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COURTYARD AT SUSSEX CBRF (THE)	W235 N6350 HICKORY DRIVE SUSSEX, WI 53089

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N 000	Initial Comments On 08/15/2024, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at The Courtyard At Sussex CBRF located at W235 N6350 Hickory Drive in Sussex, WI. Two citations of noncompliance were issued. The complaint was substantiated. Census: 51	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 observation, record review, and interview, the provider did not ensure Resident 1's and Resident 2's individual service plans (ISPs) were updated to reflect his/her needs, abilities, and physical or mental condition. Findings include:	N 389		

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

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N 389	Continued From page 1 Example 1: Resident 1 On 08/15/2024 at 10:49 A.M., Surveyor observed Resident 1 seated in a Broda wheelchair located in the memory care unit living room attending an activity being conducted by Activity Aide I. On 08/15/2024 at 11:00 A.M., Surveyor conducted an interview with Caregiver F. Caregiver F told Surveyor Resident 1 had been receiving hospice services for approximately 8 months with current visits occurring 3 times per week. Caregiver F told Surveyor Resident 1 used the Broda chair for all mobility and 2 caregivers utilized a Hoyer (mechanical) lift for all of Resident 1's transfers. Caregiver F said the night shift caregiver usually provided Resident 1's morning cares with Resident 1 remaining in bed, including incontinence care and dressing, prior to the day shift caregivers arriving to work at 7:00 A.M. Caregiver F said 2 day shift caregivers transfer Resident 1 from bed to the Broda (specialized) wheelchair at some point following the start of their shift at 7:00 A.M. and before breakfast is served between 7:30 A.M. and 8:00 A.M. Caregiver F told Surveyor Caregiver E and Caregiver G transferred Resident 1 from bed to the Broda chair before breakfast on this day and were responsible for his/her cares throughout the shift. Caregiver F said Resident 1 is fed all meals and snacks by a caregiver. On 08/15/2024 at 12:05 P.M., Surveyor observed Hospice Caregiver J and Hospice Caregiver K transport Resident 1 from the dining room after lunch to Resident 1's room. Hospice Caregiver J told Surveyor Resident 1 received 3 1-hour visits per week from a hospice caregiver to provide 1 bed bath, assistance during 1 breakfast meal, and assistance during 1 lunch meal with	N 389		

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incontinence care when time allowed. Hospice Caregiver J told Surveyor s/he and Caregiver K were going to transfer Resident 1 to bed to provide incontinence care, if needed, and change Resident 1's position. At 12:26 P.M. Hospice Caregiver J told Surveyor Resident 1 was transferred to bed with incontinence care provided, as Resident 1 was incontinent of urine, and left in bed on his/her back to rest. Hospice Caregiver J told Surveyor Resident 1's skin "looked really good" and denied skin breakdown.

On 08/15/2024 at 12:30 P.M., Surveyor observed Resident 1 lying quietly in bed on his/her back with a half length side rail up on each side of Resident 1's upper half of bed.

On 08/15/2024 at 12:54 P.M., Caregiver E told Surveyor Resident 1 was not transferred to bed and/or checked for incontinence after Resident 1 was transferred out of bed between 7:00 A.M. and 7:30 A.M. until Resident 1's hospice caregivers did so at 12:05 P.M.

On 8/15/2024 at 1:28 P.M., Caregiver G told Surveyor s/he and Caregiver E transferred Resident 1 from bed to the Broda wheelchair between 7:00 A.M. and 7:30 A.M. on this morning. Caregiver G told Surveyor Resident 1 was dressed and not incontinent at that time. Caregiver G said Resident 1 had not been transferred to bed and/or checked for incontinence between 7:30 A.M. and 12:05 P.M. because the caregivers were trying to keep Resident 1 out of Resident 1's room now that Resident 1 did not cry anymore.

On 08/15/2024 at 2:00 P.M., Surveyor conducted an interview with Administrator A and Associate Administrator B. Associate

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Administrator A told Surveyor Resident 1 had diagnoses including dementia and had a significant history of crying often. Administrator A told Surveyor the caregivers were to transfer Resident 1 with the Hoyer lift to bed to check Resident 1 for incontinence and provide incontinence care, if needed, before and after every meal and every 2 hours. Administrator A told Surveyor Resident 1 did not have to stay in bed after every transfer and check for incontinence, but Resident 1's family members had requested Resident 1 not be left in Resident 1's room alone after breakfast to decrease Resident 1's crying episodes. Administrator A told Surveyor Resident 1 required full assistance with all care needs, was no longer communicating his/her needs and wants, was no longer able to utilize a key or door lock, and required 2 caregivers assistance for emergency evacuation or may be considered a "point of rescue."

