STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017997	A. BUILDING: _____ B. WING _____	C 04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADY MEMORIAL HOME	380 MAPLE STREET BIRNAMWOOD, WI 54414

(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 A standard survey and investigation into 2 complaints was conducted at Cady Memorial Home on 04/03/2024 with information gathered through 04/09/2024. As a result of this investigation four deficiencies were identified. Two of two complaints were substantiated. Census: 16	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interviews with hospice staff and facility staff, the provider did not take immediate steps to ensure the safety of all residents, thoroughly investigate, and maintain	N 158		

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

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N 158	Continued From page 1 documentation of the investigation in response to a report received which alleged potential neglect and/or mistreatment of a resident. On 03/11/2024, upon arrival for the AM shift, Resident 1's bedding, clothing and skin was found soiled with dried stool by Hospice RN (Registered Nurse)-F. After care was provided to Resident 1, Hospice RN-F discovered new areas of redness and excoriation to the resident's groin area and genitals. Additionally, Resident 1's bedroom floor was covered with a brown sticky hardened substance that covered numerous medical and hygiene supplies. Hospice RN-F reported the incident to Caregiver C, who reported it immediately to Licensee A. After learning of the concern, the provider did not conduct or document a thorough investigation into the incident to rule out caregiver misconduct and to determine if the incident was reportable. Findings include: On 04/04/2024, Surveyor reviewed the medical record for Resident 1. Resident 1's face sheet indicated s/he was admitted to the facility on 01/05/2019 and began receiving hospice services on 02/27/2024. Resident 1's ISP (Individual Service Plan) dated 04/04/2024 indicated Resident 1 had a foley catheter and required staff assistance with bathing, dressing, grooming and toileting. Additionally, the ISP indicated, "[Resident 1] was incontinent of bowel and bladder, needs reminders to change cloths if they become saturated or dirty. [Resident 1] does not let staff wash [him/her] up when offered... [Resident 1] is a quiet and nice [wo/man]...Caregivers to ensure [Resident 1] remains clean, dry, free from odor and skin irritation on a daily basis."	N 158		

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N 158	Continued From page 2 On 04/08/2024, Surveyor reviewed Resident 1's Hospice RN visit note dated 03/11/2024. The note revealed the following, " ...Upon entering room, it was evident floor to [Resident 1's] room was soaked in a sticky liquid. Potentially urine or coffee, with cigarettes scattered on the floor. Liquid on the floor was soaking medical and hygiene supplies also scattered on the floor, including oxygen tubing replacement packs and disposable undergarments packages. Ended up throwing a lot of supplies away, as they could not be cleaned. Cleaned floor myself after requesting wipes from [Caregiver C]. Also requested new sheets and blankets for [Resident 1] as the current ones had stool on them...Upon skin inspection, large area of red, tender denuded skin to bilateral inner thighs, groin and genitals that was not previously there...Cleansed and placed calazime ointment on for protection. [Resident 1] sitting in [his/her] own stool. Cleansed and replaced pants, and emptied full foley leg bag, which was tugging on [Resident 1's] genitals... [Resident 1] denied pain but would show signs of pain with cares. Per [Caregiver C], previous caretaker reported [s/he] cleaned up [Resident 1], and caretakers over the weekend reported [Resident 1] refused cares this entire past weekend. [Resident 1] stated no one came in to do cares...[Caregiver C] stated [s/he] was made aware of the condition of the room as well. [Resident 1] continues to go out to smoke regularly..." On 04/04/2024, Surveyor reviewed Resident 1's "Care History" notes. A note dated 03/11/2024 at 2:26 PM and documented by Caregiver C indicated, "Hospice nurse here to clean [Resident 1] up. Was upset with [Resident 1] not being changed. [Resident 1] said nobody offer to..."	N 158		

