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	110538	A. BUILDING: _____ B. WING _____	C 06/16/2023

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PARK RIDGE	1148 BAYBERRY DR WATERTOWN, WI 53098

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N 000	Initial Comments On 06/07/2023 with information gathered through 06/16/2023, Surveyors conducted a standard survey and 2 complaint investigations. Eight deficiencies were identified. One complaint was unsubstantiated. One complaint was substantiated. Census: 35	N 000		
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 provider permitted the existence or continuation of a condition which was or may have created a substantial risk to the health, safety, or welfare of the resident. The provider considered any admission from a hospital an "emergency" admission. Neither a comprehensive assessment nor a temporary individual service plan (ISP) was completed for Resident 1 prior to admission, day of admission, or during Resident 1's stay at facility because the provider considered Resident 1's admission from the hospital an emergency admission.	N 205		

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

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N 205	Continued From page 1 Failure to assess and create a temporary ISP increased Resident 1's risk for choking, falling, and elopement. Resident 1 was admitted from hospital 03/06/2023 after insurance denied coverage for a skilled nursing facility (SNF) twice. Hospital documentation identified Resident 1 was on new medication for new onset atrial fibrillation and atrial flutter, required assistance with mobility and cares and was at risk for falls and aspiration. The provider was not aware Resident 1 was seen by speech therapy during hospitalization or that speech therapy recommended continued speech therapy and special feeding techniques to prevent aspiration. Resident 1's physician diet order did not match speech therapy's diet recommendation. On 03/07/2023, Resident 1 had a wander guard applied due to multiple elopement attempts and sustained a fall while unsupervised in the bathroom. On 03/08/2023, Resident 1 left the facility for a dialysis session, was transported to emergency room from dialysis, hospitalized and did not return to facility. Resident 2 was admitted from a hospital on 04/03/2023. Assessments identifying Resident 2 was at risk for falls and elopement and an ISP were not completed until 04/07/2023. Failure to assess and create a temporary ISP until 5 days after admission increased Resident 2's risk for falls and elopement. Findings include: Example 1- Resident 1 On 06/07/2023 at 9:50 AM, Surveyor requested records for Resident 1 including admission	N 205		

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N 205	Continued From page 2	N 205		

assessment, temporary individual service plan, and all facility progress notes from Administrator A.

On 06/07/2023, Surveyor reviewed Resident 1's record. S/he was admitted 03/06/2023 from 1st hospital and discharged on 03/08/2023. Diagnoses included: type 2 diabetes mellitus with diabetic chronic kidney disease; hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease; dependence on renal dialysis (received hemodialysis 3 times weekly); newly diagnosed unspecified atrial fibrillation and unspecified atrial flutter; weakness and dysphagia (difficulty swallowing).

1st hospital documentation (included in Resident 1's facility record) received from Administrator A on 06/07/2023:
Resident 1's facility record included 1st hospital documentation (summarized)- On 02/20/2023, Resident 1 was admitted from home to 1st hospital due to shortness of breath and diagnosed with bibasilar pneumonia, dysphagia and atrial fib. Resident 1 was to be discharged to a skilled nursing facility (SNF) on 02/27/2023 but insurance denied SNF coverage twice. On 03/01/2023 discharge home was delayed when Resident 1 developed hospital delirium.

Most recent occupational therapy note dated 02/23/2023: required minimum to moderate assist of 2 for bed mobility and sit to stand transfers, was globally weak with left lateral lean with seated balance and bilateral upper extremities were weak. Required frequent verbal prompts for transfer safety.

Most recent physical therapy note dated

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02/27/2023: required stand by assist, bed rails and verbal cues for bed mobility; contact guard assist, verbal cues, gait belt and wheeled walker for transfers and ambulation and 2nd person to follow with wheelchair during ambulation; and reminders to keep wheeled walker close to self during ambulation. Resident demonstrated decreased safety awareness, endurance, and strength.

1st hospital documentation received from Administrator A on 06/07/2023 did not include speech therapy notes.

