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
	0012609	A. BUILDING: _____ B. WING _____	C 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES ON FOREST LANE (THE)	**253 FOREST LANE MONTELLO, WI 53949**

(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 07/28/2023, Surveyor conducted a complaint investigation at Residences on Forest Lane (The). One deficiency was identified. The complaint was substantiated. Census: 14	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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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:	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
	0012609	A. BUILDING: _____ B. WING _____	C 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES ON FOREST LANE (THE)	**253 FOREST LANE MONTELLO, WI 53949**

(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 Based on record review and interview, the provider did not ensure the medications destructed were witnessed and recorded by the administrator or designee and 1 other employee. Findings include: On 04/14/2023, the department received a complaint alleging concerns the provider did not properly destruct medications. On 07/28/2023, Surveyor conducted a complaint investigation and reviewed Resident 1's record. The following was found: Resident 1 was admitted on 03/08/2020 with diagnosis including dementia, type 2 diabetes, and anxiety. Resident 1 had a healthcare power of attorney that made decisions on his/her behalf. Resident 1 was on hospice prior to passing away on 04/07/2023. Resident 1's physician orders documented: Lorazepam 0.5 mg table to be taken every 4 hours as needed for anxiety with a start date of 03/20/2023. Morphine 20 mg solution to be taken every hour as needed for shortness of breath or pain with a start date of 03/20/2023. Resident 1's individual service plan (ISP) dated 02/13/2023 documented: "Medication Management: To receive medications via provider staff administration. Comply with regulations. Currently resident is compliant in taking medications." Surveyor reviewed the facility's proof-of-use record for Lorazepam and Morphine dated 03/16/2023-04/07/2023:	N 406		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012609	A. BUILDING: _____ B. WING _____	C 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES ON FOREST LANE (THE)	**253 FOREST LANE MONTELLO, WI 53949**

(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 2 Lorazepam 0.5 mg on 04/04/2023 there was 29 tablets remaining. On 04/07/2023, Hospice RN B signed the proof-of use record. Morphine 20 mg solution on 04/07/2023 there was 21 syringes remaining. On 04/07/2023, Hospice RN B signed the proof-of-use record. The record of destruction did not include a signature from the administrator or designee or 1 other employee on 04/07/2023 when the medications were destroyed. On 07/28/2023 at 8:56 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 passed away during the 3rd shift on 04/07/2023, so hospice was called and Hospice RN B came onsite as a follow up to the death. Administrator A stated if a resident was on hospice, we did the destruction of the comfort pack medications with them. Administrator A stated we currently document the destruction of medications on the proof-of-use record toward the bottom with a signature of staff and hospice employee. Administrator A stated Resident 1's Lorazepam and Morphine were destructed with hospice, but Former Caregiver C did not sign on 04/07/2023. Administrator A stated Former Caregiver C quit shortly after Resident 1 passed away, so s/he was not able to seek further information.	N 406		