STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017750	A. BUILDING: _____ B. WING _____	R-C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV NORTH NINE ACRES	229 VAN DYKE ST OCONTO, WI 54153

(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 01/29/2025, with additional information gathered through 01/30/2025, Surveyors conducted a verification visit, reviewed one (1) self-report and investigated 2 complaints. Eleven of 14 deficiencies were corrected. Two deficiencies were a repeat for the second time. See statement of deficiency (SOD) LRTJ13 dated, 06/17/2024. One deficiency was a repeat for the fourth time. See SOD LRTJ11 dated, 10/18/2022, SOD LRTJ12, dated 09/08/2023 and SOD LRTJ13, dated 06/17/2024. One of 2 complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received medications as prescribed for 3 of 3 residents reviewed (Resident 2, Resident 5 and Resident 10). This is a repeat deficiency being cited for a second time. See statement of deficiency (SOD) LRTJ13 dated, 06/17/2024.	{N 352}		

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

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{N 352}	Continued From page 1 Findings Include: On 09/03/2024, the department received a complaint alleging residents were not receiving medications as prescribed. RESIDENT 2 On 01/29/2025, at approximately 12:50PM, Surveyor reviewed Resident 2's January 2025 medication administration record (MAR). Surveyor noted the MAR showed instances when medications were not administered. The dates and mediations are as follows: Eye Allergy Itch RLF 0.2% Drop - PATADAY once daily 0.2% Drops. 01/21/2025 - 01/29/2025 - "pharmacy did not deliver ..."not in cart" ...." RESIDENT 5 On 01/29/2025, at approximately 12:15PM, Surveyor reviewed Resident 5's January 2025 medication administration record (MAR). Surveyor noted the MAR showed instances when medications were not administered. The dates and mediations are as follows: Bupropion HCL SR 150MG - Take 1 tablet by mouth 2 times daily for depression. 2nd Dose: 01/09/2025 - "non are in the pack" Centrum Men's 50+ - Give 1 tablet daily. 01/10/2025 - "not with cycle" Preservision Areds - Take 1 capsule by mouth daily for nutritional support. 01/10/2025 - 01/29/2025 - "order not filled ...	{N 352}		

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{N 352}	Continued From page 2 pharmacy did not deliver ...not in cart ..." Prevagen Capsule - Take 1 capsule by mouth daily. 01/10/2025 - 01/22/2025 - "order not filled ... pharmacy did not deliver ...not in cart ..." RESIDENT 10 On 01/29/2025, at approximately 12:40PM, Surveyor reviewed Resident 10's January 2025 medication administration record (MAR). Surveyor noted the MAR showed instances when medications were not administered. The dates and mediations are as follows: Cholestyramine Powder - Dissolve 4G in 6oz of fluid and drink daily for gallbladder support. 01/27/2025 and 01/28/2025 - "not in cart ... pharmacy did not deliver." On 01/29/2025, at approximately 2:20PM, Surveyors interviewed Registered Nurse JJ regarding missed administration of medication. Regarding Resident 5, Registered Nurse JJ reported Preservision Areds is a supplement that is cheaper for the family to have filled with their own pharmacy. The family member brings it to the Registered Nurse JJ and they are bubble packed at the facility. Unfortunately, the family member does not always bring the medication timely. Registered Nurse JJ and Administrator C acknowledged the findings for all other missed medication administration.	{N 352}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living	{N 481}		

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{N 481}	Continued From page 3 environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the living environment was safe, clean, comfortable, and homelike. This is a repeat deficiency being cited for the fourth time. See statement of deficiency (SOD) LRTJ11 dated, 10/18/2022, SOD LRTJ12, dated 09/08/2023 and SOD LRTJ13, dated 06/17/2024. Findings Include: On 08/19/2024 and 09/03/2024, the Department received complaints alleging concerns with cleanliness. On 01/29/2025 at approximately 9:28 AM, Surveyors toured of the facility and observed the following: - soiled incontinence pad in common room - metal floor transition strip loose and raised - resident walls are dirty - resident bathroom is cluttered and floor was dirty - kitchen appliances are dirty On 01/29/2025 at approximately 9:40 AM, Surveyors toured the facility and observed a soiled incontinence pad on a chair in the common room that smelled of urine. No resident was seated on the chair or soiled incontinence pad, however other residents were seated closely to	{N 481}		