Discharge Summary dated 03/06/2023 (summarized): Diagnoses included dysphagia, aspiration pneumonia and new onset atrial fibrillation and atrial flutter. New medications included Metoprolol for heart rate control and Eliquis (blood thinner) for stroke prevention and new onset atrial fibrillation. Resident 1 had left upper extremity fistula (dialysis port) (not new).

MD order set dated 02/27/2023 " ...Order set-nursing home ...Liberalized geriatric diet ..."

Facility documentation:
Level of Care Determination contained in Resident 1's admission agreement dated 03/07/2023 (summarized): Enhanced Level checked. The resident needs the Basic Level Services (24 hours staff support; third shift bed checks; limited assistance with dressing and grooming; medication administration; laundry; three meals per day; snacks; activities; housekeeping; assistance in arranging medical appointments and transportation; weekly whirlpools; and weekly hair washing and set (ladies)). The Enhanced Level services listed but not checked were: incontinence support or

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toileting support; daily assistance with dressing and grooming; cueing and re-direction for memory loss/cognitive impairment; oxygen use; wander guard management; pulmonary inhalers; mental health consults and management.

Progress Notes:
03/07/2023 9:29 AM by LPN-A: " ...Wander guard applied to left wrist. Attempted to exit building multiple times this am [sic].
03/09/2023 12:37 PM by LPN-A: " ...RA checked patient 5 min prior to patient observed in bathroom on toilet . [sic] Another RA checked on [him/her] and was sitting on buttocks in front of toilet. No c/o pain or discomfort. No injury noted at time of fall. Dialysis social worker called concerned related to patient's confusion. They reached out to the [name of hospital] case manager who then called me. Writer updated r/t increase confusion and wondering into peers rooms and exit seeking and fall night before. [S/he] stated that was not a normal behavior for [him/her] .[S/he] [sic] was atthat [sic] time less than 72hrs [sic] at facility. [Family Member C] picked [him/her] up from dialysis and took patient to [name of hospital] ER. Where [sic] was admitted with altered mental status [sic] atrial fib and broken ribs.

Other than 4 progress notes dated 03/06/2023 regarding physician orders outside recommended dose or frequency, no additional progress notes were contained in the record.

Morse Fall risk assessment dated 03/09/2023 (summarized): history of falls, more than one diagnosis, ambulatory aids-none/bedrest/wheelchair/nurse assist, intravenous apparatus inserted; impaired gait, overestimates or forgets limits. Score 95 (high

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N 205	Continued From page 5 risk 45 and higher). On 06/07/2023 at 3:33 PM, Administrator A confirmed with Surveyor the fall risk assessment was completed on 03/09/2023, 1 day following Resident 1's discharge. Resident Skin Assessment dated 03/07/2023 identified bruises and bandages on bilateral upper arms, pressure sore on coccyx and red rash coccyx, back and upper thighs. Incident report dated 03/07/2023: " ...RA checked patient 5 min prior to patient observed in bathroom on toilet [sic]. Another RA checked on [him/her] and was sitting on buttocks in front of toilet. No c/o pain or discomfort. No injury noted ...Mobility" Ambulatory without assistance ...Alert ...Oriented to person ..." Resident 1's record did not contain an admission assessment or temporary individual service plan. On 05/05/2023 at 8:36 AM, Surveyor received Resident 1's 2nd hospital's med record from 2nd hospital. ER note was dated 03/08/2023. Radiology Report dated 03/08/2023 at 4:14 PM Reason for study: Fall, trauma. Impression: Mildly displaced left 11th (posterior) rib fracture. On 06/12/2023 at 10:58 AM, Surveyor received speech therapy documentation from 1st hospital: Speech therapy daily note, date of service: 03/01/2023, visits from start of service: 5. " ...silent aspiration with thin and thickened liquids and puree solids and requires chin tuck to reduce aspiration risk with current puree and honey-thick diet ...Patient will need repeat video swallow study prior to diet advancement given silent aspiration with advance liquids ..."	N 205		

