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33 FIELDS	2520 STATE ROAD 33 PORT WASHINGTON, WI 53074

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M 000	INITIAL COMMENTS On 03/17/2025 with additional information gathered through 03/26/2025, Surveyor conducted a complaint investigation at 33 Fields in Port Washington. As a result, 1 deficiency was identified and 1 of 1 complaints was substantiated. Census: 1	M 000		
M 580	88.10(3)(p) Prompt and Adequate Treatment Prompt and adequate treatment. To receive prompt and adequate treatment and services appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received prompt and adequate treatment for seizures. Resident 1 was admitted on 12/16/2024 with diagnoses that included a rare form of epilepsy making him/her prone to different types of seizures. The provider did not implement an individualized service plan to identify the risks associated with it or the interventions necessary to meet Resident 1's needs in this area. Between 02/09/2025 to 02/22/2025, Resident 1 experienced 4 significant seizure episodes. The provider did not notify the facility nurse, did not inform Resident 1's guardian of all of the seizures or their full extent and did not ensure Resident 1 was medically assessed. On 02/22/2025 beginning at 3:02 AM, Resident 1 began experiencing a cluster of seizures. S/he did not recover in between them and did not respond to medication. The provider did not	M 580		

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

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ensure Resident 1 received medical intervention until 10:30 AM. Resident 1 was sent to the emergency room and admitted to the hospital.

Findings include:

On 03/10/2025, the Department received a complaint alleging concerns with prompt and adequate treatment.

On 03/17/2025 at approximately 10:20 AM, Surveyor conducted an interview with Program Director (PD) A and Program Director (PD) B. PD A and PD B stated Resident 1 was admitted to the hospital and would not be returning to the home. Surveyor requested Resident 1's closed record.

On 03/17, 03/18 and 03/19/2025, Surveyor received and reviewed portions of Resident 1's record to include the face sheet, individual service plan (ISP), charting notes, medication administration record (MAR) and incident reports from PD A.

Resident 1 was admitted on 12/16/2024 with diagnoses to include but not limited to, Intractable Lennox-Gastaut Syndrome (a rare and severe form of childhood epilepsy), static encephalopathy (permanent and unchanging brain damage), status epilepticus, hyperlipidemia, intellectual disability and allergies.

Resident 1's ISP dated 12/17/2024: identified his/her needs for staff assistance with medication management, bathing and dressing. Under "Nursing Procedures" Resident 1's ISP read, "Member may have seizures at any time and will need someone to be on hand with [him/her] in the event this should occur." In addition, under

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"Community Supervision," it identified the need for " ...supervision due to [his/her] siezure [sic] disorder and DD (developmental disability)." The ISP documented Resident 1 experienced occasional incontinence. The ISP also documented Resident 1 was "ambulatory with staff assistance" and relied on "ambulation with walker for balance and stability."

The ISP was silent to:
-- Interventions to meet Resident 1's needs given his/her rare form of epilepsy.
-- Resident 1's history of seizures including what his/her baseline was for frequency and duration of seizures.
-- Strategies staff should use to monitor or medically intervene when Resident 1 experienced seizures.
-- Direction on when the guardian should be notified and his/her role in deciding when Resident 1 should receive emergency treatment.

According to Cleveland Clinic, "Epilepsy refers to a family of conditions that cause malfunctions in how brain cells send signals to each other. Lennox-Gastaut syndrome (LGS) is a particularly severe type of epilepsy for the following reasons ...causes multiple types of seizures. Some of these types of seizures are more likely to cause severe injuries ....very commonly causes severe brain damage, leading to learning difficulties and developmental setbacks ....usually resists treatment. Medications are the first line of treatment for this condition, but it's common that multiple medications are necessary... Types of seizures - LGS usually involves multiple seizure types ...

-- Atonic (A-tonic) ... Limpness or loss of muscle control. Sometimes referred to as "drop attacks"

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because they cause a person to go limp as if all the muscles in their body stopped working... -- Partial loss of consciousness. People having atonic seizures may not fully lose consciousness or pass out from the seizure itself. -- Short duration. These seizures are usually short-lived, lasting only a few seconds ...

-- Tonic ... Muscle stiffness throughout the body ...body goes uncontrollably rigid or stiff as most or all of the muscles in their body contract. Feet and shoulders on the ground with back arched upward ... usually happen during sleep but are possible during the daytime. When they happen while a person is awake, they can cause a person to fall, putting them at risk of injury ...usually last between several seconds and a minute.

