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	0017799	A. BUILDING: _____ B. WING _____	C 08/27/2024

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N 000	Initial Comments On 08/27/2024, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey and a complaint investigation at Auberge At Brookfield Memory Care Community, located at 1105 Davidson Rd in Brookfield, WI. Three citations of noncompliance were issued, 2 of which are repeat violations. The complaint was unsubstantiated. Census: 57	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 observation, interview, and record review, the provider did not ensure Resident 1 and Resident 2 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. The provider did not ensure Resident 1 received 2 prescribed lidocaine patches (pain medication is a topical patch) as ordered daily between 07/22/2024 and 08/27/2024. During this timeframe, approximately 72 lidocaine transdermal patches would have been required to be administered as prescribed daily after 1 package/bag of 30 lidocaine transdermal patches was supplied by the pharmacy on 07/22/2024.	N 352		

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

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Resident 2 did not receive his/her prescribed lithium orotate 5 mg capsules on 3 of 3 occasions they were due from 08/26/2024 through the morning of 08/27/2024. It was unclear whether Resident 2's lithium capsules were on hand during the survey.

This requirement is being cited for a third time. See Statement of Deficiency (SOD) Y77R14, issued 11/28/2023, and SOD Y77R11, issued on 09/01/2022.

The findings include:

Example 1: Resident 1

On 08/27/2024 at approximately 8:15 A.M., Surveyor observed Caregiver C dispense 1 lidocaine 5 % transdermal patch from a package/clear bag s/he removed from the medication cart. The bag had an affixed pharmacy label including Resident 1's name, the medication name, the medication prescription with directions for application, the date the prescription was filled by the pharmacy, and the number of patches originally contained within the bag. The label included, "Apply 2 patches topically onto [Resident 1's] skin of lower back once a day (12 hours on, 12 hours off) (remove old patch before applying new one)." The label included 30 patches were filled by the pharmacy on 07/22/2024 in "1 of 1" bag provided. The label included the same prescription as included within the facility's electronic medication administration record [MAR] Caregiver C had displayed on the medication cart's laptop screen. Caregiver C returned the labeled bag to the cart, locked the cart, and documented his/her initials and this day's date "8-27-24 [08/27/2024]" on the patch

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with a black marker. Surveyor observed Caregiver C enter Resident 1's room, remove the protective covering of the patch and apply the patch to Resident 1's lower back. Caregiver C returned to the cart and told Surveyor s/he was going to begin dispensing Resident 1's oral medications. Caregiver C told Surveyor s/he was done dispensing and administering Resident 1's lidocaine transdermal patch. Surveyor asked Caregiver C to review the prescription for Resident 1's lidocaine transdermal patch included within Resident 1's MAR and the bag containing Resident 1's lidocaine transdermal patches. Caregiver C reviewed Resident 1's prescription and told Surveyor, "Usually [Resident 1] just uses the 1 [lidocaine] patch and I [Caregiver C] do not know if they recently changed it to 2 patches." At approximately 8:24 A.M., Surveyor observed Caregiver C dispensed the last remaining lidocaine 5 % transdermal patch from the package s/he removed from the medication cart. Surveyor observed Caregiver C document his/her initials and this day's date "8-27-24 [08/27/2024]" on the patch with a black marker, enter Resident 1's room, and remove the protective covering of the patch. Surveyor observed Caregiver C apply the patch to Resident 1's middle back, above the patch s/he previously applied to Resident 1's lower back. Caregiver C told Surveyor s/he had to apply it above the other patch because there was no more room on Resident 1's lower back region. Caregiver C told Surveyor s/he would have to submit a request for more lidocaine transdermal patches because the only bag available at the facility was now empty. Surveyor observed Caregiver C place Resident 1's empty lidocaine transdermal patch bag in to a trash bin. (Photos #1 and #2)

On 08/27/2024 at 10:27 A.M., Surveyor

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conducted an interview with Facility Nurse B. Facility Nurse B told Surveyor Resident 1 had recently started exhibiting increased agitated behaviors believed to be exacerbated by increasing pain related to a growing tumor on Resident 1's lower left leg and chronic lower back pain. Facility Nurse B said Resident 1 was prescribed oral morphine related to Resident 1's tumor pain and lidocaine transdermal patches to be applied daily to Resident 1's lower back related to chronic lower back pain.

