

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0011380</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>11/11/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE LANE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1620 LEE LANE JANESVILLE, WI 53546</b>
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(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  Surveyor: 12978  Surveyor: 14940	{N 000}		
N 000	Initial Comments  Surveyor: 14940  On October 28, 2013, the Bureau of Assisted Living, Southern Regional Office conducted an onsite, licensing survey, complaint investigation, and verification visit of Lee Lane, located at 1620 Lee Lane in Janesville, WI.  Four citations of noncompliance are being issued.	N 000		
N 408	83.37(1)(i) PRN psychotropic medication.  As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN	N 408		

For long term care providers, a plan of correction is required for class A, B, & C violations.  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 408	<p>Continued From page 1</p> <p>psychotropic medication given.</p> <p>This Rule is not met as evidenced by: Surveyor: 14940</p> <p>Based on interview and record review, the Licensee did not ensure all Resident as needed (PRN) psychotropic medications were monitored at least monthly, as required.</p> <p>Resident 1's and Resident 2's records, respectively, were not reviewed on a monthly basis, at least, to ensure the appropriate use of and to review any possible side effects of as needed psychotropic medication.</p> <p>The findings are as follows;</p> <p>Example 1 - Resident 1</p> <p>Cross Reference 83.38(1)(g)</p> <p>On October 28, 2013, Program Director A told Surveyor 14940 that Resident 1 was hospitalized and spent time in a rehabilitation center related to a recent hip fracture prior to returning to the facility on July 16, 2013.</p> <p>Following Resident 1's return to the facility, Resident 1 experienced a change of condition, including progressive behavior issues.</p> <p>Alprazolam 1 mg (psychotropic medication) was ordered to be administered twice daily, and Alprazolam 0.5 mg every four hours as needed related to symptoms of anxiety. Program Director A told Surveyor 14940 that Resident 1 would exhibit self injurious behavior, increase vocalizations, grab at anything, and slide down in Resident 1's wheelchair. Prior to administering the as needed Alprazolam, the caregivers were supposed to problem solve, including changing</p>	N 408		

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N 408	<p>Continued From page 2</p> <p>Resident 1's position and offering an activity.</p> <p>Resident 1's current ISP does not include Resident 1's specific target behaviors, alternative interventions, nor Resident 1's order for as needed Alprazolam.</p> <p>Caregiver E told Surveyor 14940 that following Resident 1's return to the facility on July 16, 2013, Resident 1 would pick at Resident 1's skin, punch self in throat, slide down in Resident 1's wheelchair, and bite Resident 1's arm. Caregiver E said the caregivers would attempt to change Resident 1's position, assist Resident 1 to the toilet, and offer Resident 1 food to relieve these behaviors. If those interventions didn't work, the caregivers would administer Resident 1's Alprazolam as needed, but this only helped a little. Caregiver E said Resident 1's maladaptive behaviors improved following Resident 1's hospitalization and treatment for Fecal Impaction in August 2013.</p> <p>Resident 1's Medication Administration Records (MARs) for July 2013 and August 2013 indicate Resident 1 received 19 doses of as needed Alprazolam, from July 16 through August 9, 2013. After Resident 1's return from the hospital on August 20, 2013 until Resident 1's discharge from the facility on September 23, 2013, Resident 1 did not receive as needed Alprazolam.</p> <p>Program Director A said Resident 1's record had not been reviewed on a monthly basis, at least, to ensure the appropriate use of and to review any possible side effects of Resident 1's as needed Alprazolam.</p> <p>Example 2 - Resident 2</p>	N 408		

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N 408	<p>Continued From page 3</p> <p>On October 28, 2013, Program Director A told Surveyor 14940 that Resident 2 has an order for Diazepam as needed related to a diagnosis of Seizures.</p> <p>Resident 2's physician orders include Diazepam 10 mg (a psychotropic medication) to be given if Resident 2's seizure lasts more than three minutes. According to available records, this order was started on January 1, 2013.</p> <p>Program Director A said Resident 2's record had not been reviewed on a monthly basis, at least, to ensure the appropriate use of Resident 2's as needed Diazepam.</p>	N 408		
N 416	<p>83.37(2)(e) Other administration given or delegated by RN</p> <p>Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).</p> <p>This Rule is not met as evidenced by: Surveyor: 14940</p> <p>Based observation, interview, and record review, the Licensee did not ensure a Registered Nurse (RN) had delegated administration of certain medications, treatments, and/or preparations administered by non-licensed employees.</p> <p>Resident 2 required all oral medications to be administered via a gastrostomy tube (g-tube), as ordered. Resident 2 had orders for nebulizer</p>	N 416		