-- Atypical absence ...cause loss of consciousness, but with an open-eyed stare ...often mistaken for daydreaming, distraction or absentmindedness. ...usually involve eye or mouth movements. The movements can be in the mouth, eyes or hands ...usually last no more than several seconds.

While most of the seizures themselves are short, people with LGS commonly have "clusters" of seizures, which means several seizures in a short period. In more than two-thirds of cases, people with LGS will have "status epilepticus." That's when one of two things happens:

-- A seizure that lasts for between five and 30 minutes.
-- More than one seizure within 30 minutes, and the person doesn't recover to full consciousness between seizures.

Status epilepticus is a medical emergency. It's

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especially dangerous because it can cause permanent brain damage and death ...."

Other symptoms and their seizure types:

-- Full-body convulsions. Tonic-clonic seizures (once known as "grand mal" seizures) start similarly to tonic seizures as mentioned above, but also have another phase to them. The clonic phase involves convulsions, one of the best-recognized features of seizures. Tonic and tonic-clonic seizures usually last up to a couple of minutes.

-- Quick, brief, jerky movements. Myoclonic seizures cause a quick, jerky movement. These usually only happen for just a couple of seconds but sometimes can last longer ...

-- Sensory, psychological or other symptoms. Partial or focal seizures affect parts of your body in limited ways ...changes in emotions, changes in senses - how things taste, smell or sound, uncontrolled muscle jerking - usually in arms or legs, feeling dizzy, having a tingling sensation, blank stares, repetitive movements like eye blinking, lip smacking or chewing motion, hand rubbing or finger motions.

Source: https://my.clevelandclinic.org/health/diseases/23171-lennox-gastaut-syndrome-lgs; and https://my.clevelandclinic.org/health/diseases/17636-epilepsy, retrieval date 03/24/2025.

The facility's policy related to seizures (received from Program Director A on 03/19/2025 at 1:11 PM) read in part:

"Emergency Treatment: Seizures are a violent

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and sudden contraction of muscles. The sudden movements are called convulsions as the muscles contract and relax. A seizure is caused by abnormal brain activity. Seizures may happen to anyone and are caused by a variety of reasons. Some residents have an AURA before the seizure, meaning they hear, smell or see something. Assisting a Resident having a seizure is very important.

-- Call for assistance if possible.
-- Never leave the Resident alone.
-- Lower the Resident to the floor to prevent serious injury and to prevent hitting any furniture should they fall.
-- Do not restrain the Resident, allow the Resident the freedom of movement during the seizure and keep them safe (i.e. pillow for their head and cover with a blanket, etc.).
-- Observe Resident during seizure as the Resident may become incontinent. Assist Resident to bed after the incident, if needed help with toileting prior.
-- Get medical attention for the Resident.
-- Report and record seizure activity: Time of seizure in minutes and seconds, which body parts were involved and the residents' reaction(s). Notify Nurse Administrator."

CHARTING NOTES AND INCIDENT REPORTS FROM 02/01/2025 TO 02/22/2025 WITH DOCUMENTATION OF SEIZURES AND/OR SEIZURE ACTIVITY ON THE FOLLOWING DATES:

-- 02/04/2025, Charting note: During "night routine ...started to have small seizures 1-3 minutes. Staff steps in to help. [Resident 1] relaxes in [his/her] chair ...words started off good then begin to become slurred." Author: Caregiver

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M 580	Continued From page 6 D. -- 02/05/2025, Charting note: " ...had a steady gait and words were clear. When resident sat at the table to take meds, resident started to have an episode. This staff took nresident [sic] back to room to have lay down until resident was clearly responding back to staff questions ..." Author: RD A. -- 02/05/2025, Charting note: " ...in bed at 9pm staff complete room check 11 pm [Resident 1] is Sleep [Resident 1] words today was very slurred but was able to move around the house on [his/her] own." [sic-all] Author: Caregiver D. -- 02/06/2025, Charting note: " ...while eating [Resident 1] started to have a small seizure, staff assist ...was able to finish dinner relaxes in the living room while staff monitored [him/her], [Resident 1] had another seizure, seizures lasted about 2-5 minutes each round. Staff assisted [Resident 1] with [his/her] night routine ...was very stable in walking around the house words was slurred..." Author: Caregiver D. -- 02/08/2025, Charting note: " ...unsteady holding my hands or hands today [sic all]." Author: Caregiver C. -- 02/09/2025, Charting note: "Seizures this morning Gave meds Called for extra help from staff. Gave [Resident 1] PRN. Clean [Resident 1] up from loose stool several times Did several loads of laundry ..." Author: Caregiver C. -- 02/09/2025, Incident report: Resident 1 had a seizure from 7:30 AM to 8:15 AM for a total of 45 minutes. The report indicated Resident 1 was in the bathroom on the toilet when s/he started to	M 580		

