STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017058	A. BUILDING: _____ B. WING _____	R-C 05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING MARKET ST CBRF	1870 MARKET ST CROSS PLAINS, WI 53528

(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 04/30/2024, The Bureau of Assisted Living, Southern Regional Office conducted an 2 enforcement verification visits, 3 complaint investigations and a standard survey at Milestone Senior Living Market Street, a CBRF located in Cross Plains, WI. As a result of this survey, 7 violations of Chapter DHS 83 were issued. 1 violation from previous statement of deficiency (SOD) #I52G11 dated 10/27/2023 was re-issued. 1 violation from previous SOD #I52G11 dated 10/27/2023 was corrected. 1 violation from previous SOD #1NLQ14 dated 08/09/2023 was corrected. 1 complaint was substantiated. 2 complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 11	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the community based	N 196		

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

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residential facility (CBRF) and its operation complied with all laws governing the CBRF.

On 04/30/2024, Surveyor identified 8 violations of DHS Chapter 83 during survey.

On 05/03/2024, Surveyor reviewed provider's compliance history from 03/26/2021 to 10/27/2023. Surveyor reviewed the following: 7 on-site surveys with violations identified, 3 substantiated complaints and 2 repeat violations.

This is a repeat of SOD J5T811 dated 10/11/2021.

FINDINGS INCLUDE:

Facility provides care to the following client groups: advanced aged, irreversible dementia and Alzheimer's.

On 04/30/2024, Surveyor completed a standard survey, 2 enforcement verification visits and 3 complaint investigations at the facility. In SOD I52G12, 7 deficiencies of DHS Chapter 83 were identified. One complaint was substantiated.
- 83.14(2) Licensee Ensures Facility Complies With Laws
- 83.17(2) Employees Screened For Communicable Disease
- 83.18(1)(d) Conduct Caregiver Background Check
- 83.19 Orientation
- 83.37(2)(d) Documentation Of Medication Administration
- 83.35(3)(c) Implement, Follow The Individualized Service Plan
- 83.47(1)(e) Other Evacuation Drills

On 04/30/2024 at 1:01 PM, Surveyor discussed

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the above findings with Facility Nurse Q and Regional Nurse T. Regional Nurse T stated staff records were stored at the facility. Regional Nurse T stated previous administrator would have been the person to complete Caregiver R's caregiver background checks. Regional Nurse T and Facility Nurse Q acknowledged facility did not have any caregiver background checks on file for Caregiver R.

On 04/30/2024 at 3:00 PM, Surveyor discussed the above concern with Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged the following concerns: 2 of 3 caregivers were not tested for tuberculosis per center of disease control (CDC) infection standards, 2 of 3 caregivers were not provided orientation training prior to caring for residents and 2 of 3 resident medications administration records (MARS) reviewed were missing documentation. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged Resident 2's individualized service plan (ISP) was not implemented as written the morning of 03/03/2024.

HISTORY OF COMPLIANCE:

On 05/03/2024, Surveyor reviewed facilities compliance history from 03/26/2021 to 10/27/2023.

1.) On 03/26/2021, The Department completed a standard survey and 2 complaint investigations at facility. In SOD H3OV11, 3 deficiencies of DHS

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N 196	Continued From page 3 Chapter 83 were identified. 1 complaint was substantiated. - 83.25 Continuing Education - 83.32(3)(h) Rights of Residents: Receive Medication - 83.35(3)(c) Implement, Follow The Individualized Service Plan 2.) On 10/11/2021, The Department completed a desk review survey: 1 deficiency of DHS Chapter 83 was identified. - 83.14(2) Licensee Ensures Facility Complies With Laws 3.) On 03/15/2022, The Department completed a complaint investigation at facility. In SOD INLQ11, 2 deficiencies of DHS Chapter 83 were identified. One complaint was substantiated. - 83.37(2)(d) Documentation Of Medication Administration - 83.42(3) Access To Resident Records 4.) On 10/18/2022, The Department completed an enforcement verification visit and standard survey at facility. In SOD INLQ12, 1 deficiency of DHS Chapter 83 was identified. - 83.22(3) Task Specific Training 5.) On 02/21/2023, The Department completed an enforcement verification visit at facility. In SOD INLQ13, 1 deficiency of DHS Chapter 83 was identified. - 83.22(3) Task Specific Training 6.) On 08/09/2023, The Department completed an enforcement verification visit and complaint investigation at the facility. In SOD 1NLQ14, 1 deficiency of DHS Chapter 83 was identified. - 83.22(3) Task Specific Training	N 196		