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N 158	Continued From page 3 ***Surveyor noted no documentation was noted in Resident 1's "Care History" notes for the AM, PM, and Night shifts on 03/09/2024 or 03/10/2024, regarding the resident's refusals for care. Additionally, there was no documentation of any attempts made by staff to offer/educate or try another intervention to ensure Resident 1's personal cares/hygiene was maintained. On 04/04/2024, Surveyor reviewed Resident 1's shift report notes for the AM, PM, and Night shifts on 03/09/2024 and 03/10/2024. No documentation was noted regarding Resident 1's refusals for cares, or any attempts staff made to offer/educate or try another intervention to ensure Resident 1's personal cares/hygiene was maintained. On 04/05/2024 at 12:30 PM, Surveyor interviewed Hospice RN-F regarding Resident 1. Hospice RN-F stated, "On the morning of 03/11/2024, I walked into [Resident 1's] bedroom and it looked like [s/he] was not cared for the entire weekend or helped by any staff all weekend long. [Resident 1] was found sitting in stool, with dried stool sticking to [his/her] skin and pants. There was dried stool all over [Resident 1's] bed linens. [Caregiver C] and I had to lay [Resident 1] down to clean [him/her] up because [s/he] was covered in dried stool that went down [his/her] legs. While we were cleaning [Resident 1] up [s/he] was showing facial expressions of pain. After we cleaned [Resident 1] up, I discovered new areas of redness and excoriation to [Resident 1's] genitals, groin area and legs. [Resident 1] told me staff did not come in by [him/her] all weekend long to help care for [him/her]. [Caregiver C] was present in the room and confirmed what we observed." Hospice RN-F went on to say, "[Resident 1] can be	N 158		

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N 158	Continued From page 4 stubborn at times but has never been combative when assisted with cares. [Resident 1] often states, "I'm fine and refuses cares initially, but then agrees." On 03/11/2024, I also observed [Resident 1's] room had a brown, sticky, hardened substance all over [his/her] floor. The brown sticky substance was all over [Resident 1's] medical and hygiene supplies, which I had to throw away...I've been told by staff that certain staff sit on their phones and don't want to work or do their jobs." On 04/04/2024 at 11:10 AM, Surveyor interviewed Caregiver C regarding Resident 1. Caregiver C confirmed s/he was working the morning of 03/11/2024. Caregiver C stated, "I went into [Resident 1's] bedroom with [Hospice RN-F] and [Resident 1] was full of stool, [his/her] bed was full of dried stool and [his/her] bedroom floor was a mess. [Resident 1] was full of dried stool and it took us forever to get [him/her] cleaned up. The staff that worked over the weekend, [Caregiver G and H] didn't take care of [him/her]. There was no reason for [Resident 1] to be full of stool and [his/her] room to look the way it did. The weekend staff [Caregiver G and H] didn't do what they should have done and didn't provide care for [Resident 1]." Surveyor then asked Caregiver C if [s/he] reported the information to anyone. Caregiver C stated, "I called [Licensee A] right away to report [Hospice RN-F] was not happy [Resident 1] was not cared for all weekend long, and [Resident 1] was full of dried stool...[Licensee A] told me [s/he] called [Caregiver G and H] and they said [Resident 1] refused cares all weekend. [Resident 1] can be noncompliant at times but has never hurt anyone. If [Resident 1] is noncompliant staff need to call someone and not let [him/her] sit in it."	N 158		

