STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 11/11/2024, with information gathered through 12/13/2024, Surveyors conducted a standard licensure survey and 3 complaint investigations. Seven deficiencies were identified. Two of 7 deficiencies are repeat violations. See Statement of Deficiency (SOD) 6W5N11. Three of 3 complaints were substantiated. Census: 19	N 000		
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 and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 2 of 11 residents. Resident 3 did not receive his/her Debrox ear drops as prescribed. Resident 8 did not receive his/her prescribed Premarin (estrogen hormone) as prescribed. Findings include: On 10/14/2024, the Department received a concern that medication administration did not occur as prescribed.	N 352		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 352	Continued From page 1 Example 1: Resident 3 On 10/14/2024, the Department received a concern that medication administration did not occur as prescribed and there was a delay in medications being available. On 11/11/2024, at approximately 9:32 AM, Surveyor observed the med cart with Med Passer F. Surveyor and Med Passer F observed Resident 3's Debrox ear drops with an expiration date of 08/20/2024. On 11/18/2024, Surveyor reviewed Resident 3's record. Resident 3 moved into the facility 05/03/2023. Resident 3's August 2024 MAR documented: "Debrox ear drops - Install 6 drops in each ear 2 times a day for 4 days. Scheduled at 8 AM and 8 PM. Start Date: 08/12/2024. End Date: 08/16/2024." Resident 3's physician order documented: 08/08/2024 (Thursday) - Debrox ear drops to left ear: excess wax. Instill 10 drops twice daily for 4 days (leave in for several minutes). Will irrigate Monday or Tuesday. The MAR documented administration 08/12 8:00 PM through 08/17 8:00 PM which equaled 9 doses vs the prescribed 8 doses. The MAR documented that 6 drops were to be administered versus the prescribed 10 drops. The ear drops were not started until Monday when potential ear irrigation was to occur.	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 352	Continued From page 2 Example 2: Resident 8 On 11/17/2024, Surveyor reviewed Resident 8's record. Resident 8 moved into the facility 06/03/2024. Resident 8's October and November 2024 MARs, dated 10/01/2024 to 11/11/2024, documented: "Premarin 0.625 MG / GM (gram) VAG (vaginal) CRM (cream). Insert 0.5 GM vaginally twice weekly at bedtime (hazard). Start Date: 06/03/2024. Scheduled Mondays and Fridays." The MARs documented 'Other' with rationale 'not in med cart' on 10/04, 10/14, 10/18, 11/08. On 11/18/2024 at 3:30 PM, Surveyor and Assisted Living Regional Director E conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. COO B stated s/he would have to review the resident records to determine if there was a concern.	N 352		
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	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

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WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 389	Continued From page 3 with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the Individual Service Plan (ISP) for 5 of 5 resident were not updated when there was a change in resident needs and abilities. This is a repeat deficiency. See Statement of Deficiency (SOD) 6W5N11. Resident 1's ISP was not updated to include interventions or monitoring guidelines for his/her peripheral vascular disease (PVD) (progress disorder that occurs when blood vessels narrow or become blocked, reducing blood flow to organs and limbs). Resident 2's ISP was not updated to include his/her preferences and interventions related to seizures, bathing, dietary, and required smoking schedule. Resident 7's ISP was not updated to include that resident was a full assist for toileting. Resident 8's ISP was not updated to include interventions related to his/her fall history. Resident 10's ISP was not updated to include his/her interventions related to obsessive compulsive disorder (OCD). Findings include: On 10/14/2024, the Department received a concern alleging resident ISPs were not reflective of the resident and resident falls were not recorded. On 11/06/2024, the Department received a concern alleging there was a delay in a resident	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

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WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 389	Continued From page 4	N 389		

receiving treatment resulting in hospitalization.

The provider is licensed to provide cares for up to 22 residents within client groups: advanced aged, irreversible dementia/Alzheimer's, physically disabled, terminally ill and emotionally disturbed/mental illness.

On 11/11/2024, Surveyor requested Resident 1's, Resident 2's, Resident 7's, Resident 8's, and Resident 10's record from Licensee A.

Example 1: Resident 1

On 11/18/2024, Surveyor reviewed Resident 1's record.

Resident 1 moved into the facility, 05/21/2024, with diagnoses including Type 2 diabetes, hyperlipidemia (high cholesterol), and PVD.

"PVD may affect any blood vessel outside of the heart. This includes the arteries, veins, or lymphatic vessels. Organs supplied by these vessels, such as the brain or legs, may not get enough blood flow for healthy function. The legs and feet are most often affected. ... symptoms of PVD may include: Changes in the skin, including decreased skin temperature, or thin, brittle, shiny skin on the legs and feet ... Pain (described as burning or aching) at rest, commonly in the toes and at night while lying flat... Reddish-blue discoloration of the extremities ..." (Source: Hopkins Medicine website, Peripheral Vascular Disease, undated, https://www.hopkinsmedicine.org/health/conditions-and-diseases/peripheral-vascular-disease (retrieval date - November 18, 2024).)

Resident 1's "Care Plan," dated 10/02/2024,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 389	Continued From page 5	N 389		

which was 3 pages long, documented:
"Pain History & Management: Presense and Intensity of pain. Factors that increase or decrease pain. Pharmacological approaches to manage pain and nonpharmacological approaches to manage pain. Resident c/o (complained of) pain d/t (due to) chronic arthritis. Resident is currently receiving scheduled pain medication."
The Care Plan did not document any interventions or monitoring guidelines regarding Resident 1's PVD.