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N 205	Continued From page 6 Speech therapy note date of Service 03/06/2023 " ...Eval Date: Feb 22, 2023 ...Visits from start of service: 6 ...Rehab Diagnosis: Dysphagia ... ...There was a concern for an aspiration event last night when drinking water ...a repeat CXR [chest x-ray] was completed this evening but has not yet resulted ...Dysphagia ...Current Diet: Puree, Honey-thick ...Compromised Respiratory Status: Yes, admitted with pneumonia ...Plan: Pt scheduled to discharge today following dialysis ...continued ST at SNF [skilled nursing facility] ... [name of speech therapist] ...Mar 6, 2023 09:55 ...electronically signed ...03/06/2023 1615 [4:15 PM]. Example 2 Resident 2 On 06/07/2023 at 9:50 AM, Surveyor requested Resident 2's record including admission assessment and admission health exam. Resident 2 was admitted 04/03/2023. Diagnoses included Alzheimer's disease and unspecified and type 2 diabetes mellitus with diabetic nephropathy. The record contained an annual physician exam note (encounter date 02/03/2023). Fax date and time stamp on the exam note was 03/30/2023 at 1:03 PM. " ...The patient is still having some incontinence. Memory is slightly worse. [S/he] has more issues at nights. Family is moving [him/her] to a memory care facility ..." Progress notes dated 04/01/2023-06/07/2023 included 1 life enrichment note and 1 note regarding Fluticasone. There no additional progress notes.	N 205		

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N 205	Continued From page 7 Admission assessments: Effective dates (date completed) for Assisted Living Assessment/ISP, pressure sore risk assessment (scored-no risk) and fall assessment (scored-moderate risk) was 04/07/2023. Elopement risk assessment (scored-at risk) were dated 04/07/2023 (date completed). On 06/07/2023 at 10:50 AM, survey interviewed Administrator A who stated Resident 1's 1st hospital documentation was obtained prior to admission but a face-to-face preadmission assessment was not completed. Administrator A stated they screened hospital admissions on paper and sometimes completed face to face preadmission assessment at the hospitals. Administrator A stated Resident 1 was an emergency admission from 1st hospital, so the assessment was not due until 5 days after admission, and assessment information was included in the Level of Care Determination contained in the Admission Agreement. Administrator A stated after s/he was notified of Resident 1's fractured rib (diagnoses at 2nd hospital on 03/08/2023) an audit of admission assessments was completed. Administrator A reviewed a QAPI (Quality Assurance and Performance Improvement) form dated 04/12/2023 with Surveyor (summarized): Because the nurse did not do an admission assessment an audit of admissions during the past 30 days was completed and the nurse was educated on assessments needing completion on admission. The audit identified no admission assessment was completed for Resident 1, Resident 2's assessment was 4 days late, Resident 4's assessment was 7 days late, Resident 5's assessment was 2 days late, and Resident 6's assessment was 1 day late.	N 205		

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N 205	Continued From page 8 On 06/07/2023 at 3:05 PM, Surveyors discussed concern of admission assessments not completed prior to admission or at time of admission for residents admitted from the hospital especially considering Resident 1's complicated medical status, high care needs, and risk for falls with Administrator A, Director of Nursing F and Assistant Administrator G. Administrator A stated all admissions from hospitals were considered emergency admissions. Administrator A stated the hospital needed the bed and Resident 1 needed to be discharged, and since s/he could not return home or go to skilled nursing facility Resident 1 required admission to Park Ridge. Administrator A stated because Resident 2 was admitted from a hospital it was considered an emergency admission. 06/14/2023 8:07 AM Surveyor emailed Administrator A asking if s/he had received receive ST notes from (1st) hospital regarding Resident 1 and if so to forward to Surveyor. On 06/14/2023 8:22 AM, Surveyor received an email from Administrator A stating " ...I don't see any Speech Therapy notes and it does look like they saw [him/her] in the hospital. [His/her] orders when discharging from the hospital were for only PT and OT with Home Health. I attached the order signed by the hospital for Home Health for RN, PT, OT, and Social Work ..." On 06/14/2023, Surveyor reviewed the order for home health RN, PT, OT and Social Work. Speech therapy was not included on the order. On 06/14/2023 at 2:32 PM, Surveyor interviewed Administrator A and LPN B. Administrator A stated s/he did not know Resident 1 was seen by speech therapy at the 1st hospital, a chest x-ray had been done on 03/05/2023 with results	N 205		

