STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016015	A. BUILDING: _____ B. WING _____	R-C 12/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVE OF CARING LLC TULIP AFH	1834 13TH STREET RACINE, WI 53403

(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
{M 000}	INITIAL COMMENTS On 12/06/2024, Surveyor concluded a standard survey, verification visit and complaint investigation at Love of Caring LLC Tulip AFH. As a result, ten deficient practices were identified. Two of 10 deficiencies were repeat violations. See Statement of Deficiency (SOD) BTW811 dated 11/13/2020 and SOD BTW813 dated 08/25/2022. One of the 10 deficiencies were being cited for the 3rd time. See SOD TB8Y11 dated 04/23/2019 and SOD BTW813 dated 08/25/2022. One of the 10 deficiencies were being cited for the fifth time. See SOD TB8Y11 dated 04/23/2019, SOD BTW811 dated 11/13/2020, SOD BTW812 dated 03/09/2022 and SOD BTW813 dated 08/25/2022. One complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the home and its operation complied with this chapter. During the	M 216		

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

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M 216	Continued From page 1	M 216		

survey and complaint investigations, one complaint was substantiated. Ten violations, including this violation, were identified during the time of the survey.

Findings include:

Love of Caring LLC Tulip AFH was licensed 12/06/2016 to serve up to 4 residents within the client groups: advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, and traumatic brain injury.

From 12/03/2024 to 12/06/2024, Surveyor conducted a standard survey, verification visit and a complaint investigation. Thirteen violations, including this violation, were identified during the time of the survey. Four of the 10 citations were related to resident rights.

88.04(2)(a) Responsibilities
88.05(3)(a) Home Environment
88.05(3)(g) Windows and Ventilation
88.05(4)(b)1 Fire Safety-Smoke Detectors
88.07(3)(a) Prescription Medications
88.07(3)(e)1 Medication-Record Keeping
88.10(3)(a) Fair Treatment
88.10(3)(g) Clothing and Possessions
88.10(3)(l) Safe physical environment
88.10(3)(q) Medications

On 12/06/2024 at 4:30 p.m., Surveyor interviewed Licensee B, who stated s/he intended to get more involved in the day-to-day operations as well as retrain his/her staff. Licensee B stated, "We definitely need to do something different."

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{M 276}	Continued From page 2	{M 276}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain a safe, clean, and well-maintained homelike environment for 4 of 4 residents in the home. Resident 1 and Resident 2's mattresses were dirty. The material covering the mattresses were ripped open. Resident 3 had a large hole in bedroom wall, approximately 7-inches by 7-inches. There was open fly ribbon hanging above kitchen sink, next to kitchen counter. Fly ribbon contained approximately 10-12 dead flies and three kitchen cabinet doors were missing: the lazy-Suzan, corner-cabinet door and the two cabinet doors above the microwave were missing. This requirement is being cited for a fifth time. See Statement of Deficiency (SOD) TB8Y11 dated 04/23/2019, SOD BTW811 dated 11/13/2020, SOD BTW812 dated 03/09/2022 and BTW813 dated 08/25/2022. Findings include: On 12/03/2024 at 9:43 a.m., Surveyor toured the home and observed the following conditions: -Resident 1 and Resident 2's shared bedroom had 1 of 2 windows covered with a bed sheet.	{M 276}		

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{M 276}	Continued From page 3 Two of 2 windows did not have blinds. -Resident 1's mattress was dirty. The material covering the mattress was ripped open the full length of the mattress; approximately 74 inches. There was a large hole in the center of the mattress measuring approximately 14 inches by 12 inches (See photo 1). - Resident 2's mattress was dirty. The material covering the mattress was ripped open. There was a large hole in the center of the mattress measuring approximately 17 inches by 15 inches. Surveyor observed three layers of foam and metal springs exposed in the center of the bed (See photo 2 and photo 3). -Resident 3's bedroom had a grey, leather-like chair. The leather was cracking and peeling off. (See photo 5). -Resident 2's dresser which was missing 1 of 5 drawers. -The bathroom had no hand soap or any paper towels. The toilet paper roll was on a small table. -The bathroom dryer vent in ceiling was caked with thick dust (See photo 6). -The over-the-toilet bathroom cabinet contained two tubes of toothpaste with toothpaste oozing from the top onto the cabinet. Two toothbrushes were lying on the dirty shelf. - There was open fly ribbon hanging above kitchen sink, next to kitchen counter. Fly ribbon contained approximately 10-12 dead flies. -Three kitchen cabinet doors were missing: the lazy-Suzan, corner-cabinet door and the two cabinet doors above the microwave were missing. - Resident 3 had a large hole in bedroom wall, approximately 7-inches by 7-inches. On 12/03/2024 at 9:40 a.m., Surveyor interviewed Resident 1 who explained they purchased new mattresses a year ago. Resident 1 stated,	{M 276}		

