STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	190013	A. BUILDING: _____ B. WING _____	C 03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM BRADFORD	22 BRADFORD LN MADISON, WI 53714

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M 000	INITIAL COMMENTS On 03/13/2024, with information gathered through 03/29/2024, Surveyor conducted two complaint investigation at REM Bradford. Four deficiencies were identified. One of 2 complaints was substantiated. One of 4 deficiencies were repeat violations (see Statement of Deficiency (SOD) L2MT11). Census: 4	M 000		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 resident's (Resident 1) Individual Service Plan (ISP) was	M 424		

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

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M 424	Continued From page 1 reviewed at least once every six months by the provider, the resident and/or resident's guardian, or the placing agency. This is a repeat deficiency. See Statement of Deficiency (SOD) L2MT11, dated 07/27/2021. Findings include: On 03/13/2024, Surveyor reviewed Resident 1 record. Resident 1's record contained an ISP dated 12/14/2022. Resident 1's record was due to be reviewed in 06/2023 and 12/2023. On 03/14/2024 at 7:28 AM, Surveyor interviewed Southern Regional Director A. Southern Regional Director A stated there was difficulty getting the guardian and the correct managed care organization care manager, therefore, we were out of date getting it completed.	M 424		
M 444	88.07(2)(b)3 TRANSPORTATION TO MEDICAL Providing, arranging, transporting or accompanying a resident to medical or other appointments as part of the resident's individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide or arrange for transportation to 1 of 1 resident (Resident 1) medical appointment. Findings include:	M 444		

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M 444	Continued From page 2	M 444		

On 03/25/2024, the Department received a concern alleging residents were not being transported to scheduled medical appointments.

On 03/25/2024, at approximately 3:50 PM, Surveyor interviewed Resident 1's Guardian D. Guardian D explained that Resident 1 had been hospitalized on 02/27/2024 for Covid and sepsis. Resident 1 was discharged on 02/29/2024 and his/her hospital discharge paperwork stated that Resident 1 was scheduled for a follow up appointment on 03/06/2024. Guardian D stated s/he was informed that Resident 1 missed his/her scheduled appointment after the appointment was missed and the next availability was 03/25/2024. Guardian D forwarded the discharge paperwork which documented:
"[Resident 1] was admitted to [hospital] on 02/27/2024 for an acute, emergent medical condition. [S/he] discharged 02/29/2024."
"Why you were in the hospital: Bacterial pneumonia, Covid-19, Sepsis."
"Upcoming Appointments: Wednesday March 6, 2024, at 11:00 AM"

On 03/27/2024 at 7:00 AM, Surveyor emailed Program Director (PD) I and asked for clarification on why Resident 1 missed his 03/06/2024 medical appointment. PD I responded, "[Resident 1's] appointment was rescheduled do to me having COVID and my team. Our nurse, Area Director was also out with Covid symptoms. We had no staff to accompany [Resident 1] to [his/her] appointment. EJM's follow up was rescheduled with [his/her] clinics earliest availability with [his/her] primary."
Surveyor asked if Guardian D was notified in adequate time to determine if s/he should accompany Resident 1 to his/her appointment. PD I responded, "Due to the fact that no one was

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able to view aftercare summary because it was dropped off at the office and put in my mailbox. I didn't return to work until after the appointment and I didn't schedule the appointment for [Resident 1] so I had no immediate knowledge. On 3/19/2024 I was questioned by guardian why appointment was missed on 03/06/2024. I explained to [him/her] that appointment was rescheduled because I was out with Covid. Yes within 48 hours of him asking me about the appointment guardian was updated."

On 03/27/2024, at approximately 3:25 PM, Surveyor interviewed Area Director (AD) H. AD H stated that Program Supervisor (PS) C picked Resident 1 up from the hospital, 02/29/2024, after the provider's Registered Nurse (RN) G cleared him/her to return to the home. AD H stated that PS C was not required to review the discharge paperwork and turned the paperwork into Program Director (PD) I. AD H stated, "Unfortunately, PD I, along with other administrative staff, were not in the office due to displaying symptoms of Covid-19, so staff were not aware of the medical appointment." Surveyor asked how caregivers in the home would know if Resident 1 had been prescribed a new medication and/or new cares after being hospitalized. AD H stated RN G was responsible to ensure that a resident is ready to discharge back to a home. RN G would communicate directly with hospital staff. AD H stated, "I am not sure if RN G was made aware of the follow-up appointment and properly relayed that information to the office staff." AD H stated that new protocols would be reviewed so that this break down in communication did not occur again.