On 08/15/2024, Administrator A, Associate Administrator B, and Facility Licensed Practical Nurse (LPN) C reviewed Resident 1's record, including Resident 1's individual service plan (ISP) as provided by Associate Administrator B. Resident 1 was admitted to the facility on 05/15/2023 with diagnoses including dementia and delirium. Resident 1 was admitted to hospice services on 02/14/2024, as documented within Resident 1's hospice plan of care. Resident 1 ISP, dated 11/16/2023, included, "[Resident 1] requires regular staff assistance in managing bowel and/or bladder care. [Resident 1] is incontinent and wears pull-ups [incontinent product] daily, requiring regular staff assistance with managing [his/her] bowel and bladder cares. Care staff will assist [Resident 1] to the bathroom routinely per [his/her] toileting schedule which includes before and after all meals throughout the

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day, before bed at night, and at least once during the NOC [night] shift or anytime [Resident 1] calls for toileting assistance." Resident 1's ISP included, "[Resident 1] requires stand-by assist for shower," "[Resident 1] is independent with communicating needs/wants," "[Resident 1] is independent with glasses," "[Resident 1] is independent with hearing aids," "[Resident 1] uses a walker/wheeled walker daily for mobility", "[Resident 1] is independent in life and socialization activities," " [Resident 1] has ability to use key/door lock," "[Resident 1] has occasional confusion and some difficulty recalling details," and "[Resident 1] requires assistance of one to evacuate the facility." Resident 1's ISP did not address hospice services, the use of side rails on Resident 1's bed, the use of a Hoyer lift, nor the use of a Broda chair.
Administrator A told Surveyor Resident 1 was still ambulatory, able to toilet self to some extent, and required "routine" assistance when Resident 1 experienced incontinence and/or required assistance with toileting when the ISP dated 11/16/2023 was developed by Former Facility Nurse D. Administrator A said Resident 1 had experienced significant changes in care needs several months ago and this ISP was not updated to reflect Resident 1's current care needs.
Administrator A told Surveyor s/he was not aware of the use of side rails on Resident 1's bed and believed these were being utilized by hospice caregivers. Administrator A told Surveyor s/he would ensure the use of the side rails would be assessed, discussed with hospice, and most likely removed right away. Administrator A told Surveyor when Former Facility Nurse D left employment in May of this year the facility conducted an audit of resident ISPs and found many issues with accuracy. Administrator A told Surveyor the facility management were in the

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process of reviewing resident ISPs, making updates, and getting them signed by the appropriate parties.

Example 2: Resident 2

On 08/15/2024 at 10:46 A.M., Surveyor observed Resident 2 seated in a wheelchair alone located in Resident 2's room.

On 8/15/2024 at 1:05 P.M., Surveyor observed Lead Caregiver H sit down near Resident 2's wheelchair and have a conversation with Resident 2. Surveyor observed Lead Caregiver H press on Resident 2's right ankle for swelling and ask Resident 2 if Resident 2's feet hurt. Lead Caregiver H told Surveyor swelling in Resident 2's feet was something new for Resident 2 and Resident 2 does not elevate legs to help with swelling. Lead Caregiver H told Surveyor Resident 2 would be assessed in the near future for hospice services related to significant changes in Resident 2's condition, including incontinence and no longer ambulating. Lead Caregiver H told Surveyor Resident 2 was to be assisted by caregivers with toileting and/or incontinence care every 2 hours. Lead Caregiver H said Resident 2 will decline caregiver assistance at times.

On 08/15/2024 at 1:38 P.M., Surveyor conducted an interview with Caregiver G. Caregiver G told Surveyor s/he assisted Resident 2 by self to transfer out of bed between 7:00 A.M. and 7:30 A.M. on this morning. Caregiver G said Resident 2 was dressed by the night shift caregiver before Caregiver G arrived on duty. Caregiver G said Resident 2 was continent and s/he did not assist Resident 2 to the bathroom before transporting Resident 2 to breakfast at approximately 7:30

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A.M. Caregiver G said s/he had not assisted Resident 2 with toileting and/or incontinence care since s/he assisted Resident 2 out of bed on this morning.

