STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT SUSSEX CBRF (THE)	W235 N6350 HICKORY DRIVE SUSSEX, WI 53089

(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 01/07/2025, with information gathered through 01/09/2025, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey and verificaiton visit of statement of deficiency (SOD) ZXFY11 at The Courtyard At Sussex CBRF located at W235 N6350 Hickory Drive in Sussex, WI. Five citations of noncompliance were issued, including 1 repeat citation of noncompliance from SOD ZXFY11. Census: 48 Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed.	{N 000}		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter	N 239		

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

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N 239	Continued From page 1 medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver R obtained all department approved training as required. Caregiver R did not have training in fire safety within 90 days after starting employment. Caregiver R did not have training in first aid and choking within 90 days after starting employment. Findings include: On 01/07/2025 - 01/09/2025, Surveyor conducted a review of Caregiver R's employee file to verify compliance with department approved training requirements. Surveyor requested training records from Associate Administrator B for Caregiver R. Fire Safety The record for Caregiver R, hired 09/17/2024, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 01/09/2025, at approximately 1:00 PM, Surveyor interviewed Associate Administrator B, who confirmed the provider did not have evidence Caregiver R completed or met an exemption for fire safety training. On 01/07/2025, Surveyor verified Caregiver R	N 239		

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N 239	Continued From page 2 was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver R, hired 09/17/2024, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 01/09/2025, at approximately 1:00 PM, Surveyor interviewed Associate Administrator B, who confirmed the provider did not have evidence Caregiver R completed or met an exemption for first aid and choking training. On 01/07/2025, Surveyor verified Caregiver R was not on the Community-Based Care and Treatment training registry for first aid and choking. On 01/07/2025, Associate Administrator B was given the opportunity to submit any additional evidence of training by 01/09/2025. Surveyor received no evidence of these trainings being completed.	N 239		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid.	N 277		

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N 277	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver S completed at least 15 hours of continuing education in 2024. Findings include: On 01/07/2025 - 01/09/2025, Surveyor reviewed Caregiver S's employee files and identified the following: Caregiver S was hired on 06/06/2022. Caregiver S's file included 7 hours of continuing education for calendar year 2024. The training hours covered the topics of preventing falls, resident rights, safe patient handling, resident dignity, preventing abuse, neglect, and misappropriation, standard precautions, client group, and fire safety and disaster response. Surveyor was unable to identify training completed for first aid, a required education topic. On 01/007/2025 at 2:35 PM, Surveyor interviewed Associate Administrator B about the missing continuing education for Caregiver S. Associate Administrator B stated Caregiver S was from the Philippines and went back there to visit family for months at a time, so s/he missed a lot of training or education s/he should have attended or completed.	N 277		
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:	N 352		

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N 352	Continued From page 4 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 observation, interview, and record review, the provider did not ensure Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 10 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 3's dorzolamide - timolol eye drops (for glaucoma, an eye disease), Systane Balance eye drops, Calmoseptine ointment (to be applied related to rectal prolapse), brimonidine tartrate eye drops (for glaucoma), and loperamide (a bowel medication) were not administered as prescribed. Resident 4's, Resident 5's, and Resident 6's polyethylene glycol (bowel medication for constipation) was not administered as prescribed. Resident 7's dorzolamide HCL drops (for glaucoma) were administered as prescribed. Resident 8's medication was not administered in the dosage prescribed by a practitioner. Resident 8's Lispro fast acting insulin was administered in both higher and lower doses than ordered, 12 times over a 34-day period. Resident 10's medication was not administered in the intervals prescribed by the practitioner. Resident 10's medication administration record (MAR) reflects 3 different medications being unavailable a total of 13 times throughout the	N 352		

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N 352	Continued From page 5 months of November and December of 2024, and January 2025. The findings include: Example 1: Resident 3 On 01/07/2025 at 9:15 A.M., Surveyor observed Facility Nurse (Licensed Practical Nurse, LPN) M remove a 10 milliliter (ml) container of dorzolamide - timolol (Cosopt) eye drops, a 10 ml container of Systane Balance (propylene glycol) eye drops, and a plastic bag including a 4 ounce/113 gram container/tube of Calmoseptine ointment labeled with Resident 3's name from the medication cart to be administered during the morning medication pass. Facility Nurse M and Surveyor observed Resident 3's dorzolamide - timolol eye drop container included an attached pharmacy label including, "Instill 1 drop in both eyes 2 times a day." The label included, "Opened 11/18/2024" handwritten on the label. At 12:53 P.M., Caregiver N and Surveyor observed Resident 3's dorzolamide - timolol eye drop container and Caregiver N told Surveyor the container was "almost full." Facility Nurse M and Surveyor observed Resident 3's Systane Balance eye drop container included an attached pharmacy label including, "Instill 1 drop in left eye 4 times a day." The label included, "Opened 11/18/2025" handwritten on the label. At 12:53 P.M., Caregiver N and Surveyor observed Resident 3's Systane Balance eye drop container and Caregiver N told Surveyor the container "almost full." Facility Nurse M and Surveyor observed the bag including Resident 3's Calmoseptine ointment container included an attached pharmacy label including, "Apply topically 3 times a day to area of rectal prolapse." The pharmacy label included,	N 352		

