STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018638	A. BUILDING: _____ B. WING _____	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A PLACE FOR US	35 TOWER DR SUN PRAIRIE, WI 53590

(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 06/11/2024, Surveyors conducted a probationary survey at A Place for Us. Four deficiencies were identified. Census: 4	N 000		
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 observation, record review, and interview, the provider did ensure 2 of 2 resident records reviewed had an individual service plan (ISP) developed to identify their needs. Resident 1's ISP was missing methods of delivering care and who is responsible for delivering the care related to skilled nursing visits. Resident 2's ISP was missing identified needs and methods of delivering care related to behaviors such as insomnia and exit seeking.	N 386		

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

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N 386	Continued From page 1 Findings include: On 06/10/2024, Surveyors conducted a probationary survey and identified the following: Example 1: Resident 1 Resident 1 was admitted to the facility on 02/14/2024 with a diagnosis of diabetes and urine retention. On 06/10/2024 at 9:15 AM, during the tour of the facility, Surveyors observed Resident 1 in his/her room. Resident 1 was observed with a foley catheter hanging from his/her walker. From 9:15 AM-3:00 PM, Surveyors observed Resident 1 walking throughout the facility with his/her walker and stepping on catheter tubing. Resident 1's individual service plan (ISP) 02/27/2024 documented: "Catheter: Indwelling catheter. Empty drainage bag every 8 hours, catheter care with soap and water daily." Resident 1's progress notes dated: "05/31/2024: ...Foley catheter in place. Home health nurse also here to visit. 05/06/2024: [Resident 1] is having a good day. [S/he] had all cares and meds. [Resident 1] notified staff [s/he] was wet. Staff cleaned [him/her] up and call [his/her] nurse. [S/he] said [s/he'd] come out later today. 04/17/2024: [Resident 1] had a great day. [S/he] had all cares. [His/her] urine bag leaked and nurse came out to see [him/her]." Example 2: Resident 2	N 386		

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N 386	Continued From page 2	N 386		

Resident 2 was admitted on 02/17/2024 with diagnoses of anxiety and depression. Resident 2 had an activated healthcare power of attorney that made decisions on his/her behalf.

Resident 2's admission health exam dated 02/16/24 documented:
"Problems: encounter for examination for admission to nursing home ....4. Primary insomnia, anxiety and depression ....[s/he] does use Lyrica for management of neuropathy as well as lorazepam for insomnia"

Resident 2's ISP dated 02/29/2024 documented: "Medications: Staff controls, secures and administers medications. Additional instructions: Takes pills whole with water." Resident 2's record was missing an ISP that identified needs and methods of delivering care related to behaviors (insomnia and exit seeking).

The physician orders for Resident 2 included an order for Lorazepam 1 mg tablet with directions that specified to take 2 tablets orally once daily at bedtime as needed for insomnia. This medication was on Resident 2's regimen since admission in February 2024.

Resident 2's medication administration record (MAR) indicated frequent administration of the PRN Lorazepam through the months reviewed of April 2024 and May 2024. Resident 2's April 2024 MAR indicated the PRN Lorazepam was administered 17 times. Resident 2's May 2024 MAR indicated the PRN Lorazepam was administered 14 times. The administration indicated use noted "distress or agitation."

Resident 2's progress notes documented: "04/01/2024: [Resident 2 didn't sleep at all last

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N 386	Continued From page 3	N 386		

night. [S/he] was walking around in [his/her] room and [s/he] bump the table next to [his/her] bed and everything shattered down on the floor.
04/02/2024: ..Staff informed me that [s/he] didn't sleep.
04/06/2024: [Resident 2] didn't sleep last night, [s/he] was walking around the facility and trying to get into other people's room, [s/he] was up until 5am.
04/07/2024: [Resident 2] didn't sleep again during the night. [Resident 2] is up walking around at 12:30 am. I mopped the floors and 2xs, [Resident 2] was found stumbling on the wet floor around 1 to 3:30 am ....[Resident 2] appears to be confused.
04/13/2024: ...[Resident 2] fell out of [his/her] chair today.
04/24/2024: [Resident 2] was up all night walking around the facility. [S/he] kept telling to get out of [his/her] room because I am a kid, [s/he] almost fell and I caught [him/her] from the back, but [s/he] didn't want my help.
05/09/2024: [Resident 2] was awake until 4am, and [s/he] went to sleep. [S/he] was walking around.
05/24/2024: [Resident 2] was up until 4am, [s/he] was walking around the facility trying to find a way out because [s/he] was saying "have to go to work [s/he] is late."
05/29/2024: ..Just walked around . [S/he] kept changing clothes. Staff should make sure all doors locked and alarm turned on.
06/02/2024: [Resident 2] has been up and about the whole night."

On 06/10/2024 at 3:04 PM, Surveyors interviewed Administrator A. Administrator A stated Resident 1 received catheter care through his/her home health agency, Oakwood. Administrator A stated a nurse comes in monthly to change Resident 1's

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N 386	Continued From page 4 catheter. Surveyor noted Resident 1's most recent ISP did not identify specific methods for who is responsible for delivering catheter care. Administrator A acknowledged Resident 1's ISP did not contain information related to home health's involvement and stated s/he is in the process of upgrading to an electronic health record that would hopefully create better ISPs. Administrator A acknowledged Resident 2's ISP did not identify all his/her care needs. Administrator A stated Resident 2's insomnia was managed with PRN Lorazepam. Administrator A stated ongoing communication with Resident 2's family and doctor to discuss plan to manage insomnia was occurring.	N 386		
N 401	83.37(1)(b) Medication label permanently attached. Medications. Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer ' s container shall be labeled with the resident ' s name. Over-the-counter medications not maintained in the manufacturer ' s container shall be labeled by a pharmacist. This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure all Resident 1's prescription medication had a permanent label attached to the outside of the container. On 06/10/2024, Surveyor observed 9 insulin pens in the provider's refrigerator without prescription labels attached to them.	N 401		