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have a seizure. Resident 1 was incontinent of bowel, had a blank stare, sleepiness/drowsiness and stiffness and movement in both arms and legs. Extra Staff came in to help administer PRN at 8:40 AM. The report indicated the facility nurse was not contacted. The report also did not document notification to the Guardian F. (Surveyor note: In an interview with Guardian F, s/he stated s/he was notified, but not to the severity of the seizure. See below.)

-- 02/09/2025, Charting note: " ...had seizures during dinner but was able to eat 80% of [his/her] food, staff assist [Resident 1] with getting back to [his/her] chair and with [his/her] night routine..." Author: Caregiver D.

-- 02/15/2025, Charting note: " ...writer noticed resident slurred speech and head constantly being down. This writer had to assist with dinner ..." Author: RD A.

-- 02/18/2025, Charting note: " ...Having breakfast started having small seizures Had [him/her] go back to [his/her] room to rest...At lunch [s/he] had another seizure, so we stopped lunch eating only a few bites and had [his/her] move to [his/her] bed to rest. [S/he] refused to take any nap [sic all]." Author: Caregiver C.

-- 02/18/2025, Charting note: " ...had seizures during shift, [Resident 1] was given a PRN, seizures continued to happen, [Resident 1] ate 50% of dinner staff assisted [Resident 1] back to [his/her] chair in [his/her] room to help [him/her] relax..." Author: Caregiver D.

-- 02/18/2025, Incident report: Resident 1 was having absent seizures throughout the day with the last episode being a grand mal. The report

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indicated Resident 1 had a seizure from 3:07 PM to 3:30 PM for a total of 23 minutes. The report stated Resident 1 had a blank stare, stiffness and movement in both arms and legs. A PRN was administered at 3:11 PM. The report documented the guardian and care team were notified. The report also indicated the facility nurse was not contacted.

-- 02/19/2025, Charting note: " ...Resident stated that they wet themselves in the bed. Resident got up and went t o [sic] the bathroom ...started to have an episode, so both staff assisted resident to the room to lay down until the episodes stopped..." Author: RD A.

-- 02/19/2025, Charting note: " ...[Resident 1] had small seizures during dinner was able to eat 100%, no words slurred very steady [sic all]..." Author: Caregiver D.

-- 02/21/2025, Charting note: " ...during dinner [Resident 1] started to have seizures, [Resident 1] was only able to eat about 80% of [his/her] food..." Author: RD A.

-- 02/22/2025, Charting note: "[Resident 1] awake all night. PRN given for cluster seizures around 3am. IBAM [sic](incident report) made and followed. [Resident 1] awake in [his/her] room." Author: Caregiver E.

-- 02/22/2025, Incident report: Resident 1 was in bed and began having cluster seizures with 3 grand mal seizures from 3:02 AM to 3:58 AM for a total of 56 minutes. The report indicated Resident 1 was incontinent of bowel, had rapid eye movement in both eyes and movement of both legs and arms. A PRN was administered. Resident 1 verbally responded to staff s/he was

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okay around 3:58 AM. The report documented Caregiver E sent a text message to Caregiver D at 4:05 AM, but no additional information was provided. (Surveyor note: In an interview with Caregiver D, s/he confirmed s/he received a text message from Caregiver E, but did not respond because s/he was sleeping. See interview below.) The report indicated the facility nurse was not contacted. The report also did not document notification to Guardian F.

-- 02/22/2025, Charting note: "[Resident 1] was having seizures, staff contacted upper management and [Guardian F], [Guardian F] came to help [Resident 1] fell and [Guardian F] gave permission to call EMT (emergency medical technician). They arrived and left with [Resident 1] at 11:11AM. [Resident 1] had Bm (bowel movement) on [his/herself], did take AM medication." Author: Caregiver D. The charting note did not document the time Guardian F was contacted.

