STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019887	A. BUILDING: _____ B. WING _____	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY VILLA ASSISTED LIVING IV	1727 AMERICAN EAGLE DR SLINGER, WI 53086

(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 08/06/2024, Surveyors conducted a standard survey at Serenity Villa Assisted Living IV. Additional information was gathered through 08/07/2024. As a result of the survey one (1) deficiency was identified. Census: 25	N 000		
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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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 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 This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure outdated	N 406		

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

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N 406	Continued From page 1 medications were separated from other medications in current use in the facility and disposed of. Findings include: On 08/06/2024 at approximately 3:00 PM, Surveyors interviewed Med Passer C and observed the med cart. Surveyors observed: Resident 1 * 15 caps of Loperamide 2 MG Cap; Take 1 capsule by mouth after each loose stool not to exceed 6 MG/day. Use by 12/07/2023. Resident 1 received 3 doses of expired med on 04/23/2024, 05/12/2024 and 06/19/2024. * 44 Acetamin 325 MG Tab; Take 2 tablets (650 MG) by mouth every four hours as needed for pain/fever. Use by 12/07/2023. * 30 Hyoscyamine 0.125 MG Sub; Take 1 tablet under the tongue every four hours as needed for increased secretions. Use by 07/10/2024. Resident 2 * 13 caps of Loperamide 2 MG Cap; Take 1 capsule by mouth after each loose stool as needed for diarrhea. Use by 01/02/2024. Resident 2 received 4 doses of expired meds on 04/07/2024, 04/08/2024, 04/09/2024, 07/24/2024. * 30 caps of Docusate Cal 240 MG Cap; Take 1 capsule by mouth daily as needed for constipation. Use by 01/04/2024. * 58 tabs Acetamin 325 MG Tab; Take 2 tablets (650 MG) by mouth every four hours as needed for pain/fever. Use by 05/18/2024. * 30 tabs Antacid 750 MG CHW; Chew 1 tablet every four hours as needed for GERD. Use by 01/04/2024. Resident 3	N 406		

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N 406	Continued From page 2 * 30 tabs Lorazepam 0.5 MG Tab; Take 1 tablet by mouth every four hours as needed. Use by 06/17/2024. * 44 Acetamin 325 MG Tab; Take 2 tablets (650 MG) by mouth every four hours as needed for pain/fever. Use by 05/03/2024. * 13 caps Loperamide 2 MG Cap; Take 1 capsule by mouth after each loose stool. Use by 05/03/2024. * 8 Tabs Lorazepam 0.5 MG Tab; Take 1 tablet by mouth every four hours as needed. Use by 06/11/2024. Resident 4 * 29 caps Benzonatate 100 MG Cap; Take 1 capsule by mouth every 8 hours as needed for cough. Use by 03/15/2024. Resident 4 received 1 dose of expired med on 07/01/2024. * 30 tabs Hyoscyamine 0.125 MG; Take 1 tab orally/under the tongue every four hours as need for increased secretions. Use by 03/27/2024. Hyoscyamine was discontinued on 09/13/2023. * 20 tabs Acetamin 325 MG Tab; Take 2 tablets (650 MG) by mouth every four hours as needed for pain/fever. Use by 02/09/2024. Resident 4 received 18 doses of expired meds on 02/10/2024, 02/11/2024, 02/12/2024, 02/13/2024, 04/23/204 (2 doses), 05/16/2024, 05/17/2024, 06/02/2024 (2 doses), 06/04/2024, 06/06/2024, 06/07/2024,06/08/2024 (2 doses), 06/09/2024, 06/10/2024 and 06/12/2024. Resident 5 * 30 Morphine 20 MG/ML Oral Solution; Take 0.25 ML (5 ML) by mouth every hour as needed for pain or shortness of breath. Use by 11/20/2022. Resident 6 * 7 Lorazepam 0.5 MG Tab; Take 1 tab by mouth every hour as needed for anxiety/restlessness.	N 406		