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N 158	Continued From page 5 On 04/04/2024 at 11:45 AM, Surveyor spoke with Licensee A regarding the allegation involving Resident 1 on 03/11/2024. Licensee A confirmed [s/he] received a call from Caregiver C on 03/11/2024 indicating Hospice went to get Resident 1 up and s/he was full of stool. Licensee A stated, "Hospice said there was stool on [his/her] sheets, the floor was dirty and [s/he] had on a dirty brief. I called the staff working over the weekend and they said [Resident 1] refused cares the entire weekend. I told the staff they need to call me when [Resident 1] refuses." Licensee A went on to say, "I received a call from APS (Adult Protective Services) on 03/15/2024 regarding [Resident 1] having dried stool an [him/her], [his/her] sheets and all over on 03/11/2024. I told APS that staff told me [Resident 1] refused." Surveyor then asked Licensee A for [her/his] written documentation of the investigation. Licensee A indicated s/he would look. On 04/04/2024 at 1:30 PM, Licensee A provided Surveyor with the facility's investigation into the alleged incident involving Resident 1 on 03/11/2024. The provider's investigation stated, "3/11-[Caregiver C] called and said Hospice was there to get [Resident 1] up and [s/he] was full of BM. [S/he] said third shift said [Resident 1] refused to be changed." The investigation included statements from the two staff members who worked over the weekend (Caregiver G and H) and both caregivers indicated Resident 1 refused to be changed. The investigation noted, "Told staff to call when [Resident 1] refuses and they both have to get [Resident 1] up and make sure room is clean and [s/he] is clean and dry. If [Resident 1] refuses call me..." Surveyor noted the documented investigation did not include: ---the steps that were taken to ensure the health,	N 158		

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safety and well-being of the residents
---Any effects the incident may have had on the resident's skin condition or psychosocial well-being
---information that an interview was attempted or completed with Resident 1
---information indicating residents were interviewed to determine if their needs were met or if they had experienced similar incidents
---information that an interview was attempted or completed with Hospice RN-F, who discovered the alleged incident
---information and date other employee interviews were attempted/obtained
---information regarding the evaluation of Resident 1's refusals of cares over the weekend to determine the reason(s) for his/her refusals
---information regarding Resident 1's room cleaning schedule and if it was being followed
---the conclusion of the investigation or a determination if a MIR (Misconduct Incident Report) should be submitted to the Department

On 04/04/2024 at approximately 2:30 PM, during the exit conference with Surveyors, Licensee A confirmed s/he had no additional information or documentation regarding Resident 1 to indicate the allegation of potential neglect/mistreatment was thoroughly investigated. Licensee A further confirmed s/he did not conduct an interview with [Resident 1] or [Hospice RN-F] regarding the alleged incident. Licensee A stated, "I didn't do a full investigation because [Resident 1] does refuse cares."

On 04/09/2024, Surveyor reviewed the "March 3, 2024, through March 16, 2024" staff schedule. Surveyor noted Caregiver G worked alone on 03/09/2024 and 03/10/2024 from 7 AM until 7 PM and Caregiver H worked alone on 03/09/2024

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N 158	Continued From page 7 and 03/10/2024 from 7 PM until 7 AM. Additionally, the schedule revealed Caregiver G continued to work on 03/11/2024, 03/12/2024, 03/13/2024, 03/14/2024 and 03/15/2024 and Caregiver worked on 03/13/2024. The provider did not take immediate steps to ensure the safety of all residents, thoroughly investigate, and maintain documentation of the investigation into an alleged incident involving Resident 1.	N 158		
N 495	83.45(1)(d) Hazards. Hazards. The CBRF shall maintain each building in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and staff interviews the provider did not ensure the facility was maintained in good repair having the potential to affect all 16 residents. Electrical switches were noted without covers, ceiling light fixtures had no covering, wires from a disconnected fan were dangling from the ceiling, bathroom flooring was in poor repair in 2 out of 4 bathrooms. Findings include: On 04/04/2024, Surveyors conducted a tour of the facility from approximately 8:15 AM to 9:15 AM, starting with Manager E and continuing with Licensee A. Observations were made of the following: *The front entrance door was noted to be rusted and have dirt and grime on the inside and outside of the door.	N 495		