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N 205	Continued From page 9 pending on day of admission to facility or that it was recommended speech therapy be continued at facility. Administrator A stated the MD orders from 1st hospital did not include speech therapy or special diet. LPN B stated s/he thought Resident 1 was on a special diet at facility. Cross Reference: N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan N 0408 DHS 83.37(1)(i) PRN Psychotropic Medication	N 205		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure within 90 days before or 7 days after admission a physician, physician assistant, clinical nurse practitioner or licensed	N 302		

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registered nurse screened each person admitted to the provider for clinically apparent communicable disease including tuberculosis (TB).

The communicable disease screen for 1 of 2 residents reviewed were completed by a licensed practical nurse (LPN) and there was no evidence a TB test was included as part of the screening.

Findings include:

On 06/07/2023, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 12/22/2022. Surveyor observed a communicable disease screen dated 12/28/2022 and signed by LPN B. The screen indicated that Resident 3 had never had a tuberculosis skin or blood test but that a tuberculosis skin test or chest x-ray were not recommended. There was no other evidence of Resident 3 having been screened for communicable disease by a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse, or that a tuberculosis test was included as part of the screening.

At approximately 3:05 p.m., Surveyor interviewed Administrator A. Administrator A acknowledged Surveyor's concern that Resident 3's communicable disease screening was not completed by a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse. Administrator A reported s/he was unaware of the circumstances in which a tuberculosis test was needed but that s/he would follow up with the provider's registered nurse and review Centers for Disease Control and Prevention (CDC) standards.

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N 386	Continued From page 11	N 386		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the 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, observation, and interview, the provider did not ensure that the comprehensive individual service plan (ISP) for 2 of 2 residents reviewed identified all their needs and desired outcomes, program services, and the methods for delivering needed care. Resident 3's ISP did not include information about care needs related to his/her dialysis, transfer needs, or mobility needs (including assistive device use); assistance needed for dressing and grooming; or services s/he required for life enrichment as indicated in his/her ISP. Resident 2's ISP did not include information about care needs related to his/her behaviors or mood (except elopement risk); diabetic management; meal reminders and escort to and from dining	N 386		

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room; dentures/partials; assistance with nail and foot care; assistance to evacuate; and risk for falls.

Findings include:

Example 1: Resident 3

On 06/07/2023, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 12/22/2022 with diagnoses including morbid obesity, depression, and stage 5 chronic kidney disease. Surveyor reviewed Resident 3's orders, which included the following: "Give [morning] meds at 05:00am Monday, Wednesday, Friday every night shift every Mon, Wed, Fri for Nights[sic] give meds and check Blood[sic] sugar prior to dialysis. Make sure patient has meds and breakfast prior to dialysis." Surveyor reviewed an assessment for Resident 3, dated 12/27/2022 and signed by Licensed Practical Nurse (LPN) B. The assessment indicated the following:

- Dressing and hygiene needs: "Physical assistance of ONE staff member" was selected.
- Mobility needs: Indicated that Resident 3 uses a walker
- Life enrichment: "Yes" is checked for "Does the resident require services for activities?"

Surveyor reviewed Resident 3's comprehensive ISP dated 01/03/2023 and signed as reviewed by Resident 3 on 03/14/2023. Resident 3's ISP indicated the following:

- Activities, Routines, Habits
Goal: "Will participate in activities of preference."
Intervention: "Assist to identify preferences."