Resident 1's record contained an email, dated 09/10/2024 at 1:42 PM, from Registered Nurse (RN) J to Nurse Practitioner (NP) R that stated: "[Resident 1] has something going on with rt (right) big toe, and podiatry did not address it." NP R responded on 09/10/2024 at 3:06 PM and stated s/he would be there first thing in the morning to check it.

Resident 1's radiology reports documented:
09/11/2024 - There is mild degenerative joint disease seen. There is no fracture, dislocation, or soft tissue swelling. No osteomyelitis is seen.

Resident 1's September and October 2024 skin reports, completed by RN J, documented:
09/23/2024 - Rt (right) Big Toe - Dry and Cracked, Color - Pink - On antibiotic - painted with Betadine - Length 1.5 CM (centimeters), Width 1.5 CM. Started 09/19/2024.
10/02/2024 - Rt Big Toe - Scarred and Cracked, Color - Pink - Dry and cracked with callus on RT (right) big toe. No s/s (signs and symptoms) of redness, Betadine applied by staff - Length 2 CM, With 1 CM
10/16/2024 - Rt Big Toe - Dry Crack with Scab - Color - Pink - Wipe with Betadine - Length 2CM,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 389	Continued From page 6 Width 1 CM 10/28/2024 - Rt Big Toe - Healed Resident 1's "Observations," dated 09/01/2024 to 10/31/2024, documented: 09/19/2024 - 10:45 AM - Written by RN J: Started on doxcycline [sic: Doxycycline] rt (right) foot, big toe and 2nd toe dry and crack open. Xray done of rt foot resust [sic: results] faxed to [NP R]. 10/02/2024 - 11:00 AM - Written by RN J: rt big toe and 2nd toe dry and cracked no redness noted, antibiotic done, continue to wash with betadine. 10/15/2024 - 10:15 AM - Written by RN J: rt big toe, 2nd toe no redness or swelling noted, cont (continue) to was [sic: wash] with betadine. 10/15/2024 - 11:00 AM - Written by RN J: rt bigtoe [sic: big toe], 2nd toe dry and cracked wiped with betadine. 10/28/2024 - 11:15 AM - Written by RN J: Rt big toe and 2nd toe dry and intact, no redness or swelling noted. 10/31/2024 - 11:15 AM - Written by RN J: resident c/o (complained of) icreased [sic: increased] pain to rt foot, big toe and 2nd toe. [radiology] notified and ordered antibiotic and foot xray [sic: x-ray]. Resident 1's "Weekly QA (quality assurance) Call Report Summary, dated 10/22/2024, documented: "Call to Family Member (FM) S - [S/he] had an injured foot. Planning on a podiatrist appointment. Diet seems to be fine. [S/he] is in good spirits and well taken care of." The report did not document what type of injury Resident 1 had sustained to his/her foot and if it affected his/her right toe.	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 389	Continued From page 7 Resident 1's radiology report documented: 10/31/2024 - Cortical destruction involving the first distal phalanx. There is soft tissue swelling. No dislocation. Normal bony mineralization. Arthrodesis change involving the to [sic] and fourth PIP (proximal interphalangeal) joints. Findings concerning for acute osteomyelitis involving the first distal phalanx. Resident 1's November 2024 "Observations," documented: 11/01/2024 - 11:15 AM - Written by RN J: xray [sic: x-ray] results in and called to [NP R] and family notified, [Daughter/Son] took Resident to er (emergency room) after talking to [NP R]. 11/04/2024 - 10:15 AM - Written by Wellness Coordinator D: Writer called [hospital] to get an update on this resident. Not much of an update was given and writer was told by a nurse that residents assigned nurse as well as residents appointed SW (social worker) would be calling back. No return call was ever received on this date. 11/07/2024 - 10:15 AM - Written by Administrator C - [Social Worker] called back and said that [s/he] has been in contact with [managed care organization (MCO)] to get referrals sent over for [Resident 1] for skilled nursing as [s/he] has to have IV (intravenous) antibiotics for 6 weeks from start date of NOV 2. On 11/13/2024 at 4:48 PM, Surveyor emailed Licensee A requesting the staff charting documentation of Resident 1 to determine how staff were monitoring Resident 1's toe during ambulation and cares. On 11/13/2024, Surveyor requested Resident 1's managed care organization (MCO) documentation from his/her MCO provider.	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 389	Continued From page 8 On 11/18/2024, at approximately 10:45 AM, Surveyor interviewed Resident 1's Power of Attorney (POA) I. POA I stated s/he had concerns that the provider did not communicate with him/her timely regarding Resident 1's toe concerns. POA I stated s/he visited Resident 1 on 09/16/2024 and noticed Betadine spray in Resident 1's bathroom. POA I stated, "I had no idea that [his/her] toe was being treated. Should I be concerned? I spoke with [Administrator C] and asked why there was Betadine spray in [Resident 1's] room. [Administrator C] it was precautionary as [RN J] noticed some concerns with Resident 1's big right toe. I asked why [s/he] wasn't put on an antibiotic and [Administrator C] told me they did not want to put [him/her] on an antibiotic at that time." On 11/18/2024, at approximately 11:15 AM, Surveyor interviewed Resident 1's NP R. NP R explained that Resident 1 started with cellulitis (bacterial infection that affects the skin's deeper layers) which had to be monitored due to his/her history of peripheral vascular disease. NP R stated on 09/11/2024 s/he had requested an x-ray of Resident 1's right big toe as a precautionary action. NP R stated, "I follow the McGreer criteria for antibiotic stewardship (monitoring antibiotic use to avoid antibiotic resistance). When [his/her] foot showed that it was reddened, warms to the touch, and tender to touch, it was then I prescribed Doxycycline (antibiotic)." NP R stated, "I examined [Resident 1's] foot weekly and I watched for nonverbal signs. [S/he] is a constant walker, steady and slow. On 10/31/2024, I noticed [s/he] seemed to be favoring one side. [S/he] did not want me to touch it. [S/he] cried big alligator tears. I ordered an x-ray, and the x-ray determined that [s/he] had acute osteomyelitis (a	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 9	N 389		

