STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

(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 03/10/2025, with information gathered through 03/27/2025, Surveyor conducted a standard licensure survey and a complaint investigation at Magnolia House. Eleven deficiencies were identified. Complaint was unsubstantiated. Census: 18	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 3 working days when 1 of 1 resident (Resident 1) suffered a fall and required hospital admission. Findings include: On 10/16/2024, the department received a complaint that a resident had sustained a fall which resulted in a fractured hip. On 03/26/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 08/30/2021. Resident 1's "Incident Report," dated 08/24/2024,	N 165		

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

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N 165	Continued From page 1 documented: "Heard [him/her] yell help from the bathroom and saw [him/her] on [his/her] side on the floor. [Resident 1] said [s/he] was using the bathroom and [his/her] leg gave out and [s/he] fell." Resident 1's "Observations" documented: 08/26/2024 - [Resident 1] is currently a patient at [hospital name]. The social worker stated that [s/he] was admitted due to syncope (a temporary loss of consciousness and muscle strength caused by a sudden decrease in blood flow to the brain). They are waiting on PT (physical therapy) to determine whether or not [s/he] will be released back to our facility. 08/31/2024 - Still in the hospital On 03/26/2025 at 11:55 AM, Surveyor emailed Licensee A and asked if s/he had filed a written report with the department regarding Resident 1's fall which resulted in hospital admission. On 03/26/2025 at 1:15 PM, Licensee A emailed Surveyor and stated s/he had not filed a written report with the department and the resident did not return to the facility. On 03/27/2025 at 8:40 AM, Licensee A stated the report did not get filed "because we normally file the report when we are notified by the hospital. Due to legal filings by Resident 1, this step in our process was overlooked." Licensee A stated s/he had been informed that Resident 1 was eventually admitted due to a fractured hip.	N 165		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats.,	N 352		

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N 352	Continued From page 2 each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not administer medications prescribed by a practitioner for 6 of 8 residents. Resident 1 did not receive his/her scheduled Trelegy Ellipta (medication for chronic obstructive pulmonary disease [COPD] or asthma) as prescribed due to unavailability. Resident 3 did not receive his/her scheduled polyethylene glycol (medication for constipation) as prescribed due to unavailability. Resident 5 did not receive his/her Descovy (medication to treat human immunodeficiency virus), Prezcobix (HIV [human immunodeficiency virus] medication), and QVAR Redihaler (inhaler for asthma) as prescribed due to unavailability. Resident 8 did not receive his/her Metoprolol Tartrate (medication for high blood pressure) within the parameters identified by his/her primary care physician (PCP). Resident 10 did not receive his/her Fluticasone-Salmeterol (inhaler) as prescribed due to unavailability. Resident 12 did not receive his/her Fluticasone (nasal spray) as prescribed. Findings include: Example 1: Resident 1 On 03/26/2025, Surveyor reviewed Resident 1's	N 352		

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N 352	Continued From page 3 record. Resident 1 moved into the facility 08/30/2021. Resident 1's July 2024 Medication Administration Records (MARs) documented: "Trelegy Ellipta 200-62.5-25 MCG (microgram) - Inhale 1 puff into the lungs in the morning. Start Date: 06/19/2024. Discontinued Date: 09/18/2024." 07/07, 07/10 - 07/18, 07/20 to 07/23 documented as "Medication Missing or Not Available." On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A and House Manager B. Licensee A stated the process for ensuring the availability of medications would be reviewed. Licensee A stated the documentation also showed that staff were not ensuring the medication matches with the electronic MAR and additional training would be provided and medication error reports would be issued. Example 2: Resident 3 On 03/11/2025, Surveyor reviewed Resident 3's record. Resident 3 moved into the facility 07/27/2022. Resident 3's March MAR, dated 03/01/2025 to 03/10/2025, documented: "Polyethylene Glycol 3350 17 Gram/Dose Powder - Take 17 gm (gram) (1 capful) dissolved in 8 oz (ounce) liquid by mouth in the morning. Start Date: 08/11/2022." 03/01 - Med Missing 03/02 - Refused 03/03 - Administered 03/04 - Med Missing	N 352		

