STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017970	A. BUILDING: _____ B. WING _____	R-C 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROLLING MEADOWS OF STRUM	208 ELM STREET PO BOX 182 STRUM, WI 54770

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 07/13/2023, Surveyors conducted a verification visit and complaint investigation at Rolling Meadows of Strum. Data collection continued through 07/28/2023. The complaint was substantiated. Seven deficiencies were identified. Four of 7 were repeat deficiencies (see SOD SOD LHMG11, dated 10/05/2021, SOD ZY4711, dated 12/07/2021, SOD ZY4712, dated 06/22/2022, SOD J0MI11, dated 09/09/2022, and SOD ZY4713, dated 02/09/2023). Census: 19	{N 000}		
{N 158}	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall	{N 158}		

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

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{N 158}	Continued From page 1 maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete a misappropriation investigation when Resident 2 reported money missing. This is a repeat deficiency. See Statement of Deficiency (SOD) ZY4713, dated 02/09/2023. Findings include: The facility is licensed to serve up to 19 residents in the following client groups: physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease. An order letter received by the provider from the department on 04/20/2023, stated the provider needed to develop a written procedure for caregiver misconduct and retroactively document a complete investigation report of the alleged incidents of caregiver misconduct described in SOD ZY4713. On 07/13/2023 at 10:38 AM, Surveyors interviewed Director A. Director A stated they now had a lock box in the secured medication room to store resident funds and staff were to count the money after each shift with the next caregiver coming on the new shift. Director A stated they only had Resident 2's funds secured in the lock box until s/he had passed away. Surveyors asked Director A if an investigation had been done for Resident 2's misappropriated funds from 01/17/2023. Director A stated s/he did the investigation verbally and had not documented it. Director A stated the allegations could not be	{N 158}		

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{N 158}	Continued From page 2 substantiated. Surveyors asked if the policy and procedure for caregiver misconduct had been updated. Director A stated they had not changed the policy and procedure and continued a policy of no responsibility for resident misappropriation. Surveyors confirmed Director A had received the order letter and SOD ZY4713. Director A provided the property addendum given to all residents to sign upon admission. The property addendum stated, "[Provider] does not cover the loss or damage of Resident property. As a requirement of admission, [Resident 2], shall agree to provide proof of insurance or sign below, releasing [Provider] from any liability prior to move-in to [facility] to cover loss or damage of any and all Resident property while on the premises of [facility]. By signing below, the parties represent that they have read the terms of this addendum of the Admissions Agreement, that they understand the same, that they have voluntarily signed, and that they have had a full and ample opportunity to review the same prior to their signing hereof." The provider did not document an investigation of missing money for Resident 2 from 01/17/2023.	{N 158}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and	{N 196}		

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{N 196}	Continued From page 3	{N 196}		

observation, the licensee did not ensure the community based residential facility (CBRF) and its operation complied with all laws governing the CBRF.

This is a repeat deficiency. See Statement of Deficiency (SOD) ZY4713, dated 02/09/2023.

Findings include:

The facility is licensed to serve up to 19 residents in the following client groups: physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease.

On 07/13/2023, Surveyors conducted a verification visit and complaint investigation at Rolling Meadows of Strum. Surveyors confirmed with Director A s/he received the SOD and order letter on 04/20/2023 for SOD ZY4713, dated 02/10/2023.

The order letter, dated 04/20/2023, had special orders that stated the licensee shall develop and implement corrective measures to resolve each deficiency identified in SOD ZY4713. The order letter stated that at a minimum, the provider would develop or review written procedures and staff training to address caregiver misconduct and medication management and administration. The order letter stated the provider was to retroactively complete an investigation report of the alleged incidents of caregiver misconduct.

On 07/13/2023, Surveyor reviewed department records for Rolling Meadows of Strum, licensed on 10/01/2021.
Since initial licensure the facility has had 11 substantiated complaints, resulting in 29 deficiencies, and multiple recites issued. The