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N 196	Continued From page 4 7.) On 10/27/2023, The Department completed a complaint investigation at facility. In SOD I52G11, 2 deficiencies of DHS Chapter 83 were identified. One complaint was substantiated. - 83.37(2)(d) Documentation Of Medication Administration - 83.32(3)(i) Rights of Residents: Prompt And Adequate Treatment REPEAT VIOLATIONS: On 05/03/2024, Surveyor reviewed Department records from 03/26/2021 to 10/27/2023. Facility had the following repeat violations documented: 1.) 83.22(3) Task Specific Training: SOD 1NLQ12 dated 10/18/2022, SOD 1NLQ13 dated 02/21/2023 & SOD 1NQL14 dated 08/09/2023. 2.) 83.37(2)(d) Documentation Of Medication Administration: SOD 1NLQ11 dated 03/15/2024 & SOD I52G11 dated 10/27/2023.	N 196		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.	N 219		

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N 219	Continued From page 5	N 219		

This Rule is not met as evidenced by:
Based on record review and interview, The provider did not conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12.

On 03/04/2024, Former Caregiver R's employment was suspended pending investigation into allegation of neglect.

On 03/14/2024, Former Caregiver R's employment was terminated due to substantial evidence of neglectful care.

On 04/30/2024, Surveyor reviewed Former Caregiver R's employee record. No, background checks were in his/her staff record.

FINDINGS INCLUDE:

On 03/13/2024, The Department received a complaint regarding resident care at facility.

On 04/30/2024, Surveyor arrived at facility for complaint investigation.

On 04/30/2024, Surveyor reviewed facilities internal investigation into the neglectful care of Resident 2 on 03/03/2024. Under the subsection titled, "Summary of Investigation Conclusions," the following is documented, "Staff did not perform safety checks for resident as scheduled and did not document care provided during 3rd and 1st shift, 3/2/24 into 3/3/24. Resident is a dependent adult and relies on staff to meet [his/her] needs, this is considered neglectful on

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N 219	Continued From page 6 the behalf of the staff on duty... [Caregiver S] and [Caregiver R] were suspended pending investigation on 3/4/24, employment was terminated for both on 3/14/24. Instant inservices (sic.) were implemented with staff (cont.)." On 04/30/2024, Surveyor reviewed Former Caregiver R's staff record. Former Caregiver R's staff record. Former Caregiver R's staff record did not contain a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. On 04/30/2024 at 1:01 PM, Surveyor discussed the above findings with Facility Nurse Q and Regional Nurse T. Regional Nurse T stated staff records were stored at the facility. Regional Nurse T stated previous administrator would have been the person to complete Caregiver R's caregiver background checks. Regional Nurse T and Facility Nurse Q acknowledged facility did not have any caregiver background checks on file for Caregiver R. On 05/03/2024 at 9:58 AM, Administrator P emailed Surveyor. Administrator P stated Caregiver R last date of hire was 09/07/2023. CROSS REFERENCE N0230 DHS Chapter 83.19 Orientation CROSS REFERENCE N0388 DHS Chapter 83.35(3)(c) Implement, Follow The Individualized Service Plan	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse	N 220		

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N 220	Continued From page 7	N 220		

practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all 2 of 3 employees have been screened for clinically apparent communicable disease including tuberculosis using centers for disease control (CDC) and prevention standards within 90 days of hire.

On 04/30/2024, Surveyor reviewed Former Caregiver R and Former Caregiver S's staff records. Former Caregiver R nor Former Caregiver S's staff record contained documentation of tuberculosis testing utilizing CDC prevention standards.

FIDNINGS INCLUDE:

On 04/30/2024, Surveyor arrived at facility for a standard survey.

On 04/30/2024, Surveyor reviewed Former Caregiver R's staff record. Former Caregiver R's staff record contained the results of a 1-step

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N 220	Continued From page 8 tuberculin skin test read as negative on 08/30/2023. On 04/30/2024, Surveyor reviewed Former Caregiver S's staff record. Former Caregiver S's staff record did not contain documentation of tuberculosis testing being completed on Former Caregiver S. On 04/30/2024 at 3:00 PM, Surveyor discussed the above concern with Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged the centers of disease control (CDC) require a 2-step tuberculin skin test be performed on perspective caregivers within 90 days of hire, and if a perspective caregiver cannot complete a 2-step tuberculin skin test the CDC allowed for chest X-ray and/or QuantiFERON gold blood test be completed. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged Former Caregiver R's 1-step tuberculin skin test wouldn't have detected latent (non-symptomatic) tuberculosis infection. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged Former Caregiver R and Former Caregiver S were not screened for tuberculosis utilizing the CDC prevention standards within 90 days of hire. On 05/03/2024 at 9:58 AM, Administrator P emailed Surveyor. Administrator P stated Former Caregiver R's last date of hire (DOH) was 09/07/2023, and Former Caregiver S's last DOH was 10/22/2023.	N 220		

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N 230	Continued From page 9	N 230		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2/3 employees were provided with orientation training which included: job responsibilities, prevention and reporting resident abuse, neglect and misappropriation of resident property, information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency procedures, disaster plan and evacuation procedures. On 03/04/2024, Former Caregiver R and Former Caregiver S were suspended from employment pending investigation into allegation of neglect. On 03/14/2024, Former Caregiver R and Former Caregiver S's employment was terminated due to substantial evidence of neglectful care. On 04/30/2024, Surveyor reviewed Former Caregiver R and Former Caregiver S's employee	N 230		

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record. Former Caregiver R not Former Caregiver's staff record contained orientation training.

