STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018227	A. BUILDING: _____ B. WING _____	C 08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN CENTER	2000 WEST BLUEMOUND ROAD WAUKESHA, WI 53186

(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 08/01/2023 with information gathered through 08/02/2023, Surveyor conducted a standard survey and complaint investigation. Seven deficiencies were identified. One deficiency was a repeat deficiency from Statement of Deficiency (SOD) # 5D9011 dated, 04/13/2021 and SOD # 5D9012 dated, 07/01/2021. The complaint was substantiated. Census: 17	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1	N 239		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed had completed training in Department Approved training as required. Residential Support Staff B did not complete Department Approved training within 90 days after starting employment.

This is a repeat deficiency see Statement of Deficiency (SOD) # 5D9011 dated, 04/13/2021 and SOD # 5D9012 dated, 07/01/2021.

Findings include:

On 08/01/2023, Surveyor conducted a review of employee records to verify compliance with department approved training requirements:

Standard Precautions

On 08/01/2023, Surveyor reviewed the record for Resident Support Staff B, hired 11/22/2022. The record did not contain evidence of training or evidence of meeting an exemption for standard precautions.

On 08/01/2023 Surveyor review of the community based residential facility registry noted Resident Support Staff B was not on the registry.

On 08/02/2023 at 9:50 AM, Surveyor interviewed Supervisor A who stated s/he was not aware that Resident Support Staff B was out of compliance for standard precautions. Surveyor asked if Resident Support Staff B was a certified nursing

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N 239	Continued From page 2 assistant or had any exemptions. Supervisor A stated no and was not able to locate Resident Support Staff B on the community based residential facility registry.	N 239		
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, observation and staff interview, the provider did not ensure Resident 1 received all prescribed medications in the dosage and at the intervals prescribed by a practitioner. Findings include: Resident 1 had a physician order dated 06/21/2023 for nicotine polacrilex 4 MG gum one piece by mouth every hour as needed for cessation. On 08/01/2023, at 11:51 AM, Surveyor observed Resident Support Staff B (RSS-B) administer nicotine polacrilex 4 MG gum to Resident 1. RSS-B removed a plastic bin containing Resident 1's medications from a locked file cabinet. RSS-B handed the bin to Resident 1 who removed 6 pieces of nicotine polacrilex 4 MG gum from the bin. RSS-B documented in the medication administration record that Resident 1 took 6 pieces of gum equaling 24 MG. RSS-B	N 352		

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N 352	Continued From page 3	N 352		

then signed the medication administration record with RSS-B's initials.

Surveyor asked RSS-B if it was alright that Resident 1 had taken 6 pieces of gum at one time. RSS-B stated yes as it was ordered as nicotine polacrilex 4 MG gum one piece every hour.

A review of the medication administration record for the month of July noted the following:
07/02/2023- 1:14 AM- 4 MG - documented as administered.
07/02/2023- 9 AM- 8 MG- 2 pieces administered.
07/04/2023- 12:15 AM- 8 MG- 2 pieces administered.
07/04/2023- 4 PM- 8 MG- 2 pieces administered.
07/04/2023- 9:18 PM- 16 MG- 3 pieces administered.
07/05/2023- 3 PM- 12 MG- 3 pieces administered.
07/05/2023- 11:00 PM- 12 MG- 3 pieces administered.
07/06/2023- 5:52 PM- 16 MG- 4 pieces administered.

From 07/07/2023 to 07/31/2023- multiple doses administered including
07/29/2023- at 12:14 AM 24 MG- 6 pieces.
07/29/2023- 5:37 PM- 32 MG- 8 pieces.
07/29/2023- 9:57 PM 24 MG.
07/29/2023 5:28 PM 24 MG -6 pieces.

On 08/01/2023, at approximately 12:05 PM, Surveyor asked Supervisor A if RSS-B should have provided Resident 1 with 6 pieces of gum at 11:51 AM when it is ordered as PRN (as needed) one piece. Supervisor A stated "no."

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N 393	Continued From page 4	N 393		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not complete an evacuation assessment for 3 out of 4 resident's reviewed to determine whether the resident is able to evacuate the CBRF within 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. Findings include: Example 1 - Resident 1 On 08/01/2023, Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the facility on 06/01/2023. Resident 1's record contained a blank evacuation assessment. Example 2- Resident 2 On 08/01/2023, Surveyor reviewed the record of	N 393		

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N 393	Continued From page 5 Resident 2. Resident 2 was admitted to the facility on 06/08/2023. Resident 2's record contained a blank evacuation assessment. Example 3- Resident 3 On 08/01/2023, Surveyor reviewed the record of Resident 3. Resident 3 was admitted to the facility on 07/05/2023. Resident 3's record contained a blank evacuation assessment. On 08/01/2023, Surveyor interviewed Supervisor A regarding the assessments. Supervisor A stated [his/her] assistant completes the assessments and was not aware the assessments were not being completed.	N 393		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need	N 404		

