STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017955	A. BUILDING: _____ B. WING _____	C 10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 000	Initial Comments On 10/18/2024, with information gathered through 10/28/2024, Surveyor conducted a standard licensure survey and a complaint investigation at Bethel Menasha I. Six deficiencies were identified. Complaint was unsubstantiated. Census: 8	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 observation, record review, and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 1's Brinzolamide (eye drop) was marked open on 08/30/2024 and was documented as administered after the 30-day expiration date. Findings Include: On 10/18/2024, at approximately 9:50 AM, Surveyor observed the medication cart with Administrator A. Surveyor observed Resident 1's Brinzolamide with a label that read:	N 352		

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

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N 352	Continued From page 1 "Place 1 drop into left eye 3 times a day for glaucoma. Date Opened: 08/30/2024. Expires 28 days after opening." On 10/18/2024, Surveyor requested Resident 1's record. On 10/21/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility on 10/01/2020 with diagnosis including glaucoma. Resident 1's September and October 2024 Medication Administration Record (MAR), dated 09/01/2024 to 10/19/2024, documented: "Place 1 drop into left eye 3 times a day for glaucoma Scheduled at 8:00 AM, 4:00 PM and 8:00 PM." The MAR documented the medication had been administered on all dates and scheduled times. The medication expired on 09/27/2024. On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would reeducate staff on reviewing dates on medications.	N 352		
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	N 406		

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N 406	Continued From page 2 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 medications were separated from other medications in current use in the facility and disposed of. Resident 1's outdated prescribed Polymyxin eye drops, (inhaler) were stored with his/her current prescribed medications. Resident 1's outdated prescribed Albuterol Sulfate Inhalation Aerosol was stored with his/her current prescribed medications. Findings include: On 10/18/2024, at approximately 9:50 AM, Surveyor observed the medication cart with Administrator A. Surveyor observed Resident 1's opened bottle of Polymyxin eye drops, with a dispensed date of 02/12/2024. Surveyor observed an opened Albuterol Sulfate	N 406		

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N 406	Continued From page 3 Inhalation Aerosol inhaler, with a dispensed date of 06/25/2024 and a label that documented, "Inhale 2 puffs by mouth four times daily for 3 days for SOB (shortness of breath)/wheezing. No refills. Prescription #50496790." On 10/18/2024, Surveyor requested Resident 1's record. On 10/21/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility on 10/01/2020. Resident 1's September and October 2024 Medication Administration Record (MAR) documented: "Starting 06/29 - Inhale 2 puffs into the lungs every 4 hours as needed for SOB/wheezing. Prescription #50496792." There was no order documented for Polymyxin. On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would reeducate staff on reviewing dates on medications and ensure current medications are not stored with expired medications.	N 406		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall	N 408		

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N 408	Continued From page 4	N 408		

monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 1 of 1 resident prescribed PRN (as needed) psychotropic medications were documented on the Individualized Service Plan (ISP). The ISP did not include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration.

Resident 1's PRN Alprazolam was not documented in his/her ISP and rationale for use not documented on his/her Medication Administration Record (MAR).

Findings include:

On 10/28/2024, Surveyor reviewed Resident 1's record.

Resident 1 admitted to the facility, 10/01/2020, with diagnoses including depression, anxiety and traumatic brain injury.

Resident 1's February and July MAR documented:

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"Alprazolam - One tablet by mouth twice daily as needed for severe anxiety/agitation. Start Date: 02/12/2024." Documented as administered on 02/28/2024 and 07/07/2024 with no documented rationale.

Resident 6's ISP, undated, documented:
"Medication Management - Assist: Needs assistance administering medications."
"Monthly PRN Psychotropic: Every month from the 1 to the 1@8:00 AM."
"Psychotropic Medications: Using psychotropic medications related to specific behaviors: See MAR for medications. Appropriate use of medications will be maintained. Resident to show no adverse affects related to psychotropic medication use. Resident behaviors to be controlled as allowed by progression of disease process."
"Self Abusive - Supervision: Must supervise and monitor at all times to prevent and stop self abusive behavior."
"Destructive/Abusive - Supervision: Must be supervised to help prevent and alleviate any destructive/abusive behaviors or incidents."
"Interaction - Assist: Assist redirecting negative interactions with others. Supervise and assist. Notify appropriate provider (psychiatrist, etc) when necessary."
"Attitude - Supervise/Intervene: Redirect negative attitudes. Notify appropriate provider (psychiatrist, etc) when necessary."
"Self Concepts - Independent: None, resident displays good self concepts."

Resident 6's "Observations" did not document any behaviors on 02/28/2024 and 07/07/2024.

