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	0012186	A. BUILDING: _____ B. WING _____	C 07/15/2024

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PORT HAVEN	334 S GARFIELD PORT WASHINGTON, WI 53074

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N 000	Initial Comments On 07/15/2024, Surveyor conducted a standard licensure survey and a complaint investigation at Port Haven. Seven deficiencies were identified. Complaint was unsubstantiated. Census: 8	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff (Caregiver C and Caregiver D) received at least 15 hours of the required continuing education including resident rights and fire safety and emergency procedures, including first aid in 2023. Findings include: On 07/15/2024, Surveyor reviewed Caregiver C's and Caregiver D's employee files.	N 277		

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

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N 277	Continued From page 1 Caregiver C was hired on 11/02/2009. Caregiver C's training record documented 9 hours of continuing education for 2023 and did not have evidence of receiving required training in Resident Rights and Emergency Procedures including First Aid, and Fire Safety. Caregiver D was hired on 05/29/2022. Caregiver D's training record documented 9 hours of continuing education for 2023 and did not have evidence of receiving required training in Resident Rights and Emergency Procedures including First Aid, and Fire Safety. On 07/15/2024, at approximately 3:30 PM, Surveyor interviewed Licensee A and Administrator B. Administrator B stated s/he was unable to locate additional training documentation.	N 277		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and	N 404		

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N 404	Continued From page 2 address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an onsite review of the CBRF's (Community-Based Residential Facility) medication administration and medication storage systems were completed in 2022 and 2023 by a physician, pharmacist, or registered nurse (RN). Findings include: On 07/15/2024, at approximately 1:00 PM, Surveyor requested the provider's medication audits for 2022 and 2023. Licensee A stated there were no official forms that identified an audit had been completed.	N 404		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any	N 415		

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N 415	Continued From page 3 PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure proper documentation within the Medication Administration Record (MAR) for 2 of 2 residents reviewed. Resident 1 and Resident 2 had blanks on the MAR where medication administration should have been documented. Findings include: On 07/15/2024, at approximately 2:00 PM, Surveyor observed Resident 1's and Resident 2's as needed (PRN) medications in the med closet. Surveyor requested Resident 1's and Resident 2's record. Example 1: Resident 1 Resident 1's July 2024 MAR, dated 07/01 to 07/15, documented: Trazodone - Take 1 tablet by mouth every night at bedtime as needed for sleep. The MAR did not document any administration. Resident 1's blister card of Trazadone, with a start date of 07/01/2024, had 14 tablets dispensed. On 07/15/2024, at approximately 2:30 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A stated, "It appears that staff are administering it nightly and not	N 415		

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N 415	Continued From page 4 documenting that they administered it. We will discuss this concern with the staff and also make sure they understand it is a PRN medication." Example 2: Resident 2 Resident 2's February 2024 to July 2024 MAR, dated 07/01 to 07/15, documented: Acetamin - Take 2 tablets by mouth every six hours as needed for pain. The MARs documented administration on 02/25, 02/26, 02/27, 05/02, 05/11, 05/27, 06/02 for a total of 7 administered doses. Senexon - Take 2 tablets by mouth twice a day as needed for constipation. The MARs did not document any administration. Resident 2's blister card of Acetamin, with a start date of 02/14/2024, showed 10 out of 15 doses dispensed from the blister card. Resident 2's blister card of Senexon, with a start date of 02/14/2024, showed 3 1/2 out of 15 doses dispensed from the blister card.w On 07/15/2024, at approximately 2:30 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A stated staff would be retrained on the importance of medication administration documentation. Licensee A and Administrator B could not explain why ½ a dose was administered.	N 415		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area.	N 499		

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N 499	Continued From page 5 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that cleaning compounds and toxic substances were stored in a secure area. Findings include: On 07/15/2024, at approximately 1:15 PM, Surveyor toured facility and observed the following: Resident Bathrooms: -8.8 ounce spray can of air mist, scented moonlight breeze -19 ounce spray can of disinfectant spray, scented morning meadow -19 ounce spray can of disinfectant spray, scented lemon breeze -19 ounce spray can of disinfectant spray, scented crisp linen -(2) 32 fluid ounce bottle of cleaner plus bleach -32 fluid ounce bottle of window cleaner -(3) 21 ounce container of cleaning powder Kitchen Sink Cabinet: -Gallon of low splash bleach -78 count container of dishwasher pacs -(2) 32 fluid ounce bottle of cleaner plus bleach Housekeeping Cabinet: -2 quart container of window cleaner -32 fluid ounce bottle of glass cleaner -32 fluid ounce bottle of pet urine eliminator -22 ounce can of foaming carpet cleaner On 07/15/2024, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure cleaning compounds were securely stored.	N 499		

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N 525	83.47(2)(d) Fire drills. 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 did not conduct quarterly fire drills for calendar year 2022 and 2023. The provider did not conduct fire evacuation drills simulating the conditions during usual sleeping hours with both employees and residents in 2022 and 2023. Findings include: The provider is licensed a Class CNA (non-ambulatory) facility who can serve up to 8 residents in the client groups of physically disabled, irreversible dementia/Alzheimer's, physically disabled, advanced age and terminally ill.	N 525		

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N 525	Continued From page 7 On 07/15/2024, Surveyor reviewed the provider's 2022 and 2023 fire drills which documented: 2022: 03/10 at 1:00 PM and 06/24 at 1:00 PM 2023: 03/15 no time listed, 06/29 no time listed On 07/15/2024, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he thought the total of 4 meant 2 fire drills and 2 other evacuation drills.	N 525		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have an annual fire inspection conducted by the local fire marshal or certified inspector for the calendar year 2023. Findings include: On 07/15/2024, at approximately 2:00 PM, Surveyor reviewed the provider's life safety reports with Licensee A. Surveyor and Licensee A were unable to determine if the 2023 annual fire inspection had been completed.	N 530		
N 539	83.48(3)(b) Sensitivity testing performed Sensitivity testing shall be performed at intervals in accordance with NFPA 72. This Rule is not met as evidenced by:	N 539		

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N 539	Continued From page 8 Based on record review and interview, the provider did not ensure the smoke and heat detection system had sensitivity testing for each device performed at intervals in accordance with NFPA (National Fire Alarm and Signaling Code) 72 requirements. Findings include: On 07/15/2024, at approximately 2:00 PM, Surveyor reviewed the provider's life safety reports with Licensee A. Surveyor and Licensee A were unable to determine if the provider had an acceptable sensitivity testing completed in the last five years.	N 539		