STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110435	A. BUILDING: _____ B. WING _____	C 08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HOUSE	404 PINE ST MINERAL POINT, WI 53565

(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 08/01/2023, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at Spring House, a CBRF located in Mineral Point, WI. As a result of the investigation, 4 violations of Chapter DHS 83 were issued. Complaint was substantiated Census: 6	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written report was sent to the department within 3 working days after anytime law enforcement personnel were called to the facility as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. On 06/21/2023, law enforcement was called to the facility due to a staff member drinking on the job and supplying alcohol to minors.	N 164		

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

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N 164	Continued From page 1 On 06/30/2023, law enforcement was called to the facility due to unaccounted narcotics/suspected misappropriation of narcotics. FINDINGS INCLUDE: On 07/05/2023, Surveyor reviewed department records and could not find any self-reports filed by the facility in June 2023. On 08/01/2023, Surveyor arrived at facility for a complaint investigation. On 08/01/2023, Surveyor reviewed police record IR# 06-23-66 concerning a staff member drinking alcohol and supplying minors with alcohol at the facility. Officer G arrived to the facility at 2:10 PM on 06/21/2023. Officer G arrived due to report of Former Caregiver H drinking at the facility. Officer G reported smelling intoxicants on Former Caregiver H and in his/her cup while investigating at the facility. On 08/01/2023, Surveyor reviewed police record IR# 06-23-85 concerning unaccounted/suspected misappropriation of narcotics. On 06/30/2023 at 11:52 a.m. Police Officer F arrived to the facility to investigate missing narcotics at the facility. On 08/01/2023 at 10:05 AM, Surveyor requested self-reports for June 2023 from House Lead A. House Lead A stated that s/he had just learned it was his/her responsibility to complete self-reports and send them into the department. House Lead A confirmed there were no self-reports completed for when law enforcement came to the facility on 06/21/2023 or 06/30/2023.	N 164		

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N 409	Continued From page 2	N 409		
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 ensure a proof-of-use record was maintained for schedule II drugs that contained the date and time administered, Resident 1'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 did not audit, sign and date the proof-of-use record daily. From 05/01/2023 to 06/29/2023, Resident 1's schedule II narcotics were not being accounted for on a daily basis on the proof-of-use record. FINDINGS INCLUDE: On 08/01/2023, Surveyor arrived at facility for a complaint investigation. On 08/01/2023, Surveyor reviewed Resident 1's facesheet. Resident 1 was admitted to the facility on 10/24/2022 and was discharged from the facility on 07/03/2023. Resident 1 was receiving Hospice Services. Resident 1 was diagnosed with	N 409		

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N 409	Continued From page 3 but not limited to metastatic lung cancer. On 08/01/2023, Surveyor reviewed the police report related to unaccounted/missing narcotics. The report states, "On Friday 06-30-2023 at 11:52 a.m. I, [Police Officer F], received a report of missing prescription medications from the [Name of Facility] in the [Name of City]...On 06-30-2023, I received a telephone call from [Hospice RN E]... [Hospice RN E] informed me [Name of Hospice] recently discovered some of [Resident 1's] prescription medication was unaccounted for. [Hospice Staff] directed [Facility Staff] of the discrepancies and put them on notice. [Hospice RN E] told me [Hospice RN D] was currently on site and noticed another discrepancy with [Resident 1's] medication. Since last Monday, another one of [Resident 1's] oxycodone was missing and unaccounted for in [Name of Facility] records. Due to another medication discrepancy, and the worsening condition of the patient, [Hospice RN E] advised [Name of Hospice] had decided to pull [Resident 1] from the group home and transfer [him/her] to their hospital for hospice care... [Hospice Nurse D] and [Hospice Nurse E] both advised they believed [Resident 1's] worsening condition was due to the natural state of [his/her] cancer diagnosis and not a result of over or under medication. Both had concerns about the lack of records and ability of the staff to properly record the medication dispersed, especially after [Hospice Staff] reiterated the required process to them...June 26th the new [Facility Name] manager [House Lead A] contacted [Hospice RN D]. A 7-day drug count was provided to [Hospice RN D]. 12 oxycodone pills were unaccounted for. [House Lead A] was unable to provide a longer drug record account of additional details for the discrepancy. [Hospice Nurse E] and [Hospice Nurse D] advised [House	N 409		

