monthly wellness checks revised 07/21/2023 to daily treatments/health services/support from nursing. In the area of Ambulation- physical assistance with a walker and escort to meals/events revised 07/21/2023 to independent with walker and occasional verbal cues and/or reminders. In the area of Fall Risk- moderate or high risk for falls, caregivers will become familiar with routine, anticipate needs and provide safe environment revised on 07/07/2023 added reminders to use call light for all transfers and toileting. In the area of Transfers- physical assist for transfers, able to bear weight revised on 07/21/2023 to minimal assist and/or may need cues or reminders. In the area of Bathing- standby supervision: set up, verbal cues and/or reminders to complete tasks revised on 07/21/2023 to physical assist with bathing but can participate in part of the bathing activity. In the area of Anticoagulant Therapy- not addressed on 06/22/2023 ISP. Date initiated	N 431			

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N 431	Continued From page 5 07/21/23-observe and check skin daily when providing assistance with care and report any abnormalities to nurse, i.e. bruising, bleeding. In the area of Skin Integrity- keep fingernails clean and trimmed, observe skin and keep clean and dry. Hydrate skin with lotion as needed. Specify any areas that should not have lotion applied. Report any skin alterations to nurse. Observe/document/report location, size and treatment of skin injury and/or any new or worsened alterations in skin integrity. No revisions on 07/28/2023 ISP. In the area of Cognition- cognitive impairment with mild confusion revised 07/21/2023 to cognitively intact. In the area of Toileting- physical assistant with toileting tasks; timed toileting; incontinence care; able to participate in some toileting activities. Routinely uses toilet during the day. Toilet resident, encourage to assist with clothing, and to wash hands after using restroom. Encourage to request assistance as needed with ambulation to the bathroom, ensure unobstructed path to bathroom. Deleted toilet resident, encourage to assist with clothing, and to wash hands after using restroom from 07/28/2023 ISP. Progress notes dated 07/04/2023- 08/09/2023: 07/04/2023 11:13 AM- "Resident arrived to facility ...from long term care facility ...Resident has multiple skin concerns due to dx [diagnoses] of skin cancer and uses multiple creams 2x a day to manage condition ..." 07/07/2023 4:43 PM- "Resident told writer [s/he] did not want to call for staff to assist. [S/he] got up into [his/her] wheelchair, made it the first time and went back tot bed. At 4am [sic] [s/he] needed to use the bathroom again. This time [s/he] tried to pull [him/herself] up using the rail in the bathroom and couldn't. [S/he] fell to [his/her] knees. [S/he]	N 431		

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N 431	Continued From page 6 still did not call for help. [S/he] was able to pull [him/herself] to the toilet ..." 07/21/2023 7:01 PM- "Continue to monitor [his/her] skin. Report any issues to nursing ..." 08/05/2023 4:27 PM- " ...Writer recommended Home Health [sic] for resident to help assist with [sic] cares and wound ..." 08/09/2023 10:13 AM- " ...Resident was assessed at the hospital by [name of hospice agency] and was admitted to inpatient care. Family gave 30-day notice." On 09/20/2023 at 5:58 AM, Surveyor received hospital documentation dated 08/07/2023-08/09/2023 from hospital: History and Physical " ...The patient [age] brought to the emergency department today by family for complaint of weakness. Per family, the patient has had increased weakness and confusion over the last 3 days. [S/he] is at an assisted living facility and they report that [s/he] has not gotten out of bed over the last couple of days, typically a 1 assist but required a [sic] to assist today. [S/he] recently finished 2 weeks of Cephalexin for an infection 1 week ago related to superinfection of [his/her] cutaneous lymphoma. [S/he] is not on chemotherapy. Patient notes pain to [his/her] bottom and involving [his/her] cutaneous lymphoma involving [his/her] left axilla ... Skin: Comments: Skin changes consistent with cutaneous lymphoma. [Family member] notes that the areas of the cutaneous lymphoma look unchanged except there is increased redness noted to the perineum/buttock. There is tenderness to palpation with warmth, no obvious fluctuance or abscess ..." On 09/15/2023 at 9:51 AM, Surveyor received hospice documentation from hospice. Hospice assessment completed at hospital and	N 431		

