STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009664	A. BUILDING: _____ B. WING _____	R-C 10/10/2024

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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 10/07/2024, with information gathered through 10/10/2024, Surveyor conducted a verification visit and 1 complaint investigation at Country Terrace Appleton. One (1) of 1 complaints investigated were substantiated. As a result of the survey, 5 deficiencies were identified. Four (4) of the 5 deficiencies were repeat violations. See Statement of Deficiency (SOD) 9SXK12, dated 06/24/2022; SOD 5DF711, dated 06/26/2023; and SOD 5DF712, dated 05/31/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 11	{N 000}		
{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 observation, record review and interview, the provider did not ensure 3 of 3 (Residents 1, 2 and 3) residents reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 1 was prescribed Tramadol 50mg	{N 352}		

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

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{N 352}	Continued From page 1	{N 352}		

(milligrams) once daily for pain at 8AM. During review of Resident 1's October 2024 MAR (Medication Administration Record), it was discovered Resident 1 did not receive Tramadol from 10/01/2024 through 10/07/2024 due to medication not being in the cart.

Resident 2 was prescribed Chlorhexidine 0.12% (percent) rinse twice daily in the morning and evening after brushing teeth. During review of Resident 2's September and October 2024 MAR, it was discovered Resident 2 did not receive the rinse at 8:00AM and 4:00PM from 09/08/2024 through 10/07/2024. Additionally, Resident 2 was prescribed Diclofenac Sodium 1 % external gel to be applied to left posterior hip 3 times daily. During review of Resident 2's September and October 2024 MAR, it was discovered Resident 2 did not receive the gel at 8:00AM, 2:00PM and 8:00PM from 09/08/2024 through 10/07/2024.

Resident 3 was prescribed Diclofenac Sodium 1 % external gel to be applied to 4 times a day. During review of Resident 3's October 2024 MAR, it was discovered Resident 3 did not receive the gel at 8:00AM from 10/01/2024 through 10/07/2024; 4:00PM from 10/01/2024 through 10/06/2024; and 8:00PM on 10/06/2024.

This deficiency is being cited for a third time. See Statement of Deficiency (SOD) 5DF711 dated 06/24/2023 and SOD 5DF712 dated 05/31/2024 for additional details.

Findings Include:

On 07/02/2024, the department received a complaint regarding medications.

A facility policy titled, "Medications

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{N 352}	Continued From page 2	{N 352}		

Storage/Administration/Documentation" dated 12/12/2012 stated, "The resident's MAR is initialed by the person administering a medication in the space provided under the date, and on the line for that specific medication dose administration...If a dose of a regularly scheduled medication is withheld, refused, or given at a time other than the scheduled time, the space provided on the front of the MAR for that dosage is initialed and circled. An explanatory note is entered on the back of that same page."

On 10/08/2024, Surveyor made an onsite visit to the facility. A sample of residents was selected including the resident records of Residents 1, 2 and 3.

RESIDENT 1
Resident 1's record contained an order for Tramadol 50mg once daily for pain. Surveyor reviewed Resident 1's October 2024 MAR. Resident 1's October 2024 MAR indicated by medication passer's initials being circled that Resident 1 did not receive the medication from 10/01/2024 through 10/07/2024. It should be noted that on the back of the October 2024 MAR, a note states "not in cart" next to the following days, 10/01/2024, 10/04/2024, 10/05/2024, and 10/06/2024.

On 10/08/2024 at 11:00 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he has pain in his/her feet.

On 10/08/2024 at approximately 12:00 PM, Surveyor interviewed Director A regarding Resident 1's October MAR. Director A stated Resident 1 needs to see his/her doctor before a new prescription can be filled for Tramadol. Director A stated s/he has to call Resident 1's