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{N 196}	Continued From page 4 following information was reviewed: LHMG11, dated 10/05/2021. Four deficiencies were identified. Two of 3 complaints were substantiated. 1.) 83.12(4)(c) Reporting Incidents With Serious Injury 2.) 83.31(2) Emergency Or Temporary Transfer 3.) 83.32(3)(h) Rights Of Residents: Receive Medication 4.) 83.47(1)(c) Safety Requirements: No Safe Evacuation ZY4711, dated 12/07/2021. Two deficiencies were identified. Two of 3 complaints were substantiated. 1.) 83.32(3)(h) Rights Of Residents: Receive Medication 2.) 83.32(3)(n) Rights Of Residents: Safe Environment J0MI11, dated 09/09/2022. One deficiency was identified. Two of 5 complaints were substantiated. 1.) 83.32(3)(h) Rights Of Residents: Receive Medication ZY4712, dated 06/22/2022. Six deficiencies were identified. Three of 8 complaints were substantiated. There was one repeat violation (see SOD ZY4711, dated 12/07/2021).	{N 196}		

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{N 196}	Continued From page 5 1.) 83.17(2)(a) Employees Screened For Communicable Disease 2.) 83.32(3)(h) Rights Of Residents: Receive Medication 3.) 83.38(1)(g) Health Monitoring 4.) 83.45(1)(d) Hazards 5.) 83.55(6)(b) Bath And Toilet Areas: Water Temperature 6.) 50.065(2)(bm) Out Of State Background Checks ZY4713 dated 02/10/2023. One of 3 complaints was substantiated, and 7 deficiencies were identified. Three of 7 deficiencies were repeat violations (see SOD LHMG11, dated 10/05/2021, SOD ZY4711, dated 12/07/2021, SOD ZY4712, dated 06/22/2022, and SOD J0MI11, dated 09/09/2022). 1.) 83.12(2)(a) Caregiver: Investigating Abuse Neglect 2.) 83.12(5)(a) Notification: Incident, Injury, Changes. 3.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 4.) 83.32(3)(h) Rights Of Residents: Receive Medication 5.) 83.32(3)(i) Rights Of Residents: Adequate Treatment 6.) 83.55(6)(b) Bath And Toilet Areas: Water Temperature 7.) 50.065(2)(bm) Out Of State Background Checks ZY4714 dated 07/28/2023. One complaint was substantiated, and 7 deficiencies were identified. Four of the 7 deficiencies were repeat violations (see SOD	{N 196}		

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{N 196}	Continued From page 6 LHMG11, dated 10/05/2021, SOD ZY4711, dated 12/07/2021, SOD ZY4712, dated 06/22/2022, SOD J0MI11, dated 09/09/2022, and SOD ZY4713, dated 02/09/2023). 1.) 83.12(2)(a) Caregiver: Investigating Abuse Neglect 2.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 3.) 83.14(2)(j) Not Permit A Condition Of Substantial Risk 4.) 83.32(3)(h) Rights Of Residents: Receive Medication 5.) 83.32(3)(n) Rights Of Residents: Safe Environment 6.) 83.35(3)(a) Comprehensive Individualized Service Plan 7.) 83.38(1)(a) Personal Care On 07/28/2023 at 9:00 AM, Surveyors interviewed Director A during a survey exit conference. Director A stated Licensee B and Licensee C would not be joining the survey exit conference via phone. Director A stated s/he had been covering many shifts recently due to changes in staffing. Director A stated s/he understood the concerns above and would share the information with Licensee B and Licensee C. Director A stated s/he would immediately start making corrections to the above concerns. The licensee did not ensure the community based residential facility (CBRF) and its operation complied with all laws governing the CBRF when the special orders were not completed, and all deficiencies were not corrected. Cross Reference N0158 83.12(2)(a) Caregiver: Investigating Abuse Neglect	{N 196}		

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{N 196}	Continued From page 7 N0205 83.14(2)(j) Not Permit A Condition Of Substantial Risk N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0358 83.32(3)(n) Rights Of Residents: Safe Environment N0386 83.35(3)(a) Comprehensive Individualized Service Plan N0425 83.38(1)(a) Personal Care	{N 196}		
N 205	83.14(2)(j) Not permit a condition of substantial risk. The licensee may not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety or welfare of any resident. This Rule is not met as evidenced by: Based on record review and interview, the licensee permitted the existence or continuation of a condition which did or could create substantial risk to the health and welfare of any resident. For multiple months the provider's pendant wireless call system had not been functioning properly, putting multiple residents at risk. Findings include: On 05/24/2023, Surveyor conducted a complaint investigation into concerns of staff not answering pendant calls. The facility is licensed to serve up to 19 residents in the following client groups: physically disabled,	N 205		

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terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease.