On 08/27/2024 at approximately 2:45 P.M., Surveyor reviewed Resident 1's record provided by Administrator A and Facility Nurse B. Resident 1 was admitted to the facility in October 2023 with diagnoses including dementia. Resident 1's practitioner prescribed medications included, "Lidocaine 5 % patch. Apply 2 patches topically onto [Resident 1's] skin of lower back once a day (12 hours on, 12 hours off) (remove old patch[es] before applying new one[s]. Schedule: Daily at 0800 [apply at 8:00 A.M.], Daily at 2000 [remove at 8:00 P.M.]." The prescription included, "DX [diagnosis]: low back pain." The prescription included, "Orig [original] date: 6-Oct-2023 [10/06/2023]."
Resident 1's July 2024 and August 2024 MARs included caregiver documentation of daily administration/application of Resident 1's lidocaine 5% transdermal patches, as ordered, between 07/22/2024 and 08/27/2024.
Based on Resident 1's lidocaine transdermal patch prescription, a 15-day supply of 30 patches originally provided by the pharmacy in the bag dated 07/22/2024, and caregiver documentation of daily administration, Resident 1 did not receive lidocaine transdermal patch administration as prescribed. Between 07/22/2024 and 08/27/2024, approximately 72 lidocaine

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transdermal patches would have been required to be administered as prescribed daily.
Facility Nurse B told Surveyor s/he believed Resident 1's prescription for daily administration/application of 2 lidocaine transdermal patches had not changed since it was prescribed on 10/06/2023 and there was no evidence Resident 1's lidocaine transdermal patches had been requested from and provided by the pharmacy since 07/22/2024. Facility Nurse B told Surveyor a new bag of Resident 1's patches had been requested and would be provided by the pharmacy on this day. Facility Nurse B said this noncompliance would be corrected to ensure prescriptions were being followed, as ordered.

Example 2: Resident 2

On 08/27/2024, at approximately 8:47 a.m., Surveyor observed Caregiver E conduct a medication pass for residents eating breakfast in one of the provider's bistros. At approximately 8:55 a.m., Surveyor observed Caregiver E give Resident 2 capsules and tablets in a cup. Caregiver E told Resident 2 that there were 5 of his/her 6 morning medications in the cup because they were still waiting on one of his/her medications to be refilled.

On 08/27/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 03/30/2022 with diagnoses including acute anxiety and dementia. Surveyor reviewed Resident 2's medication administration record (MAR) from 08/01/2024 - 08/27/2024 and observed 6 tablets/capsules that were documented as being typically administered around 7:00 a.m. and 8:00 a.m. every morning. Of those medications, his/her lithium orotate 5 mg

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capsule was documented as not administered that morning. The MAR showed that Resident 2's lithium capsules, which contained instructions to be administered twice daily, were also documented as not administered on both the morning and evening of 08/26/2024. For all 3 missing administrations from 08/26/2024 - 08/27/2024, staff documented "waiting on pharmacy" in the medication pass notes.

Surveyor reviewed Resident 2's charting notes and observed the following entries:

- 08/21/2024 (at 11:40 a.m., entry by Facility Nurse B): "[Resident 2's pharmacy]. Lithium Orotate 5mg capsule will not be in next delivery as medication is out of stock. Pharmacy will send out 0n [sic] the next business day."

- 08/21/2024 (3:40 p.m., entry by Facility Nurse B): "[Resident 2's pharmacy]. Lithium Orotate delivered."

At approximately 2:45 p.m., Surveyor interviewed Facility Nurse B about Resident 2's above lithium-related charting entries. Facility Nurse B reported s/he recalled that initially the pharmacy had reported that Resident 2's lithium capsules were out of stock but confirmed that later the pharmacy was able to send a regular full card. Facility Nurse B reported that Resident 2 should have lithium capsules on hand.

At approximately 3:00 p.m., Surveyor interviewed Caregiver E. Caregiver E confirmed that s/he did not see Resident 2's lithium capsule card that morning and that was why s/he did not administer a lithium capsule to him/her. During the interview, Caregiver E reviewed Resident 2's medications in the medication cart with Surveyor and confirmed