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M 458	Continued From page 4	M 458		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not securely store medications or store medications as specified by the pharmacist. Resident 1 had bottles of expired Olopatadine 0.1% (eye drop) available in his/her medication bin. Findings include: On 03/27/2024, at approximately 9:00 AM, Surveyor reviewed Resident 1's medications while investigating a concern called into the Department. There were 2 bins in the file cabinet drawer labeled [Resident 1]. One of the bins contained medications that did not contain active prescriptions. The following vials of Olopatadine were observed: 1.)Rx# (prescription number) E1374852/0. Filled	M 458		

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M 458	Continued From page 5 on 10/26/2022. Rx Expire Date: 06/21/2023. 2.)Rx# 1300596/5. Filled on 11/25/2022. Rx Expire Date: 06/21/2023. 3.)Rx# 1300596/6. Filled on 12/23/2022. Rx Expire Date: 06/21/2023. 4.)Rx# 1374852/1. Filled on 02/23/2023. Rx Expire Date: 12/23/2023. 5.)Rx# 1374852/2. Filled on 03/27/2023. Rx Expire Date: 12/23/2023. 6.)Rx# 1374852/3. Filled on 04/24/2023. Rx Expire Date: 12/23/2023. 7.)Rx# 1374852/5. Filled on 06/21/2023. Rx Expire Date: 12/23/2023. Surveyor also observed a vial of Erythromycin. Rx# 1300591/0. Filled on 06/21/2022. Rx Expire Date: 06/21/2023. On 03/28/2024, Surveyor reviewed Resident 1's Medication Administration Records which documented the following Rx# for the scheduled medication Olopatadine: January 2024 - Rx# 1539202 - Effective Date: 12/11/2023 February 2024 - Rx# 1539202 March 2024 - Rx# 06883336 - Effective Date: 02/29/2024 On 03/28/2024 at 12:03 PM, Surveyor emailed Southern Regional Director A, Program Director I, Area Director H and Licensee J and asked what the protocol is for the disposal of medications. Area Director H responded, "I will have to check with the pharmacy on why they are sending so many eye drops as I am assuming with that many in the home it must be on auto fill. I can ask the pharmacy to take it off of this so we do not have so many. Each month our Program Supervisor or Director goes through the medications to look for expired medications and destructs."	M 458		

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M 458	Continued From page 6 "It is good standard of practice to date an ophthalmic (eye) medication upon opening. The date upon which a preparation is opened, should be tracked according to the facility policy to reduce the risk of using contaminated drops. The manufacturer's storage recommendation for each ophthalmic preparation should be reviewed. Manufacturer's storage recommendations are acceptable. If the manufacturer states a specific expiration date upon opening, this date should be used to determine when to discard the eye preparation. If the manufacturer is unable to provide an expiration date once the medication is opened, current standards of practice generally recommend discarding the eye drop after 28 days because sterility cannot be guaranteed beyond that point. ... Olopatadine Dro 0.1% 28 Days." (Source: HealthDirect Pharmacy Services website, Did you Know? Ophthalmic Medications, July 28, 2021, https://www.hdrxservices.com/ophthalmic-medications/ (retrieval date - March 29, 2024).)	M 458		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on record review and interview, licensee did not maintain complete records for each resident. Resident 1's record did not contain	M 482		

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health monitoring documentation.

Findings include:

On 03/05/2024 and 03/25/2024, the Department received concerns that residents' health was not being monitored.

Example 1: 03/05/2024 Concern

On 03/13/2024, at approximately 8:30 AM, Surveyor interviewed Caregiver B. Surveyor explained the concern that had been received and asked if any residents had Covid-19. Caregiver B explained that Resident 2 had been hospitalized with Covid-19 in the beginning of February and Resident 1 had been hospitalized with Covid-19 in the end of February. Caregiver B stated that Resident 1 had not shown any signs and symptoms of being ill prior to him/her leaving for his/her day program the day s/he was diagnosed with Covid-19, 02/27/2024. Surveyor asked if protocols had been put into place, after Resident 2 had been diagnosed, for the remaining residents in the home. Caregiver B explained that staff had to wear N-95's and resident temperatures were to be recorded for 7 days.

On 03/13/2024, Surveyor reviewed Resident 1's record.

Resident 1's "Seven Day Watch Possible Covid-19 Infection" report did not document any temperatures for the month of February, except for 02/27/2024 at 8AM; temperature of 97.8.

