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	0014095	A. BUILDING: _____ B. WING _____	R-C 07/08/2025

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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 000}	Initial Comments On 07/07/2025 to 07/08/2025, Surveyor conducted a standard survey and verification visit at Huntington Place Memory Care 2. Two deficiencies were identified. One of 2 deficiencies was a repeat violation. See Statement of Deficiency (SOD) ZZXF11, dated 08/30/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9.	N 383		

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

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N 383	Continued From page 1 Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 4 was assessed accurately in physical health, which included identification of chronic illnesses and risk of elopement. Resident 4's record did not include a dementia diagnosis. Despite Resident 4 being identified as a high elopement risk on their pre-admission assessment, the provider did not implement any interventions upon admission, and s/he eloped from the facility on 05/24/2025 sustaining injuries. Staff were unaware Resident 4 was not at the facility until the hospital contacted the facility and asked if they were missing a resident. Findings include: The facility is licensed as a nonambulatory CBRF able to serve up to 8 residents within the client groups of advanced age and Alzheimer's dementia. On 07/07/2025, Surveyor reviewed Resident 4's record and identified the following: Resident 4 was admitted to the facility on	N 383		

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N 383	Continued From page 2 04/01/2025 with a diagnosis of moderate dementia. Resident 4's individual service plan (ISP) dated 4/27/2025 documented: "My caregivers will observe my location in the community." Resident 4's progress notes documented: "05/24/2025: Community reception received a call at approximately 12 noon from SSM Hospital emergency department to determine if a patient they have in their department is an active resident in our community. Once it was confirmed that the resident lived within the community, it was reported that the resident is in the emergency room for treatment after a fall. Receptionist reached out to on-call licensed nurse and notified that the hospital needed to discuss the resident. On call nurse called the hospital and was informed that the resident had a fall on the bike path and suffered facial injuries. As the licensed nurse was not informed of the resident being out of the community, to verify the information received [s/he] contacted the community and asked them if the resident had signed out with family. Care staff reported no and stated the resident was last seen in community approximately 10:45 to 11:00 AM talking to another resident. Care staff stated they were on the way to the resident to escort [him/her] to the dining room as lunch was just delivered and was about to be served. Community building search was performed, and it was confirmed that the resident was indeed out of the building. Per resident statements to family present at the hospital and hospital nursing staff, [s/he] 'followed the person leave the building.'... spoke with POA, and informed [him/her] of the incident. POA informed.. director that family present with the resident is reporting [s/he] left the building with two boxes of cereal and [his/her] DMV	N 383		

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registration. [Director of Health and Wellness [DHW]] spoke with, RN/staff nurse at SSM hospital. Resident suffered a nasal fracture in CT scan revealed some areas of a brain bleed. A repeated scan several hours later, did not show any increase or continued bleeding, but out of caution the resident is being admitted for close monitoring. [Hospital RN] stated should there be a significant change in the resident overnight, the resident will be transferred to a larger hospital approximately 30 miles away. DHW requested [Hospital RN] to pass in nurse-to-nurse report to call the DHW cell phone for any updates/changes in the resident's status."

-"05/27/2025: resident discharged from the hospital at 3:30 PM arrived back at the community. The writer went to check on resident to see how [s/he] was doing resident is placed on 15 minute checks for the elopement [s/he] done over the weekend. Resident has some bruising around the eye and when asked was [s/he] tired [s/he] responded yes asked resident was [s/he] in pain [s/he] stated no. Resident began to lay down in bed and we asked did [s/he] need anything resident stated no. Staff took vitals and they were stable period resident was currently resting in bed when I left the room."

Resident 4's incident report dated 05/24/2025 documented:
"Statements:
Caregiver H: Reported [s/he] spoke with the resident at 915am when administering medications. [Caregiver H] reports also checking in with the resident at 1030am while giving another resident medications and [Resident 4] was with [him/her]. [S/he] stated [s/he] otherwise was working on other assignment in the building. [S/he] stated after this exchange with these two

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residents [s/he] was on the room with another resident performing cares until 11 am. [S/he] denies hearing any door alarms going off this morning.
Caregiver I: [Caregiver I] reports when [s/he] got in this morning the resident was asleep in [his/her] room. [S/he] went in and woke [him/her] up for breakfast about 0730 and then went into [his/her] room again about 0800 to escort [him/her] out to breakfast. [S/he] reported doing [his/her] after breakfast checks and the resident in the dining room talking to another resident. [S/he] reports seeing the resident again between 10:45-10:50 am when [s/he] returned from break. [S/he] reports this as being the last time [s/he] saw [him/her]."