serious bone infection that occurs when bacteria spreads to the bone). I contacted [POA l] and stated [Resident 1] needed to be taken to the emergency room immediately." NP R stated Resident 1 was taken to the hospital.

Resident 1's September, October and November Medication Administration Records (MARs), dated 09/01/2024 to 11/01/2024, documented:
-Doxycycline Hyclate 100 MG (milligram) tab (tablet) - (09/18 - 09/28/2024) Take 1 tablet by mouth twice daily for 10 days.
Documented as administered 19 out of 20 opportunities.
-Betadine Sol (solution) 10% - Apply to affected area twice daily until healed. Start Date: 09/20/2024.
Documented as administered as prescribed.
-Cephalexin Cap (capsule) 500 MG (10/31 - 11/07/2024) - Take 1 capsule by mouth twice daily for 7 days for cellulitis.
Documented as administered at 8:00 AM on 11/01. Resident 1 was hospitalized later that day.

Surveyor noted this is when skin checks were started on Resident 1 and observations were being recorded by RN J. There was no monitoring documentation between 09/11/2024 and 09/18/2024.

On 11/18/2024, at approximately 12:05 PM, Surveyor interviewed Resident 1's MCO RN P. RN P stated there was concern with the lack of communication between the provider and the [MCO]. RN P stated, "I saw [him/her] on 10/16/2024 and [his/her] toe looked black, I am assuming that was due to the Betadine being applied to it. There was new tissue along with dead tissue, it was tender to touch but not warm. As I took [his/her] sock off [s/he] grimaced. I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 389	Continued From page 10	N 389		

shared the concern with staff and asked them to follow up with [his/her] physician and a podiatrist." RN P stated s/he did not receive communication from the provider after that visit. RN P stated POA I informed them that Resident 1 had been hospitalized on 11/01/2024. Surveyor reviewed Resident 1's provider skin reports with RN P and stated the 10/28/2024 report stated that the right big toe had healed. RN P stated, "That toe was not healed." RN P explained that Resident 1 spoke in 'word salad' and it would be difficult to understand [him/her]. RN P stated to monitor Resident 1, one would need to watch for his/her physical signs of expressing pain.

On 11/18/2024, Surveyor reviewed Resident 1's MCO documentation which stated:
"11/04/2024 - The member is currently hospitalized at [hospital name] for toe amputation."

As of 11/18/2024 at 3:30 PM, Surveyor did not receive any additional documentation regarding the monitoring of Resident 1.

"Osteomyelitis is a serious infection that happens when bacteria or fungi infect your bone marrow. Infections usually start on your skin at a wound or surgery site then spread to your bones through your bloodstream. It can cause permanent bone damage if it ' s not treated right away. Visit a healthcare provider as soon as you notice any symptoms." (Source: Cleveland Clinic website, Osteomyelitis (Bone Infection), May 09, 2024, https://my.clevelandclinic.org/health/diseases/osteomyelitis-bone-infection (retrieval date - November 27, 2024).)

On 11/18/2024 at 3:30 PM, Surveyor and Assisted Living Regional Director (ALRD) E

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 11	N 389		

conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. COO B stated weekly skin assessments were completed and there could be additional medical visit notes, which were separate from the observation notes.

Surveyor reviewed the provided record for Resident 1 and there were no additional medical visit notes.

On 11/27/2024, at approximately 2:00 PM, Surveyor interviewed Resident 1's Family Member (FM) S. FM S stated, "We were informed that [Resident 1] had injured [his/her] foot, but they did not know when or how. The communication between the family and the provider seemed to be diminishing over time." FM S explained that as Resident 1's dementia progressed, his/her English, which was not his/her first language, had decreased. Resident 1 would not be able to explain where his/her pain was; would have to watch for physical signs. FM S stated s/he received a text message from the provider, on 10/13/2024, that Resident 1's toe still looked concerning, and a podiatrist appointment should be made. The appointment was scheduled for 11/02/2024. FM S stated a family member contacted him/her on 11/01/2024 and stated that Resident 1's toe was looking worse, and s/he was in pain and my [sister/brother] was taking [him/her] to the emergency room. FM S stated, "[Resident 1] was always walking around the facility. I think the injury originally occurred in late September or early October and that is when [s/he] started receiving treatment."

