STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015803	A. BUILDING: _____ B. WING _____	C 09/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVY MANOR OF WEST BEND BUILDING 3	365 S FOREST AVE WEST BEND, WI 53095

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N 000	Initial Comments On 09/14/2023, with information gathered through 09/18/2023, Surveyor conducted an abbreviated licensure survey, a complaint investigation and a self-report review at Ivy Manor of West Bend Building 3. Five deficiencies were identified. Complaint was unsubstantiated. Census: 18	N 000		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the	N 404		

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

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N 404	Continued From page 1 provider did not ensure an onsite review of the CBRF's (Community-Based Residential Facility) medication administration and medication storage systems were completed in 2021 and 2022 by a physician, pharmacist, or registered nurse (RN). Findings include: On 09/14/2023, at approximately 12:30 PM, Surveyor requested the provider's medication audits from Administrator A for 2021 and 2022. Administrator A stated there were no official forms that identified an audit had been completed; staff review the med carts weekly and our registered nurse reviews resident medications quarterly. There was no documentation to verify medication regimen reviews were conducted as required for 2021 and 2022.	N 404		
N 483	83.43(2)(b) Clean, comfortable mattress and pad. Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: A clean, comfortable mattress covered with a mattress pad and when necessary, waterproof covering. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) were provided a clean, comfortable mattress covered with a mattress pad and when necessary, waterproof covering. Findings include: On 09/14/2023, at approximately 3:40 PM,	N 483		

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N 483	Continued From page 2 Surveyor toured the facility with Administrator A and observed the following: Resident 1's mattress was covered with only a mattress sheet. The sheet had a circular marking/stain that gave the appearance of being wet. Surveyor bent down and noted the sheet had a urine-like odor. Surveyor lifted the mattress sheet up and observed yellowish brown circular markings on the unprotected mattress that appeared to be caused from urine incontinence. Resident 2's mattress was covered with a sheet and a blue bath towel was laid over the sheet. Surveyor noted the towel had a strong scent of a urine-like odor. Surveyor noted the mattress did not contain a waterproof covering. Surveyor noted Resident 2's pillows did not contain pillow coverings. On 09/14/2023, at approximately 4:00 PM, Surveyors interviewed Administrator A. Administrator A stated that incontinence was an ongoing problem in the facility, and s/he would discuss with his/her staff about covering mattresses with waterproof coverings and ensuring linens were always clean. Cross Reference: N0489 DHS 83.44(2)(a) Rooms Clean And Free From Odors	N 483		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is	N 488		

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N 488	Continued From page 3 of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the clothes dryer in the residential laundry room had vent tubing of rigid material, with a fire rating that exceeds the temperature rating of the dryer. The clothes dryer was observed to have the flexible foil type vent tubing. Findings include: On 09/14/2023, at approximately 3:45 PM, during a tour of the facility, Surveyor observed a foil accordion style vent tubing from residential clothes dryer to vent duct. Administrator A verified the venting was not rigid metal as required and stated s/he would follow up with the maintenance staff.	N 488		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure that 3 out of 4 rooms were clean and free from odor. Resident 1's, Resident 2's, and Resident 3's rooms had a urine-like odor. Findings Include:	N 489		

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N 489	Continued From page 4 On 09/14/2023, at approximately 3:40 PM, Surveyor toured the facility with Administrator A and observed a urine-like odor emanating into the hallway. Surveyor and Administrator A reviewed 3 rooms that were next to each other and observed: Resident 1's room had a urine-like odor. Resident 1's mattress sheet had a circular marking/stain that gave the appearance of being wet. Surveyor bent down and noted the sheet had a urine-like odor. Resident 1's bathroom contained a rubber baseboard that was not adhered to the wall. Resident 2's room had a urine-like odor. Resident 2's mattress sheet was covered with a blue bath towel. Surveyor bent down and noted the towel had a urine-like odor. Resident 2's bathroom contained a laundry basket with soiled clothing that had a urine-like odor. Resident 2's bathroom contained a rubber baseboard that was not adhered to the wall. Resident 3's room had a urine-like odor. Resident 3's bathroom contained a laundry basket with soiled clothing that had a urine-like odor. Resident 3's bathroom toilet bowl had a black ring at the water level. Resident 3's bathroom floor appeared sticky and needed to be mopped. On 09/14/2023, at approximately 4:00 PM, Surveyors interviewed Administrator A. Administrator A stated that incontinence was an ongoing problem in the facility, and s/he would discuss the concerns with his/her staff. Administrator A stated that laundry was completed on a regular basis but perhaps a new process should be implemented for the residents who deal with incontinence.	N 489		

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N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have documentation indicating the gas furnace had been serviced at least every 3 calendar years. Findings include: On 09/14/2023, Surveyor reviewed facility life safety code documentation. Surveyor noted the provided furnace documentation was dated 07/25/2018 and 08/24/2023. Surveyor asked Administrator A if the furnace had been serviced in 2021. Administrator A stated Administrator B handled the furnace inspections. Surveyor spoke with Administrator B who stated s/he was unsure of where that documentation had been filed. Administrator B stated s/he understood the gas furnaces were to be inspected every 3 years.	N 504		

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N 504	Continued From page 6 As of 09/18/2023 at 4:00 PM, no further documentation was provided.	N 504		