| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019630 | A. BUILDING: _____ B. WING _____ | 02/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRY VIEW | 10507 S CHICAGO ROAD OAK CREEK, WI 53154 |

| (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<br><br>On 02/09/2024, Surveyor conducted a standard survey at Country View. As a result, 2 deficient practices were identified.<br><br>Census: 41 | N 000 | | |
| N 220 | 83.17(2)(a) Employees screened for communicable disease.<br><br>The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure all employees were screened for tuberculosis (TB) within 90 days before the start of employment for 2 of 2 caregivers reviewed. Caregiver B's and Caregiver C's TB skin test was not obtained before the start of employment.<br><br>Findings include:<br><br>On 02/09/2024, at 10:30 AM, Surveyor conducted a review of 2 employee files and identified the following: | N 220 | | |

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

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| N 220 | Continued From page 1<br><br>-Caregiver B was hired on 06/15/2023. Caregiver B's record contained a TB skin test dated 11/01/2023, 139 days after the start of employment.<br><br>-Caregiver C was hired on 10/27/2023. CAREGIVER C's record contained a TB skin test dated 11/10/2023, 14 days after the start of employment.<br><br>On 02/09/2024, at 11:45 AM, Surveyor interviewed Administrator A. Administrator A reported s/he was responsible for the hiring of staff and included their health screens. Administrator A reported s/he was unaware of the requirement to obtain before the start of employment. Administrator A reported s/he would ensure all new employees were screened as required. | N 220 | | |
| N 419 | 83.37(3)(c) Medication storage: locked cabinet.<br><br>Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 2 of 2 medication storage areas were locked with a key available only to personnel identified by the CBRF. The medication closet door latch did not engage, and the door did not stay closed. Within the medication room was an unlocked refrigerator and shelves with stored medications. In the medication room, there were 7 boxes of medications for the residents' next fill cycle on approximately 02/12/2024. | N 419 | | |

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| N 419 | Continued From page 2<br>Findings include:<br><br>The facility was issued a probationary license as a Class CNA (Non-ambulatory) to serve 50 residents with advanced age, irreversible dementia/Alzheimer's disease, and emotionally disturbed/mental illness.<br><br>On 02/09/2024, between 8:40 AM and 10:00 AM, Surveyor toured the facility and observed the following:<br>The door to the medication closet did not stay closed and locked. The latch did not engage with the strike plate and the door did not stay closed. Inside the medication room, there was a refrigerator with residents' medications. Stored in the refrigerator were 54 insulin pens, 2 bottles of eye drops, and a new card filled with acidophilus. Stored on the bottom shelf were over 35 bottles of MiraLAX and biotene. Next to the bottles on the bottom shelf was a bin of residents' discontinued medications. The middle shelf contained bins of medicated patches, eye drops, nicotine lozenges, and albuterol nebulizer solution. Located in the medication room, north of the medication closet and bathroom, was a room titled "medication room." The door was open upon arrival. Stacked on the floor were 7 larger boxes, which contained the residents' next filled cycle of medications. The boxes were labeled coming from Thrifty Pharmacy. The boxes indicated the medications were for the filled cycle beginning 02/12/2024.<br><br>Residents and visitors were observed moving freely throughout the facility. Several residents sat at the table in the hall across from the medication closet.<br><br>On 02/09/2024, at 9:05 AM, Surveyor interviewed | N 419 | | |

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| N 419 | Continued From page 3<br><br>Caregiver D regarding the boxes in the medication room. Caregiver D reported management was responsible for the next medication fill cycle.<br><br>On 02/09/2024, at 10:20 AM, Surveyor interviewed Administrator A. Administrator A confirmed the boxes contained the next filled cycle of resident medications. Administrator A reported the boxes were delivered on 02/07/2024. Administrator A reported s/he was not aware the doors to the medication closet and medication room were not locked. Administrator A reported s/he was unaware how long the medication closet door did not lock. Administrator A called maintenance and the latch and strike to the door was repaired. | N 419 | | |