STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013589	A. BUILDING: _____ B. WING _____	R-C 08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BROOKFIELD AL	660 WOELFEL ROAD BROOKFIELD, WI 53045

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{N 000}	Initial Comments On 08/07/2024, Surveyors conducted 1 verification visit and 1 complaint investigation. Two deficiencies were identified. One of 2 deficiencies was a repeat violation. See Statement Of Deficiency (SOD) KJC911, dated 06/24/2022, SOD Z21G11, dated 10/14/2022, and SOD Z21G14, dated 04/11/2024. One of 2 deficiencies from SOD Z21G14, dated 04/11/2024 was corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 68	{N 000}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	{N 389}		

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

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{N 389}	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review, and interview, the individual service plan (ISP) was not updated for 1 of 1 resident record reviewed when there was a change in resident needs and abilities. Resident 15's ISP was not updated to include the use of adaptive equipment to aid in transferring in and out of bed. This is a repeat deficiency. See Statement Of Deficiency (SOD) Z21G11, dated 10/14/2022 and SOD Z21G14, dated 04/11/2024. Findings include: On 08/07/2024 at 12:28 PM, Surveyor interviewed Resident 15 in his/her bedroom. Surveyor observed quarter length bed rails attached to each side of Resident 15's hospital bed. Resident 15 stated s/he used the bed rails to assist in repositioning while in bed. Resident 15 could not recall how long s/he had the bed rails. On 08/07/2024, Surveyor reviewed Resident 15's record and identified the following: Resident 15 was admitted to the facility on 11/03/2022 with diagnosis including seizures, chronic pain syndrome, and difficulty in walking. Resident 15 is his/her own legal decision maker. Surveyor reviewed Resident 15's ISP dated 5/30/24. The ISP did not address the use of quarter length bed rails. On 08/07/2024 at 1:37 PM, Surveyor conducted an exit conference and shared findings with Executive Director A and Health and Wellness Director CC. Both staff noted they were unaware	{N 389}		

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{N 389}	Continued From page 2 Resident 15 had bed rails because the provider does not allow them. Executive Director A stated Resident 15's family must have provided a new bed with bed rails because when Resident 15 admitted s/he did not have bed rails. Both staff acknowledged Resident 15's ISP was not updated to include the use of bed rails because they were unaware Resident 15 had them. Executive Director A stated the provider would remove the bed rails until physical therapy (PT) could assess the use of adaptive equipment with Resident 15. According to the U.S. Food & Drug Administration's Hospital Bed Safety Workgroup, "...Strangling, suffocating, bodily injury, or death can occur when patients or parts of their bodies are caught between rails or between the bed rails and mattresses...Regardless of the purpose for which bed rails are being used or considered, a decision to utilize or remove those in current use should occur within the framework of an individual patient assessment. 2. Because individuals may differ in their sleeping and nighttime habits, creation of a safe bed environment that takes into account patients ' medical needs, comfort, and freedom of movement should be based on individualized patient assessment by an interdisciplinary team...3. Use of bed rails should be based on patients ' assessed medical needs and should be documented clearly...Bed rail effectiveness should be reviewed on a regular basis...The patient's chart should include a risk-benefit assessment that identifies why other care interventions are not appropriate or not effective if they were previously attempted and determined not to be the treatment of choice for the patient. 4. Bed rail use for treatment of a medical	{N 389}		

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{N 389}	Continued From page 3 symptom or condition should be accompanied by a care plan (treatment program) designed for that symptom or condition. The plan should present clear directions for further investigation of less restrictive care interventions. The documentation should describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet patients ' assessed needs. 5. Bed rail use for patient's mobility and/or transferring, for example turning and positioning within the bed and providing a hand-hold for getting into or out of bed, should be accompanied by a care plan...The care plan should: include educating the patient about possible bed rail danger to enable the patient to make an informed decision; and address options for reducing the risks of the rail use. 6. The process of reducing and/or eliminating existing use of bed rails should be undertaken incrementally using an individualized, systematic, and documented approach..." (Source: "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings" https://www.fda.gov/media/88765/download (retrieval date 08/14/2024)).	{N 389}		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis.	N 409		

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N 409	Continued From page 4	N 409		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure proof-of-use records for schedule II drugs were maintained accurately with date and time administered, dose administered, remaining balance of the drug, and signature of administrator or designee auditing the proof-of use record daily.

According to physician orders and medication administration record (MAR), staff did not accurately document administration of Resident 17's and Resident 18's Schedule 2 medications on the proof of use records.

