| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018124 | A. BUILDING: _____ B. WING _____ | C 04/15/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CRESCENT ASSISTED LIVING** | **2904 SOUTH 114TH STREET UNIT S GREENFIELD, WI 53227** |

| (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 |
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| M 000 | INITIAL COMMENTS<br><br>On 04/15/2024, Surveyor completed a standard survey and complaint investigation at Crescent Assisted Living. As a result, 4 deficient practices were identified. The complaint was unsubstantiated.<br><br>Census: 3 | M 000 | | |
| M 408 | 88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES<br><br>The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure an assessment was completed which identified their needs and abilities for 2 of 2 residents. Resident 2's record did not contain an assessment. Resident 3's assessment was blank in the following areas: activities of daily living, medications, health, and transportation. Resident 3's assessment did not address level of supervision required in the home and community, vocational, recreational, and social.<br><br>Findings include: | M 408 | | |

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

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| M 408 | Continued From page 1<br><br>On 04/03/2024, at 1:00 PM, Surveyor reviewed resident records and identified the following:<br><br>Resident 2 was admitted on 05/10/2023. Resident 2's record did not contain an assessment to identify Resident 2's needs and abilities in the following areas: activities of daily living, medications, health, transportation, level of supervision required in the home and community, vocational, recreational, and social needs, and abilities.<br><br>Resident 3 was admitted on 06/14/2023, with diagnoses including Alzheimer's disease, anxiety, depression, ataxia, schizophrenia, seizure disorder, bipolar disorder, and emphysema/chronic bronchitis. Resident 3's preassessment, undated, reported the following:<br>-Resident 3 needed reminders/assistance to maintain bladder continence and wore a pull up brief. Resident 3 was incontinent of bowel.<br>-Resident 3 was "usually oriented."<br>-Resident 3 required full assistance with cares.<br>-Resident 3 ambulated with a wheelchair.<br>-Resident 3's assessment was blank in the following areas: activities of daily living, medications, health, and transportation. Resident 3's assessment did not address level of supervision required in the home and community, vocational, recreational, and social needs, and abilities.<br><br>On 04/15/2024, at 3:30 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A and Administrator B reported they both completed the assessments for residents. They did not provide an answer as to why the required assessment areas were not completed. | M 408 | | |

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| M 410 | Continued From page 2 | M 410 | | |
| M 410 | 88.06(3)(d) INDIVIDUAL SERVICE PLAN<br><br>The individual service plan shall contain at least the following:<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 2 and Resident 3) Individual Service Plan included all required information. Resident 2's and Resident 3's ISPs did not include the following:<br>1. A description of the serviced the licensee will provide to meet assessed needs.<br>2. Identification of the level of supervision required in the home and community.<br>3. Identification of who will monitor the plan.<br>4. Signed statement of agreement.<br><br>Findings include:<br><br>On 04/03/2024, at 1:00 PM, Surveyor reviewed resident records and identified the following:<br><br>Resident 2 was admitted on 05/10/2023.<br>Resident 2 had a court appointed guardian.<br>Resident 2's ISP, dated 07/15/2023, identified the following:<br>-Capacity for self-direction: cannot make own decisions, needs assistance.<br>-Supervision - needs some supervision.<br>"[Resident 2] will wander around constantly and s/he will steal, drink any and all drinks in sight."<br>-Oral Care - Ø<br>-Eating - Self | M 410 | | |

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| M 410 | Continued From page 3<br>-Bathing - Assist<br>-Wandering - Yes<br>-Destructed of property or self, physically or mentally abusive - Yes<br>-Physical Health section is blank.<br>-Interaction with others - sometimes will hit housemates.<br>-Aggressive/combative - sometimes will hit housemates.<br>-Community contacts - day program<br>-Food preparation - blank<br>-Use of public transportation - Transit plus<br>-Housekeeping skills - Ø<br><br>Resident 2's ISP did not identify the frequency or how the provider would meet the assessed need for personal care, physical health, behaviors, community contacts, food preparation, and public transportation. Resident 2's ISP did not identify the supervision Resident 2 required in the home and community.<br><br>Resident 3 was admitted on 06/14/2023 with diagnoses including Alzheimer's disease, anxiety, depression, ataxia, schizophrenia, seizure disorder, bipolar disorder, and emphysema/chronic bronchitis. Resident 3's ISP, undated, identified the following:<br>-Propensity to choke on certain foods - Ø teeth, "can't eat big chunks."<br>-Physical Health section is blank.<br>-Attitude - poor<br>-Aggression/combative - Ø patience gets aggressive when s/he has to wait. Goal/Outcome: try to manage behaviors by redirecting.<br>-Money management - Ø<br>-Food preparation - Ø<br>-Shopping - Ø<br>-Housekeeping skills - Ø | M 410 | | |

