STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009393	A. BUILDING: _____ B. WING _____	C 06/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLS NATURE VIEW III	**2711 SOUTH APPLE AVENUE MARSHFIELD, WI 54449**

(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 06/25/2024, Surveyor conducted a complaint and standard survey at Wells Nature View III. The complaint was unsubstantiated. Four deficiencies were identified. Census: 20	N 000		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the keys for the medication carts were only available to staff that were responsible for medications. Staff stored the keys for the medication carts in an unlocked kitchen drawer. Findings include: On 06/25/2024 at approximately 11:30 a.m., Surveyor asked Caregiver B to go through the medication carts with Surveyor. Caregiver B retrieved the keys for the medication carts from an unlocked drawer in the kitchen. Cook C was preparing lunch in the kitchen at that time. On 06/25/2024 at approximately 2:30 p.m., Surveyor interviewed Assistant Administrator (AA) A. AA A told Surveyor staff stored the medication cart keys in the kitchen drawer. Surveyor explained the concern that the medication cart keys should only be accessible to the staff	N 419		

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

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N 419	Continued From page 1 responsible for the medications.	N 419		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not provide medication administration appropriate to meet the need for 2 of 2 residents that received insulin. Staff did not document open dates on Resident 1's and Resident 2's insulin pens. Findings include: "All insulins must be stored with care to ensure that they remain safe and effective. Improper storage could result in the breakdown of insulin, affecting its ability to effectively and predictably control your blood sugar level... Once you open a new vial (meaning once you stick a needle in the vial) or pen, use a Sharpie to note the date you opened it right on the packaging. This will help you remember when to stop using it. Throw the insulin away 28 days after opening it. (Source:	N 432		

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N 432	Continued From page 2 Harvard Health Blog, Safe and Effective Use of Insulin Requires Proper Storage, 12/04/2018, https://www.health.harvard.edu/blog/safe-and-effective-use-of-insulin-requires-proper-storage-2018120415486, retrieved 06/26/2024.) On 06/25/2024 at approximately 11:30 a.m., Surveyor observed the medication carts with Caregiver B. Resident 1 had 2 insulin pens, Novolog and Semglee. Neither pen had an open date documented on it. Resident 2's Lantus insulin pen did not have an open date documented on it. Caregiver B told Surveyor the pens should have an open date documented. On 06/25/2024, Surveyor reviewed the medication storage system review report, dated 03/19/2024. The report indicated there were not open dates written on expired sensitive medications. The report read, in part: "Make sure to label insulin pens & eye drops when started/removed from fridge (refrigerator)." On 06/25/2024 at approximately 2:30 p.m., Surveyor interviewed Assistant Administrator (AA) A. AA A told Surveyor s/he labels insulin pens with the open date on them. AA A said the stickers may have fallen off.	N 432		
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	N 499		

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N 499	Continued From page 3 did not ensure all cleaning compounds and insecticides were stored in a secure area. Findings include: The provider is licensed to care for up to 20 residents in the client groups of: irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, physically disabled, advanced age, and terminally ill. On 06/25/2024 at approximately 9:20 a.m., Surveyor toured the facility. Surveyor observed a storage room located near the office. The storage room door was open. There were multiple cleaning compounds stored in the room along with insecticides for mosquitos and wasps. Surveyor observed the laundry room. The door was open to the laundry room and there were cleaning compounds stored in the laundry room. The doors to the storage room and laundry room remained open throughout the survey from 9:20 a.m. - 2:30 p.m. At approximately 2:30 p.m., Surveyor interviewed Assistant Administrator (AA) A. Surveyor explained observations of the doors being open to the storage room and laundry room. AA A told Surveyor they should be locked.	N 499		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by	N 617		

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N 617	Continued From page 4 valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the hot water temperature at fixtures used by residents did not exceed 115 ° Fahrenheit (F). This had the potential to affect all 20 residents. Findings include: The provider is licensed to care for up to 20 residents in the client groups of: irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, physically disabled, advanced age, and terminally ill. Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). On 06/25/2024 at 9:22 a.m., Surveyor tested the water temperature at the sink in the shower room located in the south hallway. The water temperature reached 135 ° F.	N 617		

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N 617	Continued From page 5 On 06/25/2024 at 9:25 a.m., Surveyor tested the water temperature at the sink in the shower room located in the north hallway. The water temperature at this faucet reached 130 ° F. On 06/25/2024 at approximately 2:30 p.m., Surveyor interviewed Assistant Administrator (AA) A. AA A told Surveyor Administrator D tested water temperatures every couple of months and when staff request for him/her to check it. S/he said Administrator D can then adjust the temperature as needed.	N 617		