STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013040	A. BUILDING: _____ B. WING _____	R-C 01/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF DORCHESTER LLC CBRF	155 N 3RD ST DORCHESTER, WI 54425

(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 01/11/2024, Surveyor conducted a complaint investigation and verification visit at Homeplace of Dorchester LLC CBRF for Statement of Deficiency (SOD) VGC511 and SOD 702S11. Data collection continued through 01/26/2024. The complaint was unsubstantiated. There were 2 deficiencies. Both were repeat deficiencies. See Statement of Deficiency (SOD) VGC511, dated 10/09/2023, and SOD 702S11, dated 06/07/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by:	N 386		

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N 386	Continued From page 1 Based on record review and interview, the provider did not develop a comprehensive individual service plan (ISP) for Resident 1. The ISP did not specify methods for delivering nebulizer treatments and who was responsible for delivering the nebulizer treatments. This is a repeat deficiency. See Statement of Deficiency (SOD) VGC511, dated 10/09/2023. Findings include: The provider is licensed to care for 14 residents in the client groups advanced aged, developmentally disabled, and irreversible dementia/Alzheimer's disease. On 01/11/2024, Surveyors reviewed Resident 1's file. Resident 1 was admitted to facility on 01/25/2023. Resident 1 had an order for nebulizer treatments (Albuterol 0.083% solution) four times daily as needed. Resident 1's ISP, last updated 12/01/2023, did not contain information pertaining to nebulizer treatments and who was responsible for providing the treatments. At approximately 2:45 PM, Surveyors interviewed Residence Director (RD) A. RD A indicated s/he was in the process of updating resident files and was not aware Resident 1's ISP did not include methods for delivering nebulizer treatments and who was responsible for delivering those treatments. RD A stated s/he would address that at an upcoming staff meeting and make sure that gets added to the ISPs moving forward. On 01/25/2024, Surveyors interviewed RD A and Chief Operating Officer (COO) B. COO B acknowledged a need for a step-by-step process regarding nebulizer treatment delivery methods be included in ISPs for residents that have	N 386		

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N 386	Continued From page 2 nebulizer orders. COO B stated that documentation was added to Resident 1's files after the Surveyors completed the onsite visit.	N 386		
{N 432}	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received their prescribed medications as ordered. This is a repeat deficiency. See Statement of Deficiency (SOD) VGC511, dated 10/09/2023. Findings include: The provider is licensed to care for 14 residents in the client groups advanced aged, developmentally disabled, and irreversible dementia/Alzheimer's disease. On 01/10/2024, Surveyors interviewed Caregiver C. Caregiver C stated his/her initial medication training was not adequate. S/he stated that in previous months, medications were all over the	{N 432}		

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{N 432}	Continued From page 3 place but they were slowly getting the medication cart back on track. At approximately 12:00 PM, Surveyors reviewed the provider's medication systems and medication cart. The medications were packaged in unit dose bubble packs. At 12:06 PM, Surveyors reviewed a sample of resident records including the Individual Services Plan (ISP) and Medication Administration Record (MAR) for Resident 2, Resident 3, Resident 4 and Resident 5. Resident 2 Resident 2 was admitted on 05/01/2023. The ISP, dated 04/25/2023, indicated Resident 2 required medication assistance 3-4 times per day, and had more than 6 medications. The October 2023 MAR showed scheduled medications on October 27, 28 and 29 were not charted as given by staff and there was no staff note about the missed doses. The medications included: -Depakote 1.25 MG, 2 capsules twice daily at 8am and 8pm. -Donepezil 10 MG, 1 tablet twice daily -Memantine 10 MG, 2 tablets twice daily -Pantoprazole 40 MG, 1 tablet once daily -Tamsulosin .4 MG, 1 capsule once daily -Quetiapine Fumarate 100 MG, 1 tablet twice daily -Melatonin, 5 MG 1 tablet once daily -Vitamin B-12 1,000 MCG, 1 tablet once daily -Tab-a-vite Advanced, 1 tablet once daily -Paroxetine 20 MG, 1 ½ tablets once daily.	{N 432}		

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{N 432}	Continued From page 4 The November 2023 MAR stated Vitamin B-12, 1000 MG tablet, was not given and out of stock on 11/17/2023. The December 2023 MAR stated Vitamin B-12, 1000 MG tablet, was not given and not in the medication cart on 12/22/2023. Resident 2 was ordered Omeprazole, 20 MG tablet, once daily with a start date of 01/03/2024. Directions stated to take 1 capsule starting on 01/16/2024 when Pantoprazole medication was gone. Resident 2's Omeprazole was charted as given on January 4, 5, 6, 7, 8 and 10. Resident 2's Pantoprazole was also charted as given on January 4, 5, 6, 7, 8 and 10. Resident 3 Resident 3 was admitted on 01/11/2020. The ISP, dated 06/28/2023, indicated Resident 3 "Requires medication assistance 1-2 times per day 1-6 medications; OR Requires staff to remind or check if they took their medications independently." Resident 3's October 2023 MAR identified the following: -Quetiapine Fumarate 25 MG, 1 ½ tablets twice daily, was not charted as given and there was no staff note about the missed 8:00 AM dose on October 30, 2023. Resident 4 Resident 4 was admitted on 08/02/2023 with a diagnosis of pneumonia. The ISP, dated 07/27/2023, indicated Resident 4 required medication assistance more than 4 times per day. Resident 4's October 2023 MAR identified the	{N 432}		

