STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015124	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC HEIGHTS ASSISTED LIVING	85 S WACKER DR HARTFORD, WI 53027

(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 01/22/2024, Surveyor conducted an abbreviated survey and complaint investigation at Majestic Heights Assisted Living. Two deficiencies were identified. The complaint was substantiated. Census: 16	N 000		
N 170	83.12(5)(b) Notification: abuse and neglect allegations. The CBRF shall immediately notify the resident ' s legal representative when there is an allegation of physical, sexual or mental abuse, or neglect of a resident. The CBRF shall notify the resident ' s legal representative within 72 hours when there is an allegation of misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not notify Resident 1's legal representative immediately when there was an allegation of abuse. Findings include: On 11/21/2023, the Department received a complaint that alleged caregiver misconduct with residents. On 01/19/2024, Surveyor conducted a complaint investigation and reviewed Resident 1's record. The following was found: Resident 1 was admitted to the facility on 09/20/2022. Resident 1 had an activated	N 170		

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

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N 170	Continued From page 1	N 170		

healthcare power of attorney that made decisions on his/her behalf. Resident 1 was a hospice patient and passed away on 01/14/2024.

A review of the provider's investigation dated 11/10/2023-11/13/2023 documented:
"11/10/2023: Meet with [Caregiver D] [s/he] discussed behavior of ...[Caregiver B] and an incident with [Resident 1]. Upon start of [his/her] shift, [Resident 1] was wet, messed [him/her] self, and was trying to get up. Staff felt like [Caregiver B] was over aggressive in getting [Resident 1] into [his/her] wheelchair and was upset with resident.
11/13/2023: Meeting with [Caregiver B].
11/13/2023: Took off schedule 1 week Nov 10-20th. Completed anger management classes and workplace.
11/13/2023: After discussion with all involved provider believes there was no intent to harm. [Caregiver B] stated [s/he] was getting hit at and tried to do [his/her] best to keep resident safe."

The provider's investigation did not document if Resident 1's legal representative was notified of the abuse allegations.

Surveyor reviewed a certificate of completion for a 12-Hour Anger Management Course dated 11/18/2023 that Caregiver B completed.

On 01/19/2024 at 2:30 PM, Surveyor interviewed Administrator A regarding the above concern. Administrator A stated Caregiver D reported the incident to management, and we immediately started an investigation. Administrator A stated s/he had many conversations with Legal Representative C regarding Resident 1's health status but could not confirm if s/he was updated about the above abuse allegations towards

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N 170	Continued From page 2 Resident 1. Administrator A confirmed the provider's investigation concluded the incident did not meet the definition of abuse. 01/22/2024 at 1:15 PM, Surveyor interviewed Legal Representative C regarding the above concern. Legal Representative C stated s/he was not notified of the 11/10/2023 allegations and this was the first s/he was hearing of it. Legal Representative C stated Administrator A was up front about any status changes with Resident 1, so s/he was surprised to learn about the above allegations. On 01/22/2024 at 1:24 PM, Surveyor interviewed Administrator A. Surveyor reported after talking with Legal Representative C, s/he was not notified about the 11/10/2023 allegations towards Resident 1. Administrator A could not recall if s/he had reported the abuse allegations, so it does make sense Legal Representative C was not notified. Administrator A stated after conducting an investigation without findings s/he thought the incident did not have to be reported to the legal representative. Administrator A stated s/he understood if any allegations occurred legal representatives would have to be notified with or without findings.	N 170		
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 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	N 406		

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N 406	Continued From page 3 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 5 of 5 residents' medications were disposed of 30 days of the expiration date. Findings include: On 01/19/2024 at 12:36 PM, Surveyor toured the provider's medication cart. Surveyor observed the following: -Resident 2 had 52 tabs of Acetaminophen 325 mg to be taken as needed and an expiration date of 09/23/2023. -Resident 3 had 21 tabs of Acetaminophen 325 mg to be taken as needed and an expiration date of 10/18/2023. -Resident 4 had 28 tabs of Guaifenesin 200 mg to be taken as needed and an expiration date of 11/09/2023.	N 406		

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N 406	Continued From page 4 -Resident 5 had 32 tabs of Mucinex 1200 mg to be taken as needed and an expiration date of 11/07/2023. -Resident 6 had 7 tabs of Tramadol 50 mg to be taken as needed and an expiration date of 06/21/2023. On 01/22/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated the provider had a nurse leave in October 2023 that was in charge of checking med carts and this task had slipped through the cracks. Administrator A acknowledged medication carts should be checked on a monthly basis to ensure expired cards are being removed from the cart. Administrator A stated s/he would put a new system in place to ensure med carts were checked more frequently.	N 406		