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N 352	Continued From page 4 03/05 - Refused 03/06 - Administered 03/07 - Med Missing 03/08 - Not available 03/09 - Administered 03/10 - Refused "Symbicort 160-4.5 MCG (microgram)/Actuation HFA (hydrofluoroalkane) - Inhale 2 puffs by mouth 2 times a day. Scheduled at 8:00 AM and 5:00 PM. Start Date: 07/26/2022." 03/01 - 8:00 AM - Med Missing; 5:00 PM - Administered 03/02 - 8:00 AM - "Blank"; 5:00 PM - "Blank" 03/03 - 8:00 AM - Administered; 5:00 PM - Administered 03/04 - 8:00 AM - Med Missing; 5:00 PM - On Leave, Meds Packaged 03/05 - 8:00 AM - Not in Cart; 5:00 PM - "Blank" 03/06 - 8:00 AM - Administered; 5:00 PM - "Blank" 03/07 - 8:00 AM - Med Missing; 5:00 PM - Administered 03/08 - 8:00 AM - "Blank"; 5:00 PM - Administered 03/09 - 8:00 AM - Administered; 5:00 PM - Administered 03/10 - 8:00 AM - Med Missing On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A and House Manager B. Licensee A stated the process for ensuring the availability of medications would be reviewed. Licensee A stated the documentation also showed that staff were not ensuring the medication matches with the electronic MAR and additional training would be provided and medication error reports would be issued. Example 3: Resident 5	N 352		

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N 352	Continued From page 5 On 03/26/2025, Surveyor reviewed Resident 5's record. Resident 5 moved into the facility 11/21/2022. Resident 5's February and March MARs, dated 02/01/2025 to 03/24/2025, which documented: "Descovy 200-25 MG (milligrams) tablet - Take 1 tablet by mouth in the morning. Start Date: 04/10/2024." 02/23 - Not available 02/24 - Med Missing 02/25 - Med Missing 02/26 - Not in cart 02/27 - Med Missing 02/28 - Med not in pack 03/01 - Med Missing 03/02 - Documented as administered 03/03 - Documented as administered 03/04 - Med Missing 03/05 - Documented as administered 03/06 - Waiting on order 03/07 - Med Missing 03/08 - Not available 03/09 - Documented as administered 03/10 - Not available 03/11 - Med Missing "Prezcobix 800-150 MG-MG Tablet - Take 1 tablet by mouth in the morning with food. Start Date: 04/10/2024." 02/20 - Med Missing 02/21 - Med Missing 02/22 - Administered 02/23 - Administered 02/24 - Med Missing 02/25 - Med Missing 02/26 - Not in Cart 02/27 - Med Missing "QVAR Redihaler 80 MCG/Actuation HFA (beclomethasone dipropionate HFA) Aeroba -	N 352		

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N 352	Continued From page 6 Inhale 2 puffs into the lungs 2 times a day. Start Date: 11/23/2022. Scheduled at 8:00 AM and 5:00 PM." The MARs documented 32 out of 104 opportunities as the medication was not available. On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A and House Manager B. Licensee A stated the process for ensuring the availability of medications would be reviewed. Licensee A stated the documentation also showed that staff were not ensuring the medication matches with the electronic MAR and additional training would be provided and medication error reports would be issued. Example 4: Resident 8 On 03/26/2025, Surveyor reviewed Resident 8's record. Resident 8 moved into the facility, 05/15/2024, with diagnoses including systolic heart failure and chronic kidney disease. Resident 8's March 2025 MAR, dated 03/01 to 03/16/2025, documented: "Metoprolol Tartrate 25 mg - Take 1 tablet by mouth every 12 hours - HOLD if SBP (systolic blood pressure - the first number in a blood pressure reading) less than 100 or HR (heart rate) less than 60." Dates administered when SBP was less than 100 and/or HR was less than 60: 03/02 8:25 AM - 109/50 03/03 8:21 AM - 84/52, 7:12 PM - 81/40 03/05 8:15 PM - 82/40 03/06 8:12 PM - 82/40 03/08 7:25 AM - 80/70 03/12 7:53 AM - 86/30	N 352		

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N 352	Continued From page 7	N 352		

"Hypotension: Metoprolol should be avoided or used with extreme caution in patients with severe hypotension (eg, systolic blood pressure <90 mm Hg [millimeters of mercury]) due to its potential to exacerbate this condition." (Source: National Library of Medicine website, Metoprolol, February 29, 2024, https://www.ncbi.nlm.nih.gov/books/NBK532923/#:~:text=Hypotension%3A%20Metoprolol%20should%20be%20avoided,potential%20to%20exacerbate%20this%20condition (retrieval date - March 28, 2025).)