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{N 432}	Continued From page 5 following: -Trazadone 100 MG, 1 tablet at bedtime: Not administered on Oct 1, 2, 3, 4, 5, 6, 7, 8, -Valacyclovir 1 Gram, 1 tablet once daily: Not administered on Oct 2, 6, 7, 8, 9, -Systane eye drops, 1 drop to each eye, 3 times daily: Not administered on Oct 6, 7, 8, 9, Staff notes indicated the medications were not given and out of stock. Resident 4 was scheduled Lorazepam 1 MG, ½ tablet by mouth twice daily beginning on 10/31/2023. Resident 4 did not receive that medication on 12/27/2023. Notations on the December 2023 MAR indicated medication was not available and not in stock. Resident 4 was ordered Tramadol 50 MG, 1 tablet twice daily beginning on 12/14/2023. Resident 4 did not receive his/her 8:00 PM dose on January 4, 2024. Staff notes stated "no meds" under notation section of the January MAR. Resident 5 Resident 5 was admitted on 06/19/2023. The ISP, dated 01/05/2024, indicated Resident 5 required medication assistance more than 4 times per day and staff needed to do any of the following: blood sugar checks, insulin, and sliding scale Insulin. The December 2023 MAR showed the following medications were not charted as given by staff and there was no staff note about the missed doses on December 30, 2023: -Novolog flex pen syringe, Injection, 3 times daily (7:30 AM dose)	{N 432}		

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{N 432}	Continued From page 6 -Calcitonin-Salmon 200 units, 1 spray into nostrils once daily (8:00 AM dose) -Glipizide 5 MG, 1 tablet twice daily (8:00 AM dose) -Azathioprine 75 MG, 1 tablet once daily (8:00 AM dose) -Bupropion 100 MG, 1 tablet twice daily (8:00 AM dose) -Fenofibrate 48 MG, 1 tablet once daily (8:00 AM dose) -Cyclosporine 25 MG, 2 capsules every 12 hours (8:00 AM dose) -Cetirizine 10 MG, 1 tablet twice daily (8:00 AM dose) -Ursodiol 300 MG, 2 capsules twice daily (8:00 AM dose) -Haloperidol 5 MG, ½ tablet 3 times daily (8:00 AM dose) -Vitamin B-12 1000 MCG, 1 tablet once daily (8:00 AM dose) -Biotin 1000 MCG, 1 tablet once daily (8:00 AM dose) -Glucose/Chon/MSM 500/400/83, 1 tablet once daily (8:00 AM dose) -Tab-a-vite advanced, 1 tablet once daily (8:00 AM dose) -Buspirone 5 MG, 1 tablet once daily (8:00 AM dose) -Clopidogrel 75 MG, 1 tablet once daily (8:00 AM dose) -Tradjenta 5MG, 1 tablet once daily (8:00 AM dose) -Famotidine 20 MG, 1 tablet once daily (8:00 AM dose) -Atorvastatin 10 MG, 1 tablet once daily (8:00 AM dose) Resident 5's file contained an order for blood sugar checks to be completed 3 times daily. The scheduled check at 7:30 AM was not charted on	{N 432}		

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{N 432}	Continued From page 7 December 30, 2023. Resident 5 did not receive Atorvastatin, 10 MG tablet on 01/01/2024 and 01/02/2024. Notations on the January 2024 MAR indicated medication was out of stock. At approximately 3:00 PM, Surveyor interviewed Residence Director (RD) A. RD A stated there had been issues in the past with medications being out of stock and the previous director had not been keeping up with monitoring. RD A stated s/he was working to ensure that medications were in the facility on time and if running low, was educating staff on when to reorder them. Surveyors discussed MAR the charting process and multiple identified blank areas on resident MARs. RD A stated s/he was in the process of training the team lead on how to monitor the MARs for accuracy and completion. On 01/25/2024, at 1:30 PM, Surveyors interviewed RD A and Chief Operating Officer (COO) B. Surveyors asked COO B about medications being out of stock and current practices in place to monitor the MAR for accuracy. COO B stated s/he had a sit-down meeting with the pharmacy to discuss medications being out of stock and to come up with a solution. When asked about the uncharted medications in October 2023, COO B stated their electronic system was down and staff used paper MARs to document medication passes. COO B stated they would send surveyors a copy of paper MARs to demonstrate those medications had been charted. At 2:56 PM, RD A emailed Surveyors a copy of paper MARs for Resident 3, Resident 4 and Resident 5 for review.	{N 432}		

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{N 432}	Continued From page 8 On 01/26/2024, COO B sent an email to Surveyors that detailed his/her meeting with the pharmacy on 10/18/2023. RD A and the pharmacy would be working together to ensure medications were ordered and received timely. The facility staff planned to meet with the pharmacy in 3 to 6 months to review improvements and concerns. On 01/29/2024, Surveyors requested a copy of the paper MAR for Resident 2 from RD A. On 01/31/2024, Surveyors had not received the requested documentation. The provider did not ensure Resident 2, Resident 3, Resident 4 and Resident 5 received their medications as prescribed. Multiple medications between October 2023 and January of 2024 were not given and were charted as being out of stock. Resident 2 had medication to be started on January 16, 2024, but was charted as given several days before.	{N 432}		