STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017501	A. BUILDING: _____ B. WING _____	R-C 09/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON HOUSE SENIOR LIVING INC	W76 N629 WAUWATOSA RD CEDARBURG, WI 53012

(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 08/28/2025, Surveyor conducted a verification visit and one (1) complaint investigation at Hamilton House Senior Living Inc. Additional information was gathered through 09/02/2025. As a result of the survey, two of two previous deficiencies were corrected, and 1 complaint was substantiated resulting in 1 new deficiency. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 27	{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 1 of 1 (Resident 2) resident reviewed received all prescribed medications in the dosage and intervals prescribed by a practitioner. Findings Include: On 07/19/2025, the department received a complaint alleging concerns with residents receiving medication. On 08/28/2025, Surveyor requested Resident 2's record from Executive Director (ED) A.	N 352		

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

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N 352	Continued From page 1 Resident 2 was admitted to the facility on 05/21/2025. Resident 2's assessment reflected Resident 2 required assist/administration of medications. Resident 2's Individualized Service Plan (ISP) reflected Resident 2 required medication assist/admin and noted "HHA to administer [Resident 2's] medications as ordered." The physician's order for medications stated, "All medications are to be administered by Resident Associate (Medications are locked, staff administers) all medications including PRN [as needed] and OT [over the counter] must have physician order." Resident 2's prescriptions: 05/22/2025 - Morphine Sulfate 10 mg SoluTab - Take 1 SoluTab by mouth every 1 hour PRN for dyspnea/pain 05/26/2025 time stamped 1:01 PM - Morphine Sulfate 10 mg SoluTab - Take 1 SoluTab by mouth every 3 hours for dyspnea/pain 05/27/2025 order updated - Morphine 5mg SoluTabs - Take 2 tabs po q3 hours prn 05/29/2025 - Morphine Sulfate 10 mg SoluTab - Take 1 SoluTab by mouth every 3 hours for dyspnea/pain (SCHEDULED) The medication record indicated Resident 2 missed schedule doses of Morphine on: 05/26/2025 at 1:00 PM, 4:00 PM, 7:00 PM, 10:00 PM, 05/27/2025 at 7:00 AM 05/28/2025 at 10:00 AM, 1:00 PM, 4:00 PM, 7:00 PM, 10 PM On 09/02/2025 at 8:21 AM, Surveyor interviewed Hospice Nurse (HN) J. HN J stated s/he was on call Memorial Day and ordered Resident 2 to have scheduled Morphine every 3 hours, starting on Memorial Day 05/26/2025. HN J stated the facility seemed to have some confusion with the	N 352		

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N 352	Continued From page 2 order and how to administer the morphine. HN J stated, "Staff didn't know what to do with the comfort medications, where to put in mouth." HN J acknowledged Resident 2 was not receiving scheduled medications as ordered, and clarified the order was to be scheduled every 3 hours starting 05/26/2025. On 09/02/2025 at 2:31 PM, Surveyor exited with ED A. ED A acknowledged Surveyor's finding regarding Resident 2's missed doses of morphine. The provider did not ensure Resident 1 received all prescribed medications in the dosage and intervals prescribed by a practitioner.	N 352		