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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
{M 000}	INITIAL COMMENTS On 10/23/2024, with information gathered through 11/04/2024, Surveyors conducted a verification visit at Bettes Place 1. Seven deficiencies were identified. Four of 7 deficiencies were repeat violations (see Statement of Deficiency (SOD) GJHE11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 216}	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure that the home and its operation complied with all laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) GJHE11, dated 04/18/2024. Findings include: The provider was licensed, 05/12/2020, to serve 4 residents within the client groups of developmentally disabled, emotionally disturbed/mental illness, advanced aged, irreversible dementia/Alzheimer's, and physically disabled.	{M 216}		

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

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{M 216}	Continued From page 1 On 10/23/2024, with information gathered through 11/04/2024, Surveyors conducted a verification visit at Bettes Place 1. Seven deficiencies, including this one, were identified. M0216 DHS 88.04(2)(a) Responsibilities. This is a repeat deficiency. See Statement of Deficiency (SOD) GJHE11, dated 04/18/2024. M0298 DHS 88.05(3)(g) Windows and Ventilation M0410 DHS 88.06(3)(d) Individual Service Plan. This is a repeat deficiency. See SOD GJHE11, dated 04/18/2024. M0438 DHS 88.07(2)(b) Services Directed to Goals M0458 DHS 88.07(3)(a) Prescription Medications M0462 DHS 88.07(3)(c) Medication Assistance. This is a repeat deficiency. See SOD GJHE11, dated 04/18/2024. M0474 DHS 88.07(4)(c) Food Prepared and Stored Sanitary Way. This is a repeat deficiency. See SOD GJHE11, dated 04/18/2024. On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ. Licensee A wanted to discuss the next steps within the survey process, after the Surveyors leave the home.	{M 216}		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the	M 298		

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M 298	Continued From page 2 year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all windows were screened for ventilation. Four of 4 resident bedroom windows and the living room windows did not have a screen on the window. Findings include: On 10/23/2024 at approximately 9:53 AM, Surveyors toured the provider's home. Surveyor observed Resident 3's bedroom window open approximately 4" without a screen. Resident 5, Resident 6 and Resident 10's bedroom windows did not have a screen on the windows. Surveyors observed the living room windows did not have screens on the windows. On 10/23/2024 at approximately 3:00 PM, Surveyors interviewed Administrator A. Administrator A acknowledged s/he was unaware the windows in 4 of 4 resident bedrooms and the living room did not have screens on the windows. Administrator A confirmed s/he will address the missing screens. The provider did not ensure all windows were screened for ventilation.	M 298		
{M 410}	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following:	{M 410}		

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{M 410}	Continued From page 3	{M 410}		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure the individual service plan (ISP) was updated to reflect the change in needs for 2 of 4 residents reviewed.

This is a repeat deficiency. See Statement of Deficiency (SOD) GJHE11, dated 04/18/2024.

Resident 3's ISP was not updated to reflect care guidelines for his/her fall risk interventions. Resident 10's ISP did not identify s/he displayed verbal and physical behaviors, s/he was a Hoyer lift, and s/he had dietary requirements.

Findings include:

Example 1: Resident 3

On 10/23/2024, at approximately 1:30 PM, Surveyors, who were sitting in the community room with Resident 5 and his/her Power of Attorney (POA) Y, observed Resident 3 ambulate independently with his/her walker into the community room. POA Y stated Resident 3 was to be supervised when s/he ambulated.

On 10/23/2024, Surveyors reviewed Resident 3's record.

Resident 3 moved into the home 09/10/2020.

Resident 3's ISP, dated 08/08/2024, documented:
"Transferring - Full Assistance: Provide full assistance with transferring to/from wheelchair, chair, bed, standing position, etc."
"Fall - Resident is Fall Risk - See care

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{M 410}	Continued From page 4	{M 410}		

instructions."

On 10/28/2024 at 4:23 PM, Surveyor emailed Administrator A and Administration C requesting Resident 3's care instructions.

On 10/30/2024 at 10:14 AM, Administrator A faxed Surveyor another version of Resident 3's ISP which did not define care instructions related to his/her fall risk.

