STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017752	A. BUILDING: _____ B. WING _____	R-C 07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV SOUTH BELOIT WEST	2156 HOUSE ST BELOIT, WI 53511

(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 07/22/2024, Surveyors conducted a verification visit at SV South Beloit West. Two deficiencies were identified. Two of the 2 deficiencies were repeat violations (see statement of deficiency (SOD) ZKXU11, dated 11/10/2023 and SOD 00KH13, dated 12/08/2022). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 15	{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. This Rule is not met as evidenced by: Based on record review and interview, the individual service plan (ISP) was not updated for 1 of 1 resident reviewed when there was a change in resident needs.	{N 389}		

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

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{N 389}	Continued From page 1 Resident 4's ISP was not updated when s/he began resisting and refusing to complete or to allow staff to assist with activities of daily living (ADLs). The ISP did not include behaviors Resident 4 was displaying and did not capture any details related to his/her diabetes. This is a repeat deficiency. See statement of deficiency (SOD) ZKXU11, dated 11/10/2023 and SOD 00KH13, dated 12/08/2022. Findings include: On 07/22/2024, Surveyor reviewed Resident 4's record and identified the following: Resident 4 admitted to the facility on 02/20/2024 with diagnoses including anxiety, depression, insomnia, cerebral palsy, hypertension, and diabetes. Resident 4 had a healthcare power of attorney who made decisions on his/her behalf. Resident 4's most recent ISP dated 04/10/2024 documented: "Medications: Medications administered by staff. Medication Management- Full Assist: Staff will administer and manager (sic) [Resident 4's] medication and routine." The ISP did not include details of Resident 4's diabetes or diabetes management plan. Surveyor reviewed Resident 4's medication administration record (MAR) for June-July 2024. The MAR indicates that Resident 4 was dependent on blood sugar monitoring and insulin for his/her diabetes management. Resident 4's most recent ISP dated 04/10/2024	{N 389}		

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{N 389}	Continued From page 2 documented: "Capacity for Self Care: Needs total assistance. Capacity for Self Direction: Needs assistance. ...Resident requires assistance from one staff for dressing/grooming/personal hygiene/oral care needs ... [Resident 4] needs assistance with bathing/showering. [S/he] will need help into and out of the shower. Staff will need to assist in washing. Shampooing, drying, and putting on/off clothing. [Resident 4] responds well to verbal cues to participate as much as [s/he] is able. [Resident 4] is incontinent of bladder and does wear incontinence briefs. [S/he] needs assistance on/off the toilet, dressing and undressing, wash/wiping after a bowel movement. [Resident 4] requires a two hour toileting schedule ... [Resident 4] displays flirtatious behavior when communicating to [fe/male] staff. Staff are able to follow redirection techniques noted in care plan. Staff will monitor for behaviors ... [Resident 4] displays healthy one on one interaction with other residents and staff." The ISP did not include Resident 4's refusal of ADLs or additional behaviors. Surveyor reviewed Resident 4's observation notes from June-July 2024. Resident 4's observation notes documented: "06/05/2024: Res refused to take weight and vitals.	{N 389}		

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{N 389}	Continued From page 3 06/06/2024: Resident refused shower. 06/06/2024: Resident refused shower said [s/he] is tired and not today [s/he] did receive (sic) a shower on Monday this week. 06/07/2024: Res was yelling and cursing at staff most of the shift. [S/he] was redirected easily. [S/he] was social at supper. [S/he] slept for the rest of the shift. 06/19/2024: Res refused to helped changed depend [s/he] said [s/he] did it [him/herself] res ate dinner res been in room no concerns. 06/20/2024: [S/he] was angry getting in the shower, I informed [him/her] I was going to call [his/her] power of attorney [poa] and [s/he] said fine ill shower now [s/he] was mad yelling and cursing the whole time didn't want help from me or anyone. While showering [s/he] became agitated and tried getting up fast and fell on [his/her] bottom ... 06/25/2024: staff checked on res through pm shift res ate dinner res refused staff to help changed [him/her] res is laying in bed no concerns. 07/10/2024: res had a ok day res refused to do any cares and toileted [him/her] self. 07/18/2024: ...resident became loud and started swearing at staff ...resident then started to cuss and yell at both staff ... 07/18/2024: ...Resident denied shower stating that [s/he] was up all night and was too tired to take one ... 07/21/2024: res came out for dinner res refused	{N 389}		