"Bradycardia is a heart rate that's too slow. ... In general, for adults, a resting heart rate of fewer than 60 beats per minute (BPM) qualifies as bradycardia." (Source: American Heart Association website, Bradycardia: Slow Heart Rate, September 24, 2024, https://www.heart.org/en/health-topics/arrhythmia/about-arrhythmia/bradycardia--slow-heart-rate#:~:text=Bradycardia%20is%20a%20heart%20rate,rate%20slower%20than%2060%20BPM (retrieval date - March 28, 2025).)

"If your heart rate drops into the 30s, you might not get enough oxygen to your brain, making fainting, lightheadedness and shortness of breath possible. Blood can also pool in your heart chambers, causing congestive heart failure." (Source: Cleveland Clinic website, Low Heart Rate: What It Is and When to Worry, March 17, 2023, https://health.clevelandclinic.org/is-a-slow-heart-rate-good-or-bad-for-you (retrieval date - March 28, 2025).)

On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A and House Manager B. House Manager B stated that an in-service was held

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N 352	Continued From page 8 after Surveyor had brought initial concerns to House Manager B while onsite and would be scheduling additional in-services to address the medication concerns. Example 5: Resident 10 On 03/10/2025, at approximately 1:00 PM, Surveyor observed the medication cart with House Manager B. Surveyor observed Resident 10's Fluticasone-Salmeterol 500-50 MCG (micrograms)/Dose which read 0 doses remained. House Manager B stated s/he would ensure the inhaler had been reordered. On 03/26/2025, Surveyor reviewed Resident 10's record. Resident 10 moved into the facility, 01/06/2023, with diagnosis including chronic obstructive pulmonary disease (COPD). Resident 10's March 2025 MAR documented: "Fluticasone-Salmeterol 500-50 MCG/Dose - Use 1 inhalation by mouth 2 times a day (COPD). Scheduled at 8:00 AM and 5:00 PM." 03/13 8:00 AM - Med Missing 03/14 8:00 AM - Med Missing 03/18 8:00 AM - Med Missing, 5:00 PM - Need Refill 03/19 8:00 AM - Not in Cart 03/20 8:00 AM - Med Missing, 5:00 PM - Not Available On 03/26/2025, Surveyor reviewed Resident 10's pharmacy delivery reports which documented that his/her Fluticasone-Salmeterol was delivered 03/21/2025. On 03/27/2025 at 8:40 AM, Surveyor interviewed	N 352		

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MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 352	Continued From page 9	N 352		

Licensee A and House Manager B. Licensee A stated that staff would be re-educated on the procedure to ensure medications are reordered in a timely manner.

Example 6: Resident 12 - Fluticasone Propionate

On 03/10/2025, at approximately 1:00 PM, Surveyor observed the medication cart with House Manager B. Surveyor observed 2 open bottles of Resident 12's Fluticasone Propionate 50 MCG/ACTU. One bottle was in a bag with a dispensed date of 01/22/2024 and one was in a bag with a dispensed date of 06/10/2024.

On 03/11/2025, Surveyor reviewed Resident 12's record.

Resident 12 moved into the facility, 05/09/2023.

On 03/11/2025, Surveyor reviewed Resident 12's January, February and March MARS, dated 01/01/2025 to 03/10/2025, which documented: "Fluticasone Propionate 50 MCG/Actuation Spray - Use 1 spray each nostril in the morning. Start Date: 01/22/2024."
The MARs documented that the medication had been given as prescribed.

"Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institute of Health website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda

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N 352	Continued From page 10 (retrieval date - March 26, 2025).) Surveyor noted 120 actuations would last 60 days when utilized as 1 spray in each nostril every morning. Surveyor noted the Fluticasone Propionate should have been reordered in 08/2024, 10/2024, 12/2024, and 02/2025. On 03/26/2025, Surveyor reviewed Resident 12's pharmacy delivery reports which documented that the Fluticasone Propionate had only been delivered on 01/22/2024, 02/20/2024, 04/15/2024, 06/10/2024, and 03/14/2025 (after the start of the survey process). On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A and House Manager B. House Manager B stated that an in-service was held after Surveyor had brought initial concerns to House Manager B while onsite and would be scheduling additional in-services to address the medication concerns. Cross Reference: N0415 DHS83.37(2)(d) Documentation of Medication Administration	N 352		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in	N 387		

