STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011498	A. BUILDING: _____ B. WING _____	C 08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTS OF HOME CHIPPEWA FALLS RCAC	1224 PUMPHOUSE RD CHIPPEWA FALLS, WI 54729

(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
U 000	INITIAL COMMENTS On 08/08/2024, Surveyor conducted a complaint and standard survey at Comforts of Home Chippewa Falls RCAC. The complaint was unsubstantiated. One deficiency was identified. Census: 20	U 000		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide nursing services related to medication management for 2 tenants that required insulin medication. Findings include:	U 118		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 118	Continued From page 1 "All insulins should be stored in the refrigerator until opening and protected from light. Once opened or removed from the refrigerator for storage in the medication cart, the insulin should be dated as it will expire in a specified time per manufacturer." (Retrieved on 08/12/2024 from https://www.hdrxservices.com/insulin-expiration-dates-update/). On 08/08/2024 at approximately 11:00 a.m., Surveyor observed the medication storage system with Caregiver C. There were 4 open insulin pens located in the top drawer of the medication cart. Three of the 4 insulin pens were not labeled with an open or use by date. Tenant 1 had a Novolog insulin pen and Basaglar insulin pen. Neither pen had an open date written on the sticker. Tenant 2 had an Ozempic pen that did have the open date written on it. S/he also had a Tresiba insulin pen with no open date written on it. According to Health Direct Pharmacy Services, Novolog and Basaglar insulin pens are good for 28 days once they are open. Tresiba insulin pen is good for up to 56 days once it has been opened. (Retrieved on 08/12/2024 from https://www.hdrxservices.com/insulin-expiration-dates-update/). On 08/08/2024 at approximately 2:30 p.m., Surveyor interviewed House Manager (HM) A and Compliance Registered Nurse (CRN) B. Surveyor explained concerns that 3 of the 4 insulin pens stored in the medication cart did not have open	U 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 118	Continued From page 2 dates documented on them. Surveyor observed the insulin pens with HM A and CRN B. CRN B told Surveyor that the insulin pens should always be dated to know how long they can be used.	U 118		