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{N 352}	Continued From page 3 physician office to schedule an appointment for Resident 1. Director A confirmed Resident 1 has not received Tramadol from 10/01/2024 through 10/07/2024 and no appointment with Resident 1's physician has been scheduled. On 10/10/2024 at 11:45AM, Surveyor interviewed Pharmacist D. Pharmacist D verified his/her pharmacy contracts with the facility to provide pharmacy services. Pharmacist D stated on 08/30/2024 Resident 1 received a 30 day supply of Tramadol. The facility requested a refill on 9/25/2024. The pharmacy contacted Resident 1's physician on 09/25/2024, 09/26/2024 and 09/30/2024 with no response from the physician. Pharmacist D stated after 3 attempts to contact the physician for the refill and no response, the responsibility is on the facility to get the prescription refilled. Pharmacist D stated there are currently no scheduled Tramadol orders in the system. RESIDENT 2 Resident 2's record contained an order for Chlorhexidine 0.12% (percent) rinse twice daily in the morning and evening after brushing teeth. Surveyor reviewed Resident 2's September and October 2024 MAR. Resident 2's September and October 2024 MAR indicated by medication passer's initials being circled that Resident 2 did not receive the medication at the following times/days: -8:00AM from 09/08/2024 through 10/07/2024 (It should be noted there is a note on the back of the MAR that states, "Not in cart" on the following days: 09/02/2024-09/04/2024, 09/07/2024-09/09/2024, 09/11/2024, 09/12/2024, 09/16/2024, 09/17/2024, 09/20/2024-09/22/2024, 09/25/2024, 09/26/2024, 09/29/2024, 09/30/2024, 10/01/2024, 10/04/2024-10/07/2024. There are	{N 352}		

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no notes for the other days the rinse was not administered.)
-4:00PM from 09/08/2024 through 09/30/2024. The October 2024 MAR, has a note next to the Chlorhexidine rinse states "D/C 9-1-24." (It should be noted that on there is a note on back of MAR that says, "Not in cart," on the following days: 09/08/2024, 09/12/2024, 09/16/2024, 09/17/2024, 09/21/2024, 09/22/2024, 09/24/2024, 09/25/2024, 09/27/2024, 09/30/2024, 10/01/2024, and 10/04/2024-10/07/2024. There are no notes for the other days the rinse was not administered.)

On 10/07/2024 at approximately 11:45AM, Surveyor interviewed Director A regarding the rinse. Director A stated s/he called the pharmacy and found out there is no discontinue order for the rinse. Director A stated the pharmacy is going to doctor to get new order for it but that Director A will also contact the doctor for an order.

On 10/10/2024 at 11:45AM, Surveyor interviewed Pharmacist D. Pharmacist D verified the pharmacy did not have a discontinue order for Resident 2's Chlorhexidine rinse. Pharmacist D stated the order is still active and they requested a refill a day or two ago. Pharmacist D stated the last time the prescription was filled was on 01/09/2023.

Additionally, Resident 2 was prescribed Diclofenac Sodium 1 % external gel to be applied to left posterior hip 3 times daily. Surveyor reviewed Resident 2's September and October 2024 MAR. Resident 2 was to receive the gel at 8:00AM, 2:00PM, and 8:00PM every day. Resident 2's September and October 2024 MAR indicated by medication passer's initials being circled that Resident 2 did not receive the gel at

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{N 352}	Continued From page 5 the following times/days: -8:00AM from 09/08/2024 through 10/07/2024. (It should be noted that on 09/08/2024, 09/09/2024, 09/11/2024, 09/12/2024, 09/16/2024, 09/17/2024, 09/20/2024-09/22/2024, 10/01/2024, and 10/04/2024-10/07/2024 there is a note on back of MAR that says, "Not in cart," there are no notes for the other days the gel was not administered.") -2:00PM from 09/08/2024 through 10/01/2024 and 10/04/2024 through 10/06/2024. (It should be noted that on 09/08/2024, 09/09/2024, 09/11/2024, 09/12/2024, 09/17/2024, 09/22/2024, 09/25/2024, 09/26/2024, 09/30/2024, 10/01/2024, and 10/04/2024-10/06/2024 there is a note on back of MAR that says, "Not in cart," there are no notes for the other days the gel was not administered.") -8:00PM from 09/08/2024 through 10/03/2024 and 10/05/2024 through 10/06/2024. (It should be noted that on 09/08/2024, 09/10/2024, 09/12/2024, 09/16/2024, 09/17/2024, 09/21/2024, 09/22/2024, 09/25/2024, 09/27/2024, 09/30/2024, 10/01/2024, 10/02/2024 and 10/04/2024-10/06/2024 there is a note on back of MAR that says, "Not in cart," there are no notes for the other days the gel was not administered.") On 10/07/2024 at 11:45AM, Surveyor interviewed Director A regarding the gel. Director A verified the gel had not been given. Director A stated s/he spoke with pharmacy. Pharmacy informed him/her that insurance didn't cover it, so now Director A needs to get permission from Resident 2's health care power of attorney. Director A stated s/he reached out to health care power of attorney and s/he said "yes." Director A stated now s/he needs to call pharmacy and let them know and they will send a tube over to the facility. RESIDENT 3	{N 352}		