Findings include:

The proof-of-use record was recorded in a hardcover book "Individual Narcotic Log". The top of each numbered page included an area for identifying information (resident name and room number, medication name, dosage, prescription number, directions, quantity received, and date received). For medication ordered greater than once daily, each dose (AM/morning, PM/bedtime) had a designated page and staff hand-wrote time of day for that dose at the top of the page (AM/morning, PM/bedtime). Under the identifying information, 7 columns were labeled line/row number, "DATE", "TIME", "ON HAND" (number of dosages on hand), "USED" (number of dosages administered), and "REMAINING" (number of doses remaining after that administration), "NURSE'S SIGNATURE", and "NOTES".

On 08/07/2024, Surveyor reviewed Resident 17's and Resident 18's record.

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N 409	Continued From page 5 Example 1- Resident 17 Resident 17 was admitted 11/04/2016 and discharged 06/14/2024. Physician orders included fentanyl transdermal patch 72-hour 25 MCG/HR apply 1 patch transdermally in the evening every 3 days for pain. Take old patch off before applying new patch (start date 01/06/2024). According to Drugs.com, " ...Fentanyl is a prescription opioid used to treat moderate to severe pain, but it can be misused, abused, and cause overdose deaths when obtained illegally. Fentanyl is a synthetic opioid medicine that is up to 100 times stronger than other opioids like morphine, heroin, or oxycodone. Fentanyl is from the class of medicines called narcotic analgesics. Fentanyl patches are used for long-lasting pain relief, and for fast-acting pain relief, fentanyl nasal sprays, lollipops, injections, sublingual tablets, and sprays are used. Fentanyl is a prescription medicine that is classified as Schedule 2 under the Controlled Substances Act (CSA)..." (Source: https://www.drugs.com/fentanyl.html (retrieval date: 08/08/2024)). Medication Administration Record (MAR): From 03/13/2024 to 06/13/2024, staff documented application of Resident 17's fentanyl transdermal patch every 3 days. Individual Narcotic Log: PAGE 63: 10 fentanyl patches received 03/13/2024. Line 1- 1st patch applied 03/13/2024, 9 remaining. Line 8 dated 04/03/2024 1 patch applied, balance	N 409		

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remaining 2.
Line 9, no date or time, 1 patch applied, balance remaining 1.
Line 10, no date or time, 1 patch applied, balance remaining 0.

PAGE 68: 10 fentanyl patches received 04/10/2024.
Line 1- 1st patch applied 04/12/2024, 9 remaining.

Line 7- dated 04/30/2024 1 patch applied, balance remaining 3.
No documentation for 05/03/2024, contrary to MAR.
Line 8- dated 05/06/2024 1 patch applied, balance remaining 2.
Line 9- dated 05/09/2024, 1 patch applied, balance remaining 1.
No documentation for 05/12/2024, contrary to MAR.
Line 10-dated 05/18/2024, 1 patch applied, balance remaining 0 (should be documented on page 77).

PAGE 77: 10 fentanyl patches received 05/10/2024.
Line 1- dated 05/11/2024 on hand 10, 0 applied, 0 remaining.
Line 2- no date or time, 1 applied, 9 remaining.
Line 3- dated 05/15/2024, 1 patch applied, 8 remaining
No documentation for 05/18/2024 (documented on 63 line 10).

Line 7- dated 05/30/2024, 1 patch applied, 4 remaining.
No documentation for 06/02/2024 and 06/05/2024, contrary to MAR.
Line 8- dated 06/08/2024, 1 patch applied, 3

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remaining.
Line 9- dated 06/11/2024, 1 patch applied, 2 remaining.

Example 2- Resident 18
Resident 18 was admitted 06/05/2023.

Physician orders included hydrocodone-acetaminophen 5-325 MG 1 tablet twice daily for pain (start date 09/14/2023).

According to Drugs.com, " ...hydrocodone with acetaminophen is a controlled substance. Under the Controlled Substances Act (CSA) hydrocodone (which includes hydrocodone with acetaminophen) is a schedule 2 controlled substance. This means hydrocodone has a high potential for abuse, it currently has an accepted medical use which may include severe restrictions. Abuse may lead to severe psychological or physical dependence ..." (Source: https://www.drugs.com/acetaminophen_hydrocodone.html (retrieval date: 08/08/2024)).

MAR:
From 06/30/2024 to 08/06/2024, staff documented administration of Resident 18's hydrocodone-acetaminophen twice daily (morning and bedtime).

Individual Narcotic Log:

PAGE 96: MORNING hydrocodone:
30 tablets received 6/26/24 RX #6332898

Line 1- 1st tablet administered 6/30/24 at 9:30 AM, 29 remaining.
No documentation for 07/01/2024, contrary to MAR.