- Bathing

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N 386	Continued From page 13 Goal: "Will be able to meet bathing needs with assistance." Interventions: "Assistance required- transfers in/out; steadying; cueing to wash self; cueing to dry self; shampooing/rinsing/drying hair; applying lotion)." "Toenail and fingernail care after each bath/shower." "Uses a shower chair." - Dressing/undressing Goal: "Will be dressed appropriately with assistance." Interventions: (Nothing documented) - Grooming/oral hygiene Goal: "Will be able to maintain appropriate grooming and hygiene with assist." Interventions: (Nothing documented) - Mobility Goal: "Will be able to move about the community with assistance." Interventions: "AMBULATION: Cannot ambulate long distances without guidance or assistance." There was no information about transfer needs in Resident 3's ISP or information about his/her dialysis appointments and associated care needs (e.g. preparation for the appointment, managing appointments, etc.). The dressing assistance and ambulatory equipment use as identified in Resident 3's assessment was not in his/her ISP. The services that Resident 3's assessment indicated s/he needed for life enrichment were not indicated in his/her ISP. On 06/07/2023, at approximately 1:25 p.m., Surveyor observed Resident 3 sleeping on his/her bed in his/her room. Surveyor observed bilateral quarter bed rails in the up position.	N 386		

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	110538	A. BUILDING: _____ B. WING _____	C 06/16/2023

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N 386	Continued From page 14 At approximately 2:15 p.m., Surveyor interviewed LPN B. Surveyor asked for clarification on Resident 3's abilities and care needs. LPN B reported that Resident 3's care needs depend and can vary greatly. LPN B confirmed that Resident 3 attends dialysis appointments 3 days per week - Monday, Wednesday, and Friday. LPN B reported that on dialysis days, Resident 3 tends to have higher needs and requires a hoyer lift for transfers and multiple people to assist. LPN B reported that the other day Resident 3 required the assistance of 4 staff to shower. LPN B reported that Resident 3 spends most days in his/her bed. LPN B reported that on good days Resident 3 can ambulate with a walker. Surveyor asked what the bed rails on Resident 3's bed were for since there was no information about them in his/her assessment or care plan. LPN B reported that s/he used them for bed mobility assistance. LPN B acknowledged Surveyor's concern that the information about Resident 3's care needs and services received, as obtained from his/her assessment and LPN B's report, did not seem individualized to him/her in his/her ISP. LPN B reported that management had a discussion the other day about having care plans more specific to each resident and that they were going to work on updating them. Example 2: Resident 2 On 06/07/2023, Surveyor reviewed Resident 2's record. S/he was admitted 04/03/2023 with diagnoses including unspecified urinary incontinence, Alzheimer's disease, anxiety, depression, and type 2 diabetes mellitus with diabetic polyneuropathy. Physician orders included: Lorazepam 0.5 MG 1 tablet every 12 hours as needed for anxiety; Sertraline 50 MG 1 table once daily for	N 386		

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depression; Quetiapine Fumarate 50 MG 1 tablet at bedtime for hallucinations; Novolog injection solution 100 UNIT/ML inject 14 units subcutaneously in the morning with breakfast, 18 units with lunch and 18 units with dinner/supper; Tresiba FlexTouch Pen Injector 200 UNIT/ML inject 40 UNITS subcutaneously daily; and Continuous Blood Glucose Sensor apply topically one time a day every 14 days for diabetes.

Assessment dated 04/07/2023 (summarized):
-Behaviors: no behaviors were selected including "other"
Health Monitoring- blood sugar checks 3x daily and injections 3 times daily
Dietary and Nutrition- requires meal reminders and escort to and from dining room
Bathing- Requires physical assist
Dressing and Hygiene- wears dentures or partials, requires assistance with nail and foot care
Mobility Needs- uses walker
Evacuation- Requires assistance to evacuate
Safety and Risk- at risk for elopement, no risk for falls
Bathing- Will be able to meet bathing needs with/without assistance

Morse Fall assessment dated 04/07/2023 (summarized): No use of ambulatory aid including a walker and overestimates or forgets limits. Scored moderate risk for falls.

