STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017485	A. BUILDING: _____ B. WING _____	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT ASSISTED LIVING	2904 S 114TH ST GREENFIELD, WI 53227

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M 000	INITIAL COMMENTS On 04/15/2024, Surveyor completed a standard survey at Crescent Assisted Living (North). Five deficiencies were identified. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the	M 114		

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

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M 114	Continued From page 1 license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 service providers (Caregiver C and Caregiver D) reviewed had background checks. Findings include: On 04/03/2024, at approximately 1:00 PM, Surveyor reviewed Caregiver C's files. Caregiver C was hired on 09/07/2023. Caregiver C's background information disclosure (BID) was signed and completed on 04/07/2023. Surveyor did not locate Caregiver C's Department of Justice (DOJ) or Integrated Background Information System (IBIS) record checks in their files. Surveyor requested the DOJ and IBIS record checks for Caregiver C from Licensee A. Licensee A reported s/he completed record checks annually but did not print the information. Licensee A completed a BID and IBIS record check for Caregiver C, on 04/03/2024, 209 days after her/his hire date. On 04/04/2024, Surveyor requested BID, DOJ, and IBIS record checks for Caregiver D, from Licensee A. On 04/05/2024, Licensee A provided Surveyor with BID, DOJ, and IBIS record checks for Caregiver D. On 04/08/2024, at approximately 10:00 AM,	M 114		

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M 114	Continued From page 2 Surveyor reviewed Caregiver D's files. Caregiver D was hired on 02/01/2023. Caregiver D completed and signed her/his BID, but it was not dated. Caregiver D's DOJ and IBIS record checks were completed on 10/23/2023, 264 days after her/his hire date. On 04/15/2024, at 3:30 PM, Surveyor interviewed Licensee A and Administrator E. Licensee A reported s/he had completed background checks and kept them archived on the system. S/He did not realize the archives deleted after 6 months and s/he no longer had access. Licensee A reported they would continue to complete background checks for new hires, as well as annually, and save printed copies.	M 114		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan:	M 260		

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M 260	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were able to easily enter or exit the home. The front door had a child safety lever lock. The lock required a 2-step process to disengage and there were no signs posted indicating how the mechanism worked. Findings include: On 04/03/2024, at 11:20 AM, Surveyor observed Caregiver B engage a child safety lever lock on the front entry/exit door. Caregiver B stated, "I need to give [Resident 4] a bath and I am the only caregiver here. [Resident 3] likes to wander so I have to lock the door while I go do that." On 04/03/2024, at 12:25 PM, Surveyor toured Resident 3's room and observed a large dresser angled in the corner, which blocked access to the bedroom window. On 04/15/2024, at 3:30 PM, Surveyor interviewed Licensee A. Licensee A reported Resident 3 had wandering behaviors and they utilized door alarms and staff checking on her/him often to prevent elopement. Surveyor inquired about the dresser that was blocking access to Resident 3's bedroom window. Licensee A reported Resident 3 had behaviors where s/he moved furniture around in her/his room. Licensee A reported Resident 3 has moved her/his bed in front of her/his door before and has moved her/his dresser in front of the window. Licensee A reported s/he was constantly moving furniture back into place in Resident 3's bedroom. Licensee A reported having been aware of the child safety lock on the front door of the residence. Licensee A reported a previous manager put the child safety lock on	M 260		

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M 260	Continued From page 4 there and it was never removed. Licensee A stated, "that's considered a fire hazard and it needs to be removed."	M 260		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 2 of 2 residents' Individual Service Plans (ISPs) included all required information. Resident 2's and Resident 3's ISPs did not include the following: 1. A description of services the licensee will provide to meet assessed needs. 2. Identification of the level of supervision required in the home and in the community. 3. Descriptions of services provided by outside agencies. 4. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. Findings include: The provider is licensed to serve up to 4	M 410		

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M 410	Continued From page 5	M 410		

non-ambulatory residents within the client groups of advanced age, terminally ill, irreversible dementia/Alzheimer's, traumatic brain injury, emotionally disturbed/metal illness, physically disabled, and developmentally disabled.

On 04/03/2024, at 1:00 PM, Surveyor reviewed resident files for Resident 2 and Resident 3 and identified the following:

Resident 2 was admitted to the facility on 03/13/2022, with diagnoses including abnormal posture, unspecified anxiety disorder, aphasia, constipation, contracture of right hand, dysphagia, essential hypertension, GERD (gastroesophageal reflux disease), hemiplegia - right dominant side, intermittent explosive disorder, major depressive disorder, muscle weakness, chronic pain, TBI (traumatic brain injury), psychotic disorder with delusions, ulcerative colitis, unspecified psychosis, and urinary incontinence. Resident 2 was paraplegic.

Resident 2's ISP reported Resident 2 did not require nursing care. Resident 2's ISP reported s/he was not capable of self-supervision and did not require 24-hour supervision. Resident 2's ISP reported s/he needed full assistance with eating, dressing, grooming, bathing, toileting, and evacuation in an emergency. Resident 2's ISP did not report a description of services the licensee would provide to meet Resident 2's needs.

