STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 On 11/26/2024, with information gathered through 11/27/2024, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey and 2 complaint investigations at Oak Hill Terrace located at 1805 Kensington Drive in Waukesha, WI. One citation of noncompliance was issued. Both complaints were unsubstantiated. Census: 123	N 000		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the administrator or designee audited, signed, and dated the proof-of-use records for schedule II drugs on a daily basis, as required. This requirement is being cited for a second time. See Statement of Deficiency (SOD) 7L1M11, issued 01/20/2023. The findings include:	N 409		

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
	0018806	A. BUILDING: _____ B. WING _____	C 11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 409	Continued From page 1 On 11/26/2024 at 12:34 P.M., Charge Nurse C and Surveyor observed Resident 1's, Resident 2's, Resident 3's, Resident 4's, Resident 5's, Resident 6's, Resident 7's, and Resident 8's schedule II drugs stored within two medication carts located in the facility's memory care unit's medication room. These schedule II drugs included liquid morphine and liquid oxycodone packaged by the pharmacy in pre-filled syringes, and hydrocodone tablets packaged by the pharmacy in unit dose, 'bubble' packaging. Charge Nurse C told Surveyor the caregiver/medication aide administering a schedule II drug to a resident was responsible for documenting administration of the schedule II drug within that resident's medication administration record and on a separate count document for that specific schedule II drug at the time each schedule II drug was administered. Charge Nurse C told Surveyor two staff responsible for medication administration, including caregivers/medication aides and/or nurse managers/charge nurses, were to count each schedule II drug remaining within the medication carts at the change of each day shift, evening shift, and night shift. Charge Nurse C told Surveyor the two staff performing the shift-to-shift count were to document their initials on a document titled "Controlled Drugs - Count Record" for all scheduled II drugs counted for each medication cart. Charge Nurse C told Surveyor this process of counting and documenting each schedule II drug remaining at the beginning/end of each shift was considered the facility's daily audit of schedule II drugs. Charge Nurse C provided Surveyor with the facility's October 2024 and November 2024 "Controlled Drugs - Count Record" for cart 1 and cart 2 stored within the memory care unit's	N 409		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 409	Continued From page 2	N 409		

medication room. Surveyor and Charge Nurse C reviewed the October 2024 through November 2024 "Controlled Drugs - Count Record" for cart 1. The documents included a documented count, or a daily audit, by two staff on 10/12/2024, 10/13/2024, 10/21/2024, 10/28/2024, 11/1/2024, 11/03/2024, 11/07/2024, 11/08/2024, 11/09/2024, 11/10/2024, 11/12/2024, 11/13/2024, and 11/23/2024. There were no documented daily audits for the remaining 43 days between 10/01/2024 and 11/25/2024.
Surveyor and Charge Nurse C reviewed the October 2024 through November 2024 "Controlled Drugs - Count Record" for cart 2. The documents included a documented count, or a daily audit, by two staff on 10/01/2024, 10/02/2024, 10/03/2024, 10/04/2024, 10/07/2024, 10/09/2024, 10/10/2024, 10/11/2024, 10/12/2024, 10/13/2024, 10/16/2024, 10/21/2024, 10/28/2024, 11/01/2024, 11/03/2024, 11/07/2024, 11/08/2024, 11/09/2024, 11/10/2024, 11/12/2024, 11/19/2024, and 11/23/2024. There were no documented daily audits for the remaining 34 days between 10/01/2024 and 11/25/2024. Charge Nurse C told Surveyor the "Controlled Drugs - Count Record" for cart 1 and cart 2 had not been completed as intended on a daily basis.

On 11/26/2024 at 1:30 P.M., Heath Services Director/Registered Nurse B provided Surveyor with the facility's annual medication audit conducted by the facility's primary pharmacy on 05/30/2024. The audit documentation regarding controlled medications/schedule II drugs included, "All [medication] carts had some missing signatures for shift counts."

On 11/26/2024 at approximately 4:30 P.M., Heath Services Director/Registered Nurse B provided Surveyor with the facility's policy document titled,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 409	Continued From page 3 "Managing Controlled Medications." The documented policy included, "1. Controlled Drug Count a.) all controlled substances will be counted at the change of each shift b.) the count logs will be kept in the medication room. c.) the outgoing charge nurse or medication aide will count, with the oncoming charge nurse or medication aide as a witness d.) the count will be verified by comparing the last recorded "amount remaining" on the controlled drug administration record for each controlled substance with the actual number remaining in the punch card or bottle e.) once verified, both the person counting and the person witnessing the count will signed the controlled substance daily record count f.) if there is a discrepancy in the count, the health services director, administrator, or designee will be notified immediately..." Health Services Director/Registered Nurse B told Surveyor the "Controlled Drugs - Count Record" documentation to be completed by the medication aides and/or charge nurses on a shift-to-shift basis was considered the facility's daily audit of schedule II drugs. On 11/26/2024 at 5:11 P.M., Surveyor conducted an interview with Administrator A and Health Services Director/Registered Nurse B. Administrator A told Surveyor and Health Services Director/Registered Nurse B said they aware the proof-of-use records for schedule II drugs were not being audited on a daily basis, as required. Administrator A told Surveyor they have been providing and will continue to provide on-going training to medication aides and/or charge nurses regarding this requirement.	N 409		