ISP (not dated or signed) with most recent initiation date 04/13/2023 (summarized):
The ISP did not address: behaviors or mood (except elopement risk); diabetic management; meal reminders and escort to and from dining room; dentures/partials; assistance with nail and foot care; assistance to evacuate; and risk for

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falls.
-Bathing
Goal: "will be able to meet bathing needs with/without assistance
Intervention: (nothing documented)

-Hearing
Goal: "Will be supported to use appropriate assistive devices for hearing."
Intervention: "Remind to wear hearing aid(s)"
The ISP did not identify if Resident 1 had bilateral, right or left hearing aids, when hearing aids were to be worn, and what assistance, if any Resident 1 required with hearing aids.

-Mobility
Goal: "Will be able to move about the community with/without assistance."
Intervention: "AMBULATION: Independent."
The ISP did not identify Resident 1 used a walker.

On 06/07/2023 at 2:36 PM, Surveyor interviewed Caregiver H who stated Resident 2 required assistance to get in and out of shower and cues while showering, reminders to change incontinent products due to dribbling, checks for thoroughness after wiping, reminders to clean and put dentures in and used a walker.
Caregiver H stated Resident 2 became agitated in the afternoons and would yell for and demand Family Member I come to visit, and in the evenings would get out of bed and scream for Family Member I. Caregiver H stated these behaviors occurred often.

On 06/07/2023 at 3:05 PM, Surveyors discussed concern of ISP's not including all needs and desired outcomes, program services, and the methods for delivering needed care with Administrator A, Director of Nursing F and

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N 386	Continued From page 17 Assistant Administrator G. Director of Nursing F stated ISP's needed to be more specific. Cross Reference: N 0408 DHS 83.37(1)(i) PRN Psychotropic Medication	N 386		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure when a psychotropic medication was prescribed on an as needed basis for a resident, the CBRF included the rationale for use and a detailed description of the behaviors indicating the need for administration of	N 408		

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N 408	Continued From page 18 PRN psychotropic medication on the resident's individual service plan. Resident 2's individual service plan (ISP) did not address as needed (PRN) psychotropic medication. Findings include: On 06/07/2023, Surveyor reviewed Resident 2's record. S/he was admitted 04/03/2023. Diagnoses included dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance, depression and Alzheimer's disease. Physician orders included Lorazepam 0.5 MG every 12 hours as needed for anxiety. Start date: 04/04/2023. PRN Psychotropic Medication Review, effective date 04/12/2023: " ...Medication: Lorazepam 0.5mg [sic] ...Rationale for use included in ISP? .No (proceed to Update ISP)...Detailed description of behaviors which indicate the need for administration of this PRN psychotropic medication included in ISP ...No (Proceed to Update ISP) ..." PRN Psychotropic Medication Review, effective date 05/31/2023: " ...Medication: Lorazepam 0.5mg [sic] ...Rationale for use included in ISP?..No (proceed to Update ISP)...Detailed description of behaviors which indicate the need for administration of this PRN psychotropic medication included in ISP ...No (Proceed to Update ISP) ..." ISP (not dated, most recent initiation date was 04/13/2023):	N 408		

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N 408	Continued From page 19 In the area of Medications: "Date Initiated: 04/13/2023 ...Will be supported to take all medications safely and as ordered ...Needs help with medications due to cognitive loss ...Requires assistance with ordering meds ...Requires daily supervision of medication ..." Resident 2's ISP did not address PRN Lorazepam. On 06/07/2023 at 3:05 PM, Surveyors discussed concern of PRN psychotropic medication not addressed on Resident 2's ISP with Administrator A, Director of Nursing F and Assistant Administrator G. Administrator A stated s/he did not know why it was not addressed on the ISP. Director of Nursing F stated Resident 2's ISP needed to be more specific. Cross Reference: N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	N 408		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the	N 525		