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"Date: 11/16/2024." Facility Nurse M told Surveyor Resident 3 had a rectal prolapse, "it was bad." Facility Nurse M told Surveyor the practitioner's order for this cream did not include a specific amount to be applied three times a day.
Facility Nurse M told Surveyor Resident 3's brimonidine tartrate eye drops and loperamide (Immodium) 2 mg (milligram) tablets were not available on the cart to administer, as prescribed, during the morning medication pass.
At 9:24 A.M., Surveyor observed Facility Nurse M administer Resident 3's dorzolamide - timolol eye drops, as prescribed, followed by administration of Resident 3's Systane Balance eye drop, as prescribed, at 9:29 A.M.
At 9:31 A.M., Surveyor observed Facility Nurse M dispense and apply approximately 1 dime-sized/fingertip amount of Calmoseptine ointment to the region of Resident 3's rectal prolapse. During this application, Surveyor observed Resident 3 state, "No one has ever done that to [Resident 3]." Facility Nurse M told Surveyor Resident 3's container of Calmoseptine ointment felt "almost full." Photos #1, #2, #3, #4, #12, and #13.

On 01/07/2025, Surveyor reviewed Resident 3's record, including Resident 3's practitioner's orders, medication administration records (MARs), hospital documentation, and hospice documentation, as provided by Wellness Director (registered nurse, RN) L and Associate Administrator B. Resident 3 was admitted to the facility on 11/23/2023 with diagnoses including dementia, macular degeneration (eye disease), glaucoma (eye disease), diverticulosis (inflammation of intestine), and irritable bowel syndrome (intestinal disorder).
Resident 3's emergency department discharge summary dated 07/09/2024 included diagnoses

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N 352	Continued From page 7 including prolapsed hemorrhoids and incomplete rectal prolapse. Resident 3's current practitioner's orders included the following medications to be administered: * dorzolamide - timolol eye drops..."Instill 1 drop in both eyes 2 times a day. Direct resident to close [his/her] eyes for 1 - 2 minutes for eye gtts [drops] to absorb." * Systane Balance eye drops..."Instill 1 drop in left eye 4 times a day. Direct resident to close [his/her] eyes for 1 - 2 minutes for eye gtts [drops] to absorb." * Calmoseptine ointment..."Apply topically 3 times a day to area of rectal prolapse." * brimonidine tartrate eye drops..."Instill 1 drop in left eye 3 times a day in the morning, noon, and evening. Direct resident to close [his/her] eyes for 1 - 2 minutes for eye gtts [drops] to absorb." * loperamide (Immodium) 2 mg (milligram) tablets..."Take 1 capsule by mouth in the morning." Resident 3's November 2024 through January 2025 medication administration records (MARs) documentation between 11/18/2024 and the morning of 01/07/2025 included Resident 3 was administered 189 doses out of a potential of 201 prescribed, scheduled doses of dorzolamide - timolol eye drops over the course of 51 days. On 01/8/2025 at 0941, Surveyor conducted an interview with Pharmacy Staff O. Pharmacy Staff O told Surveyor the pharmacy last delivered Resident 3's 10 ml container of dorzolamide - timolol eye drops to the facility on 11/18/2024. Pharmacy Staff O told Surveyor each 10 ml container of Systane Balance included a 50 days supply, if administered as prescribed for Resident 3. Resident 3's dorzolamide - timolol eye drop container should have been closer to empty by 01/07/2025.	N 352		

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N 352	Continued From page 8 Resident 3's November 2024 through January 2025 MARs documentation between 11/18/2024 and the morning of 01/07/2025 included Resident 3 was administered 186 doses out of a potential of 201 prescribed, scheduled doses of Systane Balance eye drops over the course of 51 days. On 01/8/2025 at 0941, Surveyor conducted an interview with Pharmacy Staff O. Pharmacy Staff O told Surveyor the pharmacy last delivered Resident 3's 10 ml container of Systane Balance eye drops to the facility on 11/18/2024. Pharmacy Staff O told Surveyor each 10 ml container of Systane Balance included a 50 days supply, if administered as prescribed to Resident 3. Resident 3's Systane Balance eye drop container should have been closer to empty by 01/07/2025. Resident 3's "observations" documentation included a note dated 11/15/2024 including, "[Wellness Director L] called and requested refills for the following medications through [Pharmacy T]:....calmseptine [sic]." Resident 3's November 2024 through January 2025 MARs documentation between 11/18/2024 and the morning of 01/07/2025 included Resident 3 was administered 138 applications out of a potential of 151 prescribed, scheduled applications of Calmoseptine ointment over the course of 51 days. On 01/8/2025 at 0941, Surveyor conducted an interview with Pharmacy Staff O. Pharmacy Staff O told Surveyor the pharmacy last delivered Resident 3's 4 ounce/113 gram Calmoseptine ointment container with at total of approximately 113 available, standard applications to the facility on 11/18/2024. Resident 3's Calmoseptine ointment container should have emptied and refilled by 01/07/2025.	N 352		