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N 495	Continued From page 8 *A wall switch was missing a cover of the electrical outlet in the front room across from the entrance. *The front and back living room area had missing baseboard trim around the entire perimeter of the room. *Resident 5's bedroom had a wall light swich cover missing, an electrical outlet under the window cover missing and the ceiling had exposed wires hanging down. Licensee A said a fan had been removed and the wires hadn't been covered. *Resident 6's bedroom ceiling light fixture was bare bulbs, with no covering over the bulbs. *Resident 7's bedroom ceiling light fixture was bare bulbs, with no covering over the bulbs. *Resident 1's bedroom had missing ceiling tiles. *Resident 12's doorway had unsecured floor threshold trim. *Resident 1's bedroom door and wall had mutiple scractches and gouges *A bathroom near Room 7 had cracked and missing tiles in front of the toilet, missing baseboard trim along the wall near the sink, and a strong urine smell with urine stains around the base of the toilet. Licensee A confirmed to Surveyor this bathroom was used by residents and there was a smell of urine and the tiles around the toilet needed to be replaced. *The upstairs bathroom had missing caulking	N 495		

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N 495	Continued From page 9 around the tub and missing vinyl tiles on the bathroom floor by the toilet. Licensee A indicated residents did not use this tub but the flooring needed repair. On 04/04/2024 at 2:30 PM during an exit meeting with Licensee A and Manager E , Surveyors shared the above observations of the facility.	N 495		
N 500	83.45(4) Pest control. Pest control. The CBRF shall implement safe, effective procedures for control and extermination of insects, rodents and vermin. This Rule is not met as evidenced by: Based on observations, resident and staff interviews, and record review the provider did not ensure an effective procedure to exterminate bed bugs from the facility beginning 12/2022 through 04/04/2024 causing bed bug bites to 3 (Residents 2, 3, and 4) of 16 residents. Findings include: On 03/05/2024 and 03/13/2024, the department received complaints related to recurrent outbreaks of bed bugs at the facility. Mayoclinic.org titled "Bedbugs" dated 01/05/2024 indicated, "...Bedbugs are small, reddish-brown, blood-sucking, wingless insects. Bedbug bites usually clear up without treatment in a week or two. Bedbugs aren't known to spread disease, but they can cause an allergic reaction or a severe skin reaction in some people. Bedbugs are about the size of an apple seed. They hide in the cracks and crevices of beds, box springs, headboards,	N 500		

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bed frames and other objects around a bed and come out at night to feed on their preferred host, humans...If you have bedbugs in your home, professional extermination is recommended...Some people have no reaction to bedbug bites, while others experience an allergic reaction that can include severe itching, blisters or hives...Bedbug infestations usually occur around or near where people sleep. They can be found in: clothing, luggage, bedding, boxes, box springs, mattresses, headboards, objects near beds...They can also be found: ...In upholstered furniture seams...Bedbugs can move from one site to another by traveling on items such as clothing, luggage, furniture, boxes and bedding. Bedbugs can easily travel between floors and rooms in hotels or apartment buildings...If you suspect that you're being bitten by bedbugs, immediately inspect your home for the insects. Thoroughly examine crevices in walls, mattresses and furniture. You may need to perform your inspection at night when bedbugs are active. Look for these signs: Dark specks. Typically found along mattress seams, these specks are bedbug excrement. Skin castings. Bedbugs molt five times before becoming adults. These empty skins are pale yellow. Rusty or reddish stains. You may find small smears of blood on your bed sheets where bedbugs were crushed..."

As Surveyor began touring the facility with MGR (Manager)-E on 04/04/2024 at approximately 8:30 AM, Resident 2 was noted sitting in a chair in one of the front rooms. Resident 2 told Surveyor that s/he had quite a few bites from bed bugs and showed Surveyor his/her right arm which had approximately 4 scabbed areas and one on the back of Resident 2's neck. Resident 2 said the chair had been treated by MP (Maintenance Person)-D but there was still one

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bug crawling on the chair arm yesterday. MGR-E said the provider tried several services to fix the bed bug problem and confirmed MP-D sprayed and powdered Resident 2's chair on 04/03/2024 and called the professionals. MGR-E indicated they have stripped every room to treat it and residents stay in common areas while the rooms are treated and then stay in their rooms when the common areas of the building are treated. MGR-E indicated Residents 2 and 3 had some bug bites but wasn't sure about other residents.