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N 416	<p>Continued From page 4</p> <p>(respiratory) medications to be administered two times daily, and as needed; and a suppository (a stimulant laxative) to be administered rectally, as needed.</p> <p>Resident 1 had orders for a suppository and an enema, respectively, to be administered rectally as needed related to a diagnosis of Constipation.</p> <p>Four sample caregivers were not delegated to administer Resident 2's medications via g-tube, nebulizer, nor rectally, and were not delegated to administer Resident 1's as needed rectal medications.</p> <p>The findings are as follows;</p> <p>On October 28, 2013 at 8:00 A.M, Surveyor 14940 observed Resident 2 sitting in a wheel chair located in the facility's living room. Caregiver B told Surveyor 14940 that Resident 2 receives all nutrition and oral medications via a g-tube. Caregiver B said she received training from the previous facility nurse, but has not received delegation from the facility's current nurse, Facility Nurse F. Caregiver C told Surveyor 14940 she has not received delegation from Facility Nurse F.</p> <p>At 1:35 P.M., Caregiver E told Surveyor 14940 that she administers medications to Resident 2, including medications via Resident 2's g-tube and nebulizer. Caregiver E said she had received RN delegation from the former facility nurse, not Facility Nurse F.</p> <p>Resident 1's and Resident 2's record, as provided by Program Director A, includes the following directives, respectively;</p>	N 416		

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N 416	<p>Continued From page 5</p> <p>Resident 2 requires all oral medications to be administered via a gastrostomy tube (g-tube), as ordered. Resident 2 had an order for Ipratropium 0.02% nebulizer solution (an inhaled, respiratory medication) to be administered two times daily, Albuterol 0.083% nebulizer solution (an inhaled, respiratory medication) to be administered as needed up to three times daily, and a Bisacodyl suppository (a stimulant laxative) to be administered rectally as needed related to Constipation.</p> <p>Resident 1 had individual orders for Bisac-Evac 10 mg (a suppository) and Phosphate Enema to be administered rectally as needed related to a diagnoses of Constipation.</p> <p>Program Director A and Surveyor 14940 reviewed Caregiver B's and Caregiver D's employee records. Neither caregiver file included documentation that Facility Nurse F had delegated Resident medications to be administered via nebulizer, via g-tube (enteral), or rectally.</p> <p>Program Director A told Surveyor 14940 that Facility Nurse F is the current Facility Nurse and would be responsible for delegating tasks to the caregivers.</p> <p>According to the facility's list of employees, as provided by Program Director A, Facility Nurse F was hired on February 6, 2013.</p>	N 416		
N 431	<p>83.38(1)(g) Health monitoring.</p> <p>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. HFS 83.35(1), the CBRF shall provide or</p>	N 431		

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N 431	<p>Continued From page 6</p> <p>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.</p> <p>This Rule is not met as evidenced by: Surveyor: 14940</p> <p>Based on interview and record review, the Licensee did not ensure appropriate monitoring of Resident 1's changing health, including symptoms and treatment of Constipation.</p> <p>Resident 1 has a long term history of Constipation requiring the use of fiber laxative medication.</p> <p>Resident 1 experienced a significant change of condition, including not having substantial bowel movements over the course of 15 days prior to being hospitalized related to Fecal Impaction.</p>	N 431		

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N 431	<p>Continued From page 7</p> <p>Cross Reference: DHS 83.37(1)(i)</p> <p>The findings are as follows;</p> <p>On October 28, 2013, Surveyor 14940 conducted an onsite visit to investigate a complaint related to Resident 1's care while living at the facility.</p> <p>During this investigation, Program Director A and Surveyor 14940 reviewed Resident 1's closed record. Program Director A was not able to access Resident 1's record in entirety during this visit, and later sent records to Surveyor 14940.</p> <p>Program Director A told Surveyor 14940 that Resident 1 was hospitalized and spent time in a rehabilitation center related to a recent hip fracture prior to returning to the facility on July 16, 2013.</p> <p>Following Resident 1's return to the facility, Resident 1 experienced a change of condition, including progressive behavior issues, skin breakdown, and mobility issues prior to being hospitalized for diagnoses including Fecal Impaction. Program Director A said Resident 1 had a history of Constipation prior to the hospitalization, including receiving medications related to Constipation. Program Director A said Resident 1's bowel movements were being monitored and Resident 1 did not experience any major changes in bowel movements prior to being hospitalized for Fecal Impaction.</p> <p>According to Resident 1's record, Resident 1 was hospitalized on August 9, 2013.</p> <p>Resident 1's record of bowel movements from July 24, 2013 through August 9, 2013 include the following; On July 24, 2013, Resident 1 experienced several</p>	N 431		