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{M 276}	Continued From page 4 "Maybe they are cheap." Resident 1 told Surveyor the kitchen cabinets had been gone, "for a long time now." On 12/03/2024 at 9:42 a.m., Surveyor interviewed Caregiver E, who stated when Resident 1 "acts out," and s/he puts his/her head and/or fists through his/her the wall. On 12/03/2024 at 10:00 a.m., Surveyor interviewed Manager G, who reported Resident 1 and Resident 2 received new mattresses within the past six months. Manager G stated Resident 2 did that to his/her mattress when s/he masturbated. Manager G acknowledged how Resident 4's mattress dipped in the middle. On 12/03/2024 at 10:05 a.m., Surveyor interviewed Manager G, who stated they were trying to get Resident 1 a helmet due to his/her head banging. On 12/03/2024 at 11:42 a.m., Surveyor interviewed Licensee B, who stated, "We plan on replacing the kitchen cabinets, but they need to be custom created." Licensee B observed the resident bathroom. S/He stated the toothbrushes should be stored in a sanitary, personal storage container. Licensee B confirmed the bathroom did not have hand soap or paper towel for handwashing. Licensee B stated the bathroom should have hand soap and paper towel and s/he did not understand why they were not there. On 12/03/2024 at 11:46 a.m., Licensee B confirmed the poor condition of Resident 1's, Resident 2's, and Resident 4's mattresses. Licensee B stated, "We just purchased the mattresses in summer."	{M 276}		

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{M 276}	Continued From page 5 On 12/03/2024 at 11:49 a.m., Surveyor interviewed Licensee B, who stated Resident 3 head butts the walls and the hole in his/her bedroom wall was relatively new.	{M 276}		
{M 298}	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 4 resident bedroom windows were capable of being opened and used as ventilation for health and comfort. Resident 3's bedroom window screens were missing. This is a repeat deficiency. See Statement of Deficiency BTW813, dated 08/25/2022. Findings include: On 12/03/2024 at 9:43 a.m., Surveyor toured the home and observed the following conditions: - Resident 3's bedroom did not have a screen. On 12/03/2024 at 11:46 a.m., Licensee B confirmed Resident 3's bedroom window screens were missing.	{M 298}		

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M 334	Continued From page 6	M 334		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in all required places, and that each required smoke detector was in working condition. The smoke detectors in 3 of 3 resident rooms were mounted on the walls. The smoke detector in the basement did not function and was emitting a chirping sound. The open stairway down to the basement did not contain a smoke detector. Findings include: On 12/03/2024 at 9:45 a.m., Surveyor toured the home and observed the following: -The smoke detector in Resident 1 and Resident 2's shared room was mounted on the wall above the door. -The smoke detector in Resident 3's room was	M 334		

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M 334	Continued From page 7	M 334		

mounted on the wall above the door.
-The smoke detector in Resident 4's room was mounted on the wall above the door.
-The open stairway leading down to the basement did not contain a smoke detector. Surveyor observed a smoke detector bracket on the wall, above the door.
-The smoke detector in the basement was flashing and emitting a chirping sound.

On 12/03/2024 at 10:20 a.m., Surveyor interviewed Manager G, who stated the facility had the fire inspector at the home last year and s/he said it was alright to put the smoke detectors on the wall. Manager G stated, "We moved them off of the ceiling."

On 12/03/2024 at 11:05 a.m., Surveyor interviewed Licensee B, who stated that the fire inspector told him/her it was alright to hang the smoke detectors on the wall. Surveyor asked Licensee B if s/he checked the code before s/he made the change. Licensee B stated, "I trusted that the fire inspector knew what s/he was talking about."

On 12/03/2024 at 1:40 p.m., Surveyor toured the basement with Lead Caregiver (LCG) F. Surveyor asked where the smoke detector was in the open stairway, going down to the basement. LCG F pointed to a smoke detector bracket on the wall, above the door. LCG F stated, "There was one there."