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N 404	Continued From page 6 physician involvement to address. This Rule is not met as evidenced by: Based on staff interview, the provider did not arrange on an annual basis, for a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF's medication administration and medication storage systems for 2021 and 2022. Findings include: On 08/01/2023, at approximately 9:15 AM, Surveyor conducted a standard survey at Aspen Center. Surveyor requested that Supervisor A provide the 2021 and 2022 annual review of the medication administration and storage review conducted by a physician, pharmacist, or registered nurse. Supervisor A stated s/he was not aware of the requirement and they did not do them as they did not administer medication to residents of the facility. Administrator A stated they do store, lock resident medication and when residents come to the office, a medication bin containing their medication is provided to the resident. Staff monitor and document the resident is taking the medications but the provider was not aware of the requirement to arrange an annual on-site review of the CBRF's medication administration and medication storage systems by a physician, pharmacist, or registered nurse	N 404		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following:	N 454		

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N 454	Continued From page 7 (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of	N 454		

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medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider maintain a record of Resident 4's medical history and urgent care visit summary following medical treatment.

Findings include:

On 08/01/2023, Surveyor reviewed the record of former Resident 4. Resident 4 was admitted to the provider on 06/14/2023. According to the shift report notes dated 06/21/2023- 2-10 PM- "Staff drove to and from urgent care." The record did not contain any documentation of the why Resident 4 was taken to urgent care, what the outcome and follow up of the visit was.

On 06/29/2023- 10 PM-8 AM- "needs to be taken

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to urgent care (Friday) tomorrow, (s/he) does have a pass for this."

On 06/30/2023- 1st shift- "Client left on pass/veyo- returned 11:45 AM."

On 06/30/2023- 2 PM-10 PM- "Staff drive (him/her) to ER and urgent care."

A review of "Appointment Passes" noted on 06/21/2023- a pass was approved to go "As soon as possible please." "Urgent Care Please." Reason - "My (explicative) is bleeding and I have pain." The pass was signed by Counselor C.

A review of "Transport Request" noted on 06/29/2023 - "Approved. Urgent care doctor's approval to take Ibuprofen and or Aspirin." The request was signed by Counselor C.

On 08/01/2023, at approximately 3:02 PM, Surveyors interviewed Counselor C and Supervisor A. Counselor C stated Resident 4 did not want to go to urgent care initially in reference to 06/21/2023 incident. On 06/21/2023, the urgent care physician recommended follow up in 2-3 weeks. Resident 4 reported not seeing a physician in over 20 years.

When seen on 06/30/2023, the physician recommended Resident 4 obtain a physician for an evaluation and colonoscopy due to rectal bleeding and pain. They did complete blood work during the visit. Counselor C stated Resident 4 wanted to go out on the 06/29/2023, however it was at night and they did not have enough staff to go with Resident 4 as they only had one resident support staff in the building at that time.

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N 454	Continued From page 10 Surveyor asked Supervisor A and Counselor C if the facility had a copy of the physician visit summaries from the 06/30/2023 and 06/21/2023 visits. Supervisor A stated the summary was provided to Resident 4 and they do not ask for a copy. Supervisor A stated do not request any physical exam documentation or urgent care visit summaries from any of their residents.	N 454		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure that 4 out of 4 clothes dryers were vented with tubing that was of rigid material. Findings include: On 08/01/2023, at approximately 10:00 AM, Surveyor toured the facility with Supervisor A. Observed on the "Women's Side" of the facility were 2 clothing dryers. The venting material was not of rigid material. Observed on the "Men's Side" of the facility were 2 clothing dryers. The venting material was not of rigid material. On 08/01/2023, at approximately 3:35 PM,	N 488		

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N 488	Continued From page 11 Surveyor interviewed Supervisor A regarding the venting material. Supervisor A stated s/he would inform maintenance of the concern and s/he was unaware of the requirement.	N 488		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's heating system was inspected at least once every 3 years. Findings include: On 08/01/2023, at approximately 9:14 AM., Surveyor requested the provider's most recent furnace inspection. Supervisor A stated after checking with their maintenance person, they do not have any documentation of a furnace inspection. Surveyor asked if they had any other inspections completed by a heating contractor or local utility company. Supervisor A stated s/he	N 504		

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N 504	Continued From page 12 will check with maintenance. On 08/02/2023, the department received electronic correspondence from Supervisor A regarding the furnace inspection. Supervisor A stated they did not have anything and have made arrangements for a heating company to conduct a furnace inspection on 08/07/2023.	N 504		