On 08/15/2024 at 1:28 P.M., approximately 6 hours after Resident 2 had been assisted out of bed by Caregiver G on this morning, Surveyor observed Lead Caregiver H ask Resident 2 if s/he would like to go to the toilet and Resident 2 declined. Surveyor observed Lead Caregiver transport Resident 2 in the wheelchair to Resident 2's room.

On 08/15/2024 at 2:00 P.M., Surveyor conducted an interview with Administrator A and Associate Administrator B.
Administrator A told Surveyor Resident 2 had diagnoses including dementia. Administrator A told Surveyor a caregiver was to assist Resident 2 to the toilet with the use of a gait belt and pivot transfer and to check Resident 2 for incontinence and provide incontinence care, if needed, before and after every meal and every 2 hours.
Both Administrator A and Associate Administrator B said it was not acceptable for approximately 6 hours to pass without a caregiver attempting to assist Resident 2 to the toilet and check Resident 2 for incontinence and provide incontinence care, if s/he was incontinent. Administrator A told Surveyor Resident 2 recently experienced a urinary tract infection and stopped ambulating. Administrator A said Resident 2 was scheduled to be assessed by hospice services related to these changes in Resident 2's condition.

On 08/15/2024, Administrator A, Associate Administrator B, and Facility Licensed Practical Nurse (LPN) C reviewed Resident 2's record, including Resident 2's individual service plan

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(ISP) as provided by Associate Administrator B. Resident 2 was admitted to the facility on 01/09/2023 with diagnoses including dementia, dysuria (discomfort with urination), and cystitis (bladder inflammation). Resident 2's ISP, dated 04/17/2024, did not include any signatures. Resident 2's ISP included, "[Resident 2] has intermittent episodes of bowel and bladder incontinence and requires occasional assistance from care staff with [his/her] toileting needs. [Resident 2] is not able to manage [his/her] undergarments/briefs independently at this time. [Resident 2] may occasionally have an accident throughout the day or night. When paged for assistance with toileting, care staff will assist [Resident 2] with incontinence cares as needed. The goal is for [Resident 2] to have clean/dry skin, to be free from any skin breakdown, and to self-manage incontinence cares as independently as possible through [his/her] next review." Resident 2's ISP included "[Resident 2] is independent with oral care," "[Resident 2] is independent with communicating needs/wants", "[Resident 2] is independent with glasses," "[Resident 2] uses a walker/wheeled walker," "[Resident 2] has ability to use key/door lock," "[Resident 2] has occasional confusion and some difficulty recalling details," and "[Resident 2] requires no assistance and can evacuate with fire alarm." Resident 2's ISP did not address Resident 2 declining caregiver assistance with cares and Resident 2's need for a wheelchair and transfer assistance with the use of a gait belt. Administrator A told Surveyor Resident 2 was still ambulatory, able to toilet self to some extent, and required "occasional" assistance when Resident 2 experienced incontinence and/or required assistance with toileting when the ISP dated 04/17/2024 was developed by Former Facility Nurse D. Administrator A told Surveyor Resident

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N 389	Continued From page 8 2 never utilized his/her pendant to call for assistance from staff, was no longer ambulatory, required full assistance with cares, including toileting and incontinence care, and currently exhibits dismissive behaviors with care. Administrator A said Resident 2 had experienced significant changes in care needs within recent months and this ISP was not updated to reflect Resident 2's current care needs. Administrator A, Associate Administrator B, and Facility LPN C told Surveyor they were not aware Resident 2's ISP dated 04/17/2024 included inaccuracies and would update prior to reviewing it with Resident 1's legal representative. Cross Reference: N0425 DHS 83.38(1)(a) Personal Care	N 389		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence.	N 425		

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This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure Resident 1 and Resident 2 were provided with personal care services adequate to meet their individual needs.

Resident 1 and Resident 2 were not provided with personal care services related to toileting and incontinence care.

The findings include:

On 04/24/2024, Surveyors conducted a complaint investigation alleging concerns with personal care services.

Definitions:
DHS 83.02(37) "Personal care" means assistance with activities of daily living, but does not include nursing care.
DHS 83.02(3) "Activities of daily living" means bathing, eating, oral hygiene, dressing, toileting and incontinence care, mobility, and transferring from one surface to another such as from a bed to a chair.