On 12/03/2024 at 1:43 p.m., Surveyor toured the basement with LCG F, who confirmed hearing the smoke detector in the basement emitting a chirping sound.

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M 458	Continued From page 8	M 458		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored for 1 of 4 residents. Resident 4's carbamazepine was not securely stored in a lockbox in the refrigerator. Findings include: On 12/03/2024 at 12:00 p.m., Surveyor observed Resident 4's carbamazepine in the refrigerator door. On 12/03/2024 at 2:00 p.m., Surveyor observed Lead Caregiver (LCG) F remove Resident 4's 100 milligram (MG) carbamazepine from the refrigerator. Surveyor asked LCG F if the medication was stored in a lockbox. LCG F stated, "No, it's not locked up in the refrigerator." Residents 1, Resident 3, and Resident 4 were observed ambulating throughout the facility during the entire survey.	M 458		

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M 458	Continued From page 9 On 12/06/2024 at 4:45 p.m., Surveyor interviewed Licensee B and Manager G. Manager G stated s/he was unaware that the medications in the refrigerator was to be locked. Manager G stated, "I learn something new every day."	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not maintain a complete record of medications administered for 1 of 1 resident. Resident 4's medication administration documentation contained omissions for administration times for her/his medications for December 1, 2024. Findings include: On 12/03/2024 at 1:50 p.m., Surveyor observed Lead Caregiver (LCG) F signing his/her initials in Resident 4's medication administration record (MAR). On 12/05/2024 at 7:45 a.m., Surveyor reviewed	M 466		

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M 466	Continued From page 10 Resident 4's record. The following was identified: Resident 4 was admitted on 03/21/2022 with diagnoses including seizure disorder onset age 22, autism, intermittent explosive disorder, and intellectual disability. Resident 4 had a guardian. Caregiver E confirmed s/he dispensed medication for Resident 4. -Resident 4's MAR included the following: columns listing the names of the prescribed medications; times/dates the medication was to be taken; and initials of the person who administered the medication. December 1, 2024- December 3, 2024, MAR The following medication was not signed out: 8:00 a.m. Carbamazepine on 12/01. 4:00 p.m. Carbamazepine on 12/01. 8:00 p.m. Carbamazepine on 12/01. On 12/03/2024 at 1:55 p.m., Surveyor interviewed LCG F, who confirmed that Resident 4 was compliant with taking his/her medications. LCG F stated Resident 4 never refused his/her medications. When Surveyor asked LCG F what s/he was documenting, LCG F stated, "I was busy during my shift this week and didn't get to signing out [Resident 4's] medications. You caught me filling in my initials." LCG F confirmed when s/he trained new caregivers, s/he tells them they need to observe the resident take the medication and then sign the MAR immediately.	M 466		

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M 466	Continued From page 11 Cross Reference: N0582 DHS 88.10(3)(q) Medications	M 466		
M 548	88.10(3)(a) Fair Treatment Fair treatment. To be treated with courtesy, respect and full recognition of the resident's dignity and individuality. This Rule is not met as evidenced by: Based on observation, record review, and interview the provider did not ensure each resident was treated with courtesy, respect, and full recognition of the resident's dignity for 1 of 1 resident. Staff did not treat Resident 4 with courtesy and respect. Findings include: On 11/13/2024, the department received a complaint alleging staff yelled at residents at the home. On 12/05/2024 at 7:45 a.m., Surveyor reviewed Resident 4's record. The following was identified: Resident 4 was admitted on 03/21/2022 with diagnoses including autism, intermittent explosive disorder, seizure disorder and intellectual disability. Resident 4 had a guardian. Resident 4's Member Centered Plan dated 07/01/2024 to 12/31/2024 indicated Resident 4 had a Behavior Support Plan (BSP) and was, "easily redirected."	M 548		

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Resident 4's BSP, updated 12/06/2022, identified Resident 4 had a target behavior of physical aggression. The BSP stated, "[Resident 4] is very aware of negative tone of voice, and threatening body language, and becomes aggressive when people are arguing or fighting...How Staff/Others Can Support and Encourage Appropriate Behavior... Staff approach [Resident 4] in a calm manner in all situations and speak in a quiet reassuring voice. Staff should speak to [Resident 4] with dignity and respect. Questions are to be presented so that s/he can answer by saying "yes" or "no". The BSP also read it was important for staff to keep Resident 4 busy with meaningful activities.