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| M 410 | Continued From page 4<br><br>Resident 3's pre-admission assessment, undated, reported the following:<br>-Resident 3 needed reminders/assistance to maintain bladder continence and wore a pull up brief. Resident 3 was incontinent of bowel.<br>-Resident 3 was "usually oriented."<br>-Resident 3 required full assistance with cares.<br>-Resident 3 ambulated with a wheelchair.<br><br>Resident 3's Behavior Support Plan (BSP), dated 11/14/2023, reported Resident 3 might kick or throw objects when angry or make threats towards others. Resident 3's behaviors were likely to occur during mealtimes with peers, when engaged in a power struggle with another, in the residence towards staff and peers, when Resident 3 forgot s/he had a meal or beverage or after incontinence.<br><br>Resident 3's ISP did not identify the frequency or how the provider would meet the assessed need for personal care, physical health, behaviors, community contacts, food preparation, and public transportation. Resident 3's ISP did not identify the supervision Resident 3 required in the home and community.<br><br>On 04/15/2024, at 3:30 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A and Administrator B confirmed Resident 3's ISP was created when s/he was admitted to the facility. Licensee A and Administrator B reported they both worked together to create the resident's ISPs. Licensee A confirmed the ISPs needed more information. Licensee A and Administrator B reported the information for the residents was in their heads and confirmed the information needed to be written down for staff. | M 410 | | |

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| M 424 | Continued From page 5 | M 424 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 resident's (Resident 2 and Resident 3) Individual Service Plan (ISP) were reviewed at least once every 6 months. Resident 2's ISP was due to be reviewed January 2024. Resident 3's ISP was due to be reviewed in January 2024.<br><br>Findings include:<br><br>On 04/03/2024, at 1:00 PM, Surveyor reviewed resident records and identified the following:<br><br>-Resident 2 was admitted on 05/10/2023. Resident 2 had a court appointed guardian. Resident 2's ISP, was dated 07/15/2023. | M 424 | | |

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| M 424 | Continued From page 6<br><br>Resident 2's ISP was due to be reviewed in January 2024. Resident 2's record did not contain any evidence Resident 2's ISP was reviewed or updated at least every 6 months.<br><br>-Resident 3 was admitted on 06/14/2023. Resident 3's ISP, was undated. Resident 3's record did not contain any evidence Resident 3's ISP was reviewed or updated at least every 6 months.<br><br>On 04/15/2024 at 3:30 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A and Administrator B confirmed resident's ISPs needed to be updated every 6 months. Licensee A and Administrator B reported they were unsure why the Resident 2's and Resident 3's ISPs did not reflect an update. Licensee A and Administrator B reported they would ensure ISPs were updated every 6 months. | M 424 | | |
| M 458 | 88.07(3)(a) PRESCRIPTION MEDICATIONS<br><br>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.<br><br>This Rule is not met as evidenced by: | M 458 | | |

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| M 458 | Continued From page 7<br><br>Based on observation and interview, the provider did not ensure prescription medications were securely stored in a common refrigerator for 1 of 1 resident (Resident 1). Resident 1's insulin pen cartridges were stored in the door of the refrigerator.<br><br>Findings include:<br><br>On 04/03/2024, at 11:50 AM, Surveyor observed the facility's refrigerator. Surveyor observed the following insulin pen cartridges stored in the door of the refrigerator:<br><br>- One box with 5 Lantus cartridges<br>- One box with 5 Humalog cartridges<br><br>On 04/03/2024, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 was prescribed insulin. Licensee A reported Resident 1 administers her/his own insulin. Licensee A confirmed all prescription medications should be securely stored. Licensee A reported they would ensure all prescription medications are securely stored. | M 458 | | |