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N 352	Continued From page 9 Resident 3's January 2025 medication administration records (MARs) documentation between 01/02/2025 and the morning of 01/07/2025 included Resident 3 was not administered approximately 11 doses of brimonidine tartrate eye drops out of a potential of 16 prescribed, scheduled doses. Caregivers documented Resident 3's brimonidine tartrate eye drops missed doses were "...not available on cart." Caregiver documentation included 5 doses allegedly administered between documentation of the medication not being available. On 01/8/2025 at 0941, Surveyor conducted an interview with Pharmacy Staff O. Pharmacy Staff O told Surveyor the pharmacy last delivered Resident 3's 10 ml container of brimonidine tartrate eye drops to the facility on 01/02/2025. Resident 3's December 2024 through January 2025 medication administration records (MARs) documentation between 12/01/2024 and the morning of 01/07/2025 included Resident 3 was not administered 27 doses out of a potential of 38 prescribed, scheduled doses of loperamide. Caregivers documented Resident 3's loperamide missed doses were "...not available on cart." Caregiver documentation included 11 doses allegedly administered between documentation of the medication not being available. On 01/8/2025 at 9:41 A.M., Surveyor conducted an interview with Pharmacy Staff O. Pharmacy Staff O told Surveyor the pharmacy last delivered Resident 3's loperamide 2 mg to the facility on 11/12/2024. Pharmacy Staff O told Surveyor the order for Resident 3's loperamide 2 mg, as prescribed daily, was last received by the pharmacy in 2023 and had expired. Pharmacy Staff O said the pharmacy had not received a discontinuation of this order.	N 352		

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N 352	Continued From page 10 Example 2: Resident 4 On 01/07/2025 at 9:50 A.M., Surveyor observed Facility Nurse M remove a 14 once-daily dose container of polyethylene glycol (Clearlax) labeled with Resident 4's name from the medication cart. Surveyor observed Facility Nurse M open the container and Surveyor observed approximately one half of the powered medication remaining within the container. Surveyor observed the pharmacy label attached to the container included, "Take 17 gm [grams] (1 capful) dissolved in 8 oz [ounces] liquid by mouth in the morning. **Hold if more than 3 stools in 24 hrs [hours]." Surveyor observed the pharmacy label included, "Date: 10/19/24 [2024]." Photo #11. On 01/07/2025, Surveyor reviewed Resident 4's record, including Resident 4's practitioner's orders and medication administration records (MARs) as provided by Wellness Director (registered nurse, RN) L and Associate Administrator B. Resident 4 was admitted to the facility on 09/14/2022 with diagnoses including dementia and need for assistance with personal care. Resident 4's current practitioner's orders included the following medication to be administered: * Polyethylene glycol..."Take 17 gm (1 capful) dissolved in 8 oz liquid by mouth in the morning. **Hold if more than 3 stools in 24 hrs [hours]." Resident 4's October 2024 through January 2025 medication administration records (MARs) documentation between 10/21/2024 and the morning of 01/07/2025 included Resident 4 was administered 73 doses out of a potential of 79 prescribed, scheduled doses of polyethylene glycol. On 01/8/2025 at 9:41 A.M., Surveyor conducted	N 352		

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N 352	Continued From page 11 an interview with Pharmacy Staff O. Pharmacy Staff O told Surveyor the pharmacy last delivered Resident 4's 14 once-daily dose container of polyethylene glycol to the facility on 10/21/2024. Pharmacy Staff O told Surveyor the container delivered contained 14 once-daily doses of 17 grams, as prescribed. Resident 4's container of polyethylene glycol container would have been empty during the first week of November 2024, if administered as prescribed and as documented. Example 3: Resident 5 On 01/07/2025 at 9:48 A.M., Surveyor observed Facility Nurse M remove a 14 once-daily dose container of polyethylene glycol (Clearlax) labeled with Resident 5's name from the medication cart. Surveyor observed Facility Nurse M open the container and Surveyor observed the container's original safety seal remained sealed. Surveyor observed the pharmacy label attached to the container included, "Take 17 gm (1 capful) dissolved in 8 oz liquid by mouth in the morning 2 times a week on mon [Monday] and thurs [Thursday]." Surveyor observed the pharmacy label included, "Date: 10/21/24 [2024]." Surveyor observed Facility Nurse M remove a 30 once-daily dose container of polyethylene glycol (Gavilax) labeled with Resident 5's name from the medication cart. Surveyor observed the pharmacy label attached to the container included, "Take 17 gm (1 capful) dissolved in 8 oz. liquid by mouth daily as needed (constipation)." The pharmacy label included, "Date: 12/06/23 [2023]" and "Discard after: 12/2024, 1 Refill(s) before 12/3/2024." Surveyor observed Facility Nurse M open the container and Surveyor observed the container was almost full. Photos #9 and #10.	N 352		

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On 01/07/2025, Surveyor reviewed Resident 5's record, including Resident 5's practitioner's orders and medication administration records (MARs) as provided by Wellness Director (registered nurse, RN) L and Associate Administrator B. Resident 5 was admitted to the facility on 12/01/2023 with diagnoses including dementia.
Resident 5's current practitioner's orders included the following medication to be administered:
* Polyethylene glycol..."Take 17 gm (1 capful) dissolved in 8 oz liquid by mouth in the morning 2 times a week on mon [Monday] and thurs [Thursday]."

Resident 5's October 2024 through January 2025 medication administration records (MARs) documentation between 10/21/2024 and the morning of 01/07/2025 included Resident 5 was administered 20 doses out of a potential of 21 prescribed, scheduled doses of polyethylene glycol despite Resident 5's scheduled polyethylene glycol remaining unsealed, unopened since 10/21/2024.
On 01/8/2025 at 9:41 A.M., Surveyor conducted an interview with Pharmacy Staff O. Pharmacy Staff O told Surveyor the pharmacy last delivered Resident 5's 14 once-daily dose container of polyethylene glycol to the facility on 10/21/2024.