Example 1: Resident 1

On 08/15/2024 at 10:38 A.M., Caregiver E told Surveyor s/he, Caregiver F, and Caregiver G were on duty until 3:00 P.M. on the memory care unit.

On 08/15/2024 at 12:54 P.M., Caregiver E said Resident 1 had been dressed by a night shift caregiver and left in bed on this morning. Caregiver E said Resident 1 was continent when s/he and Caregiver G checked Resident 1 and transferred him/her to the Broda (specialized) wheelchair between 7:00 A.M. and 7:30 A.M. on

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this morning before taking Resident 1 to the dining room for breakfast. Caregiver E told Surveyor breakfast was usually served at approximately 7:30 A.M. Caregiver E said Resident 1 slept in his/her Broda wheelchair after being fed breakfast until joining an activity at 10:00 A.M.
Caregiver E told Surveyor the caregivers were to transfer Resident 1 to bed to check for and/or provide care for incontinence care every 2 hours.

On 08/15/2024 at 10:49 A.M., Surveyor observed Resident 1 seated in a Broda wheelchair located in the memory care unit living room attending an activity being conducted by Activity Aide I. At 12:52 P.M., Activity Aide I told Surveyor Resident 1 was brought to the activity in his/her Broda chair at 10:00 A.M. by a caregiver.

On 08/15/2024 at 11:00 A.M., Surveyor conducted an interview with Caregiver F. Caregiver F told Surveyor Resident 1 had been receiving hospice services for approximately 8 months with current visits occurring 3 times per week. Caregiver F told Surveyor Resident 1 used the Broda chair for all mobility and 2 caregivers utilized a Hoyer (mechanical) lift for all of Resident 1's transfers. Caregiver F said the night shift caregiver usually provided Resident 1's morning cares with Resident 1 remaining in bed, including incontinence care and dressing, prior to the day shift caregivers arriving to work at 7:00 A.M. Caregiver F said 2 day shift caregivers transfer Resident 1 from bed to the Broda chair at some point following the start of their shift at 7:00 A.M. and before breakfast is served between 7:30 A.M. and 8:00 A.M. Caregiver F told Surveyor Caregiver E and Caregiver G transferred Resident 1 from bed to the Broda chair before breakfast on this day and were responsible for

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his/her cares throughout the shift. Caregiver F said Resident 1 is fed all meals and snacks by a caregiver. Caregiver F told Surveyor Resident 1 had no current issues with skin breakdown.

On 08/15/2024 at 11:10 A.M., Surveyor observed Caregiver E transport Resident 1 in the Broda chair from the memory care unit's living room activity directly to table located in the dining room. Caregiver E told Surveyor lunch would be served at approximately 11:30 A.M. At 11:43 A.M., Surveyor observed Caregiver E serve lunch to Resident 1 with Hospice Caregiver J seated on Resident 1's right side and Caregiver H seated on Resident 1's left side at the table. Surveyor observed Hospice Caregiver J and Hospice Caregiver K feed Resident 1 until 12:05 P.M. when they transported Resident 1 from the dining room to Resident 1's room. Hospice Caregiver J told Surveyor Resident 1 received 3 1-hour visits per week from a hospice caregiver to provide 1 bed bath, assistance during 1 breakfast meal, and assistance during 1 lunch meal with incontinence care when time allowed. Hospice Caregiver J told Surveyor s/he and Caregiver K were going to transfer Resident 1 to bed to provide incontinence care, if needed, and change Resident 1's position. At 12:26 P.M. Hospice Caregiver J told Surveyor Resident 1 was transferred to bed with incontinence care provided, as Resident 1 was incontinent of urine, and left in bed on his/her back to rest. Hospice Caregiver J told Surveyor Resident 1's skin "looked really good" and denied skin breakdown.

On 08/15/2024 at 12:30 P.M., Surveyor observed Resident 1 lying quietly in bed on his/her back with a half length side rail up on each side of Resident 1's upper half of bed.