On 11/04/2024, at approximately 3:30 PM, Surveyors discussed what guidelines were not outlined in Resident 3's ISP with Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ related to resident ISPs. Surveyors did not receive a response.

Example 2: Resident 10

On 10/23/2024, Surveyors reviewed Resident 10's record.

Resident 10 moved into the home, 07/03/2024, with diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, major depressive disorder, muscle weakness, and obesity.

Resident 10's "Pre-Admission Assessment," dated 06/19/2024, documented:
"Behavior/Mental Attitude: Fearful, Confused, Noisy, Depressed, Forgetful, Combative, Demanding, Resistive."
"Nutrition: Chopped meats needed."

Resident 10's "Observations" documented:
07/03/2024 - Refused to be transferred to another

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{M 410}	Continued From page 5	{M 410}		

wheelchair so the driver could take the wheelchair back with [him/her] ... eventually agreed to be transferred from the wheelchair to the recliner in [his/her] room after supper. [S/he] had anxiety and kept saying yes then no. ... Refuses to let staff toilet [him/her] or even change or get into bed.
07/04/2024 - Stayed in bed all day was checked and changed as needed. Was screaming and hollering while changing and assisting.
07/05/2024 - While assisted [Resident 10] with another staff member, [Resident 10] started to make [her/himself] aspirate and [s/he] threw up on [him/herself]. [S/he] also was screaming and yelling while we were assisting to change [him/her]. There were even times where we were just moving the blankets and chucks and [s/he] was screaming hollering and also digging [his/her] nails into peoples hands and arms.
07/09/2024 - Refused to be moved up in bed or repositioned [s/he] refused to bathe and change clothes ...
07/12/2024 - When writer and other caregiver were doing cares for resident when rolling resident, [s/he] stuck [his/her] nails in writer's right thigh.
07/13/2024 - After dinner resident vomited all over [him/herself] and threw it on staff as [s/he] was doing it .... staff put [him/her] in bed using Hoyer ...
07/23/2024 - [S/he] held the Hoyer bar by [her/himself] without being told to do so ...
07/26/2024 - stuck [his/her] fingers down [his/her] throat to make [him/herself] vomit ...
08/02/2024 - Resident took bag of [sic: off] and was playing in [his/her] poop [s/he] refused to let us clean and cut down [his/her] nails.
08/20/2024 - Having outbursts today not wanting to take meds. [Resident 10] took [his/her] whole ostomy off staff had to put a full new one after

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{M 410}	Continued From page 6 dinner. 08/28/2024 - While eating supper [Resident 10] disconnected [his/her] ostomy bag and started trying to rip it off, Another resident started "Yelling [s/he] is playing [his/her] bag and it stinks" 08/29/2024 - Left side leg to the wheelchair is [his/her] bathroom shower due to BM (bowel movement) getting everywhere when [s/he] opened it at the dining table. 09/08/2024 - Resident didn't want to get out of bed this morning both caregivers tried three different times to wake [him/her] up and [s/he] kept refusing also yelling and hitting caregivers when they wanted to change [him/her] 09/25/2024 - Resident's regular sling wasn't washed so the shoer couldn't be given. In order to get [him/her] up in [his/her] wheelchair staff had to use shower sling. Resident 10's ISP, dated 09/16/2024, documented: "Eating: Requires no assistance with eating meals. Must have head of bed at a 90 degree to prevent aspiration. To maintain independent eating habits." "Transferring: Provide full assistance with transferring to/from wheelchair, chair, bed, standing position, etc." The ISP did not identify s/he displayed verbal and physical behaviors, s/he was a Hoyer lift, and s/he had dietary requirements. On 11/04/2024, at approximately 3:30 PM, Surveyors discussed what guidelines were not outlined in Resident 10's ISP with Licensee A, Administration C, Assistant Executive Director F, Manager R, and Senior Manager QQ related to resident ISPs. Surveyors did not receive a response.	{M 410}		