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{N 352}	Continued From page 6 Resident 3 was prescribed Diclofenac Sodium 1 % external gel to be applied to 4 times a day. Surveyor reviewed Resident's October 2024 MAR. Resident 3 was to receive the gel at 8:00AM, 12:00PM, 4:00PM and 8:00PM every day. Resident 3's October 2024 MAR indicated by medication passer's initials being circled that Resident 3 did not receive the gel at the following times/days: -8:00AM from 10/01/2024 through 10/07/2024. (It should be noted that on 10/01/2024, 10/04/2024, 10/05/2024 and 10/06/2024 there is a note on back of MAR that says, "Not in cart," there are no notes for the other days the gel was not administered.) -4:00PM from 10/01/2024 through 10/06/2024 (It should be noted that on 10/01/2024 there is a note on the back of MAR that says, "Not in cart," there are no notes for the other days the gel was not administered.) -8:00PM on 10/06/2024 (There is a note on the back of MAR that the medication was "not in cart.) On 10/07/2024 at approximately 9:50AM, Surveyor observed the medication cart with Director A. Surveyor observed Resident 3's Diclofenac Gel in the medication cart. Director A verified the gel in the cart and stated, "I'm not sure why staff are writing it is not in the cart."	{N 352}		
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	N 383		

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N 383	Continued From page 7 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. 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 observation, record review, and interview, the provider did not ensure Resident 1 was assessed to ensure their needs were met. Resident 1 was identified as requiring assistance with medication administration and management. Surveyor observed a topical treatment medication in Resident 1's room. Resident 1 was not assessed to be able to self medicate. Findings include:	N 383		

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N 383	Continued From page 8 On 10/07/2024, Surveyor conducted a verification visit. A sample of residents was selected, including the resident record of Resident 1. On 10/08/2024, Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 07/12/2024 with diagnoses to include acute blood loss, atherosclerosis of arteries of extremities, and acquired trigger finger. Resident 1 was his/her own person and able to make his/her needs known. Surveyor reviewed Resident 1's individual service plan with reviewed date 07/12/2024, and noted "Medications administered by CBRF staff. Medical order from a practitioner is required." On 10/07/2024 at approximately 11:00 AM, Surveyor interviewed Resident 1 and observed the following on Resident 1's nightstand: -a tube of Diclofenac SOD 1% gel Resident 1 stated, "The nurse gave me that cream." Resident 1 stated s/he puts that on his/her feet due to pain and poor circulation. On 10/07/2024 at approximately 12:00 PM, Surveyor interviewed Director A regarding the gel being left at bedside. Director A reviewed Resident 1's October Medication Administration Record (MAR) and stated, "If there was an order from the physician to self administer the gel it would be on the MAR." Surveyor asked if Resident 1 had a self administration medication assessment in Resident 1's record. Director A verified there was no self administration for medication assessment and would discuss this with the facility nurse.	N 383		

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{N 406}	Continued From page 9	{N 406}		
{N 406}	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation, staff interview and record review the provider did not establish an effective procedure for the proper destruction and disposal of unused, discontinued, or outdated medications. In 1 of 1 medication carts in the facility, medications for 1 of 11 (Resident 3) residents were discovered as expired. Resident 3 had Azelastine HCL 0.05% eye drops with an expiration date of 07/17/2024. Facility staff continued to administer the eye drops after	{N 406}		

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{N 406}	Continued From page 10 the expiration date. This is being cited for a 3rd time. See Statement of Deficiencies (SOD) 9SXK12, dated 06/27/2022 and 5DF712, dated 05/31/2024 for additional details. Findings include: On 10/07/2024, Surveyor conducted a verification visit to the facility. At approximately 9:55 AM, Surveyor observed 1 of 1 medication carts in the facility with Director A. Surveyor and Director A observed the following: Resident 3 had Azelastine HCL 0.05% eye drops with an open date of 06/19/2024 and an expiration date of 07/17/2024. The label for the eye drops stated, "Expires in 28 days after opening." Surveyor reviewed Resident 3's September and October 2024 MAR (Medication Administration Record). Resident 3 had an order for Azelastine HCL 0.05% drops to instill 1 drop into both eyes twice daily for allergic conjunctivitis. Resident 3 received the eye drops at 8AM from 09/07/2024 through 10/07/2024. Resident 3 received the eye drops at 8PM on 09/24/2024, 09/25/2024, 09/28/2024, 09/29/2024, and 10/01/2024 through 10/04/2024. On 10/07/2024 at 10:00 AM, Surveyor interviewed Director A. Director A verified the prescription was expired. Director A stated him/herself and Assistant Director B check for expired medications twice a week. Director A removed the eye drops from the medication cart and stated s/he would reorder the eye drops.	{N 406}		

