STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016965	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY HOME INC	1226 BERLIN ST WAUPACA, WI 54981

(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 08/07/2023 with additional information gathered through 08/14/2023, Surveyor conducted a standard survey and complaint investigation. As a result two deficiencies were issued. The complaint was substantiated. Census: 26	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., 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 record review and interviews, the provider did not ensure each resident received all prescribed medications in the dosage and at the intervals prescribed by a practitioner for 1 of 1 resident. Resident 1 had a physician's order for Lexapro (escitalopram) 20 mg tablets to be given once daily. Resident 1 did not receive the Lexapro as ordered for 10 days. Findings include: According to https://www.drugs.com/lexapro.html last updated on 8/9/2023 indicated, "Lexapro is an antidepressant...and is used to treat certain types of depression and anxiety..."	N 352		

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

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N 352	Continued From page 1 RECORD REVIEW On 08/07/2023, Surveyor reviewed Resident 1's closed medical record. The record indicated Resident 1 was admitted to the facility on 10/26/2022 and diagnosed with recurrent major depressive disorder and late onset Alzheimer's dementia with behavioral disturbance. Additionally, the record indicated Resident 1 had an activated power of attorney (APOA) for healthcare. Resident 1's ISP (Individual Service Plan) dated 11/18/2022 indicated, the resident had medications and treatments that were administered by staff and stated, "[Resident 1] will continue to receive medications from staff as they are ordered." A physician's order for Resident 1 dated 10/14/2022, stated, "Lexapro (escitalopram) 20 mg tablet, take one tablet by mouth daily." Review of Resident 1's January 2023 MAR (Medication Administration Record) stated, "Escitalopram 20 mg tab. Take 1 tablet by mouth daily." Surveyor noted the following entries for the Escitalopram medication: *01/14/2023- "Not available to give." *01/15/2023- "Not available to give." *01/16/2023- "Not available to give." *01/19/2023- "Not available to give." *01/22/2023- was left blank with no staff initials	N 352		

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N 352	Continued From page 2 *01/23/2023- "Unavailable." Additionally, Surveyor noted the daily dose of the escitalopram medication was initialed and circled by staff on the following dates: 01/17/2023, 01/18/2023, 01/20/2023 and 01/21/2023. A physician progress note for Resident 1 dated 01/23/2023 stated, "Unfortunately, assessment and treatment decisions are complicated by the fact that [s/he] has been without escitalopram for 10 days now. No apparent withdrawal symptoms, but sleep appears more disrupted. Noovert signs of uncontrolled depression...Given that [s/he] has been without the medication for 10 days, it is difficult to know weather or not to keep [her/him] off the medicine, start at prior dose, or start at lower dose..." INTERVIEWS On 08/07/2023 at 9:45 AM, Surveyor interviewed Manager A and Director B regarding Resident 1's escitalopram medication. Manager A and Director B verified staff administered all of Resident 1's medication. Manager A and Director B also confirmed Resident 1 did not receive her/his escitalopram medication as ordered from 01/14/2023 through 01/23/2023. Manager A indicated Resident 1 utilized a non preferred pharmacy instead of the facility's preferred/contracted pharmacy. Manager A stated, "[Resident 1's] escitalopram medication was not available 01/14/2023 through 01/23/2023, because the non-preferred pharmacy did not have [Resident 1's] medication set up for auto-delivery." Manager A indicated Resident 1's pharmacy of choice would deliver medications twice a week or Resident 1's family would pick up [her/his] medications and bring them to the	N 352		

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N 352	Continued From page 3 facility. Surveyor then asked about how the facility ensured Resident 1's medications were available. Manager B stated, "We would call a week in advance to let [Resident 1's] preferred pharmacy and APOA know we were running low." On 08/07/2023 at 10:15 AM, Surveyor asked Manager A and Director B for evidence of any documented communication the facility had with Resident 1's APOA and pharmacy regarding their attempts to make available and/or obtain Resident 1's escitalopram medication. Manager A and Director B confirmed they had no evidence of any documented communication with Resident 1's APOA or pharmacy. Manger A stated, "Using a non preferred pharmacy was a learning curve for us...At the end of January 2023 we did set up [Resident 1's] medication for auto delivery with [her/his] preferred pharmacy." On 08/09/2023 at 2 PM, Surveyor interviewed Pharmacy Technician C regarding Resident 1's escitalopram medication. Pharmacy Technician C verified the pharmacy received and filled the escitalopram 20 mg tablet order for Resident 1 on 12/12/2022. Pharmacy Technician C stated, "We delivered a 21 day supply of [Resident 1's] escitalopram 20 mg tablets to the facility on 12/16/2022, with 4 additional refills left on [her/his] prescription." Pharmacy Technician C verified the pharmacy did not receive any form of communication from the facility regarding Resident 1's escitalopram medication being unavailable or the need to refill the medication.	N 352		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills	N 526		

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N 526	Continued From page 4 shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interviews with staff, the provider did not conduct other evacuation drills at least semi-annually for 2 of 2 years reviewed. For 2021 and 2022, the facility did not complete other evacuation drills at least semi-annually. Findings include: On 08/07/2023, Surveyor requested documentation for other evacuation drills completed for the years 2021 and 2022. There was no evidence of other evacuation drills completed semi-annually for 2021 and 2022 On 08/07/2023 at 12:15 PM, Surveyor interviewed DPO (Director of Plant Operations)-D regarding the other evacuation drills completed. DPO-C verified s/he was responsible to ensure the drills were completed and stated, "We participate in the yearly statewide tornado drills, but I don't document any of the drills." DPO-D verified s/he was unable to find any other evacuation drills for 2021 or 2022 and indicated s/he will start documenting and completing two other evacaution drills per calender year. On 08/07/2023 at 12:20 PM, Director B verified s/he was unable to locate any other evacuation drills for 2021 or 2022. On 08/14/2023, Surveyor reviewed department records and confirmed the provider did not have an approved waiver regarding other evacuation drills.	N 526		

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