STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017406	A. BUILDING: _____ B. WING _____	R-C 06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSIDE TERRACE ASSISTED LIVING	1820 WESTMOOR TERRACE ELM GROVE, WI 53122

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{N 000}	Initial Comments On 06/05/2024, with information gathered through 06/10/2024, Surveyors conducted 2 verification visits at Woodside Terrace Assisted Living. Five deficiencies were identified. Three of the 5 deficiencies were repeat violations (see Statement of Deficiency (SOD) ITBL11 and 9S2811). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare and implement a temporary service plan for 1 of 1 resident (Resident 3). Findings include: On 06/05/2024, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 05/31/2024 as an emergency placement. Surveyor asked Caregiver C for Resident 3's temporary service plan. Caregiver C stated that Resident 3 did not have a binder as Licensee A	N 385		

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

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N 385	Continued From page 1 was still creating it. Caregiver C called Licensee A to verify that Resident 3 did not have a binder in the facility and Caregiver C stated, "[Licensee A] is still working on it." On 06/06/2024 an assessment plan was created by the facility. On 06/30/2024 Resident 3 ' s ISP was completed. The facility did not have a temporary service plan in place between 05/31/2024 and 06/06/2024. On 06/10/2024 at 10:00 AM, Surveyors interviewed Licensee A. Licensee A stated s/he understood that each resident was to have an individualized service plan.	N 385		
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.	N 408		

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N 408	Continued From page 2	N 408		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 1 of 1 resident (Resident 1) prescribed PRN (as needed) psychotropic medication Lorazepam was documented on the Individualized Service Plan (ISP). The ISP did not include a rationale for use, nor a detailed description of the behaviors which indicate the need for administration of the PRN Lorazepam.

Findings include:

On 06/05/2024, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility on 02/20/2020.

Resident 1's May 2024 Medication Administration Record (MAR) documented the following PRN medication and administration times along with rationale:

"Lorazepam .5 MG (milligram) tablet; Take 1 tablet by mouth every 6 hours as needed (anxiety). Start Date: 10/16/2023."

02/20 2024 9:39 AM - Anxiety - Effective
02/21/2024 9:52 AM - Anxiety
02/28/2024 1:11 PM - Anxious - Sleeping
02/29/2024 9:46 AM - Anxious - Sleeping
03/08/2024 6:00 PM - Anxious - Sleepy
04/01/2024 1:36 PM - Anxious - Sleepy
04/08/2024 2:03 PM - Anxious - Sleepy
05/01/2024 2:00 PM - Anxious
05/15/2024 2:40 PM - Anxiety - Effective
05/16/2024 10:44 AM - Anxiety - Effective

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N 408	Continued From page 3 05/16/2024 3:45 PM - Anxiety Resident 2's "Individual Service Plan (ISP)," dated 11/20/2023, documented ISP updated for decline. Medications - see attached (MAR). The ISP did not include a rationale for use, nor a detailed description of the behaviors which indicate the need for administration of the PRN Lorazepam. On 06/10/2024 at 10:00 AM, Surveyors interviewed Licensee A. Licensee A stated s/he understood that the resident's ISP needed to be updated and individualized.	N 408		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure proper documentation of the Medication Administration Record (MAR) for 3 of 3 residents reviewed.	N 415		

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N 415	Continued From page 4 This is a repeat deficiency. See Statement of Deficiency (SOD) 9O2811, dated 03/22/2023. Resident 1's MAR contained blanks where medication administration should have been documented. Resident 3's MAR contained documented med administration when the medication was a duplicate on the MAR. Resident 5's blood glucose levels were not documented. Findings include: On 06/05/2024, Surveyor reviewed Resident 1's, Resident 3's and Resident 5's record. Example 1: Resident 1 Resident 1 was admitted to the facility on 02/20/2020. Resident 1's May 2024 MAR documented: Lorazepam - Take 1 tablet by mouth every 6 hours as needed (anxiety) Surveyor observed Resident 1's blister cards of Lorazepam in the med cart. The blister card stated it was supplied on 10/16/2023. Seven of 30 tablets remained in the blister card. The MAR documented the card started with 24 tablets upon receipt. There was documentation of administering 13 tablets. There should have been 11 tablets remaining. Example 2: Resident 3 Resident 3 was admitted to the facility on 05/31/2024. Resident 3's MAR, dated 05/31/2024 to 06/05/2024, documented: Oxycodone 5 MG Tablet - Take 1 tablet by mouth 3 times a day 8AM, 2PM and 8PM. Start date: 05/30/2024. Oxycodone 5 MG Tablet - Take 1 tablet by mouth	N 415		