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N 387	Continued From page 11 cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's individual service plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and agreement with the plan for 3 of 3 residents (Resident 8, Resident 9, and Resident 10) reviewed. Findings include: On 03/10/2025, Surveyor reviewed Resident 8's, Resident 9's and Resident 10's record. Resident 8 admitted to the facility on 05/15/2024, and was represented by Power of Attorney (POA) F. Resident 8's ISP, dated 12/31/2024, was not signed by POA F. Resident 9 admitted to the facility on 07/05/2016, and was represented by Guardian G. Resident 9's ISP, dated 12/09/2024, was not signed by Guardian G. On 03/19/2025 at 11:09 AM, Licensee A forwarded Surveyor an email dated 03/15/2025, requesting Guardian G to review and sign Resident 9's 12/09/2024 ISP. This was 5 days after the survey window had opened.	N 387		

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N 387	Continued From page 12 Resident 10 admitted to the facility on 01/06/2023 and was his/her own person. Resident 10's ISP, dated 12/09/2024, was not signed by him/her. On 03/10/2025, at approximately 3:00 PM, Surveyor interviewed House Manager B. House Manager B stated the ISPs had been updated when a new computer system was introduced, and the signatures were not obtained at that time.	N 387		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a proof-of-use record for 1 of 1 resident (Resident 1) who was prescribed the schedule II medication Oxycodone. Findings Include: On 10/16/2024, the department received a complaint that a resident's Oxycodone was being misappropriated.	N 409		

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	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

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MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 409	Continued From page 13 On 03/26/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 08/30/2021. Resident 1's "After Visit Summary," dated 07/20/2024, documented: "Pick up these medications ... Oxycodone." Resident 1's July and August 2024 Medication Administration Records (MAR) documented: "Oxycodone - Take 1 tablet by mouth every 4 hours as needed. Start Date: 07/22/2024. Discontinued Date: 08/30/2024." 07/22 - 12:43 PM, 7:47 PM 07/30 - 4:00 PM, 8:06 PM 08/01 - 11:11 AM, 7:41 PM 08/02 - 1:09 AM, 7:43 AM, 1:15 PM 08/03 - 7:13 AM, 12:26 PM, 4:55 PM 08/04 - 7:14 AM, 12:54 PM, 4:58 PM 08/05 - 7:15 AM, 1:03 PM, 7:03 PM 08/07 - 7:18 AM, 1:40 PM 08/08 - 1:24 AM, 7:20 AM, 12:57 PM, 4:58 PM, 9:01 PM 08/09 - 1:09 AM, 7:29 AM, 11:31 AM, 10:47 PM 08/10 - 8:00 AM Resident 1's "Controlled Drug Use Record" documented acetaminophen-codeine but did not document Oxycodone. On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A and House Manager B. Surveyor asked if there was a controlled drug use record for Resident 1's Oxycodone. House Manager B stated s/he was unable to locate that report.	N 409		
N 415	83.37(2)(d) Documentation of medication administration.	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 415	Continued From page 14 Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure proper documentation on the Medication Administration Record (MAR) for 4 of 6 residents reviewed. Resident 1's MAR did not document his/her pain level for his/her as-needed (PRN) Oxycodone and the effectiveness of that medication. Resident 4 had blanks on the MAR where medication administration should have been documented. Resident 7's MAR documented "Exception" for his/her Latanoprost 0.005% eye drops with no rationale why the medication was not administered. Resident 10's MAR documented "Exception" for his/her Motegrity and Omeprazole with no rationale why the medication was not administered. Findings include: Example 1: Resident 1	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

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N 415	Continued From page 15 On 03/26/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 08/30/2021 and was hospitalized 08/24/2024 and did not return to the facility. Resident 1's July and August 2024 MAR documented: "Oxycodone HCL (hydrochloride) 5 MG (milligram) - Take 1 tablet by mouth every 4 hours as needed (severe pain). Start Date: 07/22/2024. Discontinued Date: 08/30/2024." 07/22 - 12:43 PM, 7:47 PM 07/30 - 4:00 PM, 8:06 PM 08/01 - 11:11 AM, 7:41 PM 08/02 - 1:09 AM, 7:43 AM, 1:15 PM 08/03 - 7:13 AM, 12:26 PM, 4:55 PM 08/04 - 7:14 AM, 12:54 PM, 4:58 PM 08/05 - 7:15 AM, 1:03 PM, 7:03 PM 08/07 - 7:18 AM, 1:40 PM 08/08 - 1:24 AM, 7:20 AM, 12:57 PM, 4:58 PM, 9:01 PM 08/09 - 1:09 AM, 7:29 AM, 11:31 AM, 10:47 PM 08/10 - 8:00 AM The MAR did not document level of pain and if the Oxycodone was effective. Example 2: Resident 4 On 03/11/2025, Surveyor reviewed Resident 4's record. Resident 4 moved into the facility 10/30/2019. Resident 4's March 2025 MAR, dated 03/01/2025 to 03/10/2025, documented: "Docusate Sodium 100 MG capsule - Take 1 capsule by mouth 2 times a day. Scheduled at	N 415		