Resident 4's pre-admission assessment completed by Nurse J with an unknown date documented:
"Elopement Risk: High, Elopement Risk Screening Senior Living. 1. Resident Status/Condition: C-Fully ambulatory, unsteady no device. 2. Mental Status: C-Wanders aimlessly. 3. Emotional Status: B-Content with placement. 4. History of Elopement Attempts: C-Has made 1+ attempt. 5. Behavior Management: B-Able to redirect. 6. Medications (antipsychotic, mood altering): A-none present. 7. Diagnoses (dementia, any type of mental health diagnosis): A-none present. Summary Score: Elopement Risk Scoring: 0-9 points Not at Risk, 10 and higher At Risk for Elopement. Pts=20, Risk=High."

Resident 4's elopement risk screening dated 04/01/2025 completed by Nurse J documented Resident 4 was not at risk for elopement. The assessment noted Resident 4 did not have a dementia diagnosis.

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N 383	Continued From page 5 Resident 4's medical provider report dated 03/24/2025 documented: "Office Visit 11/19/2024 Primary diagnosis: Moderate dementia with mood disturbance .....POA HC activated ....The interview today is challenging. [Resident 4] demonstrates clear word-finding difficulties and at first [his/her] [family member] is hesitant to discuss [his/her] observations. [S/he] did eventually tell me that word-finding is a significant problem, and it is getting more and more difficult to communicate with [him/her] ...[Resident 4] [him/herself] speaks little, and when [s/he] does there is a delay in response ....I have known both [family member] and [Resident 4] for many years and while it is very unfortunate that [Resident 4] has developed some form of dementia it seems like it is getting too much care and stress for both [Resident 4] and [Family Member] to stay together in an independent apartment. I have strongly eno [sic] [Resident 4] to seek some form of a memory care unit." Resident 4's hospital discharge summary dated 05/24/2025 to 05/27/2025 documented: "Principal diagnoses: fall with head trauma, nasal fracture, subarachnoid hemorrhage and subdural hematoma. Presenting History: [Resident 4] ...who presented to the emergency department for evaluation of head and facial injuries from a ground level fall. Reportedly, [s/he] lives in an assisted living facility and was found walking on the ICH trail around the road 11:00 AM today with a stumbling gait. A passerby asked the patient if [s/he] needed any help and tried to prevent [him/her] from falling, at which point the patient attempted to run away from the person and fell shortly thereafter, striking [his/her] head face on the pavement. There was	N 383		

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reportedly no loss of consciousness. EMS was called, the patient was placed in a C collar and brought to the emergency department. In the emergency department the patient was found to have abrasions to [his/her] head, face and left knee. [S/he] underwent basic trauma imaging including chest and pelvic X-rays, CT head and C spine, as well as CT facial bones. Imaging findings were significant for a small volume bifrontal acute subarachnoid hemorrhage without mass effect or midline shift, trace subdural hemorrhage tracking along the posterior aspect of the interhemispheric falx measuring 4mm in maximal thickness, acute comminuted bilateral nasal bone fractures superimposed on chronic bilateral nasal bone fracture deformities ....A repeat CT scan of the brain was obtained demonstrating small acute subarachnoid hemorrhage of the right frontal region, improving small acute subarachnoid hemorrhage in the left frontal region, stable acute subdural hematoma along the posterior falx measuring up to 4 mm with extension along the left greater than right tentorium, still no mass effect or midline shift ....The patient resides at [Provider name]. [S/he] does have a tendency to wander off and has had issues with poor balance."

On 07/07/2025 at 9:20 AM, Surveyor interviewed Caregiver H. Caregiver H reported s/he was working when Resident 4 eloped on 05/24/2025. Caregiver H reported s/he did not hear any alarms that day and Resident 4 must have followed dietary staff out the door. Caregiver H reported Resident 4's [wife/husband] was dying so, s/he wanted to go to him/her. Caregiver H stated this was Resident 4's only elopement since admission. Caregiver H reported after the elopement, the provider added a wander guard and 15-minute checks as interventions.