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N 431	Continued From page 7 dated 08/09/2023: "...DESCRIPTION OF CURRENT ISSUE/PROBLEM: [Resident 1's name and age] with cutaneous T cell lymphoma ...notes that [his/her] skin has been very inflamed with oozing since they moved [him/her] to ALF [assisted living facility] a few weeks ago (after a SNF stay for short term rehab). Skin is very sensitive and making it difficult for cares to be done. A&Ox4 [alert and oriented to person, place, time, and situation], verbal, able to make needs known. L shoulder red, inflamed, possible small blisters. Redness to peri-area. Pt reports ointments to skin are not effective. Uncomfortable sitting and discomfort at baseline ...Up with 1A and walker. Pt aware the IV abx [antibiotic] to be switched to PO [oral] ..." Hospice History and Physical Exam Note dated 08/09/2023 " ...The patient was hospitalized from an ALF on 08/07/2023 due to weakness, altered mentation, and sepsis. Infection was surmised to be due to a cellulitis at the buttock area superimposed on severe mycosis fungoides. [S/he] was also treated for dehydration. [S/he] was treated with antibiotics, antifungals, and antiviral agents ..." Hospice Physician Certification of Terminal Illness (dated 08/28/2023) " ...Admitted to [hospital name] 08/07/2023 w/ [with] encephalopathy and progressive weeping, painful itchy wounds associated w/ [his/her] t-cell lymphoma and found to have hypertension in the 180's systolic (ongoing issue currently), some tachycardia, hyperglycemia as well as lactic acidosis, concern for sepsis, [s/he] did have e/o inflammatory stranding over [his/her] gluteal regions w/external exam c/w cellulitis in setting of pre-existing severe mycosis fungoides. [S/he] is currently in the hospital receiving antibiotics, has received IVF, there has been some improvement in mental status but [s/he] remains encephalopathic.	N 431		

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N 431	Continued From page 8 Wound care to [his/her] multiple cutaneous painful/itchy t-cell lymphoma lesions is provided as well ...Based on [his/her] decline in the last several months w/recurrent falls w/injury, worsening cutaneous t-cell lymphoma complicated w/apparent clinical/systemic infection ...and admission for altered mental status, sepsis, [s/he] is appropriate for hospice w/a diagnoses reasonable expected to be 6 months or less ..." On 09/12/2023 at 12:30 PM, Surveyor interviewed Executive Director A and Regional Director of Nursing B. Executive Director A stated residents are typically assessed onsite prior to admission and the Comprehensive Assessment and ISP do not trigger additional skin assessments. Executive Director A stated when 1st admitted, Resident 1 required more hands-on care and by mid-July no longer required direction throughout facility. Executive Director A stated a 30-day review was completed on 07/21/2023 and a care plan meeting was held 07/28/2023. Executive Director A stated input and output are not tracked. Executive Director A stated Resident 1 was independent with ambulation and walker. Executive Director A stated Resident 1's skin condition was more like a rash and was not a wound. Executive Director A stated they were trying to monitor and decide if Resident 1 was experiencing an acute change of condition or not. On 09/12/2023 at 2:33 PM, Surveyor interviewed Activity Director C who stated Resident 1 initially stayed in room then started to go to dining room and participate in Bingo and riddles. Activity Director C stated Resident 1 wore gloves all the time. Activity Director C stated a couple of days or so prior to discharge, Resident 1 remained in bed and stated s/he was not feeling well and was too sore to attend activities or go to dining room.	N 431		

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N 431	Continued From page 9 On 09/13/2023 at approximately 10:00 AM, Surveyor received call from Executive Director A who stated s/he spoke with Former Executive Director D on 09/13/2023 and Former Executive Director D stated Family Member E took Resident 1 to an appointment on 08/07/2023 then after the appointment took Resident 1 to ER due to confusion, and Resident 1 was diagnosed with a UTI at the ER. Surveyor asked Executive Director A if staff had taken Resident 1's vitals on 08/07/2023 or anytime during the few days prior. Executive Director A stated vitals are not taken unless physician ordered or resident condition triggers vitals to be taken. On 09/13/2023 at 9:55 AM, Surveyor received an email from Executive Director A stating, "...I did look into your request this morning for vitals 10 days before resident [Resident 1] was sent out. We do not have any recorded during this time frame..." On 09/13/2023 at 12:27 PM, Surveyor interviewed Family Member E who stated on 08/02/2023 or 08/03/2023 s/he and family Member F visited Resident 1. Family Member E s/he observed 2 small open areas resembling skin tears on his/her peri area. Family Member E stated s/he washed Resident 1's peri area, let the area air out then applied physician ordered cream to it. On 09/13/2023 at 12:57 PM, Surveyor interviewed Family Member F who stated on 08/07/2023 at approximately 11:15 AM, Resident 1 called him/her and was very confused about the 08/07/2023 afternoon dentist appointment time, which was unusual for Resident 1. Family Member F stated when s/he arrived at facility at	N 431		