On 12/03/2024 at 9:45 a.m., Surveyor observed Resident 4 wearing two shoes and one sock. Resident 4 asked Caregiver E for help with his/her socks. Caregiver E stated, "Go get your own socks."

At 9:54 a.m., Surveyor observed Caregiver E tell Resident 4, "[Resident 4], if you don't act right, you're going to be restricted to your room. Get that shoe on."

At 10:02 a.m., Surveyor observed Caregiver E tell Resident 4, "Sit down, [Resident 4]."

At 10:30 a.m., Surveyor observed Caregiver E tell Resident 4, "Close that door [Resident 4]." Surveyor observed Resident 4 going into the bathroom.

At 10:35 a.m., Surveyor observed Caregiver E tell Resident 4, "Did you flush that toilet? It better be flushed."

At 10:37 a.m., Surveyor observed Caregiver E tell

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M 548	Continued From page 13 Resident 4, "Close that door [Resident 4]." Caregiver E explained to Surveyor that Resident 4 does not close the bathroom door and, "S/He be knowing [sic] better." At 10:47 a.m., Surveyor observed Caregiver E tell Resident 4, "I said sit down. You can have a glass of water. No. You cannot have kool-aide." At 10:53 a.m., Surveyor observed Caregiver E tell Resident 4, "Watch television [Resident 4]. Don't stare." At 11:10 a.m., Surveyor observed Caregiver E tell Resident 4, "Come here. Get in here [Resident 4]." On 12/03/2024 at 10:15 a.m., Surveyor interviewed Manager G, who stated, "[Caregiver E] seems very frustrated, by the tone of his/her voice. All s/he needs to do with [Resident 4] is give him/her something to do. S/He knows better to redirect him/her into an activity." On 12/06/2024 at 4:45 p.m., Surveyor interviewed Licensee B and Manager G. Manager G stated s/he was aware of Caregiver E's behavior and sent him/her home the day of the survey. Manager G stated, "We plan to retrain him/her and all of the staff. That was terrible."	M 548		
M 560	88.10(3)(g) Clothing and Possessions Clothing and possessions. To retain and use personal clothing and effects and to retain, as space permits, other personal possessions in a reasonable secure manner.	M 560		

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M 560	Continued From page 14	M 560		

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident's (Resident 3) clothing and possessions were accessible. Resident 3's clothing was kept locked in his/her bedroom closet, where Resident 3 could not access them.

Findings include:

On 12/03/2024 at 9:43 a.m., Surveyor toured the home and observed Resident 3's room with just a bed and a chair in it. Resident 3's room did not contain a dresser to store his/her clothing and personal items. Surveyor observed an engaged padlock on Resident 3's closet door.

On 12/05/2024 at 11:45 a.m., Surveyor reviewed Resident 3's record. The following was identified: Resident 3 was admitted on 02/14/2019 with diagnoses including autism, anxiety disorder, blindness, brain injury, mental retardation intellectual disability and seizure disorder. Resident 3's Behavioral Support Plan (BSP) identified Resident 3 had a guardian. Resident 3's BSP did not identify Resident 3's clothes were to be locked up due to her/his behaviors, including closing him/herself in the closet.

Resident 3's ISP, dated 08/15/2024, did not identify Resident 3's clothes were to be locked up due to her/his behaviors, including closing him/herself in the closet.

On 12/03/2024 at 9:54 a.m., Surveyor interviewed Caregiver E who stated Resident 3 went in and out of his/her closet and pulled everything out and threw everything everywhere, when the closet was not locket. Caregiver E reported Resident 3 got into a box of incontinent products and

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M 560	Continued From page 15 shredded them all over the room. Caregiver E stated, "It was a big mess." On 12/03/2024 at 10:00 a.m., Surveyor interviewed Manager G, who reported Resident 3's clothes were locked up due to Resident 3's behaviors. Manager G confirmed Resident 3 would bang his/her head on the wall and throw all his/her belongings out the window and/or all over his/her room. On 12/03/2024 at 11:49 a.m., Surveyor interviewed Licensee B, who acknowledged the padlock on Resident 3's closet. Surveyor asked Licensee B if the lock on the closet was in Resident 3's Individualized Service Plan (ISP). Licensee B confirmed Resident 3's locked closet was not in Resident 3's ISP. Licensee B stated, "No one approved the lock on the closet." On 12/03/2024 at 3:22 p.m., Surveyor interviewed Lead Caregiver (LCG) F, who stated, "I do not see anything in [Resident 3's] ISP about locking his/her things up in a closet."	M 560		
{M 570}	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.	{M 570}		

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{M 570}	Continued From page 16	{M 570}		

This Rule is not met as evidenced by:
Based on observation and staff interview, the provider did not provide a safe physical environment for 4 of 4 residents. Surveyor observed 5 incense sticks throughout the home that had already been burned. One burnt incense stick was in Resident 3's room, in the light toggle switch. Another burnt incense stick was in the bathroom. Surveyor observed a one-inch burn like mark behind where the burnt incense stick was found. There was a thick mold-like substance around the bathtub. The dryer vent tubing was detached from the machine and the outside wall vent.