On 07/13/2023 at 10:00 AM, Surveyor interviewed Caregiver D. Caregiver D stated they received some new pendants for the wireless call system a month prior due to the old ones losing battery life quickly. Caregiver D stated staff only had 2 phones connecting to the wireless call system and for a time they were down to 1 phone.

On 07/13/2023 at 11:14 AM, Surveyor interviewed Caregiver J. Caregiver J stated the wireless call system was still not working like it should. Caregiver J stated staff would have to press a button on the phones to get them out of sleep mode to see if a resident was calling for assistance. Caregiver J stated staff had to check their phones constantly or they would not know a resident was calling for assistance. Caregiver J stated Resident 1 would call the facility with his/her personal phone for staff assistance even though s/he had a pendant because of the unreliability of the pendants.

On 07/13/2023 at 11:31 AM, Surveyor interviewed Resident 1. Resident 1 stated his/her biggest concern was the wireless call system not always working like it should and putting other residents less independent at risk. Resident 1 expressed concern some residents would not be able to communicate if they needed assistance, if their call pendant was not working. Resident 1 confirmed that at one point, there was only 1 phone working for staff. Resident 1 confirmed s/he would take his/her personal cell phone into the bathroom with him/her to call the facility phone to reach staff. Resident 1 stated that the longest s/he had to wait for assistance was 2 hours. Resident 1 stated s/he wanted some water

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and pushed his/her pendant and 2 hours later staff came in to pass medication and were not aware s/he had pushed his/her pendant 2 hours earlier. Resident 1 stated s/he only needed water but thought 2 hours would be a long time if it was an emergency situation.

On 07/19/2023 at 3:38 PM, Surveyor interviewed Caregiver M. Caregiver M confirmed that if the staff call system phones were not open, staff could not hear when a resident was requesting assistance. Caregiver M stated there were also dead zones within the building where resident calls would not go through to the phone. Caregiver M stated Resident 5 went 3 to 4 days without a working call pendant and s/he was bed bound with no way to call staff for assistance.

On 07/19/2023 at 4:29 PM, Surveyor interviewed Caregiver L. Caregiver L confirmed Resident 5 did not have a working call pendant for a month. Caregiver L stated s/he did have a new one now. Caregiver L stated s/he did not know if any incidents occurred during Resident 5's time without a call pendant.

Surveyor reviewed Resident 1's and Resident 5's records and found the following:

Resident 1

The face sheet indicated that Resident 1 was admitted on 09/29/202 his/her own decision-maker. Resident 1 had diagnoses of nephrolithiasis, hydronephrosis, long-term anticoagulant treatment, morbid obesity, deficiency factor 5 congenital, hypothyroidism, hyperlipidemia, gallstone ileus, and pre-diabetes.

Resident 1's individual service plan (ISP), dated

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N 205	Continued From page 10 05/09/2023, indicated Resident 1 needed staff assistance and oversight of personal cares daily in the morning and evening. The ISP indicated Resident 1 did only bed baths daily with staff assistance and would request help from staff if needed. The ISP stated, "A wireless nurse call system is available based on desire/ability as a means for residents to summon staff outside of the ISP. Each resident is assessed for their ability and desire to use and maintain a personal pendant. Resident has been assessed and does have a pendant in place." Resident 5 The medication administration record (MAR) indicated Resident 5 was admitted on 09/09/2021. Resident 5 had diagnoses of glaucoma, nerve pain, depression, diabetes type 2, constipation, and sacral wound. S/he was on an anticoagulation therapy. Resident 5's ISP, dated 05/09/2023, indicated Resident 5 needed 2 staff for Hoyer lift transfers and was to be repositioned every 2 hours when in bed. The ISP indicated Resident 5 was on a toileting schedule every 2 hours during the day and at least twice per overnight with full staff assistance. The ISP indicated Resident 5 was a moderate fall risk. The ISP indicated Resident 5 did have a pendant and staff were to provide routine rounding for supervision and care outside the ISP. On 07/28/2023, at 9:00 AM, Surveyors interviewed Director A. Surveyor discussed the concern that there seemed to still be an issue with their pendant wireless call system. This concern had been discussed along with technical assistance given to Director A at the last 2	N 205		

