STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018713	A. BUILDING: _____ B. WING _____	R 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON HEIGHTS IV	2630 N 118TH ST MILWAUKEE, WI 53224

(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 01/22/2024, Surveyors conducted a verification visit at Washington Heights IV. As a result, 1 of 4 deficient practices were corrected. Three previous deficiencies were recited (see Statement of Deficiency 9N0K11, dated 02/27/2023). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident reviewed (Resident 3) received medications as prescribed by a physician. Resident 3 did not receive 2 doses of her/his medication as ordered by a physician. This is a repeat deficiency. See Statement of Deficiency (SOD) 9N0K11, dated 02/27/2023. Findings include: On 01/16/2024, at 12:15 PM, Surveyors observed the facility's medication cart. Surveyors observed Resident 3's medication card of levothyroxine 50	{N 352}		

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

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{N 352}	Continued From page 1 milligram (mg). Surveyor observed a tablet in the 01/12/2024 and one in the 01/14/2024 bubble pack. On 01/16/2024, at 12:20 PM, Surveyors reviewed Resident 3's record. Resident 3 was admitted on 08/15/2022 with diagnoses including hypothyroidism. Surveyors reviewed Resident 3's medication administration record. Surveyor observed Resident 3's levothyroxine was initialed as administered. On 01/16/2024, at 12:25 PM, Surveyors interviewed House Manager G. House Manager G confirmed staff passed all resident medications. House Manager G reported staff members did not administer Resident 3's levothyroxine on 01/12/2024 and 01/14/2024. House Manager G reported Resident 3's levothyroxine was in a different pack due to being given one hour before Resident 3 eats. House Manager G reported staff must have missed the card. On 01/16/2024, at 12:30 PM, Surveyors interviewed Administrator E. Administrator E confirmed Resident 3 did not receive her/his levothyroxine on 01/12/2024 and 01/14/2024. Administrator E reported the provider recently switched pharmacies and the new system was different. Administrator E reported staff would need to be retrained to ensure residents received all medications prescribed to them.	{N 352}		
{N 483}	83.43(2)(b) Clean, comfortable mattress and pad. Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: A	{N 483}		

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{N 483}	Continued From page 2 clean, comfortable mattress covered with a mattress pad and when necessary, waterproof covering. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents had a clean, comfortable mattress covered with a mattress pad for 6 of 8 residents' beds checked (Resident 2, Resident 3, Resident 4, Resident 9, Resident 10, and Resident 11). This is a repeat deficiency. See Statement of Deficiency (SOD) 9N0K11, dated 02/27/2023. Findings include: On 01/16/2024, at 12:33 PM, Surveyors observed Resident 2's, Resident 3's, Resident 4's, Resident 9's, Resident 10's, and Resident 11's mattresses without mattress pads. On 01/16/2024, at 12:40 PM, Surveyors interviewed Administrator E. Administrator E reported s/he was aware of the code requiring mattress pads on resident beds. Administrator E reported s/he was unaware why mattress pads had not been purchased and placed on beds after the previous survey. Administrator E stated s/he would purchase mattress pads and get them put onto all the beds.	{N 483}		
{N 530}	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years.	{N 530}		

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{N 530}	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire inspection by the local fire authority or certified fire inspector and retain the report for 1 of 1 year reviewed (calendar year 2023). This is a repeat deficiency. See Statement of Deficiency (SOD) 9N0K11, dated 02/27/2023. Findings include: On 01/16/2024, at 12:40 PM, Surveyors requested to review the facility safety code documentation. Administrator E reported they used a certified fire inspector for their inspections. Administrator E reported s/he did not have the documentation available at the facility and would send documentation to Surveyors. On 01/22/2024, at 6:42 AM, Administrator E sent an email to Surveyors. In the email Administrator E stated, "I could not locate it, and wondering if it was missed and neither of the two agencies have record of doing one this past October [sic] November." Administrator E reported s/he would have a fire inspector complete the fire inspection immediately.	{N 530}		