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N 383	Continued From page 7 On 07/07/2025 at 12:30 PM, Surveyor interviewed and shared findings with Administrator G. Administrator G acknowledged there was a discrepancy between Resident 4's preadmission and elopement assessments. Administrator G reported RN J completed both assessments, but s/he did not have information to why the assessments were different or what had changed. Administrator G acknowledged Resident 4 had eloped on 5/24/2025 without staff knowing s/he left until the hospital called the facility. Administrator G shared the provider assumed Resident 4 followed a dietary staff out the front door and interview with the dietary staff, noted they did not see Resident 4 elope. Surveyor asked for clarification on why Resident 4's record did not contain a dementia diagnosis. Administrator G reviewed the providers medical provider report dated 03/24/2025 and agreed nursing staff missed identifying Resident 4's dementia diagnosis. Administrator G stated s/he would add Resident 4's dementia diagnosis to their electronic health record.	N 383		
{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 health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical	{N 431}		

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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 record review and interview, the provider did not ensure Resident 3's had their health monitored and communication with the resident's physician was documented in the resident's record. Resident 3 experienced 25 high blood pressure readings that was not updated to the physician.

This is a repeat violation. See Statement of Deficiency (SOD) ZZXF11, dated 08/30/2024.

Findings include:

On 07/07/2025, Surveyor reviewed Resident 3's record and identified the following:

Resident 3 was admitted to the provider on 09/27/2021 with a diagnosis of hypertension. Resident 3's individual service plan (ISP) dated 07/02/2025 documented: "I need staff assistance for medication administration or medication program services. Interventions: I need staff

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communication/coordination with the prescriber(s) and RockMed pharmacy. I need staff to monitor my medications for effectiveness, side effects, interaction. My medications will be administered by licensed or certified team members." Resident 3's physician orders documented: "Cardizem LA tablet extended release 240 mg with directions to give 1 tablet by mouth one time a day related to essential hypertension, contact MD if greater than 140/90, with a start date of 02/21/2025."

Surveyor reviewed Resident 3's medication administration record (MAR) from 03/01/2025 to 07/07/2025, where staff documented Resident 3's blood pressure. Surveyor observed on the following dates, Resident 3's blood pressure was within the notification parameters, there was no evidence in which Resident 3's medical provider having been notified of the readings:
-03/09/2025: Blood pressure documented as 161/102.
-03/14/2025: Blood pressure documented as 162/100.
-03/22/2025: Blood pressure documented as 149/100.
-03/23/2025: Blood pressure documented as 148/103.
-03/25/2025: Blood pressure documented as 143/91.
-03/26/2025: Blood pressure documented as 151/99.
-03/27/2025: Blood pressure documented as 157/112.
-03/28/2025: Blood pressure documented as 155/97.
-03/29/2025: Blood pressure documented as 167/108.
-04/02/2025: Blood pressure documented as 157/102.

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{N 431}	Continued From page 10 -04/04/2025: Blood pressure documented as 155/100. -04/05/2025: Blood pressure documented as 162/102. -04/06/2025: Blood pressure documented as 155/111. -04/19/2025: Blood pressure documented as 145/96. -04/20/2025: Blood pressure documented as 143/95. -04/25/2025: Blood pressure documented as 147/91. -04/30/2025: Blood pressure documented as 155/99. -05/19/2025: Blood pressure documented as 183/166. -05/21/2025: Blood pressure documented as 149/93. -05/22/2025: Blood pressure documented as 141/101. -05/26/2025: Blood pressure documented as 212/125. -05/31/2025: Blood pressure documented as 178/112. -06/15/2025: Blood pressure documented as 154/112. -06/24/2025: Blood pressure documented as 143/104. -06/28/2025: Blood pressure documented as 145/97. On 07/07/2025 at 8:05 AM, Surveyor interviewed Caregiver H. Caregiver H reported Resident 3 required daily blood pressure checks due to medications. Caregiver H reported blood pressure readings were recorded in the provider's electronic health record (EHR). On 07/07/2025 at 12:30 PM, Surveyor interviewed and shared findings with	{N 431}		

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{N 431}	Continued From page 11 Administrator G. Administrator G acknowledged Resident 3's record did not contain documentation to show their physician was notified regarding the above blood pressure values. Administrator G reported s/he would be creating prompts within their EHR so staff would record when the physician/hospice was notified. Administrator G noted Resident 3 was recently admitted to hospice, so we would expect staff to report concerns to hospice and they would follow up with the physician. Administrator G asked if s/he could reach out to hospice to see if they had any documentation to support they were notified of the above blood pressure values. Surveyor stated any evidence would need to be submitted no later than 07/08/2025. As of 07/09/2025, no further documentation was provided.	{N 431}		