Surveyor determined, based on documentation provided, the following summary:
09/10/2024 - RN J contacted NP R and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 12	N 389		

expressed concerns regarding Resident 1's right big toe.
09/11/2024 - Xray completed, no concerns.
09/18/2024 - Started on the antibiotic Doxycycline.
09/20/2024 - Started on Betadine.
10/13/2024 - Family received text from provider regarding concerns with Resident 1's toe
10/16/2024 - MCO RN P observed toe and expressed concerns that Resident 1 needed to be seen by a physician or a podiatrist. Resident 1 was grimacing when toe was touched. Appointment made for 11/02/2024.
10/28/2024 - RN J stated toe had healed
10/31/2024 - NP R observed Resident 1 and determined s/he needed to be seen in the hospital immediately.
11/01/2024 - Resident 1's right toe was amputated

Example 2: Resident 2

On 11/17/2024, at approximately 10:15 AM, Surveyor interviewed Resident 2's Power of Attorney (POA) L. POA L stated Resident 2 complained often that his/her mouth was sore. POA L explained that Resident 2 would get blisters in his/her mouth. POA L explained stated Resident 2 enjoyed smoking and sometimes needed assistance lighting his/her cigarette. POA L stated Resident 2 was on a smoke schedule.

On 11/17/2024, at approximately 11:10 AM, Surveyor interviewed Resident 2's Family Member (FM) H. FM H explained that Resident 2 was on a medicated mouth wash due to him/her having blisters in his/her mouth. FM H stated, "When [his/her] mouth hurt, [s/he] would not want to eat, so [s/he] would refuse meals." FM H explained Resident 2 liked to smoke and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 13	N 389		

provider had placed him/her on a smoke schedule. FM H stated sometimes Resident 2 needed assistance lighting his/her cigarette but did not need to be monitored while s/he was smoking; Resident 2 was still independent in many areas.

On 11/17/2024, at approximately 4:25 PM, Surveyor interviewed Activity Director (AD) M. AD M explained that s/he had worked with the administrators to develop a smoke schedule for residents so that the care team members were not constantly assisting residents with smoke breaks. AD M stated the smoke schedule was after breakfast, after lunch, after supper and at 8:00 PM. AD M stated the facility used to be a non-smoking facility but to accommodate residents they set up a smoke schedule. AD M stated Resident 2 needed assistance with lighting his/her cigarette.

On 11/17/2024, Surveyor requested Resident 2's managed care organization (MCO) documentation from the MCO provider.

On 11/18/2024, Surveyor reviewed Resident 2's record.

Resident 2 moved into the facility on 09/20/2023.

Resident 2's "Observations" documented:
06/22/2024 9:30 PM - Resident was sent to [emergency department] via ambulance, per POA (power of attorney), after having a witnessed seizure. *Addendum* Paramedics arrived and vitals were stable. Resident refused transport and POA (power of attorney) was ok with this. Resident was not transported to the ED (emergency department).
06/22/2024 10:45 PM - Resident had a second

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 14	N 389		

seizure that lasted 4 minutes. 911 was called as well as POA and POA stated that resident must be seen this time due to having 2 seizures in 2 hours. Resident was sent to [emergency department] for evaluation.
06/26/2024 10:00 AM - Resident's [daughter/son] came to visit on 06/25/2024 and was present for one of [Resident 2's] absent seizures (a brief change in awareness caused by abnormal electrical activity in the brain). [Daughter/Son] decided to take resident to [hospital] for evaluation. From there, resident was transferred to [hospital] in [city] and admitted with a diagnosis of "seizures."
Resident 2's "Care Plan (ISP)," dated 07/11/2024, documented:
"Chronic Illnesses: Carry out and perform all curing or treating of chronic illnesses. Resident has Bullous (blisters) of the skin. [Resident 2] has many chronic illnesses. [Resident 2] would like to receive medication as ordered by MD (medical doctor) to treat [his/her] chronic illnesses. Administer medication as ordered."
"Presence and Intensity of pain. Factors that increase or decrease pain. Pharmacological approaches to manage pain and non pharmacological approaches to manage pain. Resident c/o (complained of) pain d/t (due to) _____ throughout [his/her] body _____. Resident is currently receiving scheduled pain medication (see eMAR [electronic medical administration record]).
"Capacity for self direction: Makes own decisions."
The Care Plan did not provide guidelines for staff regarding his/her potential seizures and outbreak of mouth blisters causing dietary refusals.
The Care Plan did not identify that Resident 2 was a smoker and what guidelines were defined for his/her smoking habits and/or schedule.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 15	N 389		

Resident 2's MCO documentation stated:
12/06/2023 - [Resident 2] was found unresponsive in his/her chair by staff.
06/25/2024 - ER (emergency room) with admission. Discharge Date: 07/01/2024. Seizure.
07/05/2024 - Requires hand-on assistance to wash his/her upper body, lower body, and hair though will participate in washing easier to reach areas as able. S/he uses grab bars and a shower chair for support as needed along with hands on assistance to transfer in and out. S/he needs help with initial set-up, though can verbalize if the water is too hot or too cold for him/her. S/he does need encouragement to initiate regular showers due to his/her cognition. [Resident 2] is typically showering twice a week.
07/18/2024 - I am aware that I have a diagnosis of Diabetes type 2 and understand how important it is ... following diabetic diet.
Resident 2's Care Plan did not document that s/he was a diabetic nor that s/he required a diabetic diet.
Resident 2's Care Plan did not document any guidelines regarding his/her bathing preferences and bathing behaviors.

