STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011173	A. BUILDING: _____ B. WING _____	C 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME HARBOR	**1600 OHIO ST RACINE, WI 53405**

(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 04/24/2025, Surveyor completed 2 complaint investigations at Home Harbor. As a result, 2 deficiencies were identified. One complaint was substantiated, and 1 complaint was unsubstantiated. Census: 82	U 000		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 tenant (Tenant 1) had a signed, jointly negotiated risk agreement by the date of occupancy. The provider identified Tenant 1 required assistance with medication management, but medication management was not a service added to her/his service agreement, which resulted in missed medications. Findings include: Wis. Admin. Code ch. 89 defines risk agreement as the following: means a binding stipulation identifying conditions or situations which could put the tenant at risk of harm or injury and the tenant's preference for how those conditions or situations are to be handled. On 04/14/2025, at 10:18 AM, Surveyor	U 189		

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

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U 189	Continued From page 1	U 189		

interviewed Executive Director (ED) A and Licensed Practical Nurse (LPN) D. ED A reported Tenant 1's family wanted the provider to provide medication administration for Tenant 1, but it was not a paid service in her/his service agreement. ED A reported Tenant 1 often received services s/he was not paying for. LPN D reported Tenant 1 had been on a health decline since October 2024 and had more difficulty with her/his memory. LPN D reported it was discovered in February 2025 Tenant 1 was having mechanical issues and could not open her/his medication box. Power of Attorney for Health Care (POAHC) E was notified of the issue and planned to purchase a new container Tenant 1 would be able to open on her/his own. In February 2025, POAHC E had refused to add on medication management services for Tenant 1. On 03/07/2025, LPN D advised caregivers to stop providing medication management for Tenant 1. On 03/07/2025, the provider notified POAHC E medication management was needed for Tenant 1. On 03/10/2025, POAHC E agreed to add medication management services for Tenant 1.

On 04/14/2025, at 10:53 AM, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the facility on 03/09/2024. Tenant 1's diagnoses included fracture to shaft of left humerus with delay heal, sepsis, type 2 diabetes mellitus with diabetic neuropathy, anxiety disorder, presence of cardiac pacemaker, hypertensive chronic kidney disease, need for assistance with personal care, depression, anemia, atrial fibrillation, gastro-esophageal reflux disease. Tenant 1's record did not include a risk agreement.

On 04/15/2025, at 1:23 PM, Surveyor interviewed Executive Director (ED) A via email and asked for any risk agreements on file for Tenant 1. On

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U 189	Continued From page 2 04/16/2025, at 12:12 PM, Administrative Assistant B replied via email and reported no risk agreements were on file for Tenant 1. On 04/24/2025, at 12:00 PM, Surveyor interviewed ED A. ED A reported s/he was unfamiliar with risk agreements, but knew the provider did have them in place for fall risk tenants. ED A reported Tenant 1 did not have a risk agreement on file. Cross reference: 89.34(16) - Tenant Rights	U 189		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order.	U 267		

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U 267	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Tenant 1) received all medications as prescribed. Tenant 1 missed 1 dose of hydrocodone/acetaminophen, 4 doses of lorazepam, and 3 doses of morphine sulfate within a 3-day period. Findings include: On 04/14/2025, at 10:53 AM, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the facility on 03/09/2024. On 03/10/2025, Tenant 1's service agreement was modified to include medication management. On 03/10/2025, Tenant 1 began receiving hospice and medication management services. Tenant 1's medication orders included the following: Added to scheduled medications on 03/11/2025: - Hydrocodone/Acetaminophen (apap) 5/325 milligram (mg) tablets (tabs) - Lorazepam 0.5 mg tab - take 1 tab by mouth 3 times daily for anxiety, shortness of breath, and restlessness Added to scheduled medications on 03/13/2025: - Lorazepam 1 mg tab (12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM) - take 1 tab by mouth every 4 hours for anxiety, restlessness, shortness of breath. May dissolve with liquid morphine to administer. - Morphine sulfate (sulf) 100 mg/5 milliliters (mL) solution (S) (12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM) - Take 1 mL by mouth every 4 hours (scheduled) for pain, shortness of breath, or restlessness. Prefilled syringes.	U 267		