On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he

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N 408	Continued From page 6 would review Resident 6's ISP and reeducate staff on the importance of proper medication documentation.	N 408		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 2 residents received prescribed medications prior to expiration dates. Resident 1's Lumigan eye drops were not dated when opened, had a dispensed date of 05/23/2024 and had been currently administered. Resident 1's Combigan eye drops were not dated when opened, had a dispensed date of 07/29/2024 and had been currently administered. Resident 1's Fluticasone (nasal spray) was not dated and had a dispensed date of 03/29/2024 and had been currently administered. Findings include: On 10/18/2024, at approximately 9:50 AM,	N 432		

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N 432	Continued From page 7 Surveyor observed the medication cart with Administrator A. Surveyor observed Resident 1's: Lumigan eye drops were not dated when opened, had a dispensed date of 05/23/2024. The label stated medication expires 28 days after opening. Combigan eye drops were not dated when opened, had a dispensed date of 07/29/2024. The label stated medication expires 28 days after opening. Fluticasone (nasal spray) was not dated and had a dispensed date of 03/29/2024. The label stated medication is a 30 day supply. On 10/18/2024, Surveyor requested Resident 1's record. On 10/21/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility on 10/01/2020 with diagnosis including glaucoma. Resident 1's September and October 2024 Medication Administration Record (MAR), dated 09/01/2024 to 10/19/2024, documented: "Lumigan 0.01% eye drops. Instill 1 drop into left eye at bedtime for wide angel glaucoma. Scheduled at 8:00 PM. Start Date: 06/17/2024." Medication was documented as administered on all days and scheduled time. "Combigan eye drops. Instill 1 drop into left eye 2 times a day for glaucoma. Scheduled at 8:00 AM and 8:00 PM. Start Date: 02/26/2024." Medication was documented as administered on all days and scheduled times. "Fluticasone 50 MCG nasal spray. Instill 2 sprays into each nostril daily for allergies. Scheduled at 8:00 AM. Start Date: 06/28/2023."	N 432		

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N 432	Continued From page 8 Medication was documented as administered on all days and scheduled time except 09/01, 09/03, 09/04, 09/07, 09/19, 9/20, 09/22, 09/30, 10/06, 10/08, 10/13, 10/18. On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated staff would be reeducated on medication administration.	N 432		
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, 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 store food under sanitary conditions. Surveyor found food items in the refrigerator, the freezer and the pantry that were not properly	N 452		

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N 452	Continued From page 9 sealed to avoid contamination. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: On 03/28/2024, the Department received a concern that residents were not receiving nutritional meals. On 06/05/2024, at approximately 11:45 AM, Surveyor toured the facility and observed the following: Refrigerators: - A 16 ounce opened bag of sliced premium oven roasted chicken breast that was not dated nor was it sealed. The package stated, "Use within 7 days after opening." -A bottle of ketchup that the lid to seal the contents was missing. -A plastic bag of what appeared to be salad. The salad had begun to turn a brown color. -A pan of what appeared to be orange jello that was not covered. -A white glass plate with a leftover food that was covered with green colored saran wrap that was not labeled and or dated. -A white glass plate with leftover pancakes that was partially covered with a green colored saran wrap and that was not dated. -A clear plastic container that contained leftovers that was not dated nor labeled. -A metal pan that contained what appeared to be leftovers and was partially covered with green saran wrap that was not dated. -A jar of pizza sauce that had an open date of 05/08 written on it.	N 452		

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N 452	Continued From page 10 The interior of the refrigerator showed signs of what appeared to be food spillage throughout. Pantry: -Opened bag of honey & almond flavored oat cereal that was not sealed. -Opened bag of fruit flavored cereal that was not sealed. -A bag of dried colored slices of food that was not sealed. -(2) boxes of instant mashed potatoes that were not sealed. -A box of pancake & waffle mix that was not sealed. Freezer: -A bag of seasoned shredded potatoes that was not sealed. "Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2017, Section 3-501.17) "Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees	N 452		

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N 452	Continued From page 11 Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7, p. 1-8, and p. 7-3) On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated staff would be reeducated on the policy of making sure foods are properly dated and sealed.	N 452		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area. Findings include: The provider is licensed as a class CS (semi-ambulatory) CBRF (community-based residential facility) able to serve up to 8 residents in the following client groups: physically disabled, advanced aged, terminally ill, developmentally disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and	N 499		

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N 499	Continued From page 12 traumatic brain injury. On 10/18/2024, at approximately 9:00 AM, Surveyor toured the facility and observed the following unsecured cleaning compounds and toxic chemicals: Laundry Room: -2 gallon jugs of encapsulating cleaner with oxygen -(2) 5 gallon jugs of -5 liter jug of multi-purpose cleaner - lavender scent -gallon jug of disinfectant for laundry & air freshener - Concentrate - Makes 32 Gallons -(2) gallon jug of bleach Bathroom: -gallon jug of bleach -(2) 24 fluid ounce bottles of toilet bowl cleaner with bleach -32 fluid ounce bottle of bathroom cleaner with bleach -67 fluid ounce jug of hardwood cleaner - citrus scent -21 ounce container of powder cleaner with bleach Resident Bedroom: -bottle of diluted disinfectant and odor eliminator These areas were accessible to all residents. Residents were observed moving freely throughout the facility. On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated staff would be reeducated on the policy of making sure all cleaning compounds are secured.	N 499		