On 04/04/2024 At 10 AM, Surveyor observed Resident 4's, 5's and 8's bedroom. Residents 4, 5 and 8 had small plastic dishes under each bed leg of their bed frames. Each dish contained a white powdery substance. Caregiver B indicated the dishes with the white powder were being used to prevent bed bugs.

On 04/04/2024 at 10:30 AM, Resident 2 approached Surveyor and stated, "This whole place is full of bed bugs. The bugs were in my room. They've been all over me and I've been getting bit all over. The bed bug infestation has been going on since last year...About four days ago, I was sitting in the recliner chair in the living room and a bed bug crawled up on my hand and I squished it...I still have bed bug bites on my body. [MP-D] will come and flip the furniture and spray it with alcohol and water, which is supposed to kill the bugs, but [MP-D] has been doing this for several months and it's not working...[Licensee A] has been trying to kill off these bed bugs [her/himself] for over a year...[Licensee A] finally hired a professional exterminator." Resident 2 went on to say, "[Resident 3] had three bed bugs crawling on [his/her] hand yesterday and [s/he] had to squish them."

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N 500	Continued From page 12 On 04/04/2024 at 10:40 AM, Surveyor interviewed Resident 4. Resident 4 verified the facility has active bed bugs and the bugs have been an ongoing concern. Resident 4 stated, "I've gotten bit a few times recently...I don't like getting bit." On 04/04/2024 at 10:50 AM, Surveyor interviewed Caregiver B regarding bed bugs in the facility. Caregiver B stated, "Yes, bed bugs have been an ongoing issue...I believe it started with a resident about two years ago and it spread to different rooms in the building. [Resident 5] had bed bugs the worst in [his/her] room. [Resident 5's] bed was bad, [s/he] had to get a new mattress. About two months ago I seen active bed bugs in [Resident 10's] bedroom. The bugs were in [Resident 10's] couch and we had to throw out the couch...I haven't seen any live ones recently, but I'm aware of what bed bug droppings look like. [Resident 9] currently has some droppings or smashed bed bugs on [his/her] bed linens." Surveyor and Caregiver B entered [Resident 9's] bedroom. Surveyor observed [Resident 9] laying in bed sleeping and noted multiple tiny dark spots on [Resident 9's] bed linens. Caregiver B stated, "It looks like dead, smashed bed bugs or bug poop." Surveyor then asked Caregiver B if residents voiced concerns to her/him regarding recent active bed bugs. Caregiver B stated, "[Resident 2] and [Resident 4] have told me they've had to squish one or two bed bugs a few days ago." Surveyor questioned Caregiver B on what the facility was doing to get rid of the bed bugs. Caregiver B indicated the facility had been treated by a pest control company at least four times. Caregiver B stated, "During the treatments residents had to be out of their bedrooms for four hours and stay in the common areas. After the four hours, residents	N 500		

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	0017997	A. BUILDING: _____ B. WING _____	C 04/09/2024

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N 500	Continued From page 13	N 500		

had to go into their bedrooms for four hours so the common areas could be treated." Surveyor asked how laundry and bed linens were handled. Caregiver B stated, "We bagged residents bed linens and cloths, put it in the dryer, wash it on hot and then put it back in the dryer."

On 04/04/2024 at 1:50 PM Surveyor interviewed Caregiver C who said all clothing and bedding are bagged, dried in a hot dryer, washed in hot water, and dried again in a hot dryer. Caregiver C said MP-D treats in between with a steam cleaner and a chemical spray if any are seen.