On 11/18/2024 at 3:30 PM, Surveyor and Assisted Living Regional Director (ALRD) E conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. COO B stated the director, along with assistance from the assistant director and nurse, was responsible for developing each residents ISP. Wellness Coordinator D stated, "Staff would be letting [Resident 2] in and out of the building 100 times a day; [s/he] couldn't light [his/her] cigarette." Wellness Coordinator D stated family assisted Resident 2 with additional smoke breaks when they visited. COO B stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 16	N 389		

that the smoke schedule was after each meal and at 8:00 PM.

Example 3: Resident 7

On 11/11/2024, at approximately 9:10 AM, Surveyor and ALRD E toured the facility. Surveyor and ALRD E noted an incontinence like scent emanating into the hallway. Surveyor and ALRD E walked into Resident 7's room and noted the scent to be stronger. Surveyor and ALRD E observed a shower chair sitting over the toilet that had a box of various supplies sitting on top of it.

On 11/11/2024, at approximately 11:30 PM, Surveyor interviewed Med Passer G. Med Passer G explained that Resident 7 was a total assist with toileting and dealt with incontinence. Med Passer G stated, "We use an EZ Stand (strap-style stander that lifts a person directly from a sitting position) to change [him/her] and we do not take the EZ Stand into the bathroom because [s/he] is not using the toilet. If [s/he] is in bed, then staff will roll [him/her] side-to-side to change [him/her]."

On 11/14/2024, Surveyor reviewed Resident 7's record.

Resident 7 moved into the facility 03/23/2021.

Resident 7's "Care Plan," dated 10/09/2024, documented:
"Toileting: Able to self report toileting needs but needs physical assistance transferring on and off the toilet and peri care after a bowel movement."

On 11/18/2024 at 3:30 PM, Surveyor and ALRD E conducted the exit interview with COO B, Administrator C and Wellness Coordinator D.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 17 COO B stated the director, along with assistance from the assistant director and nurse, was responsible for developing each residents ISP. Example 4: Resident 8 On 11/11/2024, at approximately 12:30 PM, Surveyor interviewed Resident 8 and Family Member (FM) K. Resident 8 stated, "I am always falling." On 11/11/2024, Surveyor requested Resident 8's record from Licensee A. On 11/14/2024, Surveyor reviewed Resident 8's record. Resident 8's "Falls Risk Assessment/Evaluation," dated 06/15/2024 and 07/25/2024, documented: "Primary Diagnosis: Vascular Dementia" "Score of 30 or greater = high fall risk and enhanced monitoring/required care planning for fall risk." Resident 8 scored 30 points on 06/15/2024 and 31 points on 07/25/2024. Resident 8 had a total of 16 points identified under: Shuffling or Unsteady gait; Instability Upon Rising From Chair or Bed and/or Difficulty Returning to Sitting Position; Vision, Hearing or Other Sensory Impairment; Confusion, Delirium, Dementia; and CVA (cerebrovascular accident)/Parkinson's Disease/Seizures." Resident 8's "Care Plan," dated 10/07/2024, documented: "Fall Risk: There are times when resident moves too quickly with [his/her] walker. Staff are to remind [him/her] that [s/he] needs to slow down while walking to help prevent falls." The Care Plan did not identify and/or provide	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 18	N 389		

interventions regarding Resident 8's shuffling or unsteady gait; instability upon rising from chair or bed and/or difficulty returning to sitting position; vision, hearing or other sensory impairment; confusion, delirium, dementia; and CVA /Parkinson's disease/seizures."

On 11/18/2024 at 3:30 PM, Surveyor and ALRD E conducted the exit interview with COO B, Administrator C and Wellness Coordinator D. COO B stated the director, along with assistance from the assistant director and nurse, was responsible for developing each residents ISP.

Example 5: Resident 10

On 11/11/2024. Surveyor requested Resident 10's record from Licensee A.

On 11/17/2024, Surveyor reviewed Resident 10's record.

Resident 10 moved into the facility, 10/03/2022, with diagnoses including obsessive compulsive disorder (OCD) and schizophrenia.

Resident 10's "Observations," dated 01/01/2024 to 11/18/2024, documented by Registered Nurse J the following behavior entries, out of a total of 15 entries:
"01/05/2024 - Cont (continues) to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"02/09/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"03/08/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"04/05/2024 - Cont to show OCD behaviors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 19	N 389		

Turns off lights, food seeking and going into other rooms."
"05/10/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"06/07/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"07/08/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"08/05/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"09/02/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"10/07/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."
"11/04/2024 - Cont to show OCD behaviors. Turns off lights, food seeking and going into other rooms."

Resident 10's "Care Plan," dated 09/04/2024, documented:
"Mental Illness Diagnosis: diagnosed with schizophrenia."
"Psychotropic Medications - Using: Using psychotropic medications related to specific behaviors: See MAR for medications."
The Care Plan did not identify any interventions regarding his/her OCD behaviors identified in his/her Observation notes.