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N 415	Continued From page 16	N 415		

8:00 AM and 5:00 PM. Start Date: 02/12/2025."
"Naproxen Sodium 220 MG tablet - Take 1 tablet by mouth 2 times a day. Scheduled at 8:00 AM and 5:00 PM. Start Date: 02/12/2025."
The MAR contained blanks where medication administration should have been documented on 03/02, 03/05 and 03/06 at 5:00 PM. The MAR did not document a rationale as to why the medication had not been administered.

"Humira (CF [citrate free]) Pen 40 MG/0.4 ML (milliliter) Pen IJ (injection) kit - Inject 0.4 ML (40 MG) subcutaneously in the morning every 14 days (Fridays). Start Date: 02/07/2025."
The MAR contained a blank where medication administration should have been documented on 03/07. The MAR did not document a rationale as to why the medication had not been administered.

Example 3: Resident 7

On 03/11/2025, Surveyor reviewed Resident 7's record.

Resident 7 moved into the facility 09/26/2023.

Resident 7's February and March 2025 MARs, dated 02/01/2025 to 03/10/2025, documented:
"Latanoprost 0.005% eye drops - Instill 1 drop both eyes at bedtime. Start Date: 11/28/2023."
The MAR documented "Exception" on 02/03, 02/04, 02/06 to 02/09, 02/11, 02/12, 02/16, 02/19, 02/20, 02/24 to 03/02, 03/05 to 03/08 and did not include a rationale on why the medication was not administered.

Example 4: Resident 10

On 03/11/2025, Surveyor reviewed Resident 10's record.

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	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 415	Continued From page 17 Resident 10 moved into the facility 01/06/2023. Resident 10's March MAR, dated 03/01 to 03/11/2025, documented: "Motegrity 2 MG tablet - Take 1 tablet by mouth in the morning. Start Date: 03/04/2025." The MAR documented "Exception" 03/07 to 03/10 with no rationale. "Omeprazole 20 MG capsule - Take 1 capsule by mouth in the morning. Start Date: 01/28/2024." The MAR documented "Exception" 03/01, 03/04, 03/06, 03/07 with no rationale on why the medication was not administered. On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A and House Manager B. House Manager B stated that an in-service was held after Surveyor had brought initial concerns to House Manager B while onsite and would be scheduling additional in-services to address the medication concerns. Licensee A stated that his/her focus would be on addressing the medication administration and documentation concerns.	N 415		
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, not all medications administered by the provider were securely stored. Findings include:	N 419		

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	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 419	Continued From page 18 The facility is licensed as a Class CS (semi-ambulatory) CBRF (community based residential facility) able to serve up to 20 residents within the client groups of advanced age, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's. On 03/10/2025, at approximately 11:10 AM, Surveyor conducted a tour of the facility and observed the unlocked medication room door that was partially opened. Surveyor entered the medication room and observed the following medications in an unsecured cabinet, with a sign that read "Keep This Door Locked AT ALL TIMES": -Resident 10's open box of 4 MG (milligram) nicotine lozenges were in a basket along with loose individually packaged 2 MG Nicotine Polacrilex Gum. -Resident 10's 2 MG Motegrity (medication to treat chronic idiopathic constipation). -Resident 11's blister card of Dutasteride (hazardous drug), 28 tablets remaining. On 03/10/2025, at approximately 1:00 PM, Surveyor requested House Manager B assist him/her in the medication room. House Manager B grabbed his/her keys and attempted to unlock the medication room and realized the room was not locked. Surveyor pointed out to House Manager B that the cabinet was also unlocked. House Manager B stated s/he would review this concern with med passers immediately.	N 419		
N 420	83.37(3)(d) Medication storage: refrigeration Refrigeration. Medications stored in a common refrigerator shall be properly labeled and stored in a locked box.	N 420		