Example 4: Resident 6

On 01/07/2025 at 9:46 A.M., Surveyor observed Facility Nurse M remove a 30 once-daily dose container of polyethylene glycol labeled with Resident 6's name from the medication cart. Surveyor observed Facility Nurse M open the container and Surveyor observed the container remained approximately full. Surveyor observed the pharmacy label attached to the container

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included, "Take 17 grams (1 capful) dissolved in 4 to 8 of beverage by mouth in the morning (constipation)." Surveyor observed the pharmacy label included, "Date: 10/19/24 [2024]." Photo #8.

On 01/07/2025, Surveyor reviewed Resident 6's record, including Resident 6's practitioner's orders and medication administration records (MARs) as provided by Wellness Director (registered nurse, RN) L and Associate Administrator B. Resident 6 was admitted to the facility on 08/15/2023 with diagnoses including dementia.
Resident 6's current practitioner's orders included the following medication to be administered:
* Polyethylene glycol..."Take 17 grams (1 capful) dissolved in 4 to 8 of beverage by mouth in the morning (constipation)."

Resident 6's October 2024 through January 2025 medication administration records (MARs) documentation between 10/21/2024 and the morning of 01/07/2025 included Resident 6 was administered 59 doses out of a potential of 76 prescribed, scheduled daily doses of polyethylene glycol.
On 01/8/2025 at 9:41 A.M., Surveyor conducted an interview with Pharmacy Staff O. Pharmacy Staff O told Surveyor the pharmacy last delivered Resident 6's 30 once-daily dose container of polyethylene glycol to the facility on 10/21/2024. Pharmacy Staff O told Surveyor the container delivered contained 30 once-daily doses of 17 grams, as prescribed. Resident 4's container of polyethylene glycol container would have been empty near the end of November 2024, if administered as prescribed and as documented.

Example 5: Resident 7

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N 352	Continued From page 14 On 01/07/2025 at 8:51 A.M., Surveyor observed Facility Nurse M remove a 10 milliliter (ml) container of dorzolamide HCL eye drops labeled with Resident 7's name from the medication cart to be administered during the morning medication pass. Facility Nurse M and Surveyor observed Resident 7's dorzolamide HCL eye drop container included an attached Pharmacy U label including, "Place 1 drop in each eye three times a day for glaucoma." The Pharmacy U label included, "Filled: 12/21/2023" and "Discard after: 12/21/2024." The label included, "Opened 11/12/2024" handwritten on the label. Facility Nurse M told Surveyor Resident 7's dorzolamide HCL eye drop container was "close to full." Photos #5, #6, and #7. Facility Nurse M told Surveyor s/he was unable to locate a different or more recent container of dorzolamide HCL eye drops for Resident 7. On 01/07/2025, Surveyor reviewed Resident 7's record, including Resident 7's practitioner's orders and medication administration records (MARs), as provided by Wellness Director (registered nurse, RN) L and Associate Administrator B. Resident 7 was admitted to the facility on 10/02/2023 with diagnoses including dementia and glaucoma (eye disease). Resident 7's current practitioner's orders included the following medications to be administered: * dorzolamide HCL eye drops..."Instill 1 drop in both eyes 3 times a day (glaucoma)." Resident 7's November 2024 through January 2025 medication administration records (MARs) documentation between 11/01/2024 and the morning of 01/07/2025 included Resident 7 was administered 160 doses out of a potential of 201	N 352		

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prescribed, scheduled doses of dorzolamide HCL eye drops over the course of 201 days.
On 01/8/2025 at 9:54 A.M., Surveyor conducted an interview with Pharmacy Staff P. Pharmacy Staff P told Surveyor Pharmacy U last delivered Resident 7's 10 ml container of dorzolamide HCL eye drops to the facility on 12/21/2023. Pharmacy Staff P told Surveyor Resident 7 was no longer in Pharmacy U's system.

On 01/08/2025 at 11:44 A.M., Surveyor conducted an interview with Wellness Director L. Surveyor informed Wellness Director L of Resident 7's dorzolamide HCL eye drops last delivered to the facility on 12/21/2023 from Pharmacy U and expired on 12/21/2024. Surveyor informed Wellness Director L no other container of dorzolamide HCL eye drops for Resident 7 was available at the facility as verbalized by Facility Nurse M on 01/07/2025. Wellness Director L stated, "Are you kidding. I [Wellness Director L] was not aware and will check the cart for a new bottle and call [Surveyor] back." As of 01/09/2025 at 4:00 P.M., Surveyor had not received a call back from Wellness Director L.

On 01/08/2025 at 11:57 A.M., Surveyor conducted an interview with Pharmacy Staff Q at Pharmacy T. Pharmacy Staff Q told Surveyor 10/04/2023 was the last time Resident 7's dorzolamide HCL eye drops were delivered to the facility from Pharmacy T.

