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	0018068	A. BUILDING: _____ B. WING _____	C 04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE FRANKLIN	7220 SOUTH BALLPARK DRIVE FRANKLIN, WI 53132

(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 04/08/2024, Surveyor completed a standard survey and complaint investigation New Perspective Franklin. As a result, 5 deficiencies were identified. The complaint was unsubstantiated. Census: 34	N 000		
N 401	83.37(1)(b) Medication label permanently attached. Medications. Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer ' s container shall be labeled with the resident ' s name. Over-the-counter medications not maintained in the manufacturer ' s container shall be labeled by a pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications were labeled to ensure proper and safe usage in 4 of 4 medication carts. Findings include: On 04/05/2024, at 11:15 AM, Surveyors observed the medication carts. Surveyors observed the following medications located in the medication carts without labels: Side A Medication Cart: -bottle of calcium supplement -bottle of multivitamin -bottle of D3 -bottle of vitamin C	N 401		

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

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N 401	Continued From page 1 -bottle of Tylenol Side B Medication Cart: -cup of 8 pills. The cup was not labeled. -bottle of fluticasone propionate nasal spray -Advair inhaler -bottle of Tums Memory Care medication carts: -bottle of daily probiotics. -tube of Voltaren arthritis pain cream On 04/05/2024, at 3:35 PM, Surveyor interviewed Registered Nurse (RN) B. RN B reported the medications located in the cup belonged to Resident 2. RN B reported Resident 2 refused her/his medications yesterday. RN B confirmed the medications should have been removed from the medication cart. RN B confirmed medications were to be labeled with the required information.	N 401		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other	N 406		

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N 406	Continued From page 2	N 406		

medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not establish an effective procedure for proper destruction and disposal of expired medications. Expired medications were observed stored with resident's non-expired medications in 2 of 4 medication carts.

Findings include:

On 04/05/2024, at 11:15 AM, Surveyors observed the medication carts. Surveyors observed the following expired medications:

Side B Medication Cart:

Milk of Magnesia with an expiration date of 02/02/2024

Memory Care Medication Cart:

Polyglycol Powder with an expiration date of 01/24/2024

Box of Polyethylene Glycol with an expiration date of 02/27/2024

On 04/05/2024, at 3:30 PM, Surveyors interviewed Executive Director A and Nurse B. Nurse B reported staff were responsible for

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N 406	Continued From page 3 auditing the medication carts weekly. Nurse B reported staff brought the expired medications to the nurses and the nurses were responsible for destroying the medications.	N 406		
N 417	83.37(3)(a) Medication storage: original containers. Original containers. The CBRF shall keep medications in the original containers and not transfer medications to another container, unless the CBRF complies with all of the following: 1. Transfer of medications from the original container to another container shall be done by a practitioner, registered nurse, or pharmacist. Transfer of medication to another container may be delegated to other personnel by a practitioner, registered nurse or pharmacist. 2. If a medication is administered by CBRF employees and the medication is transferred from the original container by a registered nurse, or practitioner or other personnel who were delegated the task, the CBRF shall have a legible label on the new container that includes, at a minimum, the resident ' s name, medication name, dose and instructions for use. The CBRF shall maintain the original pharmacy container until the transferred medication is gone. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident medication transferred to another container contained the accompanying prescriptive information in 2 of 2 medication carts. A house supply of a prescription medication was transferred into bubble pack cards which did not identify what resident was prescribed the medication or instructions on how to use the medication. Resident 1's medication did not	N 417		

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N 417	Continued From page 4 contain instructions for use of the medication. A card in the memory care cart did not contain a name of a resident the medication was prescribed to. Findings include: On 04/05/2024, at 11:15 AM, Surveyor observed the medication carts and identified the following: Side A medication cart: -bubble pack with handwritten "house supply loperimide [sic] 2 [milligrams] (mg)." The card did not contain residents' names of who the medication was prescribed to or contain instructions for use of the prescription medication. -bubble pack with Resident 1's name handwritten on the card. The bubble pack card contained handwritten "carbidopa/levo [sic] 25/100mg." The card did not contain instructions for use of the prescription medication. Memory Care medication cart: -bubble pack with handwritten "PM metoprolol 25 mg take 1 tablet in AM & PM." The bubble pack did not identify what resident the medication was prescribed to. On 04/05/2024, at 3:35 PM, Surveyor interviewed Executive Director A and Registered Nurse (RN) B. RN B confirmed the requirement to ensure all prescriptive information was on all medications. RN B reported s/he would ensure the medication cards contained all required information.	N 417		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare,	N 452		