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(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 425	Continued From page 12 On 08/15/2024 at 12:54 P.M., Caregiver E told Surveyor Resident 1 was not transferred to bed and/or checked for incontinence after Resident 1 was transferred out of bed between 7:00 A.M. and 7:30 A.M. until Resident 1's hospice caregivers did so at 12:05 P.M. On 8/15/2024 at 1:28 P.M., Caregiver G told Surveyor s/he and Caregiver E transferred Resident 1 from bed to the Broda wheelchair between 7:00 A.M. and 7:30 A.M. on this morning. Caregiver G told Surveyor Resident 1 was dressed and not incontinent at that time. Caregiver G said Resident 1 had not been transferred to bed and/or checked for incontinence between 7:30 A.M. and 12:05 P.M. because the caregivers were trying to keep Resident 1 out of Resident 1's room now that Resident 1 did not cry anymore. On 08/15/2024 at 2:00 P.M., Surveyor conducted an interview with Administrator A and Associate Administrator B. Associate Administrator B said every resident on the memory care unit is to be checked and provided incontinence care, if needed, every 2 hours, including before and after all meals. Administrator A told Surveyor Resident 1 had diagnoses including dementia and had a significant history of crying often. Administrator A told Surveyor the caregivers were to transfer Resident 1 with the Hoyer lift to bed to check Resident 1 for incontinence and provide incontinence care, if needed, before and after every meal and every 2 hours. Administrator A told Surveyor Resident 1 did not have to stay in bed after every transfer and check for incontinence, but Resident 1's family members had requested Resident 1 not be left in Resident 1's room alone after breakfast to decrease	N 425		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018802	A. BUILDING: _____ B. WING _____	C 08/15/2024

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N 425	Continued From page 13	N 425		

Resident 1's crying episodes.
Both Administrator A and Associate Administrator B said it was not acceptable for approximately 5 hours to pass without Resident 1 being transferred to bed to be checked for incontinence, provided incontinence care, if s/he was incontinent, and provided repositioning.

On 08/15/2024, Administrator A, Associate Administrator B, and Facility Licensed Practical Nurse (LPN) C reviewed Resident 1's record, including Resident 1's individual service plan (ISP) as provided by Associate Administrator B. Resident 1 was admitted to the facility on 05/15/2023 with diagnoses including dementia and delirium. Resident 1 ISP, dated 11/16/2023, included, "[Resident 1] requires regular staff assistance in managing bowel and/or bladder care. [Resident 1] is incontinent and wears pull-ups [incontinent product] daily, requiring regular staff assistance with managing [his/her] bowel and bladder cares. Care staff will assist [Resident 1] to the bathroom routinely per [his/her] toileting schedule which includes before and after all meals throughout the day, before bed at night, and at least once during the NOC [night] shift or anytime [Resident 1] calls for toileting assistance."
Administrator A told Surveyor Resident 1 was still ambulatory, able to toilet self to some extent, and required "routine" assistance when Resident 1 experienced incontinence and/or required assistance with toileting when the ISP dated 11/16/2023 was developed by Former Facility Nurse D. Administrator A said Resident 1 had experienced significant changes in care needs several months ago and this ISP was not updated to reflect Resident 1's current care needs.

Example 2: Resident 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018802	A. BUILDING: _____ B. WING _____	C 08/15/2024

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N 425	Continued From page 14 On 08/15/2024 at 10:38 A.M., Caregiver E told Surveyor s/he, Caregiver F, and Caregiver G were on duty until 3:00 P.M. on the memory care unit. On 08/15/2024 at 10:46 A.M., Surveyor observed Resident 2 seated in a wheelchair alone located in Resident 2's room. On 08/15/2024 between 11:40 A.M. and 12:15 P.M., Surveyor observed Resident 2 seated at a dining room table while seated in his/her wheelchair. Surveyor observed Resident 2 served lunch and eat independently. On 8/15/2024 at 12:22 P.M., Surveyor observed Caregiver E transport Resident 2 from the dining room table in Resident 2's wheelchair to a small sitting area near the dining room. Caregiver E told Surveyor Caregiver G had assisted Resident 2 out of bed this morning before breakfast and Caregiver E had not assisted Resident 2 with any cares on this day, including toileting and/or incontinence care. On 8/15/2024 at 1:05 P.M., Surveyor observed Lead Caregiver H sit down near Resident 2's wheelchair and have a conversation with Resident 2. Surveyor observed Lead Caregiver H press on Resident 2's right ankle for swelling and ask Resident 2 if Resident 2's feet hurt. Lead Caregiver H told Surveyor swelling in Resident 2's feet was something new for Resident 2 and Resident 2 does not elevate legs to help with swelling. Lead Caregiver H told Surveyor Resident 2 would be assessed in the near future for hospice services related to significant changes in Resident 2's condition, including incontinence and no longer ambulating. Lead	N 425		

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Caregiver H told Surveyor Resident 2 was to be assisted by caregivers with toileting and/or incontinence care every 2 hours. Lead Caregiver H said Resident 2 will decline caregiver assistance at times.