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N 205	Continued From page 11 surveys on 02/09/2023 and 01/26/2023. Director A stated Resident 5 had been without a working pendant for about 1 week but when s/he found out, a new one was ordered. Director A stated they did not have any extra on hand during that time. Director A stated Resident 6 needed his/her pendant to call for staff assistance when given a suppository. Director A stated there had not been any incidents when Resident 5 did not have a working pendant. Director A acknowledged Surveyor's concern and reported understanding of the importance of residents having a reliable pendant wireless call system.	N 205		
{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 ensure each resident received all medications as prescribed. Resident 4 was administered a medication without his/her consent or consent from power of attorney (POA) E. This is a repeat deficiency. See Statement of Deficiency (SOD) LHMG11, dated 10/05/2021, SOD ZY4711, dated 12/07/2021, SOD ZY4712, dated 06/22/2022, SOD J0MI11, dated 09/09/2022, and SOD ZY4713, dated 02/09/2023.	{N 352}		

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{N 352}	Continued From page 12	{N 352}		

Findings include:

The facility is licensed to serve up to 19 residents in the following client groups: physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease.

On 07/13/2023 at approximately 10:00 AM, Surveyor asked Caregiver D if there were any medication concerns. Caregiver D stated Resident 4 was prescribed a medication last week to wean him/her off alcohol without his/her knowledge. Caregiver D stated Resident 4 was still consuming alcohol and when Resident 4 found out about the medication, s/he refused to take it. Caregiver D stated the medication was currently on hold.

Surveyor reviewed Resident 4's record. The face sheet indicated that Resident 4 was admitted on 03/26/2022 and had an activated POA. Resident 4 had diagnoses of anemia, thrombocytopenia, moderate protein-calorie malnutrition, hypocalcemia, hyponatremia, hypokalemia, dementia without behavioral disturbance, alcohol dependence, chronic pain, adult failure to thrive, fracture of second lumbar vertebrae, and chronic kidney disease.

Resident 4's individual service plan (ISP), dated 05/09/2023, stated that Resident 4's medication was administered by staff. The ISP did not specify anything about alcohol consumption or use of a medication to wean Resident 4 off alcohol.

The July 2023 MAR indicated Resident 4 was prescribed naltrexone tablet 50 milligrams (mg) to take once daily on 07/04/2023. The MAR indicated Resident 4 took the medication once on 07/04/2023 and refused the medication on

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{N 352}	Continued From page 13 07/05/2023. The MAR indicated the medication had been on hold from 07/06/2023 to 07/12/2023, and Resident 4 received a dose again on 07/13/2023. "When starting naltrexone for AUD (alcohol use disorder), patients must not be physically dependent on alcohol or other substances. To avoid strong side effects such as nausea and vomiting, practitioners typically wait until after the alcohol detox process before administering naltrexone. Naltrexone binds to the endorphin receptors in the body, and blocks the effects and feelings of alcohol. Naltrexone reduces alcohol cravings and the amount of alcohol consumed. Once a patient stops drinking, taking naltrexone helps patients maintain their sobriety. Naltrexone treatment lasts for three to four months. Practitioners should continue to monitor patients who are no longer taking naltrexone." (Source: Substance Abuse and Mental Health Services Administration website, https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naltrexone (retrieval date -07/26/2023).) A physician note, dated 07/03/2023, read, "Initially, when I had approved no more than one beer per day, I did not have any concerns for alcohol abuse at the time. Unfortunately, based on the concerns shared by [Assistant Director (AD) H], it would seem like patient is now abusing alcohol. I therefore recommend we wean [him/her] off alcohol completely as there is potential for further abuse in addition to the fact that it is not helping with [his/her] blood pressure. However, given that this has potentially been	{N 352}		

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going on for a while, we will have to wean [him/her] off the alcohol and not stop cold turkey. I am going to place a consult for [him/her] to be seen by [Specialist] in addiction medicine so we can have a safe weaning procedure that is closely monitored.
For now, I recommend:
1. Limiting alcohol use to 1 beer daily. No hard liquor.
2. Monitor for signs of alcohol withdrawal: tremors, anxiety, headache, sweating, diarrhea/vomiting, seizures, hallucinations, delirium, agitation, fever, palpitations. Should any of these concerning signs develop, recommend seeking emergency care.
3. Will start [him/her] on a medication call Naltrexone which will help minimize cravings.
4. I have instructed patient to see me in clinic numerous times but has not showed. Please use next available clinic slot for PCP (personal care physician) follow up."

A physician order, dated 07/05/2023, indicated naltrexone should be held for 1 week and then restarted.