Resident 1's "Observations" documented: "02/26/2024 3:00 PM - 02/27/2024 9:00 AM - [Resident 1] got back from [his/her] day program.

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[S/he] utilized the toilet and relaxed. [S/he] ate dinner around 5PM. I assisted [him/her] with [his/her] night routine care. [Resident 1] took [his/her] bedtime medication, utilized the toilet and went to bed. [S/he] slept good. I assisted [him/her] with a shower, [his/her] morning routine care and [s/he] got dressed for the day. [Resident 1] took [his/her] morning medication and ate breakfast. [S/he] utilized the toilet and relaxed."
"02/28/2024 11:00 PM - 02/29/2024 9:00 AM - At the hospital"

On 03/20/2024, at approximately 1:20 PM, Surveyor interviewed day program Staff E. Surveyor asked Staff E what signs and symptoms Resident 1 had displayed prior to taking him/her to urgent care. Staff E explained that the driver for the day program brought Resident 1 immediately to the office upon arrival because the driver felt Resident 1 was not baseline. Staff E stated s/he assessed Resident 1 and determined that his/her hands were very hot, his/her chest were very hot, and s/he smelled like cough syrup. "I was the individual who took [Resident 1] to urgent care and stayed with [him/her] until [s/he] was admitted to the hospital, around 6:00 PM."

On 03/20/2024, at approximately 1:40 PM, Surveyor interviewed Southern Regional Director (SRD) A. Surveyor discussed his/her concerns that there were no temperatures for Resident 1 recorded after another resident had tested positive for Covid, until the day Resident 1 ended up hospitalized. SRD A stated Resident 1 had been diagnosed with Covid prior to Resident 2 having Covid, so "it was assumed he was immune from Covid and did not need to be monitored."

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M 482	Continued From page 9 On 03/27/2024, at approximately 3:25 PM, Surveyor interviewed Area Director H. Area Director H stated staff took Resident 1's temperature the morning of 02/27/2024 because the resident felt warm, but his/her temperature was normal, so s/he was sent to his/her day program. On 03/29/2024 at 1:30 PM, Surveyor asked if these types of signs/symptoms should be recorded in the resident's record, because when reading Resident 1's observation notes, s/he had a good day, there was no comment that identified that Resident 1 was possibly showing signs of not being baseline. As of 03/29/2024 at 5:00 PM, Surveyor did not receive any additional correspondence. Example 2: 03/25/2024 Concern On 03/25/2024, at approximately 3:45 PM, Surveyor interviewed Resident 1's Guardian D. Guardian D stated s/he had returned from a medical appointment with Resident 1 where s/he had observed Resident 1's dry skin concerns. Guardian D stated, "[Resident 1's] skin was peeling, very flakey, bleeding in some areas." Guardian D stated the physician suggested Resident 1 be lotioned after bathing and prescribed a specific lotion, Cetaphil. Guardian D forwarded Resident 1's "After Visit Summary," dated 03/25/2024, which documented: "After bathing: put Cetaphil on legs, arm and back due to [his/her] significant dry skin." On 03/28/2024 at 12:03 PM, Surveyor emailed Southern Regional Director A, Program Director I, Area Director H and Licensee J and asked what the protocol is for staff observing and reporting	M 482		

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resident skin concerns. Area Director H responded, "On 03/25/2024 when [Resident 1] went to the doctor, the doctor noticed [his/her] skin was somewhat dry and that is where the recommendation of applying lotion came from. [Program Supervisor C] purchased the recommended lotion that evening, and staff were instructed to apply after showering as recommended by the doctor." Surveyor asked who was at the doctor's appointment as the dry skin was being discussed/observed. On 03/29/2024 at 12:47 PM, Area Director H responded, "[Guardian D] and [Program Supervisor K] were present for the appointment on 03/25/2024, along with our company nurse (Registered Nurse G) on the phone. While the doctor was evaluating [him/her] [s/he] noticed some dry skin and made the recommendation for lotion. Lotion was purchased and is being given accordingly. [S/he] does not have a history of dry skin and the doctor did not prescribe medicated lotion for a skin condition. This seems to be just an observation that happened while [s/he] was at the appointment and a new recommendation to staff. This is the time of year for dry skin as well." Surveyor asked if staff were required to document a change of condition in a resident's skin, even if it was seasonal.

As of 03/29/2024 at 5:00 PM, Surveyor did not receive any additional correspondence.