In an interview with Surveyor on 04/04/2024 at 10:30 AM, Licensee A confirmed the facility has had bed bugs since 2022. Licensee A said they have tried 3 different Pest Control Agencies with no success. In addition Licensee A said they steam clean and spray a chemical if any are found in between professional treatments. Licensee A said staff bagged all linens, clothes, and drid on hot heat, washed on hot heat, and dried on hot heat again. Licensee A said they used the local laundromat one time when they had to bag everyones things for treatment. Licensee A said they got a new contract in January 2024 with a third pest control company, Turf Badger Madison. On 04/04/2024 Surveyors reviewed the providers records for pest control in response to concerns brought to the State Agency about bed bug bites to residents. Licensee A provided Surveyor with invoices showing treatment as follows:

*Wil-Kill Pest Control- prior to December 2022

*Batzner Pest Control -
12/09/2022 and 12/27/2022- Premium Commercial Treatment of Phantom II and

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N 500	Continued From page 14 follow-up. 01/13/2023- Commercial Treatment - mattresses, box springs, bed frames, and headboards, baseboards. 01/27/2023- Mattresses, box springs, bed frames, and headboards and baseboards. 02/01/2023- Commercial Treatment 02/21/2023- Box springs, headboards, baseboards, windows, door frames, chairs and sofa and baseboards. New Treatment Zenprox EC. 03/31/2023- Rooms 6,7, 11,12 box springs, bed frames and headboards, baseboards, ceiling junctions, recliner chairs and sofa. 04/14/2023- Living room chairs and sofa, baseboards, windows and door frames. 05/12/2023- Box springs, bed frames, headboards, chairs and sofas, baseboards, windows and door frames, living room chairs and sofa, baseboards, windows, and door frames. 05/26/2023- Treated all rooms. 06/19/2023- Follow-up all rooms. 08/13/2023- Mattresses, box springs, bed frames and headboards, baseboards. 11/27/2023- Baseboards, windows and door frames, living room baseboards and windows and door frames. 12/12/2023- General Concentrate baseboards, windows and door frames, Living room baseboards, windows and door frames. On 01/24/2024 Licensee A signed a Service Agreement with Turf Badger Madison for Bed Bug Treatments. This agency treated the facility for bed bugs on 02/01/2024, 02/15/2024 and 03/07/2024. The service notes from 03/07/2024 indicated, "A chemical bed bug treatment has been completed for the 16 bedrooms and bathrooms. Wash/dry all bedding, curtains, clothing on high heat and hot water. Will return in	N 500		

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N 500	Continued From page 15 7-14 days if needed. In conclusion, the provider had repeated incidents of bed bug infestations which were verified and treated by contracted pest control companies beginning in December 2022 through March 2024. During this survey visit, there were recent reports of bed bugs seen crawling on Resident 2 and 3 and bed bug bites to Residents 2, 3 and 4. The facility did not have effective procedures for control and extermination of bed bugs which had been ongoing for over a year time period.	N 500		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and staff interviews the provider did not ensure emergency or disaster drills were conducted semi-annually having the potential to affect all 16 residents. There was only 1 emergency or disaster drill for 2022 and 1 for 2023. Findings include: This facility is licensed as a Class C non-ambulatory (CNA). A class C non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. This facility serves residents who are advanced aged, terminally ill,	N 526		

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N 526	Continued From page 16 developmentally disabled, physically disabled, are emotionally disturbed or have mental illness, and who have irreversible dementia or Alzheimer's. On 04/04/2024, Surveyor reviewed the provider's emergency evacuation and disaster drills with LIC (Licensee) - A. The records provided to Surveyor by LIC - A showed one tornado drill on 07/06/2022 and one on 04/21/2023. There were no other emergency or disaster drills noted for 2022 or 2023. On 04/04/2024 at approximately 2:30 PM, LIC - A confirmed these were the only emergency and disaster drills for 2022 and 2023.	N 526		