Resident 2's ISP was dated 07/15/2023. Resident 2's ISP did not contain signatures from Resident 2, a guardian, an agent, and/or a designated representative.

Resident 3 was admitted to the facility on 11/02/2022, with diagnoses including dementia.

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M 410	Continued From page 6 Resident 3's ISP reported Resident 3 required 24-hour supervision due to wandering. Resident 3's ISP reported s/he required assistance with toileting, bathing, and changing clothes. Resident 3's ISP did not report a description of services the licensee did provide to meet Resident 3's needs. Resident 3's ISP was dated 07/15/2023. Resident 3's ISP did not contain signatures from Resident 3, a guardian, an agent, and/or a designated representative. On 04/03/2024, at 11:15 AM, Surveyor interviewed Caregiver B. Caregiver B reported Resident 2 was confined to her/his bed. Caregiver B reported s/he engaged the child safety lever lock on the front entry door to the facility due to Resident 3's wandering tendency. On 04/15/2024, at 3:30 PM, Surveyor interviewed Licensee A and Administrator E. Licensee A reported s/he and Administrator E was responsible for completing ISPs. Licensee A reported residents, family, any state appointed guardians were involved in creating resident ISPs. Licensee A reported s/he had struggled with obtaining signatures from the involved persons. In regard to the resident ISPs and the details within the ISP, Licensee A stated, "I have it in my head, but it needs to be on paper."	M 410		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 4 of 4 residents' (Resident 1, Resident 2, Resident 3, and Resident 4) prescription medications were securely stored. Prescription medication for all 4 residents were stored in a medication closet, which was left unsecured and the key hanging on the wall next to the closet.

Findings include:

The provider is licensed to serve up to 4 non-ambulatory residents within the client groups of advanced age, terminally ill, irreversible dementia/Alzheimer's, traumatic brain injury, emotionally disturbed/metal illness, physically disabled, and developmentally disabled.

On 04/03/2024, at 11:45 AM, Surveyor observed 3 residents moving freely around the facility.

On 04/03/2024, at 12:00 PM, Surveyor toured the facility and observed the medication closet was left unsecured and contained all 4 residents' April 2024 cycle of prescription medications.

The following were medications left unsecured inside the medication closet:

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Resident 1
- Ferrous sulfate 325 (65 Fe (iron)) milligram (mg) tablets, take 1 tablet by mouth every day
- Furosemide 20 mg tablet, take 1 tablet by mouth every other day
- Pantoprazole sodium 40 mg TBEC (tablet enteric coated), take 1 tablet by mouth every day
- Spironolactone 25 mg tablet, take 1 tablet by mouth every day

Resident 2
- Metoclopramide 5 mg tablet, take 1 tablet by mouth 4 times a day as needed
- Quetiapine fumarate 25 mg tablet, take 1 tablet by mouth 3 times a day as needed
- Carbamazepine 200 mg tablets, take 1 tablet by mouth 2 times a day
- Divalproex sodium DR (delayed-release) 125 mg tablets, take 1 tablet by mouth 2 times a day
- Famotidine 20 mg tablet, take 1 tablet by mouth 2 times a day
- Finasteride 5 mg tablet, take 1 tablet by mouth every day
- Gabapentin 300 mg capsules, take 1 capsule by mouth every day at bedtime
- Metoclopramide 5 mg tablet, take 1 tablet by mouth 4 times a day
- Mirtazapine 7.5 mg tablets, take 1 tablet by mouth every day at bedtime
- Quetiapine fumarate 50 mg tablet, take 1 tablet by mouth 2 times a day
- Senna-Time 8.6 mg tablet, take 2 tablets by mouth twice daily
- Sertraline 50 mg tablets, take 1 tablet by mouth every day with 100 mg
- Sertraline HCL (hydrochloride) 100 mg tablets, take 1 tablet by mouth every day take with sertraline 50 mg for a total dose of 150 mg
- Vitamin D2 1.25 mg (Ergocalciferol 50,000 units) capsule, take 1 capsule by mouth 1 time a

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month on a Sunday
- Acetaminophen 325 mg tablet, take 2 tablets by mouth every 4 hours as needed

Resident 3
- Acetaminophen 500 mg caplet, take 2 tablets by mouth every 6 hours as needed
- Losartan potassium 25 mg tablet, take 1 tablet by mouth every day
- Melatonin 3 mg tablet, take 1 tablet by mouth every day at bedtime
- Meloxicam 7.5 mg tablets, take 1 tablet by mouth every day
- Pantoprazole sodium 40 mg TBEC, take 1 tablet by mouth every day
- Quetiapine fumarate 25 mg tablet, talk a half tablet by mouth every day at bedtime at 9 PM