-- 02/22/2025, Incident report: Resident 1 was in bed and continued to have seizures from 7:20 AM to 11:10 AM for a total of 3 hours and 50 minutes. The report indicated Resident 1 was incontinent of bowel numerous times, had a blank stare, sleepiness/drowsiness and stiffness and movement in both arms and legs. The report stated Resident 1 was given his/her morning medication in yogurt between seizures around 7:45 AM. The report indicated the seizures were both small and grand mal and each one lead into the next with only minutes in between. The report documented a text message to PD A at 8:46 AM and then a phone call to PD B at 9:20 AM. The report was silent to the time Guardian F was contacted, but it documented his/her arrival at the facility at 10:30 AM. After Guardian F's arrival,

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M 580	Continued From page 10 911 was called for emergency transport to the hospital at 11:10 AM. Surveyor note: 4 of 4 incident reports indicate the facility nurse was not contacted per the facility's policy and procedure protocol for standard seizures (as noted above). In addition, 1 of 4 incident reports indicate Resident 1's guardian was not contacted. Guardian F did not receive notification when Resident 1's seizures began around 3:02 AM on 02/22/2025. Also, 3 out of 4 where Guardian F was notified, during an interview with Surveyor s/he stated s/he was not informed of the severity Resident 1's seizures (see interview below). On 03/17/2025 at approximately 10:45 AM, Surveyor reviewed Resident 1's February 2025 MAR. There were two PRN (as needed) medications listed on the MAR for seizures - Diazepam 20 mg gel - Insert 15 mg rectally as needed for prolonged seizure or cluster seizures and Levetiraceta 500 mg ER tab - Take 1 tablet by mouth daily as needed for daily seizure. Resident 1 did not receive any doses of Levetiraceta during the month of February. Resident 1 received a total of 3 doses of Diazepam gel on 02/09/2025, 02/18/2025 and 02/22/2025. On 02/09/2025, the effectiveness of the Diazepam gel was not documented. On 02/18/2025, the Diazepam gel was documented as administered at 3:00 PM and reported as "not effective" by PD A at 4:00 PM. In addition, on 02/22/2025, the Diazepam gel was documented as administered at 3:00 AM and reported by Caregiver E as "not effective" at 4:00 AM. (Surveyor note: There was no documentation or direction on the MAR to reflect how often Resident 1 could receive the Diazepam gel or what staff should do if it was not effective.)	M 580		

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M 580	Continued From page 11 INTERVIEWS WITH PD A, PD B, GUARDIAN F, CAREGIVER C, and CAREGIVER D: During an interview with PD A on 03/17/2025 at 10:35 AM, s/he stated Resident 1 was having seizures that morning on 02/22/2025. PD A verified they did not have seizure protocol for Resident 1. S/he reported, "According to [Guardian F], [Resident 1] would have absent seizures where s/he would stare and staff were to engage [him/her]. We were never told about grand mal seizures. If [s/he] continued to have seizures, staff would need to put a wand against [his/her] head to retrieve data from [his/her] brain." PD A reported Resident 1 had a plate in his/her brain and when they would scan his/her head with the wand they had a special computer that would send the information to his/her doctor. PD A stated they never received information back regarding the scans as Guardian F would receive the information. (Surveyor note: This intervention or strategies to implement it were not documented in Resident 1's ISP.) PD A reported Guardian F and/or Guardian G would bring Resident 1 to his/her appointments and "they barely shared information." PD A reported s/he had daily contacts with Guardian F to let him/her know how Resident 1 was doing. S/he stated, "Sometimes [Guardian F] would respond and sometimes [s/he] would not." PD A reported Resident 1 took his/her morning medications on 02/22/2025, but s/he kept having seizures. S/he stated, "They kept getting worse and worse. [Guardian F] ended up coming to the home. [Guardian F] tried to physically pick [Resident 1] up and stand [him/her] up. When [Resident 1's] legs gave out, [Guardian F] said to call the ambulance." PD A stated, "We never knew when [Resident 1] was going to have a seizure." S/he	M 580		

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stated Resident 1 ate and drank the day prior and had a normal day. PD A reported Resident 1 "had a few grand mals" and when s/he did they used the PRN Diazepam rectal gel. S/he stated they would only receive 2 doses of the PRN Diazepam gel at a time from the pharmacy. PD A confirmed the last dose was administered at 3:02 AM on 02/22/2025.