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N 406	Continued From page 3 Use by 06/18/2024. Resident 6 received 3 doses of expired med on 06/28, 06/29 (2 doses). * 30 Lorazepam 0.5 MG Tab; Take 1 tab by mouth twice a day as needed for agitation. Use by 02/01/2024. * 30 Oxycodone 5 MG Tab; Take ½ tab (2.5 MG) by mouth every 8 hours as needed for pain. Use by 06/19/2024. * 29 Oxycodone 5 MG Tab; Take ½ tab (2.5 MG) by mouth every 8 hours as needed for pain. Use by 06/19/2024. * 30 Oxycodone 5 MG Tab; Take ½ tab (2.5 MG) by mouth every 8 hours as needed for pain. Use by 06/12/2024. * 2 Oxycodone 5 MG Tab; Take ½ tab (2.5 MG) by mouth every 8 hours as needed for pain. Use by 06/12/2024. * 30 Hyoscyamine 0.125 MG Sub; Take 1 tab by mouth every four hours as needed for increased secretions. Use by 06/18/2024. Resident 7 * 11 Tramadol 50 MG Tab; Take 1 tab PO q 4 hrs as needed for pain. This med did not have a date packaged or use by date. No record in computer of 1 dose given, or med count. * 25 Ondansetron 4 MG Tab; Take 1 tab by mouth every six hours as needed for nausea/vomiting. Use by 12/09/2023. * 30 Morphine Sulf 20 MG/ML SOL; Take 0.5 ML (10 MG) by mouth / under the tongue every 1 hour as need for pain or air hunger. Label states use by 03/06/2024, sticker on bag states "Pre-drawn Morphine Syringes EXP DATE: 9-7-23." * 10 Hyoscyamine .125 MG Sub; Take 1 tab by mouth or under the tongue every four hours as needed for mild to moderate congestion and/or bladder spasms. Use by 03/06/2024.	N 406		

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N 406	Continued From page 4	N 406		

Resident 8
* 16 Acetamin 325 MG Tab; Take 2 tabs by mouth every four hours as needed for pain/fever. Use by 01/10/2024. Acetamin 325 MG Tab was discontinued on 10/09/2023.

Resident 9
* 20 Acetamin 325 MG Tab; Take 2 tabs (650 MG) by mouth every four hours as needed for pain/fever. Use by 03/27/2024.

Resident 10
* 24 Acetaminophen 500 MG Tab; Take 1 tab by mouth every six hours as needed in addition to scheduled dose for increased pain. Use by 12/14/2023.

Resident 11
* 29 Loperamide 2 MG Cap; Take 1 cap by mouth after each loose stool. Use by 04/13/2024.
* 30 Melatonin 3 MG Tab; Take 1 tab by mouth every night at bedtime as needed for insomnia. Use by 04/13/2024.

Resident 12
* 30 Benzonatate 100 MG Cap; Take 1 cap by mouth three times a day as needed. Use by 01/31/2024.

On 08/06/2024 at approximately 4:00 PM, Surveyors interviewed Administrator A. Surveyors requested medication administration records (MAR) for the above medications. Administrator A stated the RN Managers are supposed to audit the medication cart and ensure there are no expired meds in the cart. Administrator A stated s/he would be working with the RN Managers to ensure compliance. Surveyors shared Resident 7's Tramadol 500 MG Tab card with Administrator A. Administrator A

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called Manager B to explain why the Tramadol was packaged differently. Manager B stated Resident 7's family picked the med up from Agrees after Resident 7 was discharged from the hospital. Resident 7's family brought 12 pills in a pill bottle to the facility. Manager B took the pills and bubble packed them. The med was not added to the MAR. Administrator A was unable to locate the order and stated s/he would reach out to Walgreens to receive a copy and send to Surveyors.

Administrator A acknowledged the expired meds and stated s/he would work with Manager B to ensure meds are either discontinued and/or re-ordered.

On 08/07/2024 at 12:08 PM, Surveyors received an email from Administrator A. Administrator A stated "Per our conversation yesterday, please see attachment regarding the prn Tramadol card. So the family did indeed take the hard copy prescription attached and had it filled at Walgreens and brought the bottle of Tramadol back to the facility. [Manager B] did package the medication in the card that you saw yesterday. It was not sent over to our pharmacy (Genoa) for profiling onto ECP. There was one dose punched out and the documentation attached shows that our staff did give this resident one dose." Administrator A provided a copy of the script which identified the start date as April 16, 2024 and end date of April 19, 2024. There were 11 Tramadol tablets for Resident 7 in the med cart; however the order was good through 04/19/2024.

An article published by the FDA (Food and Drug Administration), dated 03/01/2016, titled, "Don't Be Tempted to Use Expired Medications," documented: " ...The expiration date can be

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N 406	Continued From page 6 found printed on the label or stamped onto the bottle or carton, sometimes following 'EXP.' It is important to know and stick to the expiration date on your medicine. Using expired medical products is risky and possibly harmful to your health. ... Expired medical products can be less effective or risky due to a change in chemical composition or a decrease in strength..." The provider did not ensure 12 residents' medications were disposed of after the expiration date.	N 406		