Staff observation notes indicated the following:

07/06/2023 at 9:15 PM, written by Caregiver I - "1 BEER A DAY, all beer is locked in pantry in the left fridge, [Resident 4's] [Family Member] came in and was upset that [Resident 4] did not have any clue of what was ordered [sic] the withdrawal medication from the doctor and stated, staff should not be buying [Resident 4] alcohol because the decision of staff not buying alcohol for [Resident 4] was made months ago and discussed with director and administrator. Also, [Resident 4's] [Family Member] was confused as to why [Resident 4] still had alcohol even though

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{N 352}	Continued From page 15 [s/he] has not came [sic] down with beer for a while. [Resident 4's] [Family Member] was very upset that this has been happening." 07/20/2023 at 1:00 AM written by AD H - "Late entry for 06/26/2023 Writer spoke with [Physician] about [Resident 4's] BM (bowel movement) incontinence. [sic] and weight gain, and asked if it could be from resident drinking hard liquor. The [nurse] asked writer how much liquor resident was drinking per day. Writer let [nurse] know that writer was not sure. [Nurse] stated that [s/he] would talk to [physician]. Later the same day an order came in to the facility from [physician] stating that resident is allowed only 1 beer a day and no hard liquor." The note indicated AD H did contact [POA E] and [Family Member F]. 07/20/2023 at 1:30 AM, written by Director A - "Late entry for 07/05/2023 [sic] Writer went into residents [sic] room to speak with resident about [physician] order and what it was for. At this time writer did not know that this medication was even order [sic] to that the [physician] was going to order it (naltrexone). Resident stated that resident did not want to take it now because [s/he] wanted to finish what [s/he] had left of [his/her] liquor and then [s/he] would start taking the medication." Director A reached out to Resident 4's physician for a hold order and received one on 07/05/2023. 07/20/2023 at 1:30 AM, written by Director A - "07/5/23 late entry 1600H (4:00 PM) while writer was passing meds [sic] to the resident, writer spoke with the resident regarding new medication Naltrexone and explained to [him/her] my understanding with the medication and why it was ordered. [Resident 4] asked writer about this new medication and writer told [Resident 4] that this is to manage [his/her] alcohol intake and decrease	{N 352}		

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craving which could possibly cause some of [his/her] health concerns such as elevated blood pressure that even though [s/he] kept on taking antihypertensive meds [sic] and [physician] has been increasing the dosage it is still at the high side. Another health concern is [him/her] having the [sic] many medications that may interact with alcohol. Writer also told [Resident 4] that [physician] held the medication for 1 week since [s/he] refused to take it. [Resident 4] acknowledged and understood. [Resident 4] stated if 'this is for [his/her] health, [s/he] will cooperate [sic].'"

At approximately 10:20 AM, Surveyor interviewed Resident 4. Resident 4 stated s/he was not a heavy drinker and liked a beer or two once in a while. Resident 4 stated s/he had never had an incident at the facility where s/he drank too much. Resident 4 stated the provider tried to start him/her on a medication to decrease alcohol consumption but s/he did not know anything about it and had concerns about it affecting him/her when s/he was still consuming alcohol. Surveyor asked if s/he had ever taken the medication naltrexone. Resident 4 stated s/he had refused the medication and did not want to take it.

At 2:30 PM, Surveyors interviewed Director A. Director A stated Resident 4 was prescribed naltrexone due to multiple bottles of alcohol in Resident 4's room and staff thought s/he was drinking more than what was ordered. Resident 4 had an order for 1 beer per day. Director A stated Resident 4's blood pressure was high and the blood pressure medication was not as potent with alcohol consumption. Director A stated Resident 4 was not initially aware of the medication and s/he contacted the physician to get a hold order for 1

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week after s/he spoke with Resident 4. Director A stated Resident 4 did know s/he would be taking the medication and thought they had POA E's permission. Director A confirmed Resident 4 had not had any incidents due to alcohol consumption.

On 07/19/2023 at 3:13 PM, Surveyor interviewed POA E. POA E stated s/he had never been aware or contacted about the prescribed medication. POA E asked Surveyor to contact Family Member F to verify if the provider spoke to him/her.

On 07/21/2023 at 3:18 PM, Surveyor interviewed Family Member F. Family Member F stated the only way s/he found out about the medication was because s/he was visiting Resident 4. Family Member F stated s/he had no idea why the physician prescribed it and did not know if Resident 4 had taken it. Family Member F stated the provider never got permission from POA E. Family Member F stated s/he would not support Resident 4 taking the medication.

