STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016336	A. BUILDING: _____ B. WING _____	C 10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDINGS OF KAUKAUNA MC	**795 TARRAGON DRIVE KAUKAUNA, WI 54130**

(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 09/27/2024-10/04/2024, Surveyor conducted 3 complaint invesitgations and a standard survey at Landings of Kaukauna MC (The). Four deficiencies were identified. One of 4 deficiencies was a repeat violation. See Statement of Deficiency (SOD) VFG911, dated 08/16/2019. Three complaints were unsubstantiated. Census: 20	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating 2 of 2 employees (Caregiver B	N 220		

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

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N 220	Continued From page 1 and Caregiver C) reviewed was screened for clinically apparent communicable disease including tuberculosis (TB). Findings include: On 09/27/2024, Surveyor reviewed employee records and identified the following: -Caregiver B had a hire date of 02/15/2024. Caregiver B's record did not contain documentation Caregiver B was screened for clinically apparent communicable disease. -Caregiver C had a hire date of 05/01/2024. Caregiver C's record did not contain documentation Caregiver C was screened for clinically apparent communicable disease. On 10/04/2024 at 10:00 AM, Surveyor interviewed Administrator A. Administrator A reported after looking over records, communicable disease screens could not be located for Caregiver B and Caregiver C. Administrator A noted s/he had the nurse complete screens earlier in the week and will now be part of our hiring process.	N 220		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5)	N 277		

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N 277	Continued From page 2 Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee (who required continuing education) completed at least 15 hours of continuing education in 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) VFG911, dated 08/16/2019. Findings include: On 09/27/2024, Surveyor reviewed employee files and identified the following: Caregiver D was hired 10/05/2022. Caregiver D's record included 3.25 hours of continuing education training in 2023. On 10/04/2024 at 10:00 AM, Surveyor interviewed Administrator A. Administrator acknowledged an understanding of the concern. Administrator A confirmed s/he could not find any more hours for Caregiver D. Administrator A stated s/he is working with their Relias representative to ensure staff get all training topics for continuing education.	N 277		
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	N 406		

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N 406	Continued From page 3	N 406		

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:
Based on observation and interview, the provider did not ensure 7 of 7 resident medications were disposed of after 30 days of the expiration date.

Findings include:

On 09/27/2024 at 10:25 AM-10:38 AM, Surveyor observed the providers medication carts and observed the following expired medications:

-Resident 2 had 30 tabs of anti-diarrheal 2 mg to be taken as needed and an expiration date of 08/21/2024.

-Resident 3 had 28 tabs of anti-diarrheal 2 mg to be taken as needed and an expiration date of

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N 406	Continued From page 4 08/03/2024. -Resident 4 had 18 tabs of Ondansetron 4 mg to be taken as needed and an expiration date of 06/12/2024. -Resident 5 had 8 tabs of Acetaminophen 325 mg to be taken as needed and an expiration date of 05/17/2024. -Resident 6 had 40 tabs of Acetaminophen 325 mg to be taken as needed and an expiration date of 03/21/2023. -Resident 7 had 27 tabs of anti-diarrheal 2 mg to be taken as needed and an expiration date of 08/02/2024. -Resident 7 had 58 tabs of Laxatv Stimulant 50 mg to be taken as needed and an expiration date 10/13/2023. -Resident 8 had 56 tabs of Acetaminophen 325 mg to be taken as needed an expiration date of 08/23/2024. On 10/04/2024 at 10:00 AM, Surveyor interviewed Administrator A. Administrator acknowledged an understanding of the concern. Administrator A reported nursing and med passers are responsible for going through the medication cart to ensure all expired medications are removed. Administrator A reported staff will be retrained.	N 406		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available	N 419		

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N 419	Continued From page 5 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 medications were securely stored. This had the potential to negatively impact any of the residents in the facility. Resident 1's Magnesium and Vitamin D pills were observed on top of his/her dresser in a small plastic medicine cup. Findings include: The provider is licensed to care up to 26 residents in the client groups of: advanced age, terminally ill, physically disabled, and irreversible dementia/Alzheimer's. On 09/27/2024, Surveyor toured the providers environment and residents' rooms. The following was found: On 09/27/2024 at 10:08 AM, Surveyor observed Resident 1's room. A clear medicine cup with 3 pills were observed sitting on top of Resident 1's dresser. Resident 1's door was unlocked with other residents freely walking by. Surveyor asked Administrator A what pills these were. Administrator A reported s/he was aware of the code to keep medications in a locked cabinet but did not know the exact pills and would need to follow up with staff. Administrator A took the medications. On 09/27/2024 at 2:44 PM, Surveyor interviewed Administrator A. Administrator A reported the 3 pills in question were Vitamin D (2) and Magnesium (1). Administrator A reported the above medications were administered at 8am. Administrator A reported s/he had phone calls out	N 419		

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N 419	Continued From page 6 to the staff who worked the previous shifts. Administrator A stated Resident 1 gets their morning medications in the dining room and guessed s/he did not take the pills and instead brought them to his/her room. Administrator A staff were expected to watch residents take their pills. On 09/30/2024 at 2:22 PM, Surveyor interviewed Administrator A regarding the above concern. Administrator A reported s/he spoke to staff who reported seeing Resident 1 take their medications on 09/25 and 09/26 but did not check to see if s/he took all of their medications. Administrator A stated re-education is being done with all staff on medication management with our nurse. Administrator A reported Resident 1's physician and legal representative were notified of the medication error.	N 419		