STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012989	A. BUILDING: _____ B. WING _____	R-C 03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GYPSY HILL COUNTRY HOME AFH	E2602 - 470TH AVE MENOMONIE, WI 54751

(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
{M 000}	INITIAL COMMENTS On 01/09/2024, Surveyor conducted a complaint investigation and verification visit at Gypsy Hill Country Home AFH. Data was collected through 03/06/2024. The complaint was unsubstantiated. Four deficiencies were identified. Three of 4 deficiencies were repeat violations. See Statement of Deficiencies (SOD) 122E11, dated 03/29/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 332}	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department	{M 332}		

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

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{M 332}	Continued From page 1 and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually by the authorized dealer or local fire department. This is a repeat deficiency. See Statement of Deficiencies (SOD) 122E11, dated 03/29/2023. Findings include: On 01/09/2024, Surveyor observed 2 fire extinguishers in the facility. Both had inspection tags indicating they were serviced in August 2022. At 11:30 AM, Surveyor interviewed Administrator A. Administrator A reviewed the fire extinguisher tags and stated s/he would contact the company that inspects his/her fire extinguishers. At 12:46 PM, Administrator A stated s/he spoke with the company and they did not have a record of a 2023 inspection. They stated they would send someone out today to service the fire extinguishers.	{M 332}		
{M 458}	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	{M 458}		

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{M 458}	Continued From page 2	{M 458}		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure prescription medications were securely stored in the original container as received from the pharmacy.

This is a repeat deficiency. See Statement of Deficiencies (SOD) 122E11, dated 03/29/2023.

Findings include:

On 01/09/2024 at approximately 12:10 PM, Surveyor asked to see resident medications. Administrator A retrieved a key from the unlocked drawer under the medication cabinet and used it to unlock the padlock that secured the medication cabinet. Surveyor observed Administrator A return the key to the drawer when s/he was done.

Surveyor observed multiple pill cups, each with multiple pills in them, on the shelves inside the medication cabinet. The cups were not labeled. Administrator A stated s/he set up the day's medications for all 3 residents in the morning. Administrator A said s/he felt it was easier to open the cabinet and grab the cup at administration time than prepare the medications each time.

At approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he

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{M 458}	Continued From page 3 always stored the key in the drawer under the medication cabinet but s/he tried to hide it from plain sight. Administrator A stated s/he would stop preparing medications in advance.	{M 458}		
{M 464}	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure written orders were on file for all prescription medications administered to Resident 1. This is a repeat deficiency. See Statement of Deficiencies (SOD) 122E11, dated 03/29/2023. Findings include: On 01/09/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/02/2022. His/her January 2024 medication administration record (MAR) indicated s/he was prescribed the following: - Benztropine Mes, take 1mg at bed - Divalproex Sodium Dr 500mg, take 1 tab 2	{M 464}		

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{M 464}	Continued From page 4 times daily - Hydroxychloroquine 200mg, take at 8:00 AM with food - Hydroxyzine HCL 25mg, take 1 tab 2 times daily - Paliperidone ER 9mg, take 1 tab daily - Trazodone 50mg, take 1 tab at bed Resident 1's record did not include a written order for these prescriptions. At approximately 12:30 PM, Surveyor asked Administrator A if Resident 1's prescription orders were kept elsewhere. Administrator A stated Nurse Manager B took care of the paperwork. At 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would continue to reach out to Nurse Manager B to find Resident 1's orders and send them to Surveyor by 4:30 PM. As of 01/10/2024, Surveyor did not receive Resident 1's orders.	{M 464}		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.	M 466		

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M 466	Continued From page 5 This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not maintain a record of all prescription medication administered by the provider. Resident 1's medication administration record (MAR) was not completed by Administrator A on 01/09/2024 or 01/08/2024. Findings include: On 01/09/2024 at 11:15 AM at approximately 11:30 AM, Surveyor requested Resident 1's record from Administrator A. Administrator A stated s/he was just working on Resident 1's MAR when Surveyor walked in. Surveyor reviewed Resident 1's January 2024 MAR. There was no documentation indicating Resident 1's 8:00 AM medications were given, refused, or omitted on 01/09/2024; the MAR was blank for these scheduled administration times. The third page of the MAR had a Post-it note that read, "If you are giving [Resident 1] a PRN (as needed) Seroquel you NEED to chart it! *Nothing is charted all month. (Quetiapine Fumarate)." Surveyor reviewed Resident 1's written medication orders which indicated s/he was prescribed quetiapine 100mg PRN on 01/02/2024. This medication was not included on Resident 1's January MAR. At approximately 12:45 PM, Surveyor observed Resident 1's medications. Resident 1 had quetiapine 100mg PRN in his/her supply. At 12:48 PM, Surveyor interviewed Administrator A. Administrator A stated s/he administered Resident 1's morning medications to Resident 1 at 8:00 AM on 01/09/2024. Administrator A stated	M 466		

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M 466	Continued From page 6 s/he got busy and s/he had not filled out the MAR yet. Surveyor asked if Resident 1 had received quetiapine 100mg PRN yet. Administrator A stated s/he knew Resident 1 received it at least 1 time because Administrator A gave it to him/her on 01/08/2024. Surveyor and Administrator A reviewed the MAR together. Administrator A stated Resident 1's PRN was not included on the MAR. Surveyor observed Administrator A add the new medication to the January MAR and document the administration from 01/08/2024.	M 466		