| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018167 | A. BUILDING: _____ B. WING _____ | R 11/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VISTA CARE HELLER AVENUE | 1528 NORTH 17TH STREET SHEBOYGAN, WI 53081 |

| (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 |
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| {N 000} | Initial Comments<br><br>On 11/07/2024, Surveyor conducted a verification visit at Vista Care Heller Avenue. Three of 4 previous deficiencies were corrected. One deficiency was identified. One deficiency was a repeat violation. See Statement of Deficiency (SOD) BI6G11, dated 05/23/2024.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed.<br><br>Census: 8 | {N 000} | | |
| {N 406} | 83.37(1)(g) Disposition of medications.<br><br>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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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. | {N 406} | | |

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

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| {N 406} | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure outdated medications and medications needing to be destroyed were disposed of per provider policy and retained no more than 30 days. The provider did not ensure medications were separated from other medication in current use in the facility. Resident 3 and Resident 4 had outdated medications amongst medications in current use. Resident 3, Resident 4, and Resident 5 had medications retained that were identified as needing to be destroyed for more than 30 days.<br><br>This is a repeat violation. See Statement of Deficiency (SOD) BI6G11, dated 05/23/2024.<br><br>Findings include:<br><br>On 11/07/2024, Surveyor conducted a verification visit.<br><br>On 11/07/2024, Surveyor reviewed the provider's Medication Administration Policy dated 06/01/2023 and noted:<br>"G. Medication Disposal and Destruction<br>1. The medication cabinet will be audited monthly to dispose of any expired or discontinued medications.<br>2. Medications may be returned to the pharmacy, disposed of at a local police department or other authorized facility, or destroyed in the home. All disposal/destruction requires the witness of 2 employees and each medication disposal/destruction shall be documented on a Medication Destruction Log. This log will be kept in the EHR. [electronic health record]."<br><br>At approximately 10:45 AM, Surveyor reviewed | {N 406} | | |

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| {N 406} | Continued From page 2 | {N 406} | | |

the medication cabinet with Manager D. Surveyor observed the following outdated medications located amongst medications in current use:
Resident 3's 2 auto-injectors of epinephrine injection 0.3 mg/0.3mL with a "Discard after" date of 03/21/2024.
Resident 4's 2 doses of melatonin 3 mg with a "Do Not Use Beyond" date of 10/23/2024.
Surveyor observed Manager D remove Resident 3 and Resident 4's outdated medications from the medications in current use and put them in a drawer identified for medications needing to be destroyed.

Surveyor observed the following outdated medications located in the drawer for medications needing to be destroyed:
Resident 3's Apiprazole 5 mg and Benztropine 1 mg from 08/07/2024.
Resident 4's Divalproex ER 500 3 pills from 09/02/2024 and 09/03/2024; Trihexiphen 5 mg and Verpamil ER 180 from 09/02/2024; Aspirin EC 81 mg from 09/03/2024; Buproprion XL 3002, Docusate Cal 240, Furosemide 20 mg, Levothyroxine 0.05 mg, Meloxicam 15 mg, and Paroxetine from 09/03/2024; Trihexyphen 51 mg from 09/03/2024; Atorvastatin 10 m, Clozapine 100 mg, Clozapine 100 mg, Prazosin 5 mg, Quetiapine 50 mg, and Risperidone 3 mg from 09/02/2024 and 09/03/2024.
Resident 5's Clopidogrel 75 mg, Losartan 25 mg, and Metformin ER 500 from 07/16/2024.

At approximately 10:58 AM, Surveyor interviewed Manager D who stated s/he was working with staff on following the policy and that medications were to be destroyed weekly. Manager D verified Resident 3, Resident 4, and Resident 5 had medications in the medication destruction drawer that were retained past 30 days. Surveyor

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| {N 406} | Continued From page 3<br>inquired why the medications from July, August and September 2024 were not administered and Manager D was unable to identify.<br><br>At approximately 11:10 AM, Surveyor interviewed Senior Special Projects Director A and Manager D who verified not all outdated medications were separated from medications in current use and not all outdated medications were destroyed within 30 days. There was no order or written request from a physician or pharmacist to retain the medications. | {N 406} | | |