Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017054	A. BUILDING: _____ B. WING _____	C 03/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RAILROAD CBRF	2332 RAILROAD ST EAGLE RIVER, WI 54521

(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 02/29/2024, Surveyor conducted a complaint investigation at Milestone Senior Living Railroad CBRF. Data collection continued through 03/11/2024. The complaint was substantiated. One deficiency was identified. Census: 16	N 000		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by:	N 404		

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

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N 404	Continued From page 1 Based on record review and interview, the provider did not ensure a physician, pharmacist, or registered nurse conducted an on-site review of the provider's medication system in 2023. Findings include: The provider is licensed to serve up to 21 residents in the client groups advanced aged and irreversible dementia/Alzheimer's. On 02/07/20024, the Department received a complaint alleging medication errors and residents were "mistreated" between 05/2023 and 10/2023. On 02/29/2024, Surveyor reviewed provider's internal investigations and medication administration records. The provider documented an internal investigation on a Misconduct Incident Report (MIR), dated 05/19/2023. The MIR read, in part, "On 5/19/2023 at approximately 10:00 AM, Resident Assistant [Caregiver B] contacted on call nurse and informed [him/her] that [s/he] did not give a resident insulin. When questioned as to why [s/he] did not administer insulin, [Caregiver B] indicated that it is [sic] because resident is 'a problem.' At 1:39 PM on the same day, the on call nurse received a call from hospice staff indicating that there was a concern related to how [Caregiver B] talked to another resident at the facility." The MIR noted, "Upon learning of the insulin being held without a doctor's order, the staff member was immediately suspended pending investigation. The facility conducted a thorough investigation of the incident and determined the complaint to be substantiated. The staff member was relieved of [his/her] duties. Further staff education completed related to interacting with residents and customer	N 404		

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N 404	Continued From page 2	N 404		

service." Provider records did not contain evidence that an on-site review of the provider's medication administration and medication storage system was conducted in 2023.

On 03/04/2024 at 10:11 AM, Surveyor e-mailed Director A. Surveyor asked Director A if a physician, pharmacist or registered nurse conducted a review of the provider's medication administration and medication storage system in 2023.

0 03/05/2024 at 10:54 AM, Director A reported via e-mail, "We have changed pharmacies; I have reached out to get the audit from last year from our last pharmacy and forward [sic] when I receive it."

On 03/06/2024 at 9:04 AM, Director A reported via e-mail, "I am waiting to receive the medication review from our former pharmacy and will forward as soon as I am able."

On 03/08/2024 at 3:23 PM, Director A noted via e-mail, "We contacted the pharmacy that we had at the time, and they told us they faxed it but now they are telling me that it was due to be done on 11/2023 and we canceled them and changed to a different pharmacy in October."

On 03/11/2024 at 11:26 AM, Director A reported via e-mail, "Also, I have no medication review from RockMed as they said it was due after we switched. We do have our current pharmacy coming in by the end of the month to do the review and they will continue quarterly however again, if I am able to locate a hard copy tomorrow I will forward along."

On 03/11/2024 at 4:00 PM, Surveyor interviewed

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N 404	Continued From page 3 Director A. Director A confirmed s/he did not have a copy of a 2023 medication administration and medication storage system review. Director A indicated that s/he was still looking for the review. Surveyor concluded the survey and informed Director A to forward a copy of the 2023 medication review if located by 03/12/2024 at 3:00 PM. Additional information was not received by 3:00 PM on 03/12/2024.	N 404		