On 08/15/2024 at 1:38 P.M., Surveyor conducted an interview with Caregiver G. Caregiver G told Surveyor s/he assisted Resident 2 by self to transfer out of bed between 7:00 A.M. and 7:30 A.M. on this morning. Caregiver G said Resident 2 was dressed by the night shift caregiver before Caregiver G arrived on duty. Caregiver G said Resident 2 was continent and s/he did not assist Resident 2 to the bathroom before transporting Resident 2 to breakfast at approximately 7:30 A.M. Caregiver G said s/he had not assisted Resident 2 with toileting and/or incontinence care since s/he assisted Resident 2 out of bed on this morning.

On 08/15/2024 at 1:28 P.M., approximately 6 hours after Resident 2 had been assisted out of bed by Caregiver G on this morning, Surveyor observed Lead Caregiver H ask Resident 2 if s/he would like to go to the toilet and Resident 2 declined. Surveyor observed Lead Caregiver transport Resident 2 in the wheelchair to Resident 2's room.

On 08/15/2024 at 1:40 P.M., Surveyor observed Lead Caregiver H in Resident 2's room attempting to assist Resident 2 to the bathroom.

On 08/15/2024 at 2:00 P.M., Surveyor conducted an interview with Administrator A and Associate Administrator B. Associate Administrator B said every resident on the memory care unit is to be checked and provided incontinence care, if needed, every 2 hours, including before and after

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all meals.
Administrator A told Surveyor Resident 2 had diagnoses including dementia. Administrator A told Surveyor a caregiver was to assist Resident 2 to the toilet with the use of a gait belt and pivot and to check Resident 2 for incontinence and provide incontinence care, if needed, before and after every meal and every 2 hours.
Both Administrator A and Associate Administrator B said it was not acceptable for approximately 6 hours to pass without a caregiver attempting to assist Resident 2 to the toilet and check Resident 2 for incontinence and provide incontinence care, if s/he was incontinent. Administrator A told Surveyor Resident 2 recently experienced a urinary tract infection and stopped ambulating. Administrator A said Resident 2 was scheduled to be assessed by hospice services related to these changes in Resident 2's condition.

On 08/15/2024, Administrator A, Associate Administrator B, and Facility Licensed Practical Nurse (LPN) C reviewed Resident 2's record, including Resident 2's individual service plan (ISP) as provided by Associate Administrator B. Resident 2 was admitted to the facility on 01/09/2023 with diagnoses including dementia, dysuria (discomfort with urination), and cystitis (bladder inflammation). Resident 2's ISP, dated 04/17/2024, included, "[Resident 2] has intermittent episodes of bowel and bladder incontinence and requires occasional assistance from care staff with [his/her] toileting needs. [Resident 2] is not able to manage [his/her] undergarments/briefs independently at this time. [Resident 2] may occasionally have an accident throughout the day or night. When paged for assistance with toileting, care staff will assist [Resident 2] with incontinence cares as needed. The goal is for [Resident 2] to have clean/dry

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N 425	Continued From page 17 skin, to be free from any skin breakdown, and to self-manage incontinence cares as independently as possible through [his/her] next review." Administrator A told Surveyor Resident 2 was still ambulatory, able to toilet self to some extent, and required "occasional" assistance when Resident 2 experienced incontinence and/or required assistance with toileting when the ISP dated 04/17/2024 was developed by Former Facility Nurse D. Administrator A said Resident 2 had experienced significant changes in care needs within recent months and this ISP was not updated to reflect Resident 2's current care needs. Administrator A told Surveyor Resident 2 never utilized his/her pendant to call for assistance from staff, was no longer ambulatory, required full assistance with cares, including toileting and incontinence care, and currently exhibits dismissive behaviors with cares. Administrator A told Surveyor s/he was not aware Resident 2 was experiencing any skin issues at this time. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 425		