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M 438	88.07(2)(b) SERVICES DIRECTED TO GOALS Services shall be directed to the goal of assisting, teaching and supporting the resident to promote his or her health, well-being, self-esteem, independence and quality of life. The services shall include but are not limited to: This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 2 residents reviewed received services outlined in his/her individual service plan (ISP) Resident 3 was a stand-by assist with ambulation which s/he did not receive. Findings include: On 10/23/2024, at approximately 1:30 PM, Surveyors, who were sitting in the community room with Resident 5 and his/her Power of Attorney (POA) Y, observed Resident 3 ambulate independently into the community room. POA Y stated Resident 3 was to be supervised when s/he ambulated. On 10/23/2024, Surveyors reviewed Resident 3's record. Resident 3 moved into the home, 09/10/2020, with diagnoses including Stage 4 chronic kidney disease, chronic pain, seizure disorder, and brain aneurism. Resident 3's ISP, dated 08/08/2024, documented: "Transferring - Full Assistance: Provide full	M 438		

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M 438	Continued From page 8 assistance with transferring to/from wheelchair, chair, bed, standing position, etc. Requires full assistance from staff for all transfers. Staff is to be present at all times for safety and to prevent falls. To remain free from falls." Resident 3's "Observations," dated 10/01/2024 to 10/23/2024, documented: 10/22 - Standby assist throughout shift due to unstableness during walking 10/13 - Redirected several times for heavy movement being a fall risk On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Administrator A, Administration C, Manager D, Assistant Executive Director F, and Senior Manager PP. Surveyors did not receive a response. Cross Reference: M0410 88.06(3)(d) Individual Service Plan	M 438		
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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M 458	Continued From page 9 This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure prescription medications were securely stored in the original container as received from the pharmacy. Findings include: On 10/23/2024 at 10:30 AM, Surveyors asked to see resident medications. Medications were in a locked cabinet inside the kitchen. On 10/23/2024 at 10:34 AM, Surveyors observed Resident 9's Meclizine in a bubble pack with the following handwritten instructions, "Meclzine (sic) 12.5 MG (milligram)/ Take 1 by mouth 3 times daily as needed / Use 1 hr (hour) prior to travel." The handwritten note included the resident's name, but no expiration date was listed. On 10/23/2024, Surveyors reviewed Resident 9's record. Resident 9 moved into the home on 05/01/2024. On 10/28/2024, Surveyors requested additional documentation from the provider pertaining to Resident 9's Meclizine prescription. On 10/30/2024, Surveyors reviewed the documentation sent by the provider. Resident 9's medication list dated 04/29/2024 included Meclizine 12.5 MG tablet as a current PRN (as needed) medication. However, Resident 9's October 2024 MAR (Medication Administration Record) did not list Meclizine as a current PRN medication. On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Administrator A,	M 458		

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M 458	Continued From page 10 Administration C, Manager D, Assistant Executive Director F, and Senior Manager PP. Administrator A explained that staff repackaged the medication because it came in a bottle, and they wanted it in a bubble pack. A blank label was given to them by the pharmacy to write the medication information on. Senior Manager PP acknowledged they would keep the original containers and would label those going forward. The provider was unable to provide a more current medication order for the Meclizine.	M 458		
{M 462}	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 4 residents received prescribed medications in the proper dosage. This is a repeat deficiency. See statement of deficiency GJHE11, dated 04/18/2024. Resident 10 did not receive correct dosages of insulin and ferrous gluconate. Findings include:	{M 462}		

