| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0011173 | A. BUILDING: _____ B. WING _____ | C 12/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **HOME HARBOR** | **1600 OHIO ST 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 |
|---|---|---|---|---|
| U 000 | INITIAL COMMENTS<br><br>On 12/02/2025, Surveyor completed a complaint investigation at Home Harbor. As a result, 1 deficiency was identified. One complaint was substantiated.<br><br>Census: 79 | U 000 | | |
| U 267 | 89.34(16) TENANT RIGHTS<br><br>Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following:<br><br>(16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not insure 1 of 1 tenant (Tennant 1) received all medications as prescribed. | U 267 | | |

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

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| U 267 | Continued From page 1<br><br>Tenant 1 did not receive 5 doses of Temodar following a written prescription order, dated 07/10/2025. The facility scheduled administration of Temodar for Tenant 1 on 07/13/2025, but s/he was not administered the medication until 11 days following the written order and 8 days after it was entered into Tenant 1's medication administration record (MAR).<br><br>This is a repeat violation. See Statement of Deficiency (SOD) 64R311, dated 04/24/2025.<br><br>Findings include:<br><br>On 10/08/2025, the Department received a complaint alleging a tenant had not received medications as prescribed, and medications were not available for administration.<br><br>On 10/28/2025, at approximately 12:30 PM, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the facility on 06/30/2025. Tenant 1's service agreement included medication management. Tenant 1's medication orders included the following:<br><br>- Temodar 180 milligrams (mg) capsules (caps), take 2 caps (360 mg) by mouth once daily for 5 days (days 1-5 of 28-day cycle), prescription written on 07/10/2025; scheduled on 07/13/2025.<br><br>Tenant 1's July 2025 MAR documented the following on line 9 for the administration of Temodar at 8:00 AM:<br><br>07/14/2025 -<br><br>The MAR was documented, "OTH" and initialed by staff. The notes documented, "No Pass Reason: Other; unavailable." Tenant 1 did not | U 267 | | |

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|---|---|---|---|---|
| U 267 | Continued From page 2<br>receive her/his dose of Temodar.<br><br>07/15/2025 -<br><br>The MAR was initialed by staff, which indicated Tenant 1 was passed Temodar. See further information below which supports Temodar could not have been given to Tenant 1 on this date, as it was not available to administer.<br><br>07/16/2025 -<br><br>The MAR was documented, "OTH" and initialed by staff. The notes documented, "No Pass Reason: Other; unavailable." Tenant 1 did not receive her/his dose of Temodar.<br><br>07/17/2025 -<br><br>The MAR was documented, "OTH" and initialed by staff. The notes documented, "No Pass Reason: Other; unavailable." Tenant 1 did not receive her/his dose of Temodar.<br><br>07/18/2025 -<br><br>The MAR was documented, "OTH" and initialed by staff. The notes documented, "No Pass Reason: Other; waiting for [family member] to deliver." Tenant 1 did not receive her/his dose of Temodar.<br><br>07/19/2025 -<br><br>The MAR was documented, "OTH" and initialed by staff. The notes documented, "No Pass Reason: Other." There were no further notes on this date. Tenant 1 did not receive her/his dose of Temodar. | U 267 | | |

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| U 267 | Continued From page 3<br>07/20/2025 -<br><br>The MAR was documented, "OTH" and initialed by staff. The notes documented, "No Pass Reason: Other; starts tomorrow." Tenant 1 did not receive her/his dose of Temodar.<br><br>Interview<br><br>On 12/02/2025, at 3:00 PM, Surveyor interviewed Interim Executive Director A, Facility Registered Nurse (RN) B, and Director of Resident Care C, and the following was reported:<br><br>Former Facility Nurse D was responsible for medication management in July 2025. The medication, Temodar, Tenant 1 was prescribed was filled by a pharmacy different than the pharmacy the facility contracted with. It was unknown if the medication was delayed in getting filled, if insurance coverage delayed it, or if there was a delay in delivery by Tenant 1's family. RN B confirmed the medication was added to Tenant 1's MAR prior to the medication being at the facility for administration. RN B confirmed there were no further notes on Tenant 1's MAR or in her/his record that indicated why the prescription for Temodar was not administered until 11 days following the written prescription. Due to not working for the facility in July 2025, Interim Executive Director A and RN B were unable to explain what was done by the facility to get Tenant 1 her/his medication following the written prescription. | U 267 | | |