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N 431	Continued From page 10 approximately 1:30 PM to pick up Resident 1 for appointment, Resident 1 was sitting in wheelchair, very confused and upset. Family Member F stated Resident 1 was normally a 1 assist transfer but required 2 assist and a gait belt due to inability to stand. Family Member F stated Resident 1's armpits were extremely sore and tender due to the cancer. Family Member F stated s/he would not have taken Resident 1 to the appointment except it was follow-up to have a cracked tooth extracted before Resident 1 could start chemotherapy. Family Member F stated Former Nurse H assisted him/her to get Resident 1 into the car, and Family Member F's spouse met them at dentist office and assisted Resident 1 in and out of the car. Family Member F stated after dentist appointment s/he took Resident 1 directly the ER and had to support Resident 1's trunk while sitting in wheelchair so Resident 1 would not fall forward out of wheelchair. Family Member F stated on 08/07/2023, Resident 1's under arm skin was tender and sore and bottom was swollen at the ER. Family Member F stated Resident 1 had no peri area sores and was not incontinent when admitted to the CBRF on 07/03/2023, and peri area was red when Family Member F bathed Resident 1 on 07/28/2023, and peri area and bottom were red when Family Member F showered Resident 1 on 08/01/2023. Family Member F stated s/he believed Resident 1's skin became septic because of incontinence of urine and feces. On 09/13/2023 at 5:59 PM, Surveyor interviewed Family Member G who stated when s/he and other family members visited Resident 1 on 08/05/2023, Resident 1's room smelled strongly of urine. Family Member G stated when s/he and other family members arrived for a visit, Resident 1's room smelled strongly of urine and Resident 1	N 431		

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N 431	Continued From page 11 was in bed naked from the waist down (but covered). Family Member G stated Resident 1 was upset and stated his/her bottom was very sore. Family Member G stated because the sheets on bed were soiled and 2nd set were in laundry, s/he left to purchase new set of sheets, and then family changed the sheets to the new set. Family Member G stated during the 08/05/2023 a nurse was checking on Resident 1's physician ordered skin creams. Family Member G stated on 08/05/2023, Resident 1 was incontinent and required assistance to get to the bathroom. Family Member G stated Resident 1 used the call light twice during their visit on 08/05/2023 and both times the wait times were long. On 09/14/2023 at 10:47 AM, Surveyor interviewed Executive Director A who stated s/he would send Surveyor Resident 1's call light log dated 08/01/2023-08/07/2023. Executive Director A stated s/he would look for physician progress from appointments during Resident 1's stay. Executive Director A stated they had no documentation from the rehab center Resident 1 was admitted from and no skin assessment other than the comprehensive assessment completed prior to admission on 06/22/2023. As of 09/20/2023 at 5:00 PM, no physician progress notes from appointments during Resident 1's stay were received from facility. On 09/14/2023 at 11:25 AM, Surveyor interviewed Caregiver I who stated Resident 1's skin was affected with something resembling a red rash and Resident 1 wore a patch on his/her left shoulder to cover it. Caregiver I stated staff applied powder and cream under Resident 1's breast and cream to left shoulder as requested. Caregiver I stated Resident 1's armpits were red. Caregiver I stated s/he never saw Resident 1's	N 431		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/22/2023
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(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 431	Continued From page 12 peri area and no creams or powders were applied to peri area. Caregiver I stated staff applied gauze on Resident 1's crease under buttocks which was red and had notified Former Nurse H and Former Executive Director. Caregiver I stated Resident 1 was continent and used call light for staff assist to bathroom. Caregiver I stated Resident 1 never complained and staff asked him/her if s/he needed anything or was in pain. On 09/21/2023 at 5:06 PM, Surveyor received an email from Executive Director A regarding Resident 1 stating "...V-13 [assessment] is all we have as we explained when we gave you the forms in person. Evals are only done admission, 30-days from admission, yearly per WI reg and if there was a change in condition. However, we did not notice a change in condition ..."	N 431			