Resident 4
- Senna-Time 8.6 mg tablet, take 2 tablets by mouth every day
- Trazodone 50 mg tablet, take 1 tablet by mouth every day at bedtime
- Baclofen 10 mg tablet, take by mouth 3 times a day
- Buspirone HCL 5 mg tablet, take 1 tablet by mouth 2 times a day
- Calcium 600 mg vitamin D3 10 microgram (mcg) tablet, take one tablet by mouth 2 times a day
- Depakote sprinkles 125 mg, take 2 capsules by mouth twice daily
- Eliquis 5 mg tablets, take 1 tablet by mouth 2 times a day
- Ferrous sulfate 325 (65 Fe) mg tablets, take 1 tablet by mouth every day for iron deficiency
- Gabapentin 300 mg capsules, take 1 capsule by mouth 4 times a day
- Metoclopramide 5 mg tablet, take 1 tablet by mouth 3 times a day

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M 458	Continued From page 10 - Olanzapine 15 mg tablet, take 1 tablet by mouth every day at bedtime - Pantoprazole sodium 40 mg TBEC, take 1 tablet by mouth every day - Acetaminophen 500 mg caplet, take 2 tablets by mouth every 8 hours as needed - Tizanidine HCL 2 mg tablet, take 1 tablet by mouth 3 times a day as needed - Diphenhydramine (Banophen) 25 mg capsules, take 1 capsule by mouth every 4 hours On 04/03/2024, at approximately 12:20 PM, Surveyor interviewed Caregiver B. Caregiver B reported s/he did not always keep the medication closet secured when s/he was nearby. Caregiver B reported the key to the medication closet was hung on the wall next to the closet, when not in use. On 04/15/2024, at 3:30 PM, Surveyor interviewed Licensee A. Licensee A reported staff had access to a lanyard with the key to the medication closet and they were supposed to keep it on their person at all times. Licensee A reported s/he had emphasized to staff the medication closet was to remain locked unless medications were being passed.	M 458		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview the provider	M 474		

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did not ensure food was stored in a sanitary manner. This had the potential to affect 4 of 4 residents (Resident 1, Resident 2, Resident 3, Resident 4). Food was stored in containers with labeling that did not match the food being stored and did not contain dates. Pantry items were opened and unsealed. Food items were past the best by date and stored improperly.

Findings include:

On 04/03/2024, at 11:11 AM, Surveyor toured the facility and observed the following:

Refrigerator:
- One open jar of mayonnaise, best by date of 08/16/2023
- Two containers of green liquid, consistent with a dip or sauce, unlabeled and undated
- One open container of Betty Crocker coconut pecan frosting, best by date of 06/22/2022
- One The Greek Gods Greek yogurt container which contained a brownish/red liquid, consistent with a blended salsa or sauce, unlabeled and undated
- One Hidden Valley ranch seasoning container which contained a greenish/brown liquid, consistent with a blended salsa or sauce, unlabeled and undated
- One Lawry's garlic salt container, which contained a greenish/brown liquid, consistent with a blended salsa or sauce, unlabeled and undated
- One open bottle of white chocolate mocha coffee creamer, best by date of 02/22/2024
- Four 30 count egg cartons, containing a total of 110 eggs, undated

Kitchen counter:
- One cheese balls container which contained a white grainy substance, consistent with sugar,

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M 474	Continued From page 12 labeled "sugar," undated Kitchen Cabinet: - One gallon Ziploc bag which contained a spiral pasta, unlabeled and undated - One open box of Hungry Jack buttermilk pancake mix, unsealed and no opened date - One open jar of Kraft parmesan cheese, unsealed, and labeled "refrigerate after opening" - One open box of Jiffy corn muffin mix, unsealed and no opened date - One open package of peanut butter patties, unsealed and no opened date - One open package of yellow corn meal, unsealed and no opened date - One gallon Ziploc bag, which contained a tan grainy substance, consistent with corn meal or finely grated breadcrumbs - the inside of the bag was caked in the substance, consistent with moisture used to coat something in the substance, unlabeled and undated - One container which contained a white powdery substance, consistent with flour, unlabeled and undated - One open box of Sun Maid raisins, unsealed and no opened date - One open box of Minute white rice, unsealed and no opened date On 04/03/2024, at 11:50 AM, Surveyor interviewed Caregiver B. Surveyor inquired about items in the refrigerator. Caregiver B reported s/he was unaware of what the items were in the refrigerator stored in containers which did not match the contents of the label. S/he reported second shift must have put the items in there and s/he removed them and threw them away. Caregiver B reported s/he typically used labels to date opened food items.	M 474		

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M 474	Continued From page 13 On 04/15/2024, at 3:30 PM, Surveyor interviewed Licensee A and Administrator E. Licensee A reported s/he and Administrator E were responsible for grocery shopping. Licensee A reported it was a collective effort with all the staff to clean out the refrigerator/freezer and pantry food items. Licensee A reported staff were supposed to be using labels and dating food as it was opened. Licensee A reported s/he had a staff member who enjoyed cooking and had made homemade sauces and other items which were stored in containers which did not match the labels. Licensee A stated s/he would work on a system to label and clean out food items moving forward.	M 474		