| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018376 | A. BUILDING: _____ B. WING _____ | C 01/24/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GENERATIONS ASSISTED LIVING 2 | 2610 WASHINGTON AVENUE PLOVER, WI 54467 |

| (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<br><br>A complaint investigation and standard survey were conducted at Generations Assisted Living 2 on 01/24/2024. As a result of this survey the complaint was unsubstantiated. There was 1 deficiency identified with the survey process.<br><br>Census: 6 | N 000 | | |
| N 406 | 83.37(1)(g) Disposition of medications.<br><br>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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and staff interview the provider did not ensure destruction | N 406 | | |

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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|---|---|---|---|---|
| N 406 | Continued From page 1<br>of 1 of 1 resident's expired medications. On 01/24/2024, Surveyor noted Resident 1 had a punch card of PRN (as needed) Acetaminophen 325 mg (milligrams) that had been ordered 04/22/2022 and expired 04/22/2023. Resident 1 had not received this medication since it expired.<br><br>Findings include:<br><br>On 01/24/2024, at approximately 11:00 a.m., Surveyor reviewed the provider's medication system with ADM (Administrator) - A. Surveyor noted Resident 1 had a punch card of Acetaminophen 325 mg (milligrams) 2 tabs every 6 hours as needed. This card of medication was issued 04/22/2022 and expired 04/22/2023. ADM - A confirmed the medication was expired. There were no other noted expired medications.<br><br>Surveyor reviewed Resident 1's MAR (Medication Administration Record) from 04/22/2023 to 01/24/2024 and noted Resident 1 had not received this medication following the expiration date. ADM - A indicated that medications are checked for expiration but this one had been missed. | N 406 | | |