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
	0016272	A. BUILDING: _____ B. WING _____	C 07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS 20 LLC	**3725 SHERRIE LN 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
M 000	INITIAL COMMENTS On 07/11/2024, Surveyors completed a standard survey and 3 complaint investigations at Open Arms 20 LLC. As a result, 2 deficiencies were identified. One complaint was substantiated, 2 complaints were unsubstantiated. Census: 4	M 000		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 2) individual service plan (ISP) was updated when there was a substantial change. Resident 1's ISP was not updated to show Resident 1 discharged from hospice and started services with home health.	M 424		

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

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M 424	Continued From page 1 Findings include: On 06/19/2024, at 10:20 AM, Surveyors reviewed Resident 2 record. Resident 2 was admitted on 10/27/2023 with diagnoses including chronic pain syndrome, type 2 diabetes, and alcohol abuse. Resident 2's ISP, dated 05/27/2024, indicated Resident 1 received services through hospice. Surveyors reviewed Resident 2's plan of care (POC) for hospice. Resident 2's POC indicated Resident 1 was referred to hospice on 10/30/2023. On 07/02/2024, at 10:45 AM, Surveyors reviewed Resident 2's hospice records. The records reported Resident 2's hospice services ended on 05/07/2024. Resident 2's discharge notice from hospice referred Resident 2 to start to receive home health services. On 07/02/2024, at 12:00 PM, Surveyors reviewed Resident 2's home health notes which indicated Resident 2 started to receive home health services on 05/08/2024. Resident 2 received physical therapy services, occupational therapy services and registered nurse services. On 07/11/2024, at 2:20 PM, Surveyors interviewed Administrator A. Administrator A reported s/he was responsible for updating the ISPs. Administrator A confirmed Resident 2's ISP should have reflected the change in services provided to Resident 2.	M 424		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage	M 582		

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M 582	Continued From page 2 and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident received prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 1 did not receive her/his prescribed insulin between 04/17/2024 and 05/10/2024. Findings include: On 05/08/2024, the Department received a complaint alleging staff were not passing medications. On 06/19/2024, at 10:15 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 04/02/2024, with diagnoses including diabetes, congestive heart failure, hypothyroidism, and cerebral vascular disease. Resident 1's physician orders, dated 04/11/2024, indicated Resident 1 was prescribed Victoza 0.6 milligrams (mg) injection once daily. Resident 1's April 2024 medication administration record (MAR) indicated the insulin Victoza was not administered to Resident 1 on 04/17/2024 through 04/30/2024 (14 days). Resident 1's MAR for May 2024 indicated the insulin Victoza was not administered to Resident 1 on 05/01/2024 through 05/10/2024 (10 days). Resident 1's record did not include a discontinue order for	M 582		

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M 582	Continued From page 3	M 582		

Victoza. Resident 1's record did not include any information regarding informing Resident 1's physician they were unable to provide insulin to Resident 1. Resident 1's blood sugar report indicated Resident 1's blood sugars were as follows:

04/17/2024 noon 248 4PM 314 8PM 268
04/18/2024 noon 215 4PM 259 8PM 284
04/19/2024 noon 278 4PM 196 8PM 243
04/20/2024 noon 238 4PM 268 8PM 244
04/21/2024 noon 248 4PM 225 8PM 242
04/22/2024 noon 251 4PM 232 8PM 212
04/23/2024 noon 385 4PM 234 8PM 298
04/24/2024 noon 296 4PM 200 8PM 183
04/25/2024 noon 216 4PM 219 8PM 150
04/26/2024 noon 347 4PM 175 8PM 225
04/27/2024 noon 222 4PM 317 8PM 203
04/28/2024 noon 266 4PM 302 8PM 241
04/29/2024 noon 361 4PM 252 8PM 225
04/30/2024 noon 286 4PM 245 8PM 185
05/01/2024 noon blank 4PM 291 8PM 314
05/02/2024 noon 264 4PM 330 8PM 308
05/03/2024 noon 206 4PM 495 8PM 365
05/04/2024 noon 248 4PM 343 8PM 396
05/05/2024 noon 232 4PM 360 8PM 488
05/06/2024 noon 124 4PM 553 8PM 476
05/07/2024 8AM 283 noon "High" 4PM 429 8PM 517

On 06/19/2024, at 11:05 AM, Surveyors reviewed faxes sent between the pharmacy and Resident 1's doctor's office. On 04/11/2024, pharmacy faxed the doctor's office to request another medication to be prescribed or to start a prior authorization for the Victoza. On 04/16/2024, the doctor sent a fax back the order for insulin would be addressed during the week of 04/22/2024 when Resident 1 had an appointment. On 04/29/2024 pharmacy resent the request for prior

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M 582	Continued From page 4	M 582		

authorization to the doctor. On 05/06/2024, a fax was sent to the doctor's office from pharmacy which stated, "spoke to MD [sic] office. They will ask MD [sic] if [s/he] wants to prescribe something else or not and call us back."

On 06/19/2024, at 10:40 AM, Surveyors interviewed Administrator A. Administrator A reported the pharmacy needed a prior authorization from the doctor's office. Administrator A reported the doctor's office would not respond to the pharmacy. Administrator A reported the physician eventually discontinued the insulin on 05/10/2024. Administrator A reported Resident 1 went to the emergency room on 05/07/2024 for elevated blood sugars.

On 07/11/2024, at 2:20 PM, Surveyors interviewed Administrator A and House Manager B. House Manager B reported s/he had conversations with Resident 1's physician regarding the insurance issues with the Victoza, but was unable to provide dates of correspondence or any additional information to review. Administrator A reported s/he was unsure how the provider was held liable for an issue with the insurance. Administrator A reported Resident 1's physician did not utilize an electronic script system and would complete scripts on paper. Administrator A reported s/he had not had an issue with any other physician before with ensuring discontinue orders or hold orders were issued.