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N 409	Continued From page 8 Line 2- dated 07/02/2024, 28 remaining. Line 11- dated 07/10/2024 at 8:00 PM, 19 remaining (should be documented on BEDTIME page 97). Line 12- dated 07/11/2024 at 8:00 PM, 18 remaining (also documented on BEDTIME page 97, Line 7). Line 14- dated 07/13/2024, 16 remaining. No documentation for 07/14/2024 (contrary to MAR). Line 15- dated 07/15/2024, (AM/PM not specified) 15 remaining. Line 16- originally dated 07/16/2024 at 8:30 AM, date and time crossed off, 14 remaining. Line 17- dated 07/16/2024 at 8:30 AM, 13 remaining. Line 18- dated 07/17/2024 at 8:00 AM, 12 remaining. Line 19-dated 07/17/2024 at 9:27 PM, 11 remaining (should be documented on BEDTIME page 97). Line 30- 30th tablet administered 07/28/2024, 0 remaining. PAGE 97: PM BEDTIME hydrocodone: 30 tablets received 6/26/24 RX #6332898 Line 1-1st tablet given 07/01/2024, 29 remaining. No documentation for 07/02/2024 (contrary to MAR). No documentation for 07/03/2024 (contrary to MAR). Line 2 - dated 07/04/2024 at 8:45 (AM/PM not specified), 28 remaining. Line 4 - dated 07/06/2024 at 8:00 PM, 26	N 409		

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remaining.
No documentation for 07/07/2024 (contrary to MAR).
No documentation for 07/10/2024 (documented on MORNING page 96 LINE 11).
Line 7 - dated 07/11/2024 8:00 PM, (also documented on MORNING page 96 line 12), 23 remaining.

No documentation for 07/17/2024 (documented on MORNING page 96 line 12).

Line 24 - 07/29/2024 at 9:10 AM, 6 remaining (should be documented on MORNING page 96).

Line 26 - dated 07/30/2024 at 7:30 AM, 4 remaining (should be documented on MORNING page 96).

Line 28 - dated 07/29/2024 at 9:10 AM, 2 remaining (should be documented on MORNING page 96).

Line 30 - dated 08/02/2024 at 8:00 (AM/PM not specified), 0 remaining.

PAGE 105: MORNING hydrocodone: No concerns noted.

PAGE 106: BEDTIME hydrocodone
30 tablets (no received date and no quantity)

1st tablet given 08/02/2024, 29 remaining.
No documentation for 08/03/2024 (contrary to MAR).

On 08/07/2024 at 11:16 AM, Surveyor interviewed Health and Wellness Director (HWD) C who stated staff write the page number from the Individual Narcotic Count book on the

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corresponding medication bubble pack or box.

On 08/07/2024 at 1:32 PM, Surveyor discussed concern of proof of use record documentation with Executive Director A, Assistant Executive Director Q and HWD CC. Executive Director A stated the pharmacy sent the wrong amounts of medications and HWD CC stated they needed to hammer the process out with the pharmacy.

On 08/10/2024 at 11:13 AM, Surveyor emailed Administrator A and HWD CC requesting clarification of Resident 17 and Resident 18's Narcotic Count Logs.
On 08/13/2024 at 11:48 AM, Surveyor received an email with an attachment by Health and Wellness Director CC stating:
Regarding Resident 17: " ...Page 63 lines 9 and 10 ...assume lines with no dates [9 and 10] are for 04/06 and 04/09 ...
Regarding Resident 18:
Page 77 line 2 " ...The fentanyl is signed out in the MAR for 05/12/2024 and that date is not listed in the narcotic book, so I can only assume it should be for that day ..."
Page 96 line 12: " ...12 (looks like it says PM, but p [page] 97 has the PM dose on it, so I believe this was supposed to say AM)."
Page 96 line 15: "16- line 16 is undated, I believe the count on line 15 was wrong, and the person who gave the dose on 07.14 [07/14/2024] forgot to sign it out of the binder. The person on 07.16 [07/16/12024] noticed the count was different and crossed off the date and time to leave room for the person from 07.14 [07/14/2024] to sign and date."
Page 106- No documentation 08/03/2024 - " ...the 1st tablet given is dated for 08/02/2024, but that should have said 08/03/2024- they wrote down the wrong date. The AM dose on 08/02/2024 was

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N 409	Continued From page 11 signed out on page 105 line 3 and the PM dose for 08/02/2024 was signed out on page 97 line 30."	N 409		