STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017637	A. BUILDING: _____ B. WING _____	R 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME I	1685 BRANDI ST BURLINGTON, WI 53105

(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
{M 000}	INITIAL COMMENTS On 11/08/2024, with information gathered through 11/12/2024, Surveyor conducted a verification visit at Brandi Home I. Six deficiencies were identified. Five of 6 deficiencies were repeat violations (see Statement of Deficiency (SOD) 4C1811). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure that the home was a safe environment and that residents were safeguarded from environmental hazards. Toxic chemicals were not securely stored. Findings include: The provider was licensed, 06/27/2019, to serve 4 residents within the client group of developmentally disabled. The home's current census was 4 residents who were able to	M 278		

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

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M 278	Continued From page 1 ambulate through the home. On 11/08/2024, at approximately 5:45 PM, Surveyor toured the facility and observed the following in the unsecured laundry room: -Gallon jug of bleach -32 ounce bottle of laundry pre-wash stain remover -32 ounce bottle of glass cleaner -33 ounce bottle of fabric refresher - crisp linen scent -32 ounce bottle of all purpose cleaner with bleach -32 ounce bottle of bathroom cleaner -13 ounce spray can of oven cleaner -24 fluid ounce bottle of toilet bowl cleaner On 11/08/2024, Surveyor reviewed Resident 4's record. Resident 4's individual service plan, dated 09/15/2024, documented: "Psych/Social/Cognitive Status: disruptive behavior, assaultive, depression, anxiety, wandering in home, sleep disturbance." On 11/08/2024, at approximately 6:15 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would ensure cleaning compounds were secured in the home.	M 278		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the	{M 406}		

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{M 406}	Continued From page 2 licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 2 of 2 resident (Resident 2 and Resident 4) was developed together with the placing agency, the resident representative, and the provider. This is a repeat deficiency. See Statement of Deficiency (SOD) 4C1811, dated 07/26/2024. Findings include: On 11/08/2024, Surveyor reviewed Resident 2's and Resident 4's record. Example 1: Resident 2 Resident 2 was represented by managed care organization (MCO) Care Manager (CM) B and Power of Attorney (POA E). Resident 2's record contained an ISP, dated 07/30/2024, which was not signed by CM B, POA E or the provider. Example 2: Resident 4 Resident 2 was represented by MCO CM F. Resident 2's record contained an ISP, dated	{M 406}		

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{M 406}	Continued From page 3 09/15/2024, which was not signed by CM F or the provider. On 11/08/2024, at approximately 6:15 PM, Surveyor interviewed House Manager A. House Manager A stated s/he could have CM B and POA E sign the ISP.	{M 406}		
{M 458}	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident (Resident 4) medications were stored in their original container which identified who the medication was prescribed for. This is a repeat deficiency. See Statement of Deficiency (SOD) 4C1811, dated 07/26/2024. Findings include: On 11/08/2024, at approximately 5:50 PM, Surveyor reviewed Resident 4's medications in	{M 458}		

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{M 458}	Continued From page 4 the med cabinet. Surveyor observed a plastic pill bottle of white tablets with the words "Motion Sickness relief" and a plastic baggie of red tablets with the words "Ibuprofen 200 MG (milligram)" written on it. On 11/08/2024, Surveyor reviewed Resident 4's record. Resident 4's October and November 2024 MAR (Medication Administration Record), dated 10/27/2024 to 11/8/2024, did not list the over-the-counter (OTC) medications which were stored in the baggies. On 11/08/2024, at approximately 6:10 PM, Surveyor interviewed House Manager A. House Manager A showed Surveyor Resident 4's approved OTC medication list on his/her phone. Surveyor noted the med list stated, "Travel Sickness - Chew 1 tablet by mouth daily as needed (motion sickness). Prescription expired on June 14, 2023." On 11/08/2024, at approximately 6:15 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would purchase individual containers of motion sickness and ibuprofen medications so that one container could be kept at the home. House Manager A stated there were physician orders for Resident 4's OTC medications, but labels were not provided to identify who the medication belonged to and the dosing requirement. Cross Reference: M0466 DHS 88.07(3)(e)1. Medication - Record Keeping	{M 458}		

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{M 462}	Continued From page 5	{M 462}		
{M 462}	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident (Resident 4) medications were not expired. This is a repeat deficiency. See Statement of Deficiency (SOD) 4C1811, dated 07/26/2024. Findings include: On 11/08/2024, at approximately 5:50 PM, Surveyor reviewed Resident 4's medications in the med cabinet. Surveyor observed an opened bottle of TRP Natural Ears ear drops that was not dated when opened and a Proair inhaler with a dispensed date of 11/05/2020 and a discard date of 11/05/2021. On 11/08/2024, Surveyor reviewed Resident 4's record. Resident 4's October and November 2024 MAR (Medication Administration Record) documented: ProAir inhaler - Inhale 2 puffs into the lungs every	{M 462}		