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N 452	Continued From page 5 distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored to prevent food borne illness. The provider did not maintain labels or dates on open food. This had the potential to affect 34 of 34 residents. Findings include: On 04/05/2024, at 10:10 AM, Surveyor toured the facility and observed the following: Side A kitchenette -Swiss cheese wrapped in plastic wrap, not dated with open date -Smucker's strawberry fruit spread, not dated with open date -yellow cheese slices in a plastic container, not dated with open date -half stick of butter, not sealed or dated with open date	N 452		

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N 452	Continued From page 6 -key lime pie, not dated with open date -Skippy natural peanut butter, not dated with open date -Smucker's natural peanut butter, not dated with open date -container of dark brown liquid with a syrup consistency, not labeled or dated with an open date Side B kitchenette -jar of concord grape preserved, not labeled with an open date -3 containers of vegetable oil spread, not labeled with an open date -bottle of Hellmann's mayonnaise, not labeled with an open date Memory Care kitchenette -Tropicana Caribbean sunset juice, not labeled with an open date -Ocean Spray cranberry juice, not labeled with an open date -jar of mayonnaise, not labeled with an open date -bottle of french dressing, not labeled with an open date -container of cream cheese, not labeled with an open date -raisin cinnamon bread, not labeled with an open date -2 jars of sliced jalapeno pepper, not labeled with an open date -Chick-fil-A honey mustard sauce, not labeled with an open date -chocolate dessert sauce, not labeled with an open date -2 containers of strawberry preserves, not labeled with an open date -Reddi Whip whipped cream, not labeled with an open date	N 452		

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N 452	Continued From page 7 Main kitchen -jug of cocktail sauce, not labeled with an open date -jug of cocktail sauce, not labeled with an open date -container of sour cream, not labeled with an open date -container of mayonnaise, not labeled with an open date -3 containers of sweet & sour sauce, not labeled with an open date -container of sauerkraut, not labeled with an open date -jug of ranch dressing, not labeled with an open date -2 jugs of thousand island dressing, not labeled with an open date -Hidden Valley vinaigrette dressing, not labeled with an open date -Hidden Valley poppyseed dressing, not labeled with an open date According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (ServSafe Coursebook, 7th Ed., 2017, p. 5-23) On 04/05/2024, at 10:55 AM, Surveyor	N 452		

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N 452	Continued From page 8 interviewed Culinary Service Director (CSD) D. confirmed all food should have been dated and labeled in the fridges. CSD D reported caregivers were responsible for dating all food in the kitchenettes and kitchen staff were responsible for dating food in the main kitchen. On 04/05/2024, at 3:35 PM, Surveyor interviewed Executive Director A. Executive Director A reported the kitchen staff were responsible for dating all food in the main kitchen and kitchenettes. Executive Director A reported s/he would ensure all food was labeled and dated in all the kitchens.	N 452		
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:	N 525		

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N 525	Continued From page 9 Based on record review and interview, the provider did not ensure quarterly fire drills were conducted with documentation including date, time, and total evacuation time for 2 of 2 years (2022 and 2023). The provider did not keep paperwork which indicated what date, time, and total evacuation time for the 1st, 2nd, and 3rd quarters of 2023, and the 1st, 3rd, and 4th quarters of 2022. Findings include: This facility was issued a class CNA (non-ambulatory) license on 06/24/2021, to serve up to 60 residents in the client groups of advanced age, irreversible dementia/Alzheimer's, terminally ill, and physically disabled. On 04/05/2024, at 2:00 PM, Surveyor reviewed the facility's safety files. Surveyor did not observe any documentation indicating a fire drill conducted in the 1st, 2nd, and 3rd quarters of 2023, and the 1st, 3rd, and 4th quarters of 2022. On 04/05/2024, at 3:30 PM, Surveyor interviewed Maintenance Director C. Maintenance Director C reported s/he was unsure of the requirements for fire drills. Maintenance Director C reported corporate set up the fire drills for every 2 months. Surveyor inquired if Maintenance Director C had documentation for the missing fire drills. Maintenance Director C reported s/he gave Surveyor all the documentation s/he had. Maintenance Director C confirmed the facility conducted a fire drill every 2 months and was not sure if all drills were documented.	N 525		