On 01/08/2025 at 3:27 P.M., Surveyor discussed concerns with resident medication administration with Wellness Director L regard Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7. Wellness Director L told Surveyor medication administration has been an ongoing issue and an

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N 352	Continued From page 16 ongoing process of training. Wellness Director L said s/he would ensure caregivers responsible for medication administration would be re-trained regarding medication administration and communication regarding missed medications. Wellness Director L told Surveyor s/he was responsible for conducting audits/inspections of the medication cart and caregiver documentation of medication administration review. Wellness Director L told Surveyor the last audit/inspection of the cart was conducted on 11/18/2024 while pharmacy was conducting their annual medication audit. Wellness Director L said s/he had been conducting monthly cart audits but had not conducted a cart/medication audit since 11/18/2024. Example 6: Resident 8 On 01/07/2025 Surveyor reviewed Resident 8's record. Resident 8 admitted on 04/18/2023 with diagnosis including type 2 diabetes and chronic kidney disease stage 4. Resident 8's physician orders documented: "Start Date: 11/30/2024. End Date: 12/11/2024. Insulin Lispro Kwikpen 100 Unit/ML- Inject 5 units subcutaneously 3 times a day in the morning, noon, and evening 15 minutes before meal(s) if blood sugar (BS) is 80-150. Give 2 units if BS 31-79; Add 1 unit for each additional 50 over 150 in blood sugar readings; Give 2 units at bedtime if sugar is 251-300, 3 units if sugar is 301-350, etc. *Prime 2 units before each dose* *Max 42 units/day*. Start Date: 12/12/2024. Insulin Lispro Kwikpen 100 Unit/ml-Inject	N 352		

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subcutaneously 3 times a day in the morning, noon, and evening before meals per sliding scale. BS: 41-79 = No Lispro Insulin; 80-150 = 5 unit; 151-200 = 6 unit; 201-250 = 7 unit; 351-300 = 8 unit; 301-350 = 9 unit; 351-400 = 10 unit; 401-450 = 11 unit; over 451 = 12 unit. **See separate order for bedtime sliding scale* *Max daily dose = 42 units total.

Start Date: 12/12/2024.
Insulin Lispro Kwikpen 100 Unit/ml- Inject subcutaneously at bedtime per sliding scale. For BS: 250-300 = 2 unit; 301-350 = 3 unit; 351-400 = 4 unit;401-450 = 5 unit; over 450 = 6 unit. *Max daily dose for all lispro orders = 42 units."

Surveyor reviewed Resident 8's medication administration record (MAR) for December 2024 and January 2025, and identified the following administrations given at incorrect dosages:

-12/03/2024 4:03 PM. Blood sugar 210, 6 units administered.
*Per physician order, 7 units should have been administered.
-12/08/2024 4:15 PM. Blood sugar 313, 8 units administered.
*Per physician order, 9 units should have been administered.
-12/10/2024 4:00 PM. Blood sugar 330, 8 units administered.
*Per physician order, 9 units should have been administered.
-12/14/2024 11:38 AM. Blood sugar 195, 11 units administered.
*Per physician order, 6 units should have been administered.
-12/15/2024 11:17 AM. Blood sugar 131, 10 units administered.
*Per physician order, 5 units should have been

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administered.
-12/20/2024 8:38 PM. Blood sugar 159, 1 unit administered.
*Per physician order, 0 units should have been administered.
-12/21/2024 3:56 PM. Blood sugar 212, 6 units administered.
*Per physician order, 7 units should have been administered.
-12/23/2024 9:20 PM. Blood sugar 177, 6 units administered.
*Per physician order, 0 units should have been administered.
-12/31/2024 11:38 AM. Blood sugar 159, 5 units administered.
*Per physician order, 6 units should have been administered.
-01/02/2025 11:25 AM. Blood sugar 171, 5 units administered.
*Per physician order, 6 units should have been administered.
-01/02/2025 4:11 PM. Blood sugar 154 & 151, 5 units administered.
*Per physician order, 6 units should have been administered.
-01/05/2025 11:44 AM. Blood sugar 176, 5 units administered.
*Per physician order, 6 units should have been administered.

On 01/07/2025 at approximately 4:25 PM, Surveyor discussed the above concerns with Wellness Director, RN L. Wellness Director, RN L was not aware of the errors prior to the survey. S/he did recall having difficulty in December 2024 getting a clear order from Resident 8's prescriber. It was shared that the old order was confusing, so they requested a simplified order for the med passers to follow. Wellness Director, RN L stated protocol for an insulin error would require a call to

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his/herself or the other nurse on staff and that neither of them were notified when the errors occurred. S/he would have directed staff to monitor Resident 8 more closely and take additional vitals and blood sugar readings then would have updated the prescriber. Due to the provider not having knowledge of the recurring errors, it was confirmed that no additional precautions or monitoring had been taken to ensure Resident 8's health and well-being. Wellness Director, RN L planned to re-educate the medication passers and have them re-delegated by the provider's regional nurse.

Example 7: Resident 10

On 01/07/2025, Surveyor reviewed Resident 10's record. Resident 10 admitted to the provider on 04/06/2022 with diagnosis including osteoarthritis, osteoporosis, and history of constipation.

Resident 10's physician orders documented:

"Start Date: 08/08/2024.
Best Fiber3 gram/3.8 gram- Mix 4 grams with liquid and take by mouth in the morning.

Start Date: 11/25/2024.
Lidocaine 4%- Apply 1 patch topically in the morning to back and remove after 12 hours.

Start Date: 11/11/2024.
Gabapentin 300 mg- Take 1 capsule by mouth 3 times a day in the morning, noon, and bedtime."