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{N 481}	Continued From page 4 the chair containing the soiled incontinence pad in the common room. Surveyor again observed the soiled incontinence pad at approximately 1:58 PM. On 01/29/2025 at approximately 9:48 AM, Surveyors interviewed Resident 10 in Resident 10's room. Surveyors observed a brown substance smeared on three areas of the wall next to Resident 10's bed. Surveyors also observed Resident 10's bathroom had packages of disposable underwear piled next to the toilet and one pack dumped upside down and a pair of disposable underwear laying on the floor causing Resident 10 to have limited space to utilize the toilet safely. On 01/29/2025 at approximately 9:58 AM, Surveyors entered Resident 11's room to observe for cleanliness. Surveyors observed a greenish red thick substance dripping down the wall next to Resident 11's bed. On 01/29/2025 at approximately 1:54 PM, Surveyor toured the facility kitchen and dining room. Surveyor observed the following: Kitchen - Ovens, both oven interiors show black chunks of debris, appearing to be burnt food and brownish spills, appearing to be food grease throughout. - Toaster - top surface covered in crumbs and brown stains appearing to be burnt food. - Freezers, both freezer interiors show signs of food spills on bottom surface. - Walls - signs of food splatter throughout the kitchen above countertops Dining room	{N 481}		

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{N 481}	Continued From page 5 - Flooring - contains a metal floor transition strip to transition the common room flooring from the dining room flooring. The metal floor transition strip appears loose, unsecured by the loose nail, meant to secure it, leaving the metal floor transition strip raised approximately 1cm from the floor, creating a safety risk for ambulatory and non-ambulatory residents. On 01/29/2025 at approximately 2:01 PM, Surveyor toured the kitchen and dining room with Registered Nurse JJ (RN-JJ), to discuss the identified concerns. RN-JJ acknowledged the concerns and stated they will start working on the identified issues right away. RN-JJ immediately called the maintenance person to fix the metal transition strip. RN-JJ reported the maintenance person would be there later that day to complete the repair.	{N 481}		
{Y3244}	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	{Y3244}		

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{Y3244}	Continued From page 6	{Y3244}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure residents received adequate and appropriate care for Resident 3.

This is a repeat deficiency being cited for a second time. See statement of deficiency (SOD) LRTJ13 dated, 06/17/2024.

Findings Include:

On 09/13/2024, the department received a self-report indicating Resident 3 experienced a fall and was on the floor for 30 minutes.

On 01/29/2025, at approximately 1:15PM, Surveyor reviewed Resident 3's incident report dated 09/12/2024. The incident report noted the oncoming caregiver was informed by the overnight caregiver Resident 3 fell. The overnight caregiver reported to the oncoming caregiver Resident 3 was on the floor approximately 30 minutes and s/he needed help to get Resident 3 up, but did not call for assistance at the time of discovery. The incident report stated the following:

"When staff walked into the building the staff that was in the building told oncoming staff that resident is on the floor and that [s/he] needed help getting [him/her] up. Staff asked how long [s/he] has been on the floor and the other worker claimed a ½ hour. Oncoming staff asked if management or emts were called and [s/he] mentioned, I did not call anyone yet because it just happened. Staff immediately went and got

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{Y3244}	Continued From page 7 [him/her] up and asked the resident if [s/he] was in any pain. Resident stated no pain [s/he] just wanted to get up off the floor ..." On 01/29/2025, at approximately 4:50PM, Surveyor reviewed the provider's self-report dated 09/13/2024 regarding Resident 3's fall that occurred on 09/12/2024. The self-report identified Resident 3 fell and was left on the floor until the oncoming caregiver arrived to assist the on-duty staff with getting Resident 3 off the floor. The self-report further noted Resident 3 was sent out to the emergency department due to a small abrasion on the upper thigh and a bump on the neck. While there were no significant injuries, the emergency department recommended giving acetaminophen for discomfort. On 01/29/2025, at 1:29PM, Surveyor interviewed Administrator C. Administrator C advised their procedure for staff to follow in the event of a fall with no major injury requiring assistance should be to call non-emergency for lift assist. Administrator C reported the caregiver received verbal re-education on procedure.	{Y3244}		