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{M 462}	Continued From page 6 4 hours as needed for cough. The MAR did not document that s/he had been prescribed ear drops. Resident 4's MAR for PRN (as needed) medications documented: 09/02/2024 - Natural ears - earache 09/03/2024 - Natural ears - earache "Replace cap after every use. Use within 30 days of opening. Expiration date only refers to the unopened bottle." (Source: TRP website, Ring Relief Ear Drops, 2024, https://www.thereliefproducts.com/product/ring-relief-drops (retrieval date - November 12, 2024).) On 11/08/2024, at approximately 6:15 PM, Surveyor interviewed House Manager A. House Manager A stated the OTC medications were not recorded on the MAR and s/he would set up a system to track the administration of OTC medications. Cross Reference: M0466 DHS 88.07(3)(e)1. Medication - Record Keeping	{M 462}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.	{M 466}		

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{M 466}	Continued From page 7 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 2 of 4 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) 4C1811, dated 07/26/2024. Resident 3's, and Resident 4's Medication Administration Records (MAR) contained blanks where medication administration should have been initialed by the med passer. Findings include: Example 1: Resident 3 On 11/08/2024, at approximately 5:45 PM, Surveyor observed Resident 3's blister card of Felbatol in the med drawer. The blister card showed that all medications had been dispensed. On 11/08/2024, Surveyor reviewed Resident 3's record. Resident 3's October/November 2024 MAR, dated 10/27/2024 to 11/08/2024, documented: Felbatol (seizure medication)400 MG TAB (tablet) - Take 2 - ½ tablets at 8AM and 5PM and 2 Tabs at Noon #30 days only. Start Date: 10/13/2024. The MAR did not document medication administration at Noon on 11/01, 11/05, 11/06, 11/07, 11/08 Example 2: Resident 4 On 11/08/2024, Surveyor reviewed Resident 4's	{M 466}		

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{M 466}	Continued From page 8 record. Resident 4's October/November 2024 MAR, dated 10/27/2024 to 11/08/2024, documented: Prometh VC Plain Syrup (antihistamine) - Take 1 tsp (teaspoon) (5 ML [milliliter]) by mouth at 8AM, Noon, 4PM and 8PM. The MAR only documented administration on 10/27 at 8 AM, 10/27 8 PM, and 10/28 8PM. Fluticasone 50 MCG (micrograms) nasal spray - Use 2 sprays in each nostril at 8AM. The MAR only documented administration on 10/27 and 10/28. On 11/08/2024, at approximately 6:15 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would review the resident MARs.	{M 466}		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that food was stored in a safe and sanitary manner. Surveyor found food items in the refrigerator that were not properly 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. This is a repeat deficiency. See Statement of	{M 474}		

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{M 474}	Continued From page 9 Deficiency (SOD) 4C1811, dated 07/26/2024. Findings include: The provider was licensed, 06/27/2019, to serve 4 residents within the client group of developmentally disabled. On 11/08/2024, at approximately 5:45 PM, Surveyor toured the facility and observed the following: Refrigerator: -A 12 ounce package of sliced bacon, thawed, with a Use By Date of 06/20/2024. -A 16 ounce opened package of sliced smoke white turkey that was not dated or sealed. -A Ziploc bag of what appeared to be hotdogs that was not dated. -A white bowl that was covered with aluminum foil that was not dated. -A clear plastic container with a blue lid that had leftover food in it that was not dated. -A Ziploc bag of sliced oven roasted turkey breast that was not dated. Freezer: -An opened package of breaded chicken pieces that was not sealed. -An opened package of chopped chicken crumbles that was not sealed. -(2) An opened package of breakfast sausage links that was not sealed. According to the 2017 FDA (US Food and Drug Administration) Food Code, refrigerated, ready to eat (RTE), Time/Temperature Controlled for Safety (TCS) food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by	{M 474}		

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{M 474}	Continued From page 10 which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of seven days. The day of preparation shall be counted as Day 1. Refrigerated, RTE/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. The "Servsafe Coursebook - 7th Edition, documented 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 Fahrenheit or lower." 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. On 11/08/2024, at approximately 6:30 PM, Surveyor interviewed House Manager A. House Manager A stated staff would be reminded that all food needs to be properly sealed and dated.	{M 474}		