On 11/18/2024 at 3:30 PM, Surveyor and ALRD E conducted the exit interview with COO B, Administrator C and Wellness Coordinator D. COO B stated the director, along with assistance from the assistant director and nurse, was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 389	Continued From page 20 responsible for developing each residents ISP. Wellness Coordinator D stated Resident 10's obsessive behaviors included washing his/her own clothing, one piece at a time, and rearranging his/her room. Wellness Coordinator D also stated that Resident 10 would walk into resident rooms, look around, leave and then shut the door. Administrator C stated s/he has been in and out of psychiatric hospitals.	N 389		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by:	N 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 406	Continued From page 21 Based on observation, record review and interview, the provider did not ensure the policy for disposing of outdated medications was implemented to maintain compliance with federal, state, and local standards, laws, or regulations. This is a repeat deficiency. See Statement of Deficiency (SOD) 6W5N11. Resident 3's Debrox (earwax removal kit), which was not listed on his/her September, October and November 2024 Medication Administration Record (MARs) and had an expiration date of 08/20/2024, was stored with his/her current medications. Resident 4's as needed (PRN) Hydroco/APAP (Hydrocodone and acetaminophen) expired 10/04/2024 and was stored with his/her current medications. Resident 6's Ciclopirox (medication to treat fungal infections) and Fluticasone (nasal spray) was not listed on his/her November 2024 MAR and was stored with his/her current medications. Findings include: On 10/14/2024, the Department received a concern that medication administration did not occur as prescribed. On 11/11/2024, at approximately 9:30 AM, Surveyor and Med Passer F reviewed the medications in the med cart and observed: Example 1: Resident 3 Resident 3's box of Debrox which had an expiration date of 08/20/2024 and was stored with	N 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 406	Continued From page 22 his/her current medications. On 11/14/2024, Surveyor reviewed Resident 3's September, October, and November 2024 MARs which did not document that Resident 3 was prescribed Debrox. Example 2: Resident 4 Resident 4's blister card of PRN Hydroco/APAP, which had an expiration date of 10/04/2024, was stored with his/her current medications. On 11/14/2024, Surveyor reviewed Resident 4's October and November 2024 MAR which documented: "Hydroco/APAP Tab (tablet) 10-325 MG (milligram) - Take 1 tablet by mouth every 6 hours as needed for pain. Do not mix with other sedating medications." Example 3: Resident 6 Resident 6's bottle of Ciclopirox, with a dispensed date of 02/13/2024, and a bottle of Fluticasone, with a dispensed date of 03/18/2024. On 11/14/2024, Surveyor reviewed Resident 6's September, October and November 2024 MARs which did not document that Resident 6 was prescribed Ciclopirox and Fluticasone. On 11/17/2024 at 7:11 PM, Surveyor emailed Licensee A and requested the physician orders for Resident 6's Ciclopirox and Fluticasone. On 11/18/2024, Surveyor reviewed Resident 6's physician orders which stated: 10/04/2023: Ciclopirox 8% topical solution - Apply once a day to affected nail for 2 months.	N 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 406	Continued From page 23 Refill 1. 03/18/2024: Fluticasone Prop 50 MCG Spray - Instill 1 to 2 sprays into each nostril daily. Refill 1. On 11/18/2024 at 3:30 PM, Surveyor and Assisted Living Regional Director E conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. COO B explained that the med carts are audited monthly by the assistant director or the nurse, but staff could be delegated to complete the task. COO B stated, "If the cart is in good standings, it may not be done monthly but if there is a concern it may be done more often." COO B verified with Administrator C and Wellness Coordinator D that the medications had not been administered since their expiration date or when they were not listed on the MARs and stated, "So there was no negative outcome." Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 406		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary	N 408		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 408	Continued From page 24	N 408		

to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 2 of 2 resident's prescribed as needed (PRN) psychotropic medications were documented on the Individualized Service Plan (ISP). The ISP did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration.

Resident 1's PRN Lorazepam was not documented in his/her ISP and did not document a rationale for administration.
Resident 9's PRN Hydroxyzine was not documented in his/her ISP and did not document a rationale for administration.

Findings include:

Example 1: Resident 1

On 11/11/2024, at approximately 9:38 AM, Surveyors observed the med cart with Med Passer F and observed Resident 1's blister card of PRN Lorazepam with a start date of 07/12/2024. Six tablets had been dispensed from the blister card.

On 11/14/2024, Surveyors reviewed Resident 1's record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 408	Continued From page 25	N 408		

Resident 1 moved into the facility 05/21/2024.

Resident 1's "Care Plan (individual service plan)," dated 10/02/2024, documented:
"Medication Management - Assist: To receive assist with medication administration."
The Care Plan did not identify that Resident 1 was prescribed a PRN psychotropic and what behaviors s/he would display to warrant administration of the PRN psychotropic.

Resident 1's July, August, September, October and November 2024 Medication Administration Records (MARs) documented:
"Lorazepam Tab (tablet) 0.5 MG (milligram). Take ½ tablet (0.25 MG) by mouth twice daily as needed. Start Date: 07/12/2024."
Administered on 07/24/2024 and 08/07/2024.
The MARs did not document what behaviors warranted the administration of his/her PRN Lorazepam and did not include a rationale with the administration of his/her PRN Lorazepam.

Resident 1's "Observations," dated 09/01/2024 to 11/14/2024, did not document any behaviors.

Example 2: Resident

On 11/11/2024, at approximately 9:35 AM, Surveyors observed the med cart with Med Passer F and observed Resident 9's blister card of PRN Hydroxyzine with a start date of 09/04/2024.

On 11/14/2024, Surveyor reviewed Resident 9's record.

Resident 9 moved into the facility 09/04/2024.