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N 431	<p>Continued From page 8</p> <p>bowel movements, including large loose and diarrhea-type bowel movements; On July 25, 2013, Resident 1 experienced a soft, medium bowel movement; On July 27, 29, 2013 and August 1, 2, 4, and 5, 2013, Resident 1 experienced small bowel movements; and On July 28, 2013, Resident 1 experienced a medium, loose bowel movement. Over the course of approximately 15 days, after July 24, 2013, Resident 1 did not experience consistent nor substantial bowel movements.</p> <p>Resident 1's Medication Administration Records (MARs) for July 2013 and August 2013 include the following;</p> <p>From July 16, 2013 until August 9, 2013, Resident 1 received Bisacodyl EC 5mg every three days, as ordered, related to Constipation. This was a scheduled medication.</p> <p>From July 16, 2013 until August 9, 2013, Resident 1 received Polyethylene Glycol 17 grams every day, as ordered, related to Constipation. This was a scheduled medication.</p> <p>From July 16, 2013 until August 9, 2013, Resident 1 did not receive as needed medications related to Constipation, as ordered. These orders include; Milk of Magnesia 30 milliliters to be administered as needed "for Constipation if no bowel movement in 2 days"; Bisac-Evac 10 mg suppository to be administered as needed "if no bowel movement in three days"; and Phosphate Enema to be administered rectally as needed "if Bisacodyl suppository not successful in 12 hours".</p>	N 431		

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N 431	<p>Continued From page 9</p> <p>Resident 1's progress notes (t-logs) from July 16, 2013 through August 9, 2013 indicate Resident 1 experienced a significant change in condition. The progress notes include, but are not limited to; August 6, 2013 - "Visited (Resident 1) for nursing assessment due to increased agitation and decreased involvement in ADLs (activities of daily living)...(Resident 1's) weight is less than 116 lbs (pounds), and with (Resident 1's) BMI (Body Mass Index) is underweight...(Resident 1) has a 1" (inch) (by) 1" stage 2, blanchable pressure ulcer on (Resident 1's) left hip (bony prominence)...Risperidone 0.5 mg (psychotropic medication) was started at 8 P.M. 8/5/13...A psychiatric evaluation would be beneficial in evaluating (Resident 1's) current medications and making suggestions considering the recent issues with agitation regardless of (Resident 1's) behavior going forward" and "It is a need for (Resident 1) to have (Resident 1's) behavioral medications re-evaluated by a psychiatrist as soon as possible to bring (Resident 1) to a(n) emotional level where (Resident 1) is able to participate in (Resident 1's) ADLs regularly. (Resident 1's) behaviors have prevented nursing interventions that are vital for (Resident 1's) physical health. This includes: 1.) Proper intake/nutrition, 2.) Proper repositioning and willingness to ambulate 3.) Willingness to participate in daily hygiene activities to their fullest extent";</p> <p>August 9, 2013 - "After (physician's) examination of (Resident 1), (physician) chose to admit (Resident 1) to the hospital due to "failure to thrive". (Resident 1's) weight was 108.6 (pounds) at the time of admission";</p> <p>August 12, 2013 - "(Resident 1's) sister called (Program Director A) with an update this morning. After speaking with guardian, was told that hospital discovered (Resident 1's) colon in (sic)</p>	N 431		

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N 431	Continued From page 10  impacted. This could explain (Resident 1's) discomfort, weight loss, refusal to eat, agitation, and potential pain"; and "The nurse (hospital) said (Resident 1's) colon was impacted (so impacted that is was pushing on [Resident 1's] lungs)...(Resident 1) seems to be feeling somewhat better. (Resident 1) was trying to shred (Resident 1's) depend and when the nurse would try to stop (Resident 1), (Resident 1) would get a big smile on (Resident 1's) face. This staff has not seen (Resident 1) smile since (Resident 1) returned home from (the rehabilitation center)." Resident 1 was discharged from the hospital on August 20, 2013.	N 431		
N 447	83.41(1)(c) Dishwashing  Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing.	N 447		

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N 447	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Surveyor: 14940</p> <p>Based on observation and interview, the Licensee did not ensure dishes were sanitized.</p> <p>The facility's mechanical dishwasher was out of order for approximately two months. As a result, the caregivers washed all dishes by hand. A sanitization step was not included in the process of hand washing dishes.</p> <p>The findings are as follows;</p> <p>On October 28, 2013, Surveyor 14940 observed Caregiver B wash dishes by hand with soap and water in a two compartment sink. Caregiver B rinsed the dishes under a stream of water and placed the dishes on the counter to air dry. During this process, Caregiver B did not include a step to sanitize the dishes.</p> <p>Caregiver B told Surveyor 14940 the facility's mechanical dish washer had been out of order for about the past two months.</p> <p>During an interview with Caregiver C, Caregiver C told Surveyor 14940 that she adds a touch of bleach to the soap and water when washing the facility's dishes by hand and rinses the dishes with water. Caregiver C said she allows the dishes to air dry, but does not include a step to sanitize the dishes prior to drying.</p> <p>Program Director A told Surveyor 14940 that the facility's mechanical dish washer has been out of order for two months related to broken internal racks. Program Director A said the facility's procedure of hand washing dishes does not include a step to sanitize the dishes.</p>	N 447		

For long term care providers, a plan of correction is required for class A, B, & C violations.

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0011380</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>11/11/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEE LANE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1620 LEE LANE JANESVILLE, WI 53546</b>
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(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

For long term care providers, a plan of correction is required for class A, B, & C violations.