This is a repeat deficiency. See Statement of Deficiency BTW813, dated 08/25/2022.

Findings include:

Example One

On 12/03/2024 at 9:43 a.m., Surveyor toured the home and observed multiple burnt incense sticks throughout the home:
-Resident 3's room, inside the light toggle switch.
-In a hole, in the trim, above the medication cabinet.
-In a hole, in the trim, entering the dining room.
-In kitchen wall, to the left of the microwave.
-Resident common bathroom. Surveyor observed wood molding around the bathroom wall. It protruded from the wall approximately ½-inch creating a shelf-like lip. On the lip of the molding, Surveyor observed a pile of ashes with, what appeared to be a burn mark rising the wall.

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{M 570}	Continued From page 17 On 12/03/2024 at 9:52 a.m., Surveyor interviewed Caregiver E. Caregiver E noted burnt incense stick inside Resident 3's light, toggle switch. S/He pulled the stick out and stated, "That's just a burnt incense stick. Another caregiver likes to burn those." Surveyor asked Caregiver E if there was concern of Resident 3, who is legally blind, touching a burning incense. Caregiver E stated, "Well, that is a good point." On 12/03/2024 at 10:10 a.m., Surveyor interviewed Manager G while in Resident 4's bedroom. Surveyor pointed out a burnt incense stick, placed in the on-off light switch in Resident 4's bedroom. Manager G stated, "I did not know about that happening. That is not safe at all." On 12/03/2024 at 4:04 p.m., Surveyor interviewed Lead Caregiver (LCG) F, who stated, "That looks like a burn mark right there. That could have started a fire." Surveyor observed LCG F removing ashes from the molding of the bathroom wall. On 12/05/2024 at 11:45 a.m., Surveyor reviewed Resident 3's record. The following was identified: Resident 3 was admitted on 02/14/2019 with diagnoses including autism, anxiety disorder, blindness, brain injury, intellectual disability, and seizure disorder. Example Two On 12/03/2024 at 9:43 a.m., Surveyor toured the home and observed the following: The shower/tub wall came down over a separate bathtub inset piece to complete the shower. Where the two separate pieces met, Surveyor observed a gap approximately 1/2 -inch deep.	{M 570}		

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{M 570}	Continued From page 18 Between the two separate pieces of the shower/bathtub, Surveyor observed dark, black mold like substance across length of 48-inches of tub (See photos 9-13). On 12/03/2024 at 4:00 p.m., Surveyor interviewed LCG F, who stated, "That looks like mold. I will notify [Licensee B] to be sure s/he is aware." On 12/06/2024 at 4:50 p.m., Surveyor interviewed Licensee B and Manager G. Licensee B stated s/he was sure that the bathroom did not have a mold problem, but s/he would have it checked out. Example Three On 12/03/2024 at 11:49 a.m., while touring the provider's basement laundry room, Surveyor observed the dryer vent tubing detached from both the machine and the outside wall vent. On 12/03/2024 at 1:50 p.m., Surveyor interviewed Lead Caregiver (LCG) F to verify what s/he saw. LCG F stated, "That dryer piping is not connected to the machine or the outside wall vent. I can't believe I didn't realize all the dust and lint all over the ceiling."	{M 570}		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency.	M 582		

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M 582	Continued From page 19	M 582		

This Rule is not met as evidenced by:
Based on records review and interviews, the provider did not ensure 1 of 1 resident received all prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 4 did not receive the prescribed medication, carbamazepine (medication to treat seizures), according to physician's orders. Resident 4 was hospitalized for seizures from 11/22/2024 to 11/25/2024. Resident 4's physician order for 8:00 p.m. haloperidol required his/her blood pressure to be taken before medication was administered. Resident 4's blood pressure was not taken before medication was administered on 12/01/2024 and 12/02/2024.