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N 409	Continued From page 4 Lead A] had no knowledge of the requirements of the group home of the state regulations regarding the dispensing of narcotics to residents...June 28th [Hospice Nurse D] provided [House Lead A] with a narcotic count sheet to implement as [House Lead A] had not been able to come up with their own. During this visit [Hospice Nurse D] noticed 2 morphine pills were unaccounted for since [his/her] last visit on June 26th. [Resident 1] should have used 2 morphine tablets but four were missing. It could not be determined if [Resident 1] had been over medicated or if the pills were stolen. Morphine was prescribed to be given once a day at bedtime. [House Lead A] told [Hospice Nurse D] that morphine many have been given to [Resident 1] twice daily, morning and night by the same employee as there was a computer entry, [s/he] received it morning and night. [Hospice Nurse D] advised this over medication could not be confirmed due to poor record keeping...June 30th [Hospice Nurse D] noticed the narcotic count sheet [s/he] provided to [House Lead A] on June 28th had a discrepancy of one oxycodone...July 5th, 2023, [Resident 1] died at [Name of Hospice] in [Name of City]... [Hospice Nurse D] and [Hospice Nurse E] had concerns that [Facility Staff] were put on alert regarding the medication discrepancies and the discrepancies continued. They advised the inability of the upper management and owner of the group home to proper/required documentation was also a huge concern." On 08/01/2023, Surveyor reviewed Resident 1's May 2023 medication administration record (MAR). Surveyor reviewed the following schedule II drugs ordered on Resident 1's MAR: 1.) Morphine Sulfate ER 60 mg Tablet - Take 1 tablet by mouth every 8 hours...order start date 03/24/2023 an end date of 06/04/2023.	N 409		

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N 409	Continued From page 5	N 409		

2.) Morphine Sulfate ER 15 mg Tablet - Take 1 tablet by mouth 3 times daily...order start date 04/26/2023 an end date 06/02/2023.
3.) Oxycodone Hydrochloride 5 mg Tablet- Give 1 tablet every 4 hours as needed...start date 05/10/2023 an end date of 07/20/2023.
4.) Oxycodone Hydrochloride 10 mg Tablet - Give 1 tablet every 4 hours as needed...start date 02/27/2023 an end date of 05/10/2023.

On 08/01/2023, Surveyor reviewed Resident 1's June 2023 MAR. Surveyor reviewed the following drugs ordered on Resident 1's MAR:
1.) Morphine Sulfate ER 100 mg Tablet - Take 1 tablet by mouth every 8 hours...start date 06/06/2023 an end date 06/28/2023.
2.) Morphine Sulfate ER 60 mg Tablet - Take 1 tablet by mouth every 8 hours...order start date 03/24/2023 an end date of 06/04/2023.
3.) Morphine Sulfate ER 15 mg Tablet - Take 1 tablet by mouth 3 times daily...order start date 04/26/2023 an end date 06/02/2023.
4.) Oxycodone Hydrochloride 5 mg Tablet- Give 1 tablet every 4 hours as needed...start date 05/10/2023 an end date of 07/20/2023.

On 08/01/2023 at 10:05 AM, Surveyor requested Resident 1's May 2023 and June 2023 proof-of-use records for the schedule II medications listed above from House Lead A. House Lead A stated that s/he had become the house lead earlier this year. House Lead A stated s/he was not trained on keeping a proof-of-use records for narcotics. House Lead A stated that from 05/01/2023 to 06/29/2023 staff only maintained a proof-of-use record in the electronic health record (EHR). House Lead A stated s/he did not know s/he was supposed to be auditing the proof-of-use record daily and thus the counts in the EHR are inaccurate. House Lead A stated