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	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 420	Continued From page 19 This Rule is not met as evidenced by: Based on observation and interview, medications stored in the medication refrigerator were not stored in a secure manner. Findings include: The facility is licensed as a Class CS (semi-ambulatory) CBRF (community based residential facility) able to serve up to 20 residents within the client groups of advanced age, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's. On 03/10/2025, at approximately 11:10 AM, Surveyor conducted a tour of the facility and observed the unlocked medication room door that was partially opened. Surveyor entered the medication room and observed the refrigerator for medications. The refrigerator had a padlock locking system which was not engaged. Inside the refrigerator Surveyor observed: -Resident 2's Trulicity (diabetes medication) 0.75 MG (milligram) / 0.5 ML (milliliter) pen, 5 pens -Resident 3's Humulin 70/30 Kwikpen (insulin) 100 Unit/ML, 6 pens -Resident 3's Milrinone (heart medication) 128 MG / 320 ML, 4 day bag -Resident 4's HumiraPen (medication for autoimmune disease) 40 MG/0.4 ML pen, 1 pen -Resident 5's Ozempic (semaglutide) 1 MG/dose (4MG/3ML) pen, 1 pen -Resident 5's Insulin Lispro Kwikpen Injection 100 Units per ML, 7 pens -Resident 6's Basaglar Kwikpen (insulin) U-100 100 Unit/ML, 2 pens -Resident 6's Fiasp Flextouch (insulin) 100 Unit/ML, 5 pens -Resident 6's Ozempic 0.25 MG or 0.5 MG	N 420		

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	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

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MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 420	Continued From page 20 (2MG/3ML), 1 pen On 03/10/2025, at approximately 1:00 PM, Surveyor requested House Manager B assist him/her in the medication room. House Manager B grabbed his/her keys and attempted to unlock the medication room and realized the room was not locked. Surveyor pointed out to House Manager B that the refrigerator was also unlocked. House Manager B stated s/he would review this concern with med passers immediately. Cross Reference: N0419 DHS 83.37(3)(c) Medication Storage: Locked Cabinet	N 420		
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, record review and interview, the provider did not ensure 1 of 2 residents received prescribed medications prior to expiration dates. Resident 7 was administered his/her Dorzolamide	N 432		

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	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 432	Continued From page 21 Timolol (eye drops) after they had expired due to opening. Findings include: On 03/10/2025, at approximately 1:00 PM, Surveyor observed the medication cart with House Manager B. Surveyor observed an opened bottle of Resident 7's Dorzolamide/Timolol with a dispensed date of 01/08/2025. On 03/11/2025, Surveyor reviewed Resident 7's January, February and March MARS, dated 01/01/2025 to 03/10/2025, which documented: "Dorzolamide-Timolol 22.3-6.8 MG/ML (milliliter) drops - Instill 1 drop in right eye 2 times a day in the morning and evening. Start Date: 10/03/2024. Discontinued Date: 02/14/2025. Start Date: 02/18/2025." The MARs documented that the medication had been given as prescribed. "Dorzolamide/Timolol should be used within 28 days after the bottle is first opened. Therefore, you must throw away the bottle 4 weeks after you first opened it, even if some solution is left. To help you remember, write down the date that you opened it in the space on the carton and the bottle." (Source: Package leaflet: Dorzolamide/Timolol 20mg/ml + 5mg/ml eye drops, solution, December, 2022, https://www.medicines.org.uk/emc/product/10111/pil#gref (retrieval date - March 26, 2025).) On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A and House Manager B. Licensee A stated additional education would be provided to staff regarding the importance of dating medications when they are opened and ensuring	N 432		

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	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 432	Continued From page 22 medications are reordered. House Manager B explained that resident had surgery on his/her left eye and then had the surgery on his/her right eye. House Manager B was unable to determine if a new bottle of eye drops had been ordered when Resident 7 had the surgery on his/her right eye.	N 432		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that is safe, clean, comfortable, and homelike. Findings include: The facility is licensed as a Class CS (semi-ambulatory) CBRF (community based residential facility) able to serve up to 20 residents within the client groups of advanced age, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's. On 03/10/2025, at approximately 10:45 AM, Surveyor arrived at the home and observed numerous plastic water bottles, fast food containers, sheets of plastic, disposable gloves, Kleenexes, alcohol bottles, paper plates, and various other items scattered throughout the property.	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