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N 401	Continued From page 5 Findings include: On 06/10/2024, Surveyors conducted a probationary survey and identified the following: On 06/10/2024 at 10:30 AM, Surveyor asked Caregiver B if the provider had any refrigerated medications. Caregiver B showed the Surveyor a locked box stored inside the kitchen refrigerator. Surveyor observed 3 boxes of insulin pens. The first box (Humalog Kwik Pen) had Resident 1's name written on the front and inside was 3 unused insulin pens. The second box (Humalog Kwik Pen) did not have a name written and inside was 2 unused insulin pens. The third box (Tresiba FlexTouch Pen) had Resident 1's name written on the front and inside was 4 unused insulin pens. All 3 boxes observed did not have a permanent label from the pharmacy. Resident 1 was admitted to the facility on 02/14/2024 with a diagnosis of diabetes. Resident 1's individual service plan (ISP) 02/27/2024 documented: "Medications: Staff controls, secures and administer medications-meds in blister pack, staff in medicine cup." Resident 1's physician orders dated 02/13/2024 included: "Insulin degludec (Tresiba FlexTouch) 100 UNIT/ML pen, with instructions to inject 35 units subcutaneously once daily. Reasons: insulin-dependent diabetes. Insulin lispro (Humalog: ADMelog) 100 UNIT/ML, with instructions to take 14 units before breakfast and 10 units before lunch and supper. Reasons: insulin-dependent diabetes." On 06/10/2024 at 3:04 PM, Surveyors interviewed	N 401		

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N 401	Continued From page 6 Administrator A. Administrator A confirmed Resident 1 was a diabetic and the unlabeled insulin pens belonged to Resident 1. Administrator A stated s/he was unaware Resident 1 had unlabeled insulin pens in their refrigerator. Administrator A stated s/he found out Resident 1's family brought the insulin pens and gave them to staff. Administrator A noted staff did not share Resident 1's insulin pens were without pharmacy labels. Administrator A stated s/he would follow up with the pharmacy to get pharmacy labels attached to the insulin pens.	N 401		
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:	N 408		

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N 408	Continued From page 7	N 408		

Based on record review and interview, the provider did not ensure Resident 2's individual service plan (ISP) included the rationale for use, indication of what behaviors warrant the use of a PRN (as needed) psychotropic medication and did not ensure completion of monthly PRN psychotropic reviews.

Findings include:

On 06/10/2024, Surveyors reviewed resident records and identified the following:

Resident 2 was admitted on 02/17/2024 with diagnoses of anxiety and depression. There was an activated power of attorney who made decisions on behalf of Resident 2. Resident 2's ISP dated 02/29/2024 documented: "Medications: Staff controls, secures and administers medications. Additional instructions: Takes pills whole with water."

A review of Resident 2's ISP, last revised 02/29/2024, did not include mention of a PRN psychotropic medication, and did not include rational for the use, or a description of behaviors requiring the use of the PRN Lorazepam.

The physician orders for Resident 2 included an order for Lorazepam 1 mg tablet with directions that specified to take 2 tablets orally once daily at bedtime as needed for insomnia. This medication was on Resident 2's regime since admission in February 2024.

Resident 2's medication administration record (MAR) indicated frequent administration of the PRN Lorazepam through the months reviewed of April 2024 and May 2024. Resident 2's April 2024 MAR indicated the PRN Lorazepam was

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N 408	Continued From page 8 administered 17 times. Resident 2's May 2024 MAR indicated the PRN Lorazepam was administered 14 times. The physician order, MAR, and ISP did not include detailed behavioral indications for the use of the PRN Lorazepam. It was documented on Resident 2's MAR that the PRN Lorazepam was being given for distress and agitation. Resident 2's record did not contain monthly PRN psychotropic medication reviews for the following months in 2024: February, March, April, and May. On 06/10/2024 at 3:04 PM, Surveyors interviewed Administrator A. Administrator A stated s/he thought the pharmacy was conducting all psychotropic medication reviews, including the monthly PRN psychotropic reviews. Administrator A shared s/he was unaware of the requirement to have PRN psychotropic's listed in the ISP, including detailed description of behaviors which indicate the need for administration of the PRN medication. Administrator A stated s/he would complete the monthly PRN reviews him/her self going forward using a form provided by the pharmacy.	N 408		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall	N 452		

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N 452	Continued From page 9 maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. Findings include: On 06/10/2024 at 10:37 AM, Surveyors toured the kitchen and observed the following: Surveyors observed in cabinets- An open bag of Jet-Puffed Marshmallows, not sealed or dated. It was noted that the marshmallows were hardened as well. An opened box of Nabisco Nilla Wafers not sealed or dated. A large Ziploc bag with crackers and cookies both being stored in the bag but no dates. A bag of Lays potato chips that was not sealed or dated. Surveyors observed in the fridge- An opened pack of Oscar Mayer Chopped Ham slices, not sealed or dated. A dish of cut watermelon pieces that was sealed but not dated. A box of Del Real Pupusas that had a manufacturer sell or freeze by date of 05/07/2024, and it did not have an opened date.	N 452		

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N 452	Continued From page 10 Surveyors observed in the freezer- An opened bag of mini-corn dogs not sealed or dated. An opened bag of pancakes not sealed or dated. On 06/10/2024 at 3:04 PM, Surveyors interviewed Administrator A. Administrator A acknowledged an understanding of the concern. Administrator A stated s/he was unaware of the above food concerns and would re-educate staff on food safety requirements.	N 452		