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N 352	Continued From page 6 the lithium capsule card was not in Resident 2's medication section. During the interview, Caregiver E then took Surveyor to the medication room where newly delivered medications were maintained in a box and reported that maybe Resident 2's lithium capsule card was in there if it was recently delivered. After looking through the box, Caregiver E confirmed s/he could not find Resident 2's lithium capsule card. Caregiver E reported it was possible that a previous medication passer put Resident 2's lithium capsule card in the wrong spot in the medication cart and that was why staff couldn't find it. Caregiver E reported s/he was going to look through the medication card after talking with Surveyor and confirmed s/he would report his/her findings back to Surveyor. Surveyor did not receive any follow up information from Caregiver E regarding Resident 2's lithium or his/her medication cart review. At approximately 3:35 p.m., Surveyor interviewed Administrator A and Facility Nurse B. Facility Nurse B reported s/he knew Resident 2's lithium capsule card was delivered on 08/21/2024. Facility Nurse B reported s/he thought either the lithium capsule card was in another resident's section of the medication cart, or it was possibly mistakenly taken out during the medication cycle change which had occurred a couple of days ago. Summary: The provider did not ensure Resident 1 and Resident 2 received all prescribed medications in the dosage and at intervals prescribed by a practitioner.	N 352		
N 525	83.47(2)(d) Fire drills.	N 525		

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N 525	Continued From page 7 Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider completed simulated fire drills (without resident evacuation) as well as fire evacuation drills, however, it was unclear from drill documentation from 01/01/2023 - 06/30/2024 as well as interview which drills included evacuation with documented evacuation times. This requirement is being cited for a second time. See Statement of Deficiency (SOD) Y77R12, issued 02/08/2023. Findings include: On 08/27/2024, Surveyor reviewed fire drill records to verify compliance with fire evacuation drill requirements. Surveyor reviewed fire drill records for 2023 and 2024, provided by	N 525		

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Administrator A and Environmental Services Director D. From the records provided, Surveyor observed the following:

- 01/01/2023 - 03/31/2023 (first quarter of 2023): 2 drills labeled as "silent drills" on 02/27/2023 and 04/10/2023. A separate document, labeled "EVACUATION LOG" documented an unspecified evacuation event on 03/17/2023. All three drills did not have evacuation times noted.

- 01/01/2024 - 03/31/2024 (first quarter of 2024): 1 drill documented on 02/15/2024. A separate document, labeled "EVACUATION LOG" documented an unspecified evacuation event on 03/15/2024. Neither drill had evacuation times noted.

- 04/01/2024 - 06/30/2024 (second quarter of 2024): 1 drill labeled as a "silent drill" on 04/22/2024 and 1 drill documented on 05/17/2024. Neither drill had evacuation times noted.

At approximately 11:30 a.m., Surveyor interviewed Environmental Services Director D. Environmental Services Director D confirmed s/he was typically responsible for conducting fire drills. Environmental Services Director D explained that "silent drills" were when s/he checked smoke detector systems but resident evacuation was not completed. Environmental Services Director D reported that for most other drills, residents were evacuated to the front lobby area but were not actually evacuated outside of the building. Environmental Services Director D reported that s/he conducted approximately 2 fire evacuation drills per year in which residents were actually evacuated outside, which s/he reported s/he typically conducted in the summer months

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N 525	Continued From page 9 for the comfort of residents. When asked if s/he could confirm based on the documentation if any of the above drills included full resident evacuation, Environmental Services Director D reported s/he could not tell. After reviewing fire evacuation drill regulatory requirements with Environmental Services Director D, s/he was observed to take notes of the regulations and reported s/he was unaware of what the regulations required in terms of fire evacuation drill frequency and required documentation.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 emergency or disaster evacuation drills were conducted semi-annually from 01/01/2024 - 06/30/2024. Findings include: On 08/27/2024, Surveyor reviewed evacuation drill records to verify compliance with emergency and disaster evacuation drill requirements. Surveyor requested emergency evacuation drills from Administrator A and Environmental Services Director D. The initial records provided included 2 documents, both labeled "EVACUATION LOG" which showed 2 unspecified evacuation events in 2023 and 2 unspecified evacuation events in 2024.	N 526		

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N 526	Continued From page 10 At approximately 11:30 a.m., Surveyor interviewed Environmental Services Director D. Environmental Services Director D reported s/he was typically responsible for conducting all evacuation drills for the provider. Environmental Services Director D reported the drills in the above evacuation logs were more like fire drills, in which s/he checked the strobes and alarms. When asked if s/he conducted any non-fire emergency or disaster evacuation drills, Environmental Services Director D reported s/he conducted tornado drills once per year during the state-wide tornado drill, and that s/he had records of this to show Surveyor. In the additional records then provided by Environmental Services Director D, Surveyor observed records of tornado drills conducted on 04/21/2023 and 04/11/2024 (once annually). With the records provided, Surveyor did not observe evidence of a second emergency or disaster evacuation drill conducted in 2023. Environmental Services Director D confirmed s/he did not have any other emergency or disaster evacuation drills documented, and reported s/he didn't think s/he did any other emergency or disaster drills in 2023.	N 526		