Findings include:

On 12/05/2024 at 7:45 a.m., Surveyor reviewed Resident 4's record. The following was identified:

Resident 4 was admitted on 03/21/2022 with diagnoses including seizure disorder, autism, intermittent explosive disorder, and intellectual disability. Resident 4 had a guardian. Caregiver E confirmed s/he dispensed medication for Resident 4.

Example One

On 12/03/2024 at 2:00 p.m., Surveyor observed the medication administration closet. Surveyor observed 8 unopened bottles of Resident 4's carbamazepine 100 milligrams (MG)/5 milliliter

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M 582	Continued From page 20 (ML) SUS. On the carbamazepine bottles, Surveyor observed the following pharmacy dispense dates: -03/18/2024, 5/10/2024, 7/30/2024, 8/26/2024, 10/23/2024, 11/15/2024, 11/15/2024, and 11/15/2024. On 12/03/2024 at 2:15 p.m., Surveyor reviewed carbamazepine information insert. The insert read, "What is Carbamazepine? Carbamazepine is a prescription medication used to treat certain types of seizures ... How should I take Carbamazepine? Do not stop taking without first talking to your healthcare provider. Stopping Carbamazepine suddenly can cause serious problems. Stopping seizure medicine suddenly in a patient who has epilepsy may cause seizures that will not stop. Take Carbamazepine exactly as prescribed." On 12/05/2024 at 4:15 p.m., Surveyor reviewed Resident 4's after visit summary from 11/22/2024 to 11/25/2024 hospitalization. Reason for hospitalization read, "Your primary diagnosis was Hyponatremia. Your diagnosis also included: Seizures (Hcc)." On 12/03/2024 at 1:58 p.m., Surveyor interviewed Lead Caregiver (LCG) F, who stated, "[Resident 4's] current bottle is in the refrigerator." LCG F provided current bottle of Resident 4's carbamazepine to Surveyor. Surveyor observed the current carbamazepine dated 09/20/2024. LCG F stated, "The pharmacy usually delivers 3 bottles at a time. It seems like so much. I guess the medication helps him/her with seizures." On 12/03/2024 at 2:34 p.m., Surveyor reviewed Resident 4's medication administration record	M 582		

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M 582	Continued From page 21	M 582		

(MAR). Resident 4 was prescribed, "Carbamazepine 100 milligrams (MG)/5 milliliter (ML) SUS. Take 15 ML in the morning, 10 ML in the afternoon and 25 ML at bedtime. *Auto-filled by pharmacy."

On 12/03/2024 at 2:37 p.m., Surveyor interviewed LCG F, who stated s/he did not understand why there were so many extra bottles left over. The pharmacy sent enough for each month. LCG F stated, "Maybe [Resident 4] did not get all of his/her doses."

On 12/04/2024 at 3:05 p.m., Surveyor interviewed Pharmacist (Pharm) I who stated the pharmacy delivered 3 bottles on 11/15/2024. S/He explained that three bottles equaled 27 days of Resident 4's dosages. Pharm I stated, "Every month [Resident 4] gets 3 bottles, to be sure s/he does not run out of the medication and have seizures."

On 12/04/2024 at 4:05 p.m., Surveyor interviewed Resident 4's Guardian H who stated Resident 4 was hospitalized from 11/22/2024 to 11/25/2024 due to seizures.

Example Two

On 12/03/2024 at 2:28 p.m., Surveyor reviewed Resident 4's MAR's dated December 1, 2024-December 3, 2024. The following was identified:

- Haloperidol. Take 1 tablet by mouth in the morning and take 3 tablets (=30 mg) at bedtime. (Hold for blood pressure greater than 90/60).

On 12/03/2024 at 2:30 p.m., Surveyor interviewed LCG F. Surveyor asked to see where the blood pressures were recorded. LCG F stated, "I used to do it on second shift, but now I have first shift

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M 582	Continued From page 22 do it." LCG F confirmed s/he did not take Resident 4's blood pressure during the second shift on 12/01/2024 or 12/02/2024. LCG F looked at Resident 4's MAR and told Surveyor, "I didn't realize it was second shift. I thought first shift was supposed to do blood pressures. I should have read the medication record closer." On 12/06/2024 at 4:55 p.m., Surveyor interviewed Licensee B and Manager G. Licensee B stated s/he will be retraining his/her staff. Licensee B stated, "We've got some work to do." Cross Reference: N0466 88.07(3)(e)1 Medication-Record Keeping	M 582		