STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020508	A. BUILDING: _____ B. WING _____	C 02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIENNA CREST LODI	215 DALE DRIVE LODI, WI 53555

(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
N 000	Initial Comments From 02/10/2025 to 02/11/2025, Surveyor conducted 2 complaint investigations at Sienna Crest Lodi, a CBRF in Lodi. Two deficiencies were identified. Two of 2 complaints were substantiated. Census: 16	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had their individual service plan (ISP) followed. Resident 1's ISP was not followed when Caregiver C applied a topical medication. Findings include: The provider's facility is licensed to serve up to 24 residents with primary diagnoses including advanced age and irreversible dementia/Alzheimer's. The provider's facility is divided into an "assisted living" unit and "memory care" unit. On 02/10/2025, Surveyor conducted a complaint investigation alleging the provider did not follow ISPs. On 02/10/2025 at approximately 9:40 a.m., Surveyor interviewed Lead Caregiver B. Surveyor asked Lead Caregiver B if residents had	N 388		

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

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N 388	Continued From page 1	N 388		

particular requests with their care. Lead Caregiver B stated Resident 1's Health Care Power of Attorney (HCPOA) had requested that only female caregivers apply topical medications. Lead Caregiver B stated the request had recently come up when Resident 1 had a yeast infection. Lead Caregiver B stated the request for female staff only was verbally communicated to staff, written on Resident 1's Medication Administration Record (MAR) and noted in the provider's "Communication Log." Lead Caregiver B stated the facility was usually staffed with 1 caregiver on the assisted living unit and 2 caregivers on the memory care unit during AM and PM shifts, then 1 caregiver on each side overnight. Lead Caregiver B stated either unit could request assistance from caregivers on the other unit if needed.

On 02/10/2025 at approximately 10:50 a.m., Surveyor reviewed Resident 1's record. Resident 1 was a resident at the facility when the provider took over ownership on 09/17/2024. Resident 1's diagnoses included dementia with behavioral disturbance. Resident 1's ISP, dated 01/07/2025, stated "May experience redness in groin area - prefers female caregiver to apply Nystatin Powder." Resident 1's MAR, an extension of the ISP, documented the following medications and instructions:

- Nystatin Powder 100,000 unit/g (Start Date: 07/22/2024 / DC Date: 01/13/2025) - Apply to affected area topically 3 times daily at 8:00 a.m., 12:00 p.m. and 5:00 p.m. *Apply by women only.
- Nystatin Ointment10000 unit/g (Start Date: 01/03/2025 / DC Date: 01/25/2025) - Apply to affected area 2 times daily until rash is gone at 8:00 a.m. to 8:00 p.m. *Apply by women only.

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N 388	Continued From page 2 Surveyor reviewed the provider's staff schedule and MAR, dated 01/01/2025 to 02/10/2025, which indicated Resident 1's Nystatin ointment was applied by Caregiver C, a male caregiver, on 01/10/2025 and 01/12/2025. The schedule indicated Caregiver C was the caregiver assigned to the "assisted living" on 01/10/2025 and 01/12/2025. On 02/10/2025 at approximately 12:30 p.m., Surveyor reviewed concern with Manager A, Administrator D and RN E that Caregiver C applied Nystatin ointment to Resident 1 on 01/10/2025 and 01/12/2025, after Resident 1's plan of care had been updated to indicate female caregivers only should be applying Nystatin. Manager A reviewed Resident 1's MAR and the provider schedule and confirmed Surveyor's observation. Administrator D replied, "What if a female caregiver wasn't available?" Surveyor discussed the importance of ensuring they could meet services indicated in a resident ISP. Surveyor also shared observation that the schedule indicated female staff were working on 01/10/2025 and 01/12/2025 on the memory care unit and asked if one of the female caregivers could have assisted with Resident 1's Nystatin application given both units operate under the same license. Administrator D did not respond to Surveyor's question.	N 388		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of	N 431		

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N 431	Continued From page 3 the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 1 of 2 residents reviewed was monitored and changes documented in his/her record. The provider did not document monitoring of Resident 1's rash/yeast infection. Findings include: On 02/10/2025, Surveyor conducted a complaint	N 431		

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N 431	Continued From page 4	N 431		

investigation regarding the monitoring and treatment of a resident's skin condition.