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N 525	Continued From page 20 employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation of fire drills included the CBRF's total evacuation time. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF able to serve up to 48 residents in the client groups of advanced age and irreversible dementia/Alzheimer's. On 06/07/2023, Surveyor reviewed the facility's 2021 and 2022 Fire Drill Event reports. The Fire Drill Event reports were dated 01/29/2021, 02/09/2021, 05/06/2021, 09/13/2021, 11/16/2021, 12/14/2021, 02/09/2022, 05/04/20220, 08/04/2022 and 12/05/2022. The Fire Drill Event reports did not include the CBRF's total evacuation time. On 06/07/2023 at 1:18 PM, Surveyor reviewed 2021 and 2022 Fire Drill Event reports with Maintenance Lead D who stated the total evacuation times were not identified on the reports. On 06/07/2023 at 3:05 PM, Surveyors discussed concern of total evacuation times not identified on the fire drill documentation with Administrator A, Director of Nursing F and Assistant Administrator G. Administrator A stated they would update the Fire Drill Event forms to include a line for total	N 525		

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N 525	Continued From page 21 evacuation time. Cross Reference: N0526 DHS 83.47(2)(e) Other Evacuation Drills N0530 DHS 83.47(3) Fire Inspection N0640 DHS 83.59(2)(b) Solid Core Wood Doors Or Equivalent	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding or other emergency or disaster evacuation drills were conducted at least semi-annually. Other evacuation drills were conducted once in each 2021 and 2022. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF able to serve up to 48 residents in the client groups of advanced age and irreversible dementia/Alzheimer's. On 06/07/2023, Surveyor reviewed the facility files record. Two Tornado Drill Evaluation Checklists were contained in the facility record, dated 08/12/2021 and 04/05/2022. On 06/07/2023 at 1:18 PM, Surveyor interviewed	N 526		

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N 526	Continued From page 22 and reviewed 2021 and 2022 tornado drills with Maintenance Lead D who stated they had no additional 2021 or 2022 evacuation drills and s/he thought fire drills counted towards other evacuation drills. On 06/07/2023 at 3:05 PM, Surveyors discussed concern only 1 other evacuation drill conducted in 2021 and 2022 with Administrator A, Director of Nursing F and Assistant Administrator G. Administrator A stated they lumped other evacuation drills with fire drills in 2021 and 2022 due to Covid. When Surveyor asked if s/he requested a waiver, Administrator A stated, "No." N0525 DHS 83.47(2)(d) Fire Drills	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that in 2022 a fire inspection occurred and that the fire inspection report for 2023 was retained. Findings include: On 06/07/2023, Surveyor reviewed facility inspection documentation to verify compliance with inspection requirements. Surveyor requested the last 2 years of fire inspection reports from Administrator A.	N 530		

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N 530	Continued From page 23 Nothing was received. At approximately 1:20 p.m., Surveyor interviewed Maintenance Lead D. Maintenance Lead D reported that s/he did not have fire inspection reports for the last 2 years. Maintenance Lead D reported s/he didn't think the fire department conducted a fire inspection for the facility in 2022. Maintenance Lead D reported that in 2023 the fire department conducted a fire inspection sometime during the week of February 15th, but s/he was unable to confirm a specific day. Maintenance Lead D reported that s/he had been trying to get ahold of the fire department repeatedly for the report but still had not received it. Surveyor asked if Maintenance Lead D had any evidence of trying to obtain the report, such as e-mail records. Maintenance Lead D replied that s/he did not and all his/her requests for the report were made via phone. Cross Reference: N0525 DHS 83.47(2)(d) Fire Drills N0640 DHS 83.59(2)(b) Solid Core Wood Doors Or Equivalent	N 530		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core	N 640		

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N 640	Continued From page 24 wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the enclosed laundry area, which was on a common area with resident bedrooms, had a self-closing door. Findings include: On 06/07/2023, at approximately 10:15 a.m., Surveyor toured the laundry area with Licensed Practical Nurse (LPN) B. Surveyor observed that the laundry room, located on the first floor with resident bedrooms, did not have a self-closing door. Surveyor opened the door all the way and observed that the door stayed open. Surveyor asked LPN B how long the door had not been self-closing. LPN B replied that s/he wasn't sure. At approximately 1:20 p.m., Surveyor interviewed Maintenance Lead D. Maintenance Lead D reported the door had been like that as long as s/he had worked there but s/he would address it. Cross Reference: N0525 DHS 83.47(2)(d) Fire Drills N0530 DHS 83.47(3) Fire Inspection	N 640		