Resident 9's September, October and November

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

(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 408	Continued From page 26 MARs documented: "Hydroxyzine HCL (hydrochloride) Tab 10 MG - Take 1 tablet by mouth every 6 hours as needed for dementia with psychotic disturbance. Start Date: 09/05/2024." Administered: 09/06, 09/09, 09/23, 09/29, 10/03, 10/06, 10/14, 10/15, 10/16, 10/17, 10/18, 10/19, 10/21, 10/26, 10/28, 10/29, 10/30, 10/31, 11/01, 11/02, 11/03, 11/04, 11/10, 11/12, 11/17, 11/18 The MARs did not document the rationale for med administration. Resident 9's "Care Plan," dated 10/28/2024, documented: "Medication Management: Residents' medications are administered by staff." "Psychotropic Medications - Using: Resident has PRN psychotropic medications that are to be used for [his/her] increased anxiety and agitation, when no other interventions are successful." Resident 9's "Observations," dated 09/01/2024 to 11/18/2024, did not document any behaviors. On 11/18/2024 at 3:30 PM, Surveyor and Assisted Living Regional Director E conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. COO B stated that the MAR is considered a part of the resident record and therefore, the PRN medications are listed there versus in the individual service plan.	N 408		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person	N 415		

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	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

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N 415	Continued From page 27	N 415		

administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure proper documentation of the Medication Administration Record (MAR) for 4 of 4 residents reviewed.

Four of Resident 1's as-needed (PRN) Lorazepam tablets were unaccounted for.

Resident 5's scheduled Multivitamin Adv (advance) Sentry Tab (tablet) was documented as 'Other' during med administration but did not include a rationale.

Resident 8's scheduled Premarin (estrogen) was documented as 'Other' during med administration but did not include a rationale.

Resident 9's scheduled Lorazepam was documented as administered when the medication was not available or documented as 'Other' with no rationale.

Findings include:

On 10/14/2024, the Department received a concern that medication administration did not occur as prescribed.

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	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

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N 415	Continued From page 28 Example 1: Resident 1 On 11/11/2024, at approximately 9:38 AM, Surveyor observed the med cart with Med Passer F. Surveyor and Med Passer F observed Resident 1's blister card of PRN Lorazepam with a dispensed date of 07/12/2024. Six tablets had been dispensed from the blister card. On 11/14/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 05/21/2024. Resident 1's July, August, September, October and November 2024 Medication Administration Records (MARs) documented: "Lorazepam Tab (tablet) 0.5 MG (milligram). Take ½ tablet (0.25 MG) by mouth twice daily as needed. Start Date: 07/12/2024." The MARs documented the Lorazepam had been dispensed on 07/24/2024 and 08/07/2024. On 11/18/2024 at 3:30 PM, Surveyor and Assisted Living Regional Director E conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. COO B explained that the med carts were audited monthly by the assistant director or the nurse, but staff could be delegated to complete the task. COO B stated, "If the cart is in good standings, it may not be done monthly but if there is a concern it may be done more often." COO B stated s/he would not admit that the 4 missing tablets were a concern. Administrator C stated s/he had not conducted an investigation, as s/he was not aware of the undocumented documentation administration and could not state if the medications were	N 415		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 415	Continued From page 29 unaccounted for. Example 2: Resident 5 On 11/11/2024, Surveyor requested Resident 5's record from Licensee A. On 11/18/2024, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the facility 06/27/2024. Resident 5's September 2024 MAR documented: "Multivitamin Adv Sentry Tab - Take 1 tablet by mouth once daily for supplement (pend [managed care organization (MCO)] auth [authorization]). Start Date: 07/12/2024." The MAR documented "Other" with no rationale on 10/05, 10/08-10/10, 10/13 - 10/21, 10/23 - 10/26, 10/28 Example 3: Resident 8 On 11/11/2024, Surveyor requested Resident 8's record from Licensee A. On 11/17/2024, Surveyor reviewed Resident 8's record. Resident 8 moved into the facility 06/03/2024. Resident 8's October and November 2024 MARs, dated 09/01/2024 to 11/11/2024, documented: "Premarin 0.625 MG / GM (gram) VAG (vaginal) CRM (cream). Insert 0.5 GM vaginally twice weekly at bedtime (hazard). Start Date: 06/03/2024. Scheduled Mondays and Fridays." The MARs documented 'Other' with no rationale on 10/07, 10/21, 10/28, 11/01, 11/04	N 415		

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	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 415	Continued From page 30 Example 4: Resident 9 On 11/11/2024, Surveyor requested Resident 9's record from Licensee A. On 11/18/2024, Surveyor reviewed Resident 9's record. Resident 9 was admitted to the facility 09/04/2024. Resident 9's October and November 2024 MAR, dated 10/01/2024 to 11/18/2024, documented: "Lorazepam 0.5 MG - Take 1 tablet by mouth at bedtime for unspecified altered mental status. Start Date 09/10/2024." The MARs documented that it was administered on 10/12, 10/16, 10/20, 10/23, 10/26, 10/27, 10/29, 10/30, 11/01, 11/04, 11/06, 11/09, 11/10 when it had been documented as unavailable on 10/11, 10/13, 10/14, 10/15, 10/17, 10/18, 10/19, 10/22, 10/24, 10/25, 10/28, 11/02, 11/03, 11/07, 11/08, 11/11. The MARs documented 'Other' with no rationale on 10/21, 10/31, 11/05. On 11/18/2024 at 3:30 PM, Surveyor and ALRD E conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. Administrator C reviewed the MARs and could not state why staff had not documented the rationale when using 'Other.'	N 415		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 452	Continued From page 31 conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator and freezer that were not properly sealed to avoid freezer burn and contamination; food packages stored in the dry food area were not sealed properly. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. This is a repeat deficiency. See Statement of Deficiency (SOD) 6W5N11, dated 01/17/2023. Findings include: On 11/11/2024, at approximately 9:20 AM, Surveyor and Assisted Living Regional Director (ALRD) E toured the kitchen and observed, while Wellness Coordinator D was assisting in the	N 452		

