STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014338	A. BUILDING: _____ B. WING _____	06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLENS PLACE	459 E DODGE ST JEFFERSON, WI 53549

(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 06/20/2024, Surveyor conducted a standard survey at Ellens Place. Three deficiencies were identified. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, Licensee A had not completed 8 hours of annual training related to the health, safety, welfare, rights, and treatment of residents every year beginning with the calendar year after they year in which his/her initial training was received. Licensee A had not completed annual training in 2023. Findings include: Prior to the onsite visit to Ellens Place, Surveyor reviewed the Department's facility file. Licensee A was issued a facility license by the Department on 01/08/2013.	M 246		

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

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M 246	Continued From page 1 On 06/20/2024, at approximately 8:15 AM, Licensee A informed Surveyor that s/he had no employed staff and s/he provided all cares, etc. for the residents. On 06/06/2024 at approximately 9:00 AM, Surveyor requested Licensee A's 2022 and 2023 annual training. On 06/20/2024 at 10:51 AM, Surveyor received Licensee A's 2022 annual training documentation via email. On 06/21/2024 at 11:17 AM, Surveyor emailed Licensee A asking if s/he had completed annual training in 2023. On 06/21/2024 at 11:33 AM, Licensee A replied via email that s/he had not completed 2023 annual training. On 06/2/2024 at 2:02 PM, Surveyor discussed concern of no 2023 annual training with Licensee A. Licensee A stated s/he was under a lot of stress during 2023 due to a personal situation and a resident's care needs increasing, so s/he was unable to complete the training.	M 246		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the	M 348		

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M 348	Continued From page 2 provider did not maintain documentation of quarterly fire drills conducted in 2022, 2023, or the 1st quarter of 2024 including the dates and evacuation time for each drill. Findings include: On 06/20/2024 at approximately 8:15 AM, Surveyor requested 2022, 2023 and 2024 quarterly fire drill documentation from Licensee A. Licensee A stated s/he had conducted quarterly fire drills but threw the fire drill documentation out. On 06/21/2024 at 9:34 AM, Surveyor discussed concern of not keeping documentation of quarterly fire drills with Licensee A. S/he stated going forward s/he would maintain the documentation. On 06/2/2024 at 2:02 PM, Surveyor discussed concern of no documentation of fire drills with Licensee A stated the record of fire drills was taped to the cupboard and in "bad shape" so s/he threw it away.	M 348		
M 468	88.07(3)(e)2 MEDICATION- RECORD OF SIDE EFFECTS The record shall also contain information describing potential side effects and adverse reactions caused by each prescription medication. This Rule is not met as evidenced by: Based on record review and interview, the Licensee did not ensure the resident records contained information describing potential side effects and adverse reactions caused by each prescription medication for 2 of 2 residents	M 468		

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M 468	Continued From page 3	M 468		

reviewed.

Findings include:

Example 1 Resident 1

Resident 1 was admitted 02/26/2022.

On 06/20/2024 at 4:30 PM, Surveyor received Resident 1's list of medications via email from Licensee A.

The medication list was completed by the pharmacy and dated 04/29/2024. Prescription medications listed in the 1st column included:
Azathioprine 50 MG
Calcium Carbonate 600 MG
Complete Vitamin
Lactobacillus
Lisinopril 2.5 MG
Loratadine 10 MG
Omeprazole 20 MG
Phenytoin 100 MG
Simvastatin 40 MG
Sod Fluoride Gel 1.1%
Baza Moisture Barrier Cream
Enema Saline Lax
Loperamide 20 MG

The 2nd column listed the prescription number for each medication.

The 3rd column was titled "SIDE EFFECTS." A side effect listed for Lisinopril was "DIZZY." No additional side effects or adverse reactions were identified on the form for any medications.

Example 2 Resident 2
Resident 2 was admitted 08/30/2019.

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M 468	Continued From page 4 On 06/21/2024 at 10:40 AM, Surveyor received Resident 2's list of medications via email from Licensee A. The medication list was completed by the pharmacy and dated 05/30/2024. Prescription medications listed in the 1st column included: Aspirin Chew 81 MG Carbamide Peroxide 6.5% Complete Senior Vitamin Sertraline 100 MG Vitamin A 10,000IU Acetaminophen 500 MG Albuterol HFA Clearlax Powder Epinephrine Inj. 0.3 MG The 2nd column listed the prescription number for each medication. The 3rd column was titled "SIDE EFFECTS." A side effect listed for Sertraline was "Drowsy." No additional side effects or adverse reactions were listed on the form for any medications. On 06/2/2024 at 2:02 PM, Surveyor discussed concern of medication side effects and potential adverse reactions not contained in the resident records with Licensee A. Licensee A stated s/he the informational forms were from the pharmacy, so s/he thought the information was complete.	M 468		