STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009132	A. BUILDING: _____ B. WING _____	R-C 05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKY RESIDENTIAL BROOKSIDE	2405 S BROOKSIDE PKWY NEW BERLIN, WI 53151

(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 05/09/2023, Surveyor conducted a verification visit at Sky Residential Brookside. Four deficiencies were identified. Three of the deficiencies were repeat violations from SOD #6Z8411 dated 11/10/2022. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 406	83.37(1)(g) Disposition of medications. 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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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.	N 406		

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

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N 406	Continued From page 1 This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure Resident 2's medication, was disposed of when expired. Findings include: On 05/09/2023, at 9:50 AM, Surveyor observed a drawer with a lock not engaged in the common refrigerator in the kitchen. Medication belonging to Resident 2 was stored in the unsecured drawer- Glutose 15 40%- expired on 11/15/2022. On 05/10/2023, at 7:17 AM, Surveyor interviewed Manager A about the expired medication. Manager A stated that it was his/her responsibility to send it to the supervisor for disposal and did not know why this was not done. Manager A stated Resident 2 was in the hospital and just returned to the provider the evening of 05/09/2023. Manager A stated that it is policy to notify the supervisor of any expired medication. The supervisor and one other staff member then destroy the medication. No reason was provided as to why the expired medication was not disposed of.	N 406		
{N 420}	83.37(3)(d) Medication storage: refrigeration Refrigeration. Medications stored in a common refrigerator shall be properly labeled and stored in a locked box. This Rule is not met as evidenced by: Based on observation and staff interview, medications stored in the common refrigerator were not stored in a secure manner.	{N 420}		

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{N 420}	Continued From page 2 This is a repeat deficiency from Statement of Deficiency (SOD) #6Z8411, dated 11/10/2022. Findings include: On 05/09/2023 at 9:50 AM, Surveyor observed the refrigerator in the kitchen with Manager A. Stored in an unsecured and unlocked drawer of the refrigerator was insulin labeled for Resident 2 which included: Levemir- 5 pens in one box and 2 pens in another box. Novolog a total of 3 pens. Glucose 15 40%- expired on 11/15/2022. Surveyor asked Manager A why the insulin was not locked. Manager A stated the drawer should have been locked and would talk with the previous shift to ensure they keep it secured.	{N 420}		
{N 446}	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not store utensils and equipment in a clean manner. This is a repeat deficiency from Statement of Deficiency (SOD) #6Z8411, dated 11/10/2022.	{N 446}		

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{N 446}	Continued From page 3 Findings include: On 05/03/2023 at approximately 9:50 AM Surveyor observed the stove top contained a layer of grease. The bottom drawer of the stove was broken and did not close properly. The refrigerator shelves contained dried food debris and stains. The cabinet containing pots and pans had numerous crumbs and debris. The microwave outer surface contained a layer of dirt and grease. Inside the microwave, Surveyor observed and accumulation dried crumbs and various food particles. The basement refrigerator contained dried spills on the shelves. At approximately 10:30 AM, Surveyor shared the finding with Manager A. Manager A did not provide any reason why the kitchen and refrigerator was not clean and stated staff do have shift duties and everything should be wiped down each shift.	{N 446}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.	{N 481}		

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{N 481}	Continued From page 4 This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure the facility was clean and homelike. This is a repeat deficiency from Statement of Deficiency (SOD) #6Z8411, dated 11/10/2022. Findings include: Sky Residential Brookside has a capacity for 8 adults and serves developmentally disabled, alcohol drug dependent, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, traumatic brain injury, advanced aged, terminally ill, and physically disabled. On 05/09/2023, at approximately 9:50 AM, Surveyor toured the home. Observed in the front living room area of the home, the walls contained multiple scrapes and black marks. The front living home area, wall by the fire place contained paint chips and stains. The walls in the dining room were stained and contained scratches. The ceiling in the kitchen by the stove was very soiled, contained greasy, dried matter and a thick accumulation of dust. The kitchen cabinets were greasy to the touch. The cabinet between the stove and refrigerator contained numerous stains and crumbs. Stored in the cabinet were pots and pans. The refrigerator doors contained an accumulation of stains. The baseboards around the kitchen cabinets contained dried stains and dirt. The ceiling fan above the kitchen table contained an accumulation of dust on the blades of the fan. The family room off the patio ceiling fan contained	{N 481}		

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{N 481}	Continued From page 5 a thick accumulation of dust on the blades of the fan. The wall, by the patio door contained a 2 inch circle of white patching. The area was not painted to the color of the walls. The walls in the family room contained many scratches and black marks. Vents located on walls contained an accumulation of dust and dirt. Ceiling fan blades contained a thick layer of dust and dirt. The basement floor contained dust, lint and black matter throughout the basement floor. Mattresses, chairs, multiple boxes, adult incontinence products, two Christmas trees and paint cans. The area was not clean nor organized. At approximately 10:30 AM, Surveyor shared the finding with Manager A. Manager A was not aware of any schedule to make repairs, paint and address the cleanliness. Manager A stated staff are to clean each shift.	{N 481}		