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	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 452	Continued From page 32 kitchen. Surveyor and ALRD E explained to Wellness Coordinator D they were ensuring food items were properly sealed and dated. Surveyor and ALRD E observed: Pantry: A Ziploc bag of a white substance that was not dated. An opened bag of chocolate instant pudding & pie filling that was placed in a Ziploc bag that was not dated. Refrigerator: A bowl covered in aluminum foil labeled egg salad. Date: 11/04/2024. Use By: 11/07/2024. A bowl covered with aluminum foil labeled chix (chicken) salad. Dated 11/04/2024. The aluminum foil was torn and did not properly seal the bowl. A clear bowl with a red lid that was not labeled or dated. A gallon of 2% milk that had an open date of 10/28/2024 written on it. A Ziploc bag of what appeared to be breakfast sausage patties that was not dated. Freezer: 4 Styrofoam cups of what appeared to be pink swirl ice cream with plastic white spoons in them that were not sealed. The ice cream appeared to have started to melt at one point. There were what appeared to be food crumbs and breadsticks on the pantry floor. The interior of the kitchen cabinetry had what appeared to be food spillage with sealed food sitting on top of the spillage. The refrigerator and freezer had signs of what appeared to be food spillage throughout the shelving units.	N 452		

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	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

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N 452	Continued From page 33 "After cooking, refrigerate leftover egg products at 40 F or lower. Leftover egg products will remain safe in the refrigerator for 3-4 days." (Source: USDA (US Department of Agriculture) website, "Egg Products and Food Safety, November 15, 2023, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/eggs/egg-products-and-food-safety (retrieval date - November 12, 2024).) "Salad: Egg, chicken, ham, tuna, and macaroni salads. Refrigerate 3 to 4 days at 40 degree Fahrenheit or below." (Source: Food Safety website, Cold Food Storage Chart, https://www.foodsafety.gov/food-safety-charts/cold-food-storage-charts (retrieval date - November 12, 2024).) According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety foods (TCS) that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). "If you do not seal your food it can get "freezer-burn". This means that water escapes from the food and moves to the coldest part of the freezer - leaving your food dehydrated." (Source: Safefood website, Storing food in the	N 452		

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	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 452	Continued From page 34 freezer, 2024, https://www.safefood.net/food-storage/freezing (retrieval date - November 12, 2024).) On 11/18/2024 at 3:30 PM, Surveyor and ALRD E conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. COO B requested the pictures that Surveyor took of the food concerns.	N 452		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that all rooms were clean and free from odor. Findings Include: Example 1: Resident 7 On 11/11/2024, at approximately 9:10 AM, Surveyor and Assisted Living Regional Director (ALRD) E toured the facility. Surveyors noted an incontinence like scent emanating into the hallway. Surveyors walked into Resident 7's room and noted the scent to be stronger. Surveyor observed Resident 7's unmade bed where a chuck pad was lying on top of the bedsheet. Surveyor bent down and detected a urine like scent. Surveyor observed a small garbage can next to the end table that contained soiled Depends and used plastic gloves. The garbage bag in the can had collapsed and did not contain the soiled Depends and plastic gloves.	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK MOMENTS CLINTON	304 OGDEN AVE CLINTON, WI 53525

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N 489	Continued From page 35	N 489		

Resident 7's closet contained a mixture of blankets, bed sheets, and clothing stacked up on the floor, approximately 3 feet in height, in an unorganized manner. There was a powdery orange substance on the floor by the sliding doors.

On 11/11/2024, Surveyor requested Resident 7's record from Licensee A.

On 11/14/2024, Surveyor reviewed Resident 7's record.

Resident 7 moved into the facility 03/23/2021.

Resident 7's "Care Plan," dated 10/09/2024, documented:
"Toileting: Able to self report toileting needs but needs physical assistance transferring on and off the toilet and peri care after a bowel movement."

Example 2: Resident 8

On 11/11/2024, at approximately 12:30 PM, Surveyor detected an incontinence like scent emanating from Resident 8's room. Surveyor walked into the room and visited with Resident 8 and his/her Family Member (FM) K. FM K and Resident 8 stated they were aware the room had an incontinence like scent. Surveyor walked into the bathroom and observed a soiled Depend with exposed feces in the garbage can.

On 11/11/2024, Surveyor requested Resident 8's record from Licensee A.

On 11/14/2024, Surveyor reviewed Resident 8's record.

Resident 8 moved into the facility 06/03/2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017456	A. BUILDING: _____ B. WING _____	C 12/13/2024

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N 489	Continued From page 36 Resident 8's "Care Plan," dated 10/07/2024, documented: "Toileting: Resident is able to toilet [him/herself], but at time, is incontinent of BM (bowel movement) and needs assistance with properly cleaning [him/herself] up." On 11/18/2024 at 3:30 PM, Surveyor and ALRD E conducted the exit interview with Chief Operating Officer (COO) B, Administrator C and Wellness Coordinator D. COO B stated when staff assist a resident with toileting and/or an incontinence episode, the staff are expected to place the soiled Depend in a baggy, tie it up and then dispose of it. Cross Reference: N0389 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 489		