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U 267	Continued From page 4 Added to scheduled medications on 03/14/2025: - Lorazepam 1 mg tab (12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM) - take 1 tab by mouth every 4 hours for anxiety, restlessness, shortness of breath. May dissolve with liquid morphine to administer. - Morphine sulfate (sulf) 100 mg/5 milliliters (mL) solution (S) (12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM) - Take 1 mL by mouth every 4 hours (scheduled) for pain, shortness of breath, or restlessness. Prefilled syringes. Tenant 1's March Medication Administration Record (MAR) indicated Tenant 1 did not receive the following medications: - Hydrocodone/apap 5/325 mg tab at 12:00 PM on 03/13/2025 - Scheduled medication notations documented, "Destroyed was unable to swallow dose destroyed [Person C], notified (hospice nurse) [sic]." - Lorazepam 0.5 mg tab at 2:00 PM on 03/13/2025 - Scheduled medication notations documented, "No Pass Reason: Other." - Lorazepam 1 mg tab at 4:00 PM on 03/13/2025 - Scheduled medication notations documented, "I did not see that the lorazepam was schedule [sic]." - Morphine sulf 100 mg/5 mL S at 4:00 PM on 03/13/2025 - Scheduled medication notations documented, "[her/his] family requested that 'to wait until later in the afternoon'." - Lorazepam 1 mg tab at 12:00 AM on 03/14/2025 - Scheduled medication notations documented, "No Pass Reason: Other." - Morphine sulf 100 mg/5 mL S at 12:00 AM on 03/14/2025 - Scheduled medication notations documented, "No Pass Reason: Other." - Lorazepam 1 mg tab at 4:00 AM on	U 267		

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U 267	Continued From page 5 03/14/2025 - Scheduled medication notations documented, "No Pass Reason: Other." - Morphine sulf 100 mg/5 mL S at 4:00 AM on 03/14/2025 - Scheduled medication notations documented, "No Pass Reason: Other." Tenant 1's observation notes documented the following: 03/07/2025 at 12:00 PM - " . . . Due to resident not being on med management, advise staff to encourage [her/him] getting and taking meds per self. Med box is on bedside table and is accessible to resident [sic]. . . . " 03/07/2025 at 1:00 PM - "Spoke to POAHC (power of attorney health care) [POAHC E], [s/he] will be looking into getting a med box that resident is able to dump on [her/his] own to administer per self. . . . " 03/14/2025 at 2:00 PM - "[Nurse Practitioner F] reported family c/o resident missing quite a few does of lorazepam (Ativan) and morphine over the last 24 hours. Missed doses of either med is unacceptable. Both meds are scheduled to be given EVERY 4 HOURS. To administer: Place the lorazepam on side of cheek, then dispense the liquid morphine into same side of cheek. The lorazepam will dissolve. This needs to be done even if the resident is sleeping. If needed manually move [her/his] mouth around and use a wet mouth swab which are at bedside. Do not chart as meds refused. Resident is not able to refuse as [s/he] is mostly unresponsive. . . . " On 04/14/2025 , at 10:18 AM, Surveyor interviewed Licensed Practical Nurse (LPN) D and s/he reported the following:	U 267		

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U 267	Continued From page 6 S/He found out caregivers were assisting with medication management, when Tenant 1's service agreement did not include medication management. Tenant 1 had a difficult time accessing her/his medications and asked caregivers for help bringing the medication storage container to her/him and opening it. On 03/07/2025, LPN D advised caregivers to stop providing medication management for Tenant 1. LPN D stated, "[s/he] missed a day or two." On 04/24/2025, at 12:00 PM, Surveyor interviewed Executive Director (ED) A. ED A reported it was difficult for the provider to manage Tenant 1's medications due to POAHC E. POAHC E visited the facility and told caregivers s/he would give Tenant 1 her/his medications, and other times told facility staff Tenant 1 was not receiving her/his medications. Cross reference: 89.28(1) - Risk Agreement	U 267		