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{N 389}	Continued From page 4 everything else got upset when staff for asking if [s/he] changed [his/her] depend and started yelling and calling staff [expletive] ..." On 07/22/2024 at 12:56 PM, Surveyor interviewed Administrator A and House Manager B during exit conference. Surveyor asked about Resident 4's ISP missing information related to diabetes, refusals, and behaviors. Both Administrator A and House Manager B were surprised this information was not in the ISP and confirmed they forgot to include the above information. House Manager B stated s/he will update Resident 4's ISP with this information.	{N 389}		
{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	{N 431}		

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{N 431}	Continued From page 5 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had their health monitored and communication with the resident's physician was documented in the resident's record. Resident 2 and Resident 3 experienced high blood pressures that were not updated to the physician. This is a repeat deficiency. See statement of deficiency (SOD) ZKXU11, dated 11/10/2023. Findings Include: On 07/22/2024, Surveyors reviewed resident records and identified the following: Example 1: Resident 2 Resident 2 was admitted to the facility on 02/16/2021 with diagnoses including anemia, hyperlipidemia, and hyperosmolality. Resident 2's individual service plan (ISP) dated 04/18/2024 noted "medications administered by staff." Resident 2's physician orders included the following: "Lisinopril 5 mg tab for hypertension with	{N 431}		

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{N 431}	Continued From page 6 instructions to, update MD if systolic BP less than 110 or greater than 180, diastolic less than 55 or greater than 100 and pulse less than 55, or greater than 120 BPM." Surveyor reviewed Resident 2's medication administration record (MAR) from 06/01/2024-07/21/2024 and observed the following 6 occurrences in which Resident 2's blood pressure was within notification parameters: -06/10/2024: Blood pressure documented as 107/62 -06/13/2024: Blood pressure documented as 106/56 -06/20/2024: Blood pressure documented as 107/66 -06/25/2024: Blood pressure documented as 102/68 -07/04/2024: Blood pressure documented as 109/66 -07/15/2024: Blood pressure documented as 101/65 There was no evidence in Resident 2's record his/her medical provider was notified of the above 6 occurrences. Example 2: Resident 3 Resident 3 admitted on 06/04/2018 with diagnosis including diabetes, hypothyroidism, hyperlipidemia, coronary artery disease, and obstructive sleep apnea. Resident 3's physician orders documented: "Amlodipine 2.5 mg tablet- Take 1 tablet by mouth daily for HTN. Call if SBP less than 90 or greater than 160, call if heart rate less than 55 or greater than 110."	{N 431}		

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{N 431}	Continued From page 7 Resident 3's vitals history for June-July 2024 documented: "Blood Pressure 06/13/2024 at 9:47 AM- 179/83 06/21/2024 at 8:09 PM- 177/83 07/03/2024 at 8:15 AM- 174/90 07/10/2024 at 8:23 PM- 161/91" Surveyor reviewed Resident 3's observation notes for June-July 2024 and there was no documentation of the physician being updated. On 07/22/2024 at 12:16 PM, Surveyor interviewed House Manager B. Surveyor asked where the provider documents communication with resident physicians. House Manager B stated that it would be found in observation notes, and confirmed that if not documented there, then it likely did not happen. On 07/22/2024 at 12:56 PM, Surveyor interviewed Administrator A and House Manager B. Surveyor shared the above concern of health monitoring for Resident 2 and Resident 3. Administrator A and House Manager B acknowledged an understanding of the concern and noted staff did not inform him/her of Resident 2's and Resident 3's vitals outside of normal parameters. House Manager B stated s/he typically communicated with medical providers to provide notification, but s/he was unaware of the above 10 occurrences.	{N 431}		