On 03/17/2025 at 11:12 AM, Surveyor interviewed PD B who confirmed s/he received a call from Caregiver C the morning of 02/22/2025. PD B reported Caregiver C informed him/her Resident 1 had multiple grand mal seizures and the last of the Diazepam gel was administered earlier that morning by Caregiver E. PD B advised him/her to make efforts to reach Guardian F and if unsuccessful to call 911. PD B reported s/he told Caregiver C to keep calling and if s/he does not hear back to call 911. PD B stated Guardian F called Caregiver C back and came to the home. PD B reported, "Guardian F told us before [Resident 1] admitted [s/he] didn't have grand mal seizures."

On 03/20/2025 at 10:37 AM, Surveyor interviewed Guardian F who stated, "They never put seizure protocol in place. They asked me a week prior to 02/22/2025 (Surveyor note: 2 months after admission.) I asked them what they would want as [Resident 1] has different seizures - absent or grand mal/tonic clonic. There is different protocol for each one. For the absent seizures, there is nothing you can do. [Resident 1] just stares and you need to communicate with [him/her] to see if [s/he] comes out. Staff should be with [him/her] all the time. I gave them a booklet when [s/he] moved in. It was an informational sheet and book about epilepsy and Lennox-Gastaut." Guardian F reported the facility

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
33 FIELDS	2520 STATE ROAD 33 PORT WASHINGTON, WI 53074

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was required to do weekly reports with him/her and when s/he was told Resident 1 was having seizures, s/he would follow up and ask what kind. Guardian F stated, "[Resident 1] had two brain surgeries to get rid of the seizures. [His/her] most recent surgery was in February 2024 when [s/he] had a RNS device implanted in [his/her] brain." (Surveyor note: This surgery, device or how it was used to monitor Resident 1 was not documented in Resident 1's ISP.)

Guardian F reported, "I was not called until 9 AM on 02/22/2025 and when I got to the home [Resident 1] was having seizures." (Surveyor note: This was 6 hours after the seizure activity began.) S/he said s/he advised staff to call 911. Guardian F reported Resident 1 was experiencing tonic clonic seizures every 2 minutes and the paramedics had to give him/her a dose of Versed, 3 doses of Ativan and a dose of Keppra to get the seizures to stop. S/he informed Surveyor Resident 1 was brought to one hospital and once they stabilized him/her, s/he was transferred to another hospital. Guardian F stated, "[Resident 1] is home safe with me." Guardian F said if Resident 1 was having seizures earlier that morning s/he would have expected a phone call adding, "They should have called me for any tonic clonic seizures." Guardian F reported, "I am livid. A seizure lasting 56 minutes should have been an ambulance ride to the hospital. [Resident 1's] brain waves were not functioning properly. [S/he] could have died." Guardian F reported s/he was notified of Resident 1's seizures on 02/09/2025 at 8:11 AM but was not informed how long they lasted. Guardian F reported, "The protocol is anything longer than 5 minutes puts [him/her] in-status (for intervention). Tonic clonic ones are ER (emergency room) visits." Guardian F stated s/he was notified via email Resident 1 was having

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absent seizures on 02/18/2025 and nothing was said about a tonic clonic seizure. Guardian F reported, "The Diazepam gel was an emergency PRN medication. If [Resident 1] doesn't come out of seizure after it was given, [s/he] needs to go out."

On 03/20/2025 at 11:15 AM, Surveyor interviewed Caregiver C who stated, "We would follow our standard seizure protocol. Make sure they are in a safe place and get them on their side. With [Resident 1] that was not always possible as [s/he] would have them in the bathroom." Caregiver C reported, "I didn't know all the terms for [his/her] seizures. [Resident 1] would have mild seizures where [s/he] would slur [his/her] words and fade away. I would get next to [him/her], talk to [him/her] and if needed stimulate her on [his/her] chest, arm, anywhere just so [s/he] knew we were right there for [him/her]. When [s/he] would have a full seizure, [s/he] would start stiffening up - not a grand mal. I'd get [him/her] out of the bathroom, talk with [him/her], get [him/her] to [his/her] bedroom and we would melt to the floor together. Maybe it would last 2 minutes. When [s/he] came to, [s/he] would look at you and be confused why we were on the floor." Caregiver C reported, "You could tell how [s/he] was verbally responding to you and how [his/her] body would stiffen up and tremor. You knew it was a grand mal." S/he stated, "I never had to administer the Diazepam rectal gel. I helped while another staff administered it on 02/09/2025 and 02/18/2025 ...We didn't get training on the rectal gel. If we had to use it, we would read the instructions on the package." Regarding the seizure incident on 02/22/2025, Caregiver C stated s/he started working that morning at 7:00 AM and "[Resident 1] was in and out of seizures. [Caregiver E] on night shift gave