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N 415	Continued From page 5 3 times a day 8AM, 2PM and 8PM. Start date: 05/07/2024. The MAR documented that the medications had been administered on 05/31/2024, 06/01/2024, and 06/02/2024, giving the appearance that Resident 3 received 2 doses of the scheduled medication. Example 3: Resident 5 Resident 5 was admitted to the facility on 02/10/2023 with diagnoses including diabetes. Resident 5's May 2024 MAR documented: Humalog Kwikpen - Inject 8 units subcutaneously 3 times a day with meals Lantus Solostar - Inject 10 units subcutaneously at bedtime Resident 5's May 2024 blood sugar (BS) report stated "Check and record blood sugar." The report did not document levels on the following dates: 05/12 - 4:00 PM 05/22 - 12:00 PM, 4:00 PM, 8:00 PM 05/23 - 8:00 AM 05/25 - 4:00 PM 05/27 - 4:00 PM On 06/10/2024 at 10:00 AM, Surveyors interviewed Licensee A. Licensee A stated s/he had been training staff to consistently document in the MARs and would continue to provide training.	N 415		
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	N 481		

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N 481	Continued From page 6 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, and homelike. This is a repeat deficiency from SOD # 9O2811 dated 03/22/2023. Findings include: On 06/05/2024 at approximately 10:05 AM, Surveyors toured the facility. On tour of the facility the following was observed: 1.) Resident 4's room had paper, dirt, and food debris all over the carpet and empty food containers on the floor. 2.) The rear door leading to the back yard of the facility had a hole by the door handle that lead to the outside. 3.) Resident 3's room had brown spots in the ceiling that appeared to be a leak. 4.) The basement door frame was broken, not allowing the basement door to be secured when shut. 5.) The back hallway had a baseboard heater that the cover was not secured to. The cover has sharp edges that create risk of injury. On 06/05/2024 at approximately 10:57 AM, Surveyor toured with Caregiver C. Caregiver C stated s/he would write down the concerns and	N 481		

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N 481	Continued From page 7 acknowledge Surveyors concerns. On 06/10/2024 at 10:00 AM, Surveyors interviewed Licensee A. Licensee A stated Caregiver C had discussed some of the concerns with him/her and s/he would ensure the areas of concern were addressed.	N 481		
{N 499}	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure cleaning compounds, polishes, insecticides and toxic substances were stored in a secure area. This is a repeat deficiency from SOD # ILBT11 dated 12/06/2023. Findings include: The provider is a Class CS (Semi-ambulatory) home and is licensed to serve up to 8 clients in the client groups irreversible dementia/Alzheimer's and advanced aged. On 06/05/2024 at approximately 10:05 AM, Surveyors toured the facility and observed the following: 1.) In a hallway closet that was unsecured due to a broken lock was a bottle of clorox cleaner and glass cleaner.	{N 499}		

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{N 499}	Continued From page 8 2.) In a second closet in the hallway that was left unsecured there was 1 gallon of paint, 1 bottle of pet carpet cleaner, and 1 bottle of swiffer wet jet cleaner. 3.) The basement door was unable to be fully shut because the door frame was broken. The following toxic chemicals were observed in the basement unsecured: 1 can oven cleaner, 1 bottle patio furniture cleaner, 2 cans of scotch guard fabric protection, 1 bottle of hardwood floor cleaner, several gallons of paint, 10 cases of Mr. Clean disinfecting wipes in which each case had 12 cans, on a work bench in the basement there were numerous chemicals and cans of paint, on a shelf in the basement there was cans of spray paint, oops cleaner, liquid nails, wall paper remover, and latex paint addictive. On 06/05/2024 at approximately 10:57 AM, Surveyor toured and shared findings with Caregiver C. Caregiver C stated s/he understood the chemicals should be secured. On 06/10/2024 at 10:00 AM, Surveyors interviewed Licensee A. Licensee A stated Caregiver C had discussed some of the concerns with him/her and s/he would ensure the areas of concern were addressed.	{N 499}		