STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017670	A. BUILDING: _____ B. WING _____	C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VILLAGE NORTH SHORE	100 W RIVER WOODS PKWY GLENDALE, WI 53212

(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 11/29/2023, Surveyors conducted a standard survey and 2 complaint investigations at Heartis Village North Shore. As a result, 2 deficient practices were identified. Two of 2 complaints were unsubstantiated. Census: 92	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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not establish an effective procedure for proper	N 406		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017670	A. BUILDING: _____ B. WING _____	C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VILLAGE NORTH SHORE	100 W RIVER WOODS PKWY GLENDALE, WI 53212

(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 406	Continued From page 1 destruction and disposal of expired medications. Expired medications were observed stored with resident's non-expired medications for 4 of 4 residents. Findings include: On 11/29/2023, at 11:50 AM, Surveyors observed the medication carts. Surveyors observed the following expired medications: Resident 1 -Bottle of pink bismuth with an expiration date of 05/2023 -Bottle of antacid with simethicone with an expiration date of 09/2023 Resident 2 -Bottle of milk of magnesia with an expiration date of 05/2023 Resident 3 -Bottle of antacid with simethicone with an expiration date of 08/2023 -Bottle of milk of magnesia with an expiration date of 08/2023 Resident 4 -Bottle of milk of magnesia 04/2023 On 11/29/2023, at 12:00 PM, Surveyors interviewed Wellness Director B. Wellness Director B confirmed expired medications were to be disposed. Wellness Director B reported s/he checks the medication cart weekly to ensure there are no expired medications. Wellness Director B stated, "I gotta be honest, I haven't checked the bottles in a while." Wellness Director B reported s/he would ensure s/he checked all medications weekly.	N 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017670	A. BUILDING: _____ B. WING _____	C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VILLAGE NORTH SHORE	100 W RIVER WOODS PKWY GLENDALE, WI 53212

(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 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 4 of 4 resident areas. Cleaning supplies were not securely stored in a janitor closet, 2 activity rooms, and a resident kitchen. Findings include: On 11/29/2023, at 10:30 AM, Surveyors toured the facility and observed the following: First floor janitor closet: The janitor closet was unlocked. The closet door contained a locking mechanism. The locking mechanism was not engaged. Inside the closet contained 5 bottles of Comet disinfecting sanitizing cleaner, 7 bottles of Spic and Span disinfecting all-purpose cleaner, can of Zep carpet spot remover. Second floor activity room: The cupboard under the sink was unsecured and did not contain a locking mechanism. The cupboard contained 2 bottles of Spic and Span disinfecting all-purpose cleaner, container of Caviwipes 2.0 and a bottle of unlabeled liquid. Activity room in memory care:	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017670	A. BUILDING: _____ B. WING _____	C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VILLAGE NORTH SHORE	100 W RIVER WOODS PKWY GLENDALE, WI 53212

(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 499	Continued From page 3 The drawer was unlocked and did not contain a locking mechanism. Inside the drawer was a can of Febreze air freshener. Resident Kitchen in memory care: Under the kitchen sink was an open area with no cupboards. Inside the open area, was a bucket which contained Sparcreme liquid cream cleanser, bottle of Spic and Span disinfecting all-purpose spray, a bottle of unlabeled liquid, 2 cans of Comet deodorizing cleanser. Surveyors observed residents moving freely throughout the facility. On 11/29/2023, at approximately 11:35 AM, Surveyors interviewed Executive Director A. Executive Director A confirmed the code requirement to ensure cleaning compounds and toxic substances were securely stored. Executive Director A reported s/he would ensure staff always secured all cleaning compounds and toxic substances.	N 499		