FINDINGS INCLUDE:

On 03/13/2024, The Department received a complaint regarding resident care at facility.

On 04/30/2024, Surveyor arrived at facility for complaint investigation.

On 04/30/2024, Surveyor reviewed facilities internal investigation into the neglectful care of Resident 2 on 03/03/2024. Under the subsection titled, "Summary of Investigation Conclusions," the following is documented, "Staff did not perform safety checks for resident as scheduled and did not document care provided during 3rd and 1st shift, 3/2/24 into 3/3/24. Resident is a dependent adult and relies on staff to meet [his/her] needs, this is considered neglectful on the behalf of the staff on duty... [Caregiver S] and [Caregiver R] were suspended pending investigation on 3/4/24, employment was terminated for both on 3/14/24. Instant inservices (sic.) were implemented with staff (cont.)."

On 04/30/2024, Surveyor reviewed Former Caregiver R's staff record. Former Caregiver R was hired as a caregiver on 09/07/2023. Former Caregiver R's training record did not include the following orientation training subjects: job responsibilities, prevention and reporting resident abuse, neglect and misappropriation of resident property, information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency procedures, disaster plan and evacuation procedures.

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N 230	Continued From page 11 On 04/30/2024, Surveyor reviewed Former Caregiver S's staff record. Former Caregiver S was hired as a caregiver on 10/22/2023 Former Caregiver R's training record did not include the following orientation training subjects: job responsibilities, prevention and reporting resident abuse, neglect and misappropriation of resident property, information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency procedures, disaster plan and evacuation procedures. On 04/30/2024 at 3:00 PM, Surveyor discussed the above concern with Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged Former Caregiver R and Former Caregiver's training records did not include the following orientation training subjects: job responsibilities, prevention and reporting resident abuse, neglect and misappropriation of resident property, information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency procedures, disaster plan and evacuation procedures. CROSS REFERENCE N0219 DHS Chapter 83.18(1)(d) Licensee Conduct Caregiver Background Check CROSS REFERENCE N0388 DHS Chapter 83.35(3)(c) Implement, Follow The Individualized Service Plan	N 230		
N 388	83.35(3)(c) Implement, follow the individual service plan	N 388		

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N 388	Continued From page 12 Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2's individualized service plan was implemented as written. On 03/03/2024 at approximately 3:18 AM, Resident 2's personal camera recorded him/her independently ambulating to the bathroom without exiting. On 03/03/2024 at approximately 11:50 AM, Family Member X entered Resident 2's room to find him/her sleeping on the toilet. On 03/04/2024, Provider initiated an internal investigation into allegation so neglect. Facility Nurse Q found Agency Staff Y, Former Caregiver S and Former Caregiver R had not completed hourly safety checks on Resident 2 from 4:00 AM to 11:00 AM. This is a repeat violation of statement of deficiency (SOD) H3OV11 dated 03/26/2021. FINDINGS INCLUDE: Facility provides care to the following client groups: advanced aged, irreversible dementia and Alzheimer's. On 03/13/2024, The Department received a complaint regarding resident care at facility. On 04/30/2024, Surveyor arrived at facility for complaint investigation.	N 388		

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N 388	Continued From page 13 On 04/30/2024, Surveyor reviewed Resident 2's facility facesheet. Resident 2 was admitted to the facility on 12/30/2021. On 04/30/2024, Surveyor reviewed Resident 2's individualized service plan (ISP) signed on 05/04/2023. Under the subsection titled, "DRESSING/UNDRESSING," the following is documented, "Morning routine: Resident prefers to get up at approximately Resident (sic.) gets up around 7 am." Under the subsection titled, "EATING/MEALS," the following is documented, "Eats in the Dining Room less often than [s/he] used to. Continue to encourage [Resident 2] to attend meals in DR (dining room) ...Remind resident to go to meals." Under the subsection titled, "COGNITION/MOOD," the following is documented, "Safety Checks- 8 times a shift." Under the subsection titled, "BLADDER/BOWEL" the following is documented, "encourage toileting every two hours". Under the subsection titled, "MOBILITY," the following is documented, "AMBULATION has history of falls...ASSISTIVE DEVICE: Remind to use assistive device if seen without it...MOBILITY: Mobile with assistive device 4WW (4 wheeled walker)." Under the Subsection titled, "Safety," the following is documented, "24 hour supervision and visual checks in Memory Care...Visual Checks 8 times