Surveyor reviewed Resident 10's MAR for November and December 2024, and January 2025, and identified the following times medication was unavailable:

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N 352	Continued From page 20 -11/23/2024 8:39 AM; Lidocaine Pain Relief 4% - No pass reason: Med not available on cart. -11/24/2024 7:58 AM; Lidocaine Pain Relief 4% - No pass reason: New med- Not yet arrived- MUST CALL RD ON CALL. -11/25/2024 8:48 AM; Lidocaine Pain Relief 4% - No pass reason: Med not available on cart. -11/26/2024 7:55 AM; Lidocaine Pain Relief 4% - No pass reason: Med not available on cart. -11/27/2024 8:19 AM; Lidocaine Pain Relief 4% - No pass reason: Other problems- MUST CALL RD ON CALL. -11/28/2024 8:01PM; Gabapentin 300 mg- No pass reason: Med not available on cart. -11/29/2024 11:49 AM; Gabapentin 300 mg- No pass reason: Med not available on cart. -11/29/2024 8:10 PM; Gabapentin 300 mg- No pass reason: Med not available on cart. -12/06/2024 8:43 AM; Best Fiber 3gram/3.8 gram- No pass reason: Med not available on cart. -12/09/2024 8:42 AM; Best Fiber 3gram/3.8 gram- No pass reason: Med not available on cart -01/01/2025 7:57 AM; Lidocaine Pain Relief 4% - No pass reason: Med not available on cart. -01/02/2025 8:24 AM; Lidocaine Pain Relief 4% - No pass reason: Not yet available- MUST CALL NURSE ON CALL. -01/05/2025 8:03 AM; Best Fiber 3 gram/3.8 gram- No pass reason: Not yet available- MUST CALL NURSE ON CALL. On 01/07/2025 at approximately 4:30 PM, Surveyor discussed the above concerns with Wellness Director, RN L. Wellness Director, RN L stated the staff need more training on proper re-ordering of medications. S/he shared that many pharmacy items are on a two-week cycle but some need to be physically re-ordered, when running low. Wellness Director, RN L shared a plan to improve communication amongst the	N 352		

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N 352	Continued From page 21 medication passers, themselves, and pharmacy to lessen the frequency of a medication running out. Summary: The provider did not ensure Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 10 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Cross Reference: N0386 DHS 83.35(3)(d) Service Plan Updated Annually Or On Changes N0431 DHS 83.38(1)(g) Health Monitoring	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 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 3's individual service plan (ISPs) was updated to reflect his/her needs, abilities, and physical or	{N 389}		

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mental condition. Resident 3's ISP did not address Resident 3's rectal prolapse care or hospice services.

This requirement is being cited for the second time. See Statement of Deficiency (SOD) ZXFY11, issued 10/01/2024.

The findings include:

On 01/07/2025 at 9:15 A.M., Surveyor observed Facility Nurse (Licensed Practical Nurse, LPN) M remove a plastic bag including a 4 ounce/113 gram container/tube of Calmoseptine ointment labeled with Resident 3's name from the medication cart to be administered during the morning medication pass. Facility Nurse M and Surveyor observed the bag including Resident 3's Calmoseptine ointment container included an attached pharmacy label including, "Apply topically 3 times a day to area of rectal prolapse." Facility Nurse M told Surveyor Resident 3 had a rectal prolapse, "it was bad."
At 9:31 A.M., Surveyor observed Facility Nurse M dispense and apply approximately 1 dime-sized/fingertip amount of Calmoseptine ointment to the region of Resident 3's rectal prolapse. During this application, Surveyor observed Resident 3 state, "No one has ever done that to [Resident 3]."

On 01/07/2025, Surveyor reviewed Resident 3's record, including Resident 3's practitioner's orders, medication administration records (MARs), hospital documentation, hospice documentation, and individual service plan (ISP), as provided by Wellness Director (registered nurse, RN) L and Associate Administrator B. Resident 3 was admitted to the facility on 11/23/2023 with diagnoses including dementia,

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macular degeneration (eye disease), glaucoma (eye disease), diverticulosis (inflammation of intestine), and irritable bowel syndrome (intestinal disorder).
Resident 3's emergency department discharge summary dated 07/09/2024 included diagnoses including prolapsed hemorrhoids and incomplete rectal prolapse. The documentation included, "Additional instructions: Unfortunately, it looks like [Resident 3's] has an internal hemorrhoid that prolapses and because [his/her] muscle tone and rectal sphincter is not strong given [his/her] age when the hemorrhoid comes out it will cause some rectal tissue to prolapse as well. This is very common in [his/her] age group but can be a frustrating and difficult problem to treat. The biggest things to focus on is after each toileting [Resident 3] will likely have about a grape sized red area that prolapses from the rectum and this is easily pushed back in with a gloved finger and gentle pressure. We would recommend looking with each toileting session and if able apply gentle pressure to push the prolapsed area back in and have [him/her] lay down for 1 hour after each toileting session."
Resident 3's current practitioner's orders included the following medications to be administered: Calmoseptine ointment..."Apply topically 3 times a day to area of rectal prolapse."
Resident 3's ISP dated 10/18/2024, including Wellness Director L's signature, did not address Resident 3's rectal prolapse care or hospice services.
Resident 3's "observations" documentation from 10/01/2024 through 12/23/2024 included a note dated 11/15/2024 including, "[Wellness Director L] called and requested refills for the following medications through [Pharmacy T]:....calmseptine [sic]."