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{M 462}	Continued From page 11 On 10/23/2024, Surveyors reviewed Resident 10's record. Resident 10 moved into the home, 07/03/2024, with diagnoses including Type 2 diabetes mellitus and anemia. Example 1: Doses of Insulin Resident 10's October 2024 Medication Administration Record (MAR) documented: Humalog Kwikpen or Insulin Lispro Kwikpen U-100 100 Unit/ML (100 Unit / ML) "Inject subcutaneously 13 units plus sliding scale 3 times a day with meals *Sliding Scale: If BS (blood sugar) is less than 130 = 0Units; 131-150 = 2U; 151-200 = 4U; 201-250 = 6U; 251-300 = 8U; 301-350 = 10U; 351-400 = 12U; 401-450 = 14U; 451+ = 16U and notify PCP (primary care physician)*" 10/04 12:12 PM - BS 134 - 13 units (should have been 15 total units) 10/06 4:02 PM - BS 121 - 0 units (should have been 13 total units) 10/08 11:42 AM - BS 248 - 17 units (should have been 19 total units) 10/12 3:34 PM - BS 13 - 74 units (values were entered incorrectly) 10/19 3:30 PM - BS 151 - 15 units (should have been 17 total units) 10/22 11:52 AM - BS 183 - 18 units (should have been 17 total units) On 10/23/2024, at approximately 3:25 PM, Surveyors interviewed Administrator A and Manager PP. Manager PP stated caregivers were to look at the blood sugar, figure out how much extra insulin should have been given, and	{M 462}		

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{M 462}	Continued From page 12	{M 462}		

document the total number of units in the electronic computer system. Manager PP stated, "Numbers should be accurate." Manager PP stated s/he would review the MARs and reeducate staff.

Example 2: Ferrous Gluconate

Resident 10's October 2024 MAR documented: "Ferrous Gluconate 324 MG (38 MG Iron) (324 MG (38 MG Iron)) Take 1 tablet by mouth in the morning every other day."

10/02 8:00 AM - Documented as administered.
10/09 8:00 AM - No Pass Reason: Other - "Take every 3 days."
10/16 8:00 AM - Documented as administered.
10/23 8:00 AM - No Pass Reason: Refused by Resident - "Had them yesterday."

The rest of the days were shaded gray meaning the medication was not to be administered.

On 10/28/2024, Surveyors requested additional documentation from the provider pertaining to Resident 10's ferrous gluconate prescription to ensure the MAR instructions were current.

On 10/29/2024, Surveyors reviewed the documentation sent by the provider. Resident 10's medication list dated 07/23/2024 included Ferrous Gluconate 324 MG (38 MG Iron) tablet as a current medication with the same instructions as the MAR: "Take 1 tablet by mouth in the morning every other day."

On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Administrator A, Administration C, Manager D, Assistant Executive Director F, and Senior Manager PP regarding

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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
{M 462}	Continued From page 13 medication administration. Surveyors asked for clarification as to why Resident 10 did not receive prescribed medication as ordered. Surveyor did not receive a response.	{M 462}		
{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 did not store food under sanitary conditions. Surveyor found food items in the refrigerator and pantry that were not properly sealed to avoid contamination and food items in the freezer that were not properly sealed to avoid freezer burn. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. This is a repeat deficiency. See Statement of Deficiency (SOD) GJHE11, dated 04/18/2024. Findings include: The licensee can provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, advanced aged, physically disabled, emotionally disturbed/mental illness, and developmentally disabled. On 10/23/2024, at approximately 1:20 PM, Surveyor toured the kitchen and observed the following:	{M 474}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018014	A. BUILDING: _____ B. WING _____	R-C 11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTES PLACE I	1515 A HIGHWAY 175 HUBERTUS, WI 53033

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{M 474}	Continued From page 14 Refrigerator, where there was a limited amount of food: -Leftovers wrapped in aluminum foil that was not labeled or dated. -A plastic bag of cheddar smoked sausages with an open date of 10/08 written on it. -A plastic container of salad (spring mix and spinach) that had an open date of 10/06 written on it and a Use-By-Date of 10/18/2024. Freezer: -A bag of hashbrown potatoes that were not sealed. Pantry: -Shortbread cookies, package tore open, not sealed -Raisin Bran cereal, box open with bag open inside "Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2022, Section 3-501.17). "Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored	{M 474}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 474}	Continued From page 15 for only seven days if it is held at 41 degrees Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7, p. 1-8, and p. 7-3). On 11/04/2024, at approximately 3:30 PM, Surveyors interviewed Administrator A, Administration C, Manager D, Assistant Executive Director F, and Senior Manager PP regarding proper food storage. Surveyors asked for clarification as to why the foods were not properly labeled or stored. Surveyors did not receive a response.	{M 474}		