On 07/28/2023 at 9:00 AM, Surveyors interviewed Director A. Director A stated s/he oversaw the medication management. Surveyor asked Director A about the medication issue with Resident 4. Director A stated there was a lot of miscommunication with the situation between the family and them. Director A stated they recently had a meeting with Resident 4's family and the managed care organization (MCO). Director A stated everyone agreed to discontinue naltrexone and it would not be restarted without a face-to-face physician office visit.

The facility must ensure each resident receives their medications as ordered by the resident's physician. Resident 4 was administered

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{N 352}	Continued From page 18 naltrexone to wean his/her alcohol consumption without his/her consent and the consent of POA E.	{N 352}		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident was safe from environmental hazards. The provider did not ensure the physical environment of the facility was safe and well-maintained. This is a repeat deficiency. See Statement of Deficiency (SOD) ZY4711, dated 12/07/2021. Findings include: The facility is licensed to provide services for up to 19 residents within one of the following client groups: physically disabled, advanced aged, irreversible dementia/Alzheimer's disease and terminally ill. On 07/13/2023, at approximately 9:45 a.m., Surveyor observed the following safety risks:	N 358		

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N 358	Continued From page 19 There was a Hoyer type mechanical lift in the hallway in front of a door marked as an emergency exit door. The lift was approximately 4 foot high and 4 foot wide. The lift was located very close to an emergency exit and was wide enough to prevent residents and staff from exiting the building quickly. The lift remained in the hallway through the duration of the survey, which was approximately 6 hours. The carpet was frayed in eleven places. Surveyor could fit fingers underneath four of the eleven frays. The frays were a potential fall risk for residents ambulating with or without a walker or cane. The visitor lounge did not have a smoke detector. There were wires hanging down from the ceiling where the smoke detector was removed. There were several wall patches without paint. At approximately 3:15 p.m., Surveyor discussed these concerns with Director A. Surveyor stated that during the last survey, Surveyor gave technical assistance and stated that if the carpet was not replaced, it would be a concern for resident's safety. Director A stated the carpet was to be replaced but the contractor did not show up. Director A also stated the building would be renovated and residents moved to the other side of the building when the renovation was completed.	N 358		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the	N 386		

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N 386	Continued From page 20	N 386		

assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Resident 4 had an individual service plan (ISP) developed to identify his/her needs.

Resident 4's ISP did not address his/her alcohol consumption.

Findings include:

On 07/13/2023 at approximately 10:00 AM, Surveyor asked Caregiver D if there were any medication concerns in the facility. Caregiver D stated Resident 4 was prescribed a medication last week to wean him/her off alcohol without his/her knowledge. Caregiver D stated Resident 4 was still consuming alcohol.

Surveyor reviewed Resident 4's record. The face sheet indicated that Resident 4 was admitted on 03/26/2022 and had an activated power of attorney (POA). Resident 4 had diagnoses of anemia, thrombocytopenia, moderate protein-calorie malnutrition, hypocalcemia,

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hyponatremia, hypokalemia, dementia without behavioral disturbance, alcohol dependence, chronic pain, adult failure to thrive, fracture of second lumbar vertebrae, and chronic kidney disease.

Resident 4's ISP, dated 05/09/2023, did not specify anything about alcohol consumption and use of a medication to wean off alcohol.

The July 2023 medication administration record (MAR) indicated Resident 4 was prescribed naltrexone tablet 50 milligrams (mg) to take once daily, starting on 07/04/2023.

A physician note, dated 07/03/2023, read, in part, "For now, I recommend
1. Limiting alcohol use to 1 beer daily. No hard liquor.
2. Monitor for signs of alcohol withdrawal: tremors, anxiety, headache, sweating, diarrhea/vomiting, seizures, hallucinations, delirium, agitation, fever, palpitations. Should any of these concerning signs develop, recommend seeking emergency care.
3. Will start [him/her] on a medication call Naltrexone which will help minimize cravings.
4. I have instructed patient to see me in clinic numerous times but has no showed. Please use next available clinic slot for PCP (personal care physician) follow up."