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[him/her] a suppository and was checking on [him/her] every hour to half an hour. When I came in, I checked on [him/her] and could tell [his/her] bowel was loose. [Caregiver E] had a Depend (brief) on [him/her], but it went through [his/her] pajamas and soaked through to the chuck (incontinence) pad ...[S/he] could not sit up so I put [his/her] medication in yogurt. [S/he] was able to swallow and talked a tiny bit. Everything was 1-2 answers." Caregiver C stated, "[S/he] started having an absent seizure, but it got worse. I called [Caregiver D] who is our house lead, but s/he didn't answer so I called [PD A] who told me [s/he] was on another phone call and would call me back. I then called [PD B] because [Resident 1] needed help. I wanted to call the ambulance. I knew something was not right. [PD B] told me that is [Guardian F's] call and [s/he] needs to make that call. [S/he] told me I needed to call [Guardian F]." Caregiver C could not recall when s/he spoke with Guardian F, but when s/he did Guardian F said s/he would get there as soon as s/he could. Caregiver C stated, "I told [Guardian F] I wanted to call the ambulance, but [s/he] said [s/he] would get there." Caregiver C reported, "I changed [Resident 1] two times and [s/he] was on [his/her] third Depend when [Guardian F] came at 10:00 AM." When Guardian F got to the facility, Caregiver C stated, "[Resident 1] responded to [him/her] a little bit. [S/he] tried to get [Resident 1] out of the bed and said to me, 'This is [Resident 1]. I've dealt with this for 30 years.' [Guardian F] got [him/her] up and [Resident 1's] legs gave out. I asked [him/her] if I could call 911 and at first [s/he] said no [s/he] was going to take [him/her] home, but eventually [s/he] agreed."

On 03/21/2025 at 8:37 AM, Surveyor interviewed Caregiver D who stated s/he has a new role of house manager. Caregiver D reported, "There

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was no seizure protocol for [Resident 1]. We were told to reach out to [Guardian F]. There was no training on the different kinds of seizures [she] had." Caregiver D stated, "For the absent seizures [s/he] would stare off into space. We had to figure out what to do. We would talk to [him/her], get [his/her] attention, try and get [him/her] to come out of it. For the grand mal or larger seizures, [his/her] body would shake, [s/he] would drool or urinate." Caregiver D recalled a time they had to call an on-call nurse through Resident 1's doctor's office because s/he kept on having seizures. Caregiver D stated, "We went through the meds and the nurse asked about the rectal gel, but no one showed us how to use it. I didn't feel comfortable, so [Caregiver E] did the gel and it worked." Caregiver D reported Caregiver E sent him/her a text message the morning of 02/22/2025 at 4:05 AM saying Resident 1 was having cluster seizures until 3:58 AM and then asked about documenting a PRN. Caregiver D stated s/he didn't respond to the text message because s/he was sleeping. S/he reported, "No one trained us on what we should do for [Resident 1]. We did the best we could."

On 03/25/2025 at 1:15 PM, Surveyor interviewed PD A and Administrator (ADM) G. PD A verified they did not have specific seizure protocol for Resident 1, so staff should have been following the standard seizure protocol. Surveyor reviewed the seizures documented in the incident reports and preceding the 02/22/2025 incident. ADM G explained they had an extremely part-time nurse at the time and recently hired a full-time nurse, but an appropriate alternative would have been to inform the nurse with the funding source care team. AD A said s/he was unsure if that reporting occurred and would get back to Surveyor by the end of the day 03/25/2025. PD A reported they did

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M 580	Continued From page 17 not receive training on the types of seizures Resident 1 had, but "[Guardian F] gave us a book on seizures that all staff had access to." Regarding the Diazepam gel, PD A stated, "We did not know when to actually give it. If [Resident 1] had a seizure for more than 5 minutes and was not snapping out of it, we would use the gel. If it was not effective, we would call [Guardian F] to see what [s/he] wants us to do." S/he confirmed there was no training on the gel, but staff would follow the instructions on the package. When discussing the 56-minute seizure incident starting at 3:02 AM on 02/22/2025, ADM G acknowledged, "Staff should have called the on-call manager." ADM G acknowledged Resident 1 did not receive prompt and adequate treatment. The facility did not provide Resident 1 with prompt and adequate treatment for seizures on 02/22/2025.	M 580		