On 02/10/2025 at approximately 9:40 a.m., Surveyor interviewed Lead Caregiver B. Lead Caregiver B stated Resident 1 had recently had a yeast infection in his/her "apron" area and physically pointed to his/her abdominal folds to show area of the infection.

On 02/10/2025 at approximately 10:50 a.m., Surveyor reviewed Resident 1's record. Resident 1 was a resident at the facility when the provider took over ownership on 09/17/2024. Resident 1's diagnoses included dementia with behavioral disturbance. Resident 1's progress notes, dated 01/01/2025 to 02/10/2025, documented the following regarding skin concerns:

- 01/03/2025: Provider received email from Resident 1's Health Care Power of Attorney (HCPOA) concerned about a yeast infection. *Location of yeast infection not documented.
- 01/04/2025: Caregiver examined Resident 1's rash as it is in poor condition and resident in pain and discomfort. Nystatin ointment delivered to home. *Location, description of rash not documented.
- 01/07/2025: Abdominal fold improving - Resident 1 has been allowing staff to apply Nystatin. *Description not documented.
- 01/07/2025: Resident underfolds are improving. *Description not documented.
- 01/13/2025: Order received for Nystatin Powder to be PRN.

Resident 1's ISP, dated 01/07/2025, stated "May experience redness in groin area - prefers female caregiver to apply Nystatin Powder." Resident 1's MAR, an extension of the ISP, documented the

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N 431	Continued From page 5 following medications and instructions: - Nystatin Powder 100,000 unit/g (Start Date: 07/22/2024 / DC Date: 01/13/2025) - Apply to affected area topically 3 times daily at 8:00 a.m., 12:00 p.m. and 5:00 p.m. - Nystatin Ointment10000 unit/g (Start Date: 01/03/2025 / DC Date: 01/25/2025) - Apply to affected area 2 times daily until rash is gone at 8:00 a.m. to 8:00 p.m. The MAR documented Nystatin powder was administered 01/01/2025 through 01/10/2025 and Nystatin ointment was administered 01/03/2025 through 01/05/2025 and 01/07/2025 through 01/13/2025. The MAR did not document where the Nystatin powder or ointment was applied or provide a description of the affected area. On 02/10/2025 at approximately 11:00 a.m., Surveyor requested additional documentation, including skin assessments, regarding Resident 1's rash that required Nystatin powder and Nystatin ointment from Manager A. Manager A provided Surveyor with Resident 1's "RN Notes," dated 12/01/2024 to 02/10/2025. The note documented 1 note regarding Resident 1's rash, dated 01/20/2025, that stated "Redness. Possible yeast/intertrigo in skin folds. Endorses itching." On 02/10/2025 at approximately 12:30 p.m., Surveyor reviewed concern with Manager A, Administrator D and RN E that Resident 1 had a yeast infection, for which s/he was receiving topical treatment for, but the provider did not have documentation of monitoring/changes in the yeast infection. Surveyor shared concern that Resident 1's ISP was updated 01/07/2025 to indicate Resident 1 may have redness to groin area, staff interviews and resident progress notes document	N 431		

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N 431	Continued From page 6 redness to abdominal folds and the MAR documents "affected areas" but does not identify what area was affected. Surveyor shared that Resident 1's record did not document routine monitoring, including a description of the rash, such as location, size, color or symptoms. Manager A and RN E confirmed they had no additional documentation to provide Surveyor regarding Resident 1's yeast infection. On 02/11/2025 at approximately 8:00 a.m., Surveyor interviewed Case Manager F. Surveyor stated s/he was aware of Resident 1's yeast infection and was provided pictures from Resident 1's HCPOA. Case Manager F stated the pictures s/he received were of the groin area, further contradicting facility documentation and interviews indicating the infection was in Resident 1's abdominal folds. The provider did not document monitoring/changes of Resident 1's rash/yeast infection while s/he received treatment from 01/01/2025 to 01/13/2025.	N 431		