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 _____	R-C 06/12/2025

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 On 06/12/2025, Surveyor conducted a verification visit and standard survey at Sienna Crest Lodi. Two deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) LBL011, dated 02/11/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed had their individual service plan (ISP) updated when there was a change in needs. Resident 2's ISP was not updated to include his/her lower extremity edema interventions, use	N 389		

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

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N 389	Continued From page 1 of a gel cushion, preference for PM showers, evening snack or oxygen use. Resident 4's ISP was not updated to include interventions for his/her behaviors. Resident 3's ISP was not updated to include needs related to his/her gastroesophageal reflux disease (GERD). Findings include: On 06/12/2025 at approximately 9:00 a.m., Surveyor reviewed records and identified the following concerns: Example 1 - Resident 2: Resident 2 admitted to the provider's facility on 07/08/2024. Resident 2's record, dated 03/01/2025 to 06/12/2025, included progress notes that stated the following: - 04/30/2025: Lower extremity edema - Elevate legs when in chair. Encourage oxygen use at night. Use gel cushion. - 06/05/2025: Resident prefers to have his/her shower at night. Resident stated, "I sleep better when I have [the shower] at night." - 06/11/2025: Has had low blood sugar due to eating less at supper and eating early (between 4:00 p.m. and 5:00 p.m.). Instructed staff to offer a snack and place oxygen on when Resident 2 is sitting in his/her chair or sleeping. Resident 2's ISP, dated 01/08/2025, was not updated regarding his/her lower extremity edema interventions, use of a gel cushion, preference for PM showers, evening snack or oxygen use. Example 2- Resident 4:	N 389		

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N 389	Continued From page 2 Resident 4 admitted to the provider's facility on 07/08/2024 with diagnosis of dementia. Resident 4's record, dated 03/01/2025 to 06/12/2025, included progress notes that stated the following: - 04/13/2025: Aggressive with staff x 3. - 04/14/2025: Fighting, kicking and hitting while trying to assist with the bathroom. Required 2 caregivers to help. - 05/29/2025: Resident spit at writer. Resident 4's ISP, dated 08/30/2024, stated s/he had episodes of inappropriate behavior and language. The ISP did not include details of behaviors or interventions/needs related to the behaviors. Example 3 - Resident 3: Resident 3 was admitted to the provider's facility on 07/08/2024. Resident 3's diagnoses included dysphagia, GERD and hiatal hernia. Resident 3's record included a palliative care note, dated 05/21/2025, that listed the following interventions for Resident 3's GERD: decrease portions, avoid acidic foods, elevate the head of bed to 30 degrees, remain upright for 30 minutes after eating and wear loose clothing. Resident 3's ISP, dated 01/13/2025, was not updated to include interventions for his/her GERD. On 06/29/2025 at approximately 11:30 a.m., Surveyor reviewed concern with Administrator D and Operations Manager G that 3 of 3 ISPs reviewed were not updated. Operations Manager G explained that the former manager was terminated a few weeks prior to Surveyor's visit and Operations Manager G was still working	N 389		

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N 389	Continued From page 3 his/her way through documentation and updates.	N 389		
{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 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 3 of 3 residents reviewed was monitored and changes documented in the records. Resident 2's blood sugar was not checked 2 times daily as ordered.	{N 431}		

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{N 431}	Continued From page 4 Resident 3's weight, blood pressure and pulse were not monitored daily as ordered and his/her physician was not notified when vitals were outside parameters. Resident 4's blood sugar was not monitored every other day as ordered. This is a repeat deficiency. See Statement of Deficiency (SOD) LBL011, dated 02/11/2025. Findings include: On 06/12/2025 at approximately 9:00 a.m., Surveyor reviewed resident records provided by Operations Manager G. The following concerns were identified: Example 1 - Resident 2: Resident 2 was admitted to the provider's facility on 07/08/2024 with diagnosis of diabetes. Resident 2's physician orders included an order to check blood sugars 2 times daily at 8:00 a.m. and 5:00 p.m. (Start Date: 07/22/2024). Resident 2's record, dated 05/04/2025 to 06/12/2025, indicated blood sugars were not monitored and documented on the following dates: 05/06/2025 8:00 a.m., 05/07/2025 at 5:00 p.m., 05/12/2025 at 8:00 a.m. and 5:00 p.m., 05/13/2025 at 8:00 a.m., 05/14/2025 at 8:00 a.m. and 5:00 p.m., 05/20/2024 at 8:00 a.m., 05/22/2025 at 5:00 p.m., 05/23/2025 at 8:00 a.m. and 05/30/2025 at 8:00 a.m. and 5:00 p.m. Example 2 - Resident 3: Resident 3 was admitted to the provider's facility on 07/08/2024 with diagnosis of heart failure. Resident 3's physician orders included an order to check weight daily and administer Furosemide 20 mg daily if s/he has a weight gain of more than	{N 431}		

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{N 431}	Continued From page 5 3 lbs in 1 day (Start Date: 07/24/2024) and to check blood pressure and pulse daily and notify physician of blood pressure >170/110 and <90/60 (Start Date: 03/25/2025). Resident 3's record, dated 05/04/2025 to 06/12/2025, indicated weights were not monitored and documented on the following dates: 05/11/2025, 05/22/2025, 05/23/2025, 05/24/2025, 05/26/2025 and 05/31/2025. Resident 3's record indicated a pulse was not documented on 05/10/2025, 05/18/2025, 05/22/2025, 05/23/2025, 05/24/2025 and 05/26/2025. Resident 3's record indicated a blood pressure was not recorded on 05/10/2025, 05/19/2025, 05/22/2025, 05/24/2025, 05/26/2025 and 06/07/2025. The record documented a blood pressure outside of parameters on 04/29/2025 (166/114), 04/30/2025 (157/113), 05/09/2025 (118/126), 05/12/2025 (168/116), 05/15/2025 (114/113) and 05/20/2025 (159/114) without any documentation indicating the physician was notified. Example 3 - Resident 4: Resident 4 was admitted to the provider's facility on 07/08/2024 with diagnosis of diabetes. Resident 4's physician orders included an order to check blood sugar every other day (Start Date: 07/22/2024). The record, dated 05/04/2025 to 06/12/2025, did not document blood sugars during the following date ranges: 05/19/2025 through 05/21/2025, 05/25/2025 through 05/27/2025 and 05/29/2025 through 05/31/2025. On 06/12/2025 at approximately 10:45 a.m., Surveyor reviewed concern with Administrator D that 3 of 3 residents reviewed had orders for weight, blood pressure, pulse and/or blood sugar monitoring, but records did not include documentation of the orders being followed each	{N 431}		

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{N 431}	Continued From page 6 day. Surveyor asked if documentation would be in any records not provided to Surveyor. Administrator D stated if documentation was not in the record Surveyor reviewed, the facility did not have it completed. Administrator D made note of the monitoring concerns.	{N 431}		