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N 481	Continued From page 23 On 03/10/2025, at approximately 10:50 AM, Surveyor entered the facility and detected a urine like odor emanating throughout the building. Surveyor toured the facility and also observed: -Bathroom #1: The toilet seat, toilet stool and the floor around the toilet had a brown substance covering it which was feces like. -Bathroom #2: There was a hole, approximately 6 inches in diameter, in the ceiling next to the door. -Bathroom #7: Ceiling vent had dust and cobweb-like substance hanging from it; the drywall was damaged and peeling next to the floor, near the tub. -Couch in the community room on the second floor had disposable plastic gloves underneath it. -Curtain rod in the community room on the second floor was hanging by one bracket. -Kitchen cabinets displayed what appeared to be soap scum and food spillage throughout. -White laundry room door displayed black smudging along the trim and approximately 12 inches above and below the door handle. -Cold air return vent behind the fire extinguisher, close to the kitchen, was covered in a thick black fuzzy substance. -Heat vent on the second floor was covered in a thick black fuzzy substance. -The carpeting throughout the facility displayed significant foot traffic markings, giving the brownish tan colored carpet a blackish in color worn appearance. On 03/10/2025, at approximately 2:15 PM, Surveyor interviewed House Manager B and Team Lead C. Surveyor showed House Manager B and Team Lead C the pictures that s/he had taken upon arrival at the facility and his/her tour of the facility. House Manager B stated s/he	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

(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 481	Continued From page 24 would contact maintenance to address the environmental concerns. On 03/12/2055 at 5:33 PM, Licensee A emailed Surveyor and stated, "We will be working on some of the environmental issues you brought up."	N 481		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the clothes dryer in the residential laundry room had vent tubing of rigid material, with a fire rating that exceeds the temperature rating of the dryer. The clothes dryer was observed to have the flexible foil type vent tubing and was not connected to the dryer. Findings include: On 03/10/2025, at approximately 11:00 AM, during a tour of the facility, Surveyor observed a foil accordion style vent tubing from residential clothes dryer to vent duct. The vent duct was not attached to the dryers, creating a room of steam. The area next to the flexible vent tubing was covered in what appeared to be dryer sheets and lint coming out of the dryer.	N 488		

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	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 488	Continued From page 25 On 03/10/2025, at approximately 2:15 PM, Surveyor interviewed House Manager B and Team Lead C. Surveyor showed House Manager B and Team Lead C the pictures that s/he had taken during his/her tour of the facility. House Manager B stated s/he would contact maintenance. Maintenance D arrived during the interview; House Manager B asked him/her to address the garbage on the property and the dryer vents. Maintenance D stated that was not his/her responsibility and left. House Manager B contacted Maintenance Manager E and requested clarification on who was responsible for the upkeep of the facility grounds and the dryer vents. Maintenance Manager E stated Maintenance D was responsible. House Manager B stated the provider contracted with an outside vendor to clean the vents throughout the facility and would get them scheduled. House Manager B stated s/he would discuss with staff their responsibility of ensuring bathrooms were kept clean. On 03/12/2055 at 5:33 PM, Licensee A emailed Surveyor and stated, "We will be working on some of the environmental issues you brought up."	N 488		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure exterior areas of the CBRF (Community Based Residential Facility) were	N 492		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017607	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA HOUSE	8919 N MICHELE ST MILWAUKEE, WI 53224

(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 492	Continued From page 26 maintained and free of hazards. The cement slabs in the patio area created approximately a ½ inch lip between slabs creating a tripping hazard for semi-ambulatory residents. Findings include: The facility is licensed as a Class CS (semi-ambulatory) CBRF (community based residential facility) able to serve up to 20 residents within the client groups of advanced age, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's. On 10/16/2024, the department received a complaint alleging that the cracked sidewalk in the back patio area created a tripping hazard. On 03/10/2025, at approximately 12:50 PM, Surveyor toured the facility and observed the provider's patio area, behind the facility. Surveyor observed two slabs of cement when exiting the patio door. The two slabs created approximately a ½ inch gap between them and one slab was approximately a ½ inch higher than the other. A rubber mat was placed over the two slabs, vertically. The rubber mat covered approximately half of the crack, and the mat was placed perpendicular to the railing. On 03/27/2025 at 8:40 AM, Surveyor interviewed Licensee A. Licensee A stated that s/he would contract with a vendor to come out and level out the concrete slabs to eliminate the tripping hazard.	N 492		