At approximately 10:20 AM, Surveyor interviewed Resident 4. Resident 4 stated s/he was not a heavy drinker and liked a beer or two occasionally. Resident 4 stated s/he had never had an incident at the facility where s/he drank too much. Resident 4 stated the provider tried to start him/her on a medication to decrease alcohol consumption but s/he did not know anything

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N 386	Continued From page 22 about it and had concerns if it would affect him/her when s/he was still consuming alcohol. On 07/28/2023 at 9:00 AM, Surveyors interviewed Director A. Director A stated s/he was responsible for updating resident ISPs. Director A stated they recently had a meeting with Resident 4's family and the managed care organization (MCO). Director A stated everyone agreed to discontinue naltrexone. Director A stated Resident 4 would continue to consume alcohol as per the physician order. Director A stated s/he understood Resident 4's management and monitoring of alcohol consumption needed to be in the ISP. Cross Reference N0352 83.32(3)(h) Rights Of Residents: Receive Medication	N 386		
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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N 425	Continued From page 23 This Rule is not met as evidenced by: Based on interview and record review, the facility did not provide Resident 1 with assistance in changing clothes to ensure hygiene needs were met. Findings include: The facility is licensed to serve up to 19 residents in the following client groups: physically disabled, terminally ill, advanced aged, and irreversible dementia or Alzheimer's disease. On 07/13/2023 at 11:31 AM, Surveyor interviewed Resident 1. During the interview, Surveyor observed white powder all over Resident 1's bathroom. Resident 1 stated s/he usually used a lot of powder for his/her skin and the housekeeper was off for the week on vacation. Resident 1 stated the facility was short of staff and s/he did not like to bother the other staff for assistance. Surveyor reviewed Resident 1's record. The face sheet indicated Resident 1 was admitted on 09/29/2021 and was his/her own decision-maker. Resident 1 had diagnoses of nephrolithiasis, hydronephrosis, long-term anticoagulant treatment, morbid obesity, deficiency factor 5 congenital, hypothyroidism, hyperlipidemia, gallstone ileus, and pre-diabetes. Resident 1's individual service plan (ISP), dated 05/09/2023, indicated Resident 1 needed staff assistance and oversight of personal cares daily in the morning and evening. The ISP indicated Resident 1 only did bed baths daily with staff assistance and would request help from staff if needed.	N 425		

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N 425	Continued From page 24 The staff observation notes indicated the following: There were no staff observation notes from 06/23/2023 to 06/25/2023. 06/26/2023 11:00 AM - "Writer assisted with top half wash up and applied powder, and washed leg folds and applied cream. [Resident 1] was upset about the wkend [sic] and mentioned [s/he] didn't even ask to be washed up as [Resident 1] was still in the same shirt as last week." 07/05/2023 8:00 AM - "Late Entry for 7/4/23 [Resident 1] is demanding only certain staff to do resident's am (morning) cares. Is there any way someone will convince [him/her] to allow other care staff to do [his/her] am cares." 07/06/2023 9:30 PM - "Writer cleaned [Resident 1] up, changed shirt, washed hair, and assisted with washing hair and brushing teeth. [Resident 1] stated they have been in the same shirt for 6 days and has not been cleaned up." The care history dated 06/01/2023 to 07/20/2023, indicated Resident 1 did not have morning cares charted for 06/24/2023 and 06/25/2023. On 07/21/2023 at 2:43 PM, Surveyor received an email response from Director A when asked about Resident 1 not being changed for days at a time in June and July 2023. Director A stated, "Last 07/06/23, it was noted that [Resident 1] has [sic] the same clothes for 6 days. I spoke with [Resident 1] and asked [him/her] if the staff refused to clean [him/her] and changed [sic] [him/her] that week, [s/he] stated that [s/he] doesn't want to bother AM staff on duty. I told [Resident 1] that [s/he] can ask PM (evening) and	N 425		

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N 425	Continued From page 25 NOC (overnight) staff to get [him/her] clean and change [sic]. I reinforce to staff to endorse [sic] if [Resident 1] will not be clean [sic] or changed that day." On 07/28/2023 at 9:00 AM, Surveyors interviewed Director A. Director A stated staff were instructed to ask residents twice if they refused personal cares. Director A stated Resident 1 did not want to bother the day staff due to how busy they were and Director A told Resident 1 to ask the evening staff for assistance. Director A stated Resident 1 probably overheard staff talking openly about personal issues and facility staffing concerns. Director A stated s/he would have a conversation with staff about being aware of environment when having those conversations. The provider did not ensure Resident 1 received the personal care services needed to maintain good hygiene and to achieve the highest level of functioning possible when on two occasions s/he went multiple days without having his/her clothes changed.	N 425		