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N 409	Continued From page 6 staff did not record in the proof-of-use record when a discrepancy was discovered and how it was rectified. House Lead A stated the lack of documentation on the proof-of-use record is the reason s/he doesn't know when happened to the missing oxycodone and morphine tablets. Surveyor asked to see a printed copy of the electronic health record's (EHR's) documentation of Resident 1's proof-of-use records. House Lead A stated s/he did not know how to find the proof-of-use record in the EHR to print it off. Surveyor asked that House Lead A have someone email the proof-of-use records to Surveyor by noon the following day. House Lead A stated s/he would get help from another house lead and email the proof-of-use records to Surveyor by noon the next day. On 08/01/2023 at 12:00 PM, Surveyor discussed the above concerns with Licensee C and House Lead A. Licensee C and House Lead A both acknowledged that an accurate proof-of-use record was not being maintained for Resident 1's schedule II narcotics in May 2023 and June 2023. Licensee C stated House Lead A was not trained by the previous house lead on how to manage narcotics and to complete a daily audit of the proof-of-use record. House Lead A stated that when the facility has schedule II medications to manage in the future s/he will keep a paper copy and electronic copy of the daily count. On 08/02/2023 at 1:30 PM, Surveyor reviewed their inbox and did not find any additional documents sent from House Lead A. CROSS REFERENCE N0415 DHS 83.37(2)(d) Documentation of Medication Administration	N 409		

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N 415	Continued From page 7	N 415		
N 415	83.37(2)(d) Documentation of medication administration. 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 the person administering the medication or treatment documented in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record (MAR). From 04/01/2023 to 06/29/2023, Surveyor reviewed 34 blank entries in Resident 1's MAR. FINDINGS INCLUDE: On 08/01/2023, Surveyor arrived at facility for a complaint investigation. On 08/01/2023, Surveyor reviewed Resident 1's facesheet. Resident 1 was admitted to the facility on 10/24/2022 and was discharged from the facility on 07/03/2023.	N 415		

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N 415	Continued From page 8 On 08/01/2023, Surveyor reviewed Resident 1's April 2023 medication administration record (MAR). The following entries do not contain documentation of administration or refusal of medication/treatment: 1.) 04/05/2023 2:00 PM - Morphine Sulfate ER 60mg Tablet 2.) 04/18/2023 8:00 PM - Ziprasidone HCL 80mg Capsule 3.) 04/18/2023 8:00 PM - Ipratropium BR 0.02% Solution 4.) 04/18/2023 10:00 PM - Morphine Sulfate ER 60mg Tablet 5.) 04/18/2023 9:30 PM - Lorazepam 0.5mg Tablet 6.) 04/18/2023 10:00 PM - Trazodone 100mg Tablet 7.) 04/18/2023 10:00 PM - Morphine Sulfate Extended Release 15mg Tablet On 08/02/2023, Surveyor reviewed Resident 1's May 2023 medication administration record (MAR). The following entries do not contain documentation of administration or refusal of medication/treatment: 1.) 05/12/2023 12:00 PM - Ipratropium BR 0.02% Solution 2.) 05/21/2023 12:00 PM - Ipratropium BR 0.02% Solution 3.) 05/21/2023 5:00 PM - Ipratropium BR 0.02% Solution 4.) 05/12/2023 2:00 PM - Morphine Sulfate ER 60mg Tablet 5.) 05/21/2023 2:00 PM - Morphine Sulfate ER 60mg Tablet 6.) 05/12/2023 12:00 PM - Divalproex Sodium ER 500mg Tablet 7.) 05/21/2023 2:00 PM - Divalproex Sodium ER	N 415		