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{N 450}	Continued From page 11	{N 450}		
{N 450}	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure weekly written menus were made available to residents and deviations from the menu were documented. This is a repeat deficiency. See Statement of Deficiency (SOD) 5DF712 dated 05/31/2024 for additional details. Findings include: On 07/02/2024, the department received a complaint regarding food. On 10/07/2024, Surveyor conducted an onsite visit to the facility. At 9:20 AM, Surveyor observed a dry erase board hanging on the wall near the kitchen. The board stated, "October 7th 2024; B [Breakfast]: [space was empty]; L [Lunch]: Chili Cheese-hot dogs with french fries; D [Dinner]: Deli Sandwiches with chips, beans" Surveyor asked Assistant Director B for a weekly or monthly menu as Surveyor did not observe one posted. Assistant Director B pulled a menu from the kitchen counter that was located behind the	{N 450}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE APPLETON	749 W PARKWAY BLVD APPLETON, WI 54914

(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 450}	Continued From page 12 kitchen door. Surveyor reviewed the menu and noted the following: menu was titled "CT #3 Appleton SS 2024 - Week 2" dates were on the menu Monday's lunch was "Braised Beef Tips w/Gravy, mixed vegetables, breadstick and pudding Monday's dinner was "Egg salad sandwich, garden pasta salad, gelatin poke cake" Surveyor interviewed Assistant Director B regarding the discrepancy between the written menu and the posted daily menu. Assistant Director B stated the facility is waiting on an order from their food supplier which should come today or tomorrow. Assistant Director B stated in the meantime, they are using the food they have in the refrigerator, freezer and shelves. Assistant Director B verified Braised beef tips and egg salad sandwiches were not being served on this day. On 10/07/2024 at 11:30 AM, Surveyor interviewed Director A. Director A stated they use Performance Food Service and a local grocery store for food supply. Director A stated s/he typically orders food from Performance Food Service once a month and then goes to a local grocery store up to twice a week to supplement the food supply in the facility. Director A stated the next delivery from Performance Food Service is next week Tuesday. Director A stated tomorrow s/he is hopefully going to make it to the local grocery store to pick up items. Director A acknowledged there was no weekly or monthly menu posted in the facility and that the facility was not following the menu today or tomorrow due to not having the correct food in the facility.	{N 450}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009664	A. BUILDING: _____ B. WING _____	R-C 10/10/2024

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{N 481}	Continued From page 13	{N 481}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike. This is a repeat deficiency. See Statement of Deficiency (SOD) 5DF712, dated 05/31/2024 for additional details. Findings Include: On 10/07/2024, Surveyor conducted a verification visit at the facility. At approximately 9:00AM, Surveyor toured the facility, the following was noted: *carpet in the main living room had several black spots and debris throughout the entire room *large vents on the walls near the floor (one near Director A's office and in the hallway near the kitchen) appeared to be filled with dust *exit near the kitchen had a loose plate and gap underneath the door to allow for bugs to enter *wainscotting throughout the facility had multiple scuffs, scrapes and dents *soap dispenser in bathroom across from room 10 was broken *seven blue-green flowered chairs had multiple grey and black stains on them, one of the chairs	{N 481}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009664	A. BUILDING: _____ B. WING _____	R-C 10/10/2024

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{N 481}	Continued From page 14 did not have a cushion on it *a brown loveseat did not have a cushion on one side and was noted to have black stains on it Resident 4: *carpeting in bedroom had large black stains near the entry of the bathroom which appeared to be fecal matter as well as lint and crumbs throughout the entire room Resident 5: *carpeting in bedroom had stains, lint and crumbs throughout the entire room Resident 2: *recliner chair with rips and stains *large black stains on the carpet surrounding the base of the recliner chair *carpeting in bedroom had lint and crumbs throughout the entire room *shelving unit and dresser appeared to have a layer of dust On 10/07/2024 at approximately 12:15 PM, Surveyor interviewed Director A who acknowledged Surveyor's concerns. Director A stated s/he started a new cleaning schedule. Director A indicated first shift was responsible for even calendar days and 2nd shift was responsible for odd calendar days. Director A said 2 of the resident rooms are cleaned twice a day due to how dirty the rooms can get. Director A stated they have discussed replacing furniture but the owner has said "no." As for resident room carpets, Director A stated those are being replaced as the residents move out and turnover of the room before a new resident comes in. Director A reported s/he will address the cleaning concerns with maintenance and management.	{N 481}		