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{N 389}	Continued From page 24 On 01/07/2025 at 3:27 P.M., Surveyor conducted an interview with Wellness Director L. Wellness Director L told Surveyor the caregivers should be assisting Resident 3 with toileting and checking Resident 3 for any bleeding, pain, or anything abnormal related to Resident 3's rectal prolapse and letting Wellness Director L or Facility Nurse M know immediately. Wellness Director L reviewed Resident 3's emergency room discharge summary recommendations dated 07/09/2024 and told Surveyor s/he was not aware of the documentation. Wellness Director L told Surveyor Resident 3 was receiving hospice services but not directly regarding Resident 3's rectal prolapse. Wellness Director L said Resident 3's hospice agency does not currently visit Resident 3 to monitor his/her prolapse. Wellness Director L told Surveyor the omission of documentation surrounding Resident 3's rectal prolapse needs and Resident 3's hospice services were "an oversight" on his/her part. Wellness Director L said s/he would review and update Resident 3's ISP. Cross Reference: N0352 DHS 83.32(3)(h) Rights Of Residents: Receive Medication	{N 389}		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical	N 431		

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

(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 431	Continued From page 25 health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 4's bowel movements were monitored. Resident 4's daily bowel medication was prescribed to be "held" if Resident 4 had 3 bowel movements within 24 hours. The provider did not monitor and respond to Resident 9's and Resident 10's blood pressure after his/her medical provider directed for daily monitoring. The findings include:	N 431		

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N 431	Continued From page 26 Example 1: Resident 4 (bowel monitoring) On 01/07/2025 at 9:50 A.M., Surveyor observed Facility Nurse M remove a 14 once-daily dose container of polyethylene glycol (Clearlax) labeled with Resident 4's name from the medication cart. Surveyor observed the pharmacy label attached to the container included, "Take 17 gm [grams] (1 capful) dissolved in 8 oz [ounces] liquid by mouth in the morning. **Hold if more than 3 stools in 24 hrs [hours]." Surveyor observed the pharmacy label included, "Date: 10/19/24 [2024]." Photo #11. Facility Nurse M told Surveyor caregivers were to monitor Resident 4's bowel movements but caregivers do not document how often Resident 4 had a bowel movement. Facility Nurse M said the caregivers discuss bowel movements at the change of shift exchange, or shift-to- shift verbal report. Facility Nurse M said s/he was not aware of anyone keeping track for a 24 hour period to know whether or not Resident 4 had 3 bowel movements, or more or less. On 01/07/2025 at 12:19 P.M., Surveyor conducted an interview with Caregiver H. Caregiver H told Surveyor caregivers do not monitor and document Resident 4's bowel movements. Caregiver H said s/he thought Resident 4 had bowel movements regularly and said s/he was unable to be specific or quantify the regularity of Resident 4's bowel movements. On 01/07/2025, Surveyor reviewed Resident 4's record, including Resident 4's practitioner's orders, Resident 4's October 2024 through January 2025 medication administration records (MARs) documentation, and individual service plan (ISP) as provided by Wellness Director (registered nurse, RN) L and Associate	N 431		

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N 431	Continued From page 27 Administrator B. Resident 4 was admitted to the facility on 09/14/2022 with diagnoses including dementia and need for assistance with personal care. Resident 4's current practitioner's orders included the following medication to be administered: * Polyethylene glycol..."Take 17 gm (1 capful) dissolved in 8 oz liquid by mouth in the morning. **Hold if more than 3 stools in 24 hrs [hours]." Resident 4's October 2024 through January 2025 MARs documentation between 10/21/2024 and the morning of 01/07/2025 included Resident 4 was administered 73 doses out of a potential of 79 prescribed, scheduled daily doses of polyethylene glycol. Resident 4's November 2024 MAR included documentation of Resident 4's polyethylene glycol was "held" on 11/24/2024 and Resident 4's December 2024 MAR included documentation of 5 prescribed, scheduled doses were "refused" by Resident 4. Resident 4's ISP dated 10/14/2024 did not address Resident 4's bowel status, needs and services related bowel movements, and/or monitoring of Resident 4's bowel movements to ensure Resident 4's polyethylene glycol, as prescribed, would be "held" if Resident 4 had 3 bowel movements within a 24 hour period. On 01/07/2025 at 3:27 P.M., Surveyor conducted an interview with Wellness Director L. Wellness Director L told Surveyor caregivers did not document bowel monitoring for Resident 4 and that his/her bowel movements were communicated by caregivers verbally between each shift. Wellness Director L said s/he did not know if or how caregivers would keep track of how often Resident 4 had a bowel movement within any 24 hour period.	N 431		

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N 431	Continued From page 28 Example 2: Resident 9 On 01/07/2025, Surveyor reviewed Resident 9's record. Resident 9 admitted to the provider on 12/11/2024 with diagnosis including hypertension and personal history of transient ischemic attach (TIA). Resident 9's physician orders documented the following antihypertensives: "Start Date: 12/11/2024. End Date: 12/23/2024. Amlodipine Besylate 2.5 mg- Take 1 tablet by mouth in the morning then take 2 tablets (5 mg) by mouth in the evening. Start Date: 12/23/2024. Irbesartan 300 mg- Take 1 tablet by mouth in the morning (htn). Hold Irbesartan for SBP (systolic blood pressure), 100mmHg." Resident 9's medication administration record (MAR) documented blood pressure checks starting on 12/24/2024 with the administration of the Irbesartan. The MAR included the following blood pressure recordings: -01/01/2025 8:51 AM Blood Pressure- 200/101 -01/06/2025 8:12 AM Blood Pressure- 172/85 On 01/07/2025 at approximately 4:40 PM, Wellness Director, RN L stated s/he was not made aware of these blood pressures, but staff should have contacted him/her based on the provider's protocol for vitals out of normal range. Wellness Director, RN L reported s/he would have updated the medical provider. Example 3: Resident 10	N 431		