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N 415	Continued From page 9 500mg Tablet 8.) 05/21/2023 5:00 PM - Divalproex Sodium ER 500mg Tablet 9.) 05/21/2023 5:00 PM - Omeprazole DR 20mg Capsule 10.) 05/12/2023 12:00 PM - Lorazepam 0.5mg Tablet 11.) 05/21/2023 12:00 PM - Lorazepam 0.5mg Tablet 12.) 05/01/2023 2:00 PM - Morphine Sulfate Extended Release 15mg Tablet 13.) 05/12/2023 2:00 PM - Morphine Sulfate Extended Release 15mg Tablet 14.) 05/21/2023 2:00 PM - Morphine Sulfate Extended Release 15mg Tablet On 08/02/2023, Surveyor reviewed Resident 1's June 2023 medication administration record (MAR). The following entries do not contain documentation of administration or refusal of medication/treatment: 1.) 06/29/2023 5:00 PM - Ipratropium BR .5mg Albuterol Sulfate 3mg 2.) 06/10/2023 5:00 PM - Ipratropium BR 0.02% Solution 3.) 06/06/2023 6:00AM - Morphine Sulfate ER 60mg Tablet 4.) 06/10/2023 2:00 PM - Morphine Sulfate ER 100mg Tablet 5.) 06/12/2023 2:00 PM- Morphine Sulfate ER 100mg Tablet 6.) 06/09/2023 5:00 PM - Divalproex Sodium ER 500mg Tablet 7.) 06/29/2023 5:00 PM - Divalproex Sodium ER 500mg Tablet 8.) 06/09/2023 5:00 PM - Omeprazole DR 20mg Capsule 9.) 06/29/2023 5:00 PM - Omeprazole DR 20mg Capsule	N 415		

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N 415	Continued From page 10 10.) 06/06/2023 6:00 AM - Morphine Sulfate Extended Release 15mg Tablet 11.) 06/02/2023 2:00 PM - Morphine Sulfate Extended Release 15mg Tablet 12.) 06/04/2023 2:00 PM - Morphine Sulfate Extended Release 15mg Tablet 13.) 06/06/2023 2:00 PM - Morphine Sulfate Extended Release 15mg Tablet On 08/01/2023 at 10:05 AM, Surveyor discussed Resident 1's care with House Lead A. House Lead A confirmed staff were to administer all of Resident 1's medications and treatments. On 08/01/2023 at 12:00 PM, Surveyor discussed the above concern with House Lead A and Licensee C. Licensee C acknowledged the blank entries in Resident 1's April, May and June 2023 MARs. Licensee C acknowledged Resident 1's medication was not documented consistently at the time of administration. Licensee C stated House Lead A would be monitoring for future documentation errors on resident MARs on a weekly basis. CROSS REFERENCE N0409 DHS 83.37(1)(j) Proof-Of-Use Record	N 415		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that cleaning compounds and toxic	N 499		

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N 499	Continued From page 11	N 499		

substances were stored in a secure area.

FINDINGS INCLUDE:

This facility provides direct care to the following client groups: developmentally disabled, traumatic brain injury, emotionally disturbed, mental illness and physically disabled.

On 08/01/2023, Surveyor arrived at facility for a complaint investigation.

On 08/01/2023 at 9:20 AM, Surveyor observed the foyer at the facilities front entrance. On the floor Surveyor observed a can of KILZ paint and a tub of lightweight wallboard joint compound (Picture #5). Surveyor then observed an unlocked cabinet below a utility sink. Surveyor observed the following cleaning compounds being stored in the unlocked cabinet below the utility sink:

-1 half full gallon jug of Great Value Lavender Scented Multipurpose Cleaner concentrate. The front states, "KEEP OUT OF REACH OF CHILDREN," (Picture #1).

-2 partially full spray bottles of CLR Fresh Scented Brilliant Bath Foaming Action Cleaner (Picture #2).

-1 partially full spray bottle of Clorox Bio Stain & Odor Remover. The front states, "KEEP OUT OF REACH OF CHILDREN," (Picture #3).

-1 partially full gallon jug of Great Value Bleach Concentrate (Picture #4).

On 08/01/2023 at 10:05 AM, Surveyor toured the foyer with House Lead A. House lead A acknowledged the gallon of paint and tub of joint

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N 499	Continued From page 12 compound on the floor were unsecured. House Lead A acknowledged that the cabinet under the utility sink was unlocked and contained the above cleaning compound including bleach concentrate. House Lead A stated all cleaning compounds and toxic substances would be secured as soon as possible.	N 499		