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N 431	Continued From page 29 On 01/07/2025, Surveyor reviewed Resident 10's record. Resident 10 admitted to the provider on 04/06/2022 with diagnosis including hypertension and obstructive sleep apnea. Resident 10's physician orders documented the following medications affecting blood pressure: "Start Date: 02/19/2024. Losartan Potassium 100 mg- Take 1 tablet by mouth in the morning. Start Date: 11/21/2024. Xarelto 20 mg- Take 1 tablet by mouth in the evening. Start Date: 09/16/2024. Metoprolol tartrate 50 mg- Take 1 tablet by mouth 2 times a day." Resident 10's medication administration record (MAR) documented blood pressure checks twice daily with the administration of metoprolol. The December 2024 and January 2025 MAR included the following blood pressure recordings: -12/03/2024 Blood Pressure bedtime (HS): 152/104 -12/04/2024 Blood Pressure morning (AM): 158/109, Blood Pressure HS: 167/114 -12/05/2024 Blood Pressure AM: 155/106 -12/07/2024 Blood Pressure AM: 151/105, Blood Pressure HS: 162/110 -12/10/2024 Blood Pressure AM: 154/105, Blood Pressure HS: 148/102 -12/11/2024 Blood Pressure AM: 160/103 -12/13/2024 Blood Pressure AM: 156/100 -12/16/2024 Blood Pressure AM: 153/109 -12/17/2024 Blood Pressure HS: 150/103	N 431		

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-12/18/2024 Blood Pressure HS: 157/100
-12/19/2024 Blood Pressure AM: 162/106
-12/20/2024 Blood Pressure AM: 154/112, Blood Pressure HS: 158/105
-12/21/2024 Blood Pressure HS: 160/110
-12/22/2024 Blood Pressure AM: 165/109
-12/23/2024 Blood Pressure AM: 156/112, Blood Pressure HS: 155/107
-12/24/2024 Blood Pressure HS: 181/89
-12/25/2024 Blood Pressure AM: 160/111
-12/26/2024 Blood Pressure AM: 167/113, Blood Pressure HS: 155/101
-12/27/2024 Blood Pressure AM: 169/114, Blood Pressure HS: 157/106
-12/29/2024 Blood Pressure AM: 174/112
-12/30/2024 Blood Pressure AM: 181/112, Blood Pressure HS: 167/112
-01/01/2025 Blood Pressure AM: 144/106, Blood Pressure HS: 160/108
-01/02/2025 Blood Pressure AM: 150/109
-01/03/2025 Blood Pressure AM: 166/115
-01/05/2025 Blood Pressure AM: 174/118, Blood Pressure HS: 193/125
-01/06/2025 Blood Pressure HS: 186/127
-01/07/2025 Blood Pressure AM: 157/100

Resident 10 was seen by his/her medical provider on 12/09/2024. In the visit summary provided by the rounding physician service, stated "The treatment goal is a blood pressure less than 150/90, without dizziness, hypotension or falls. The desired outcome is a reduction in the risk of stroke, heart disease, or damage to other organs while maintaining safety."

On 01/07/2025 at 12:10 PM, Surveyor interviewed Resident 10. S/he stated his/her blood pressure has been increased for a few weeks but there had been no changes to his/her medications, and no additional blood pressure

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checks scheduled.

On 01/07/2025 at approximately 4:30 PM, Wellness Director, RN L stated s/he was only made aware of the elevated blood pressures that day, by physical therapy who was working with Resident 10. Wellness Director, RN L reported s/he spoke with Resident 10 who told him/her the physician was working on medication changes. Surveyor reviewed some of the blood pressure readings with Wellness Director, RN L, who stated s/he thought the readings were inaccurate as Resident 10 could not "run that high without having an event". Wellness Director, RN L, informed surveyor that staff utilized automatic blood pressure cuffs and s/he would provide education to staff on how to use it in addition to proper follow up on vital concerns. Wellness Director, RN L stated s/he would have notified the medical provider right away if s/he knew how high the blood pressure readings were. Surveyor asked how staff would know what a normal blood pressure is versus an abnormal, and Wellness Director, RN L reported there were cards in each of the medication carts for staff to reference that listed normal vital parameters.

According to the American Heart Association, the following guidelines are provided regarding blood pressure:

- Normal = less than 120/80
- Elevated = 120-129 systolic and <80 diastolic
- High blood pressure (hypertension) stage 1 = 130-139 systolic and 80-89 diastolic
- High blood pressure (hypertension) stage 2 = 140 or higher systolic and 90 or higher diastolic
- Hypertensive crisis = >180 systolic and/or >120 diastolic

(Source: American Heart Association,

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N 431	Continued From page 32 Understanding Blood Pressure Readings, May 30, 2023, https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings (retrieval date - August 10, 2023).). Summary: The provider did not ensure Resident 4's bowel movements were monitored. Resident 4's daily bowel medication was prescribed to be "held" if Resident 4 had 3 bowel movements within 24 hours. The provider did not monitor and respond to Resident 9's and Resident 10's blood pressure after his/her medical provider directed for daily monitoring. Cross Reference: N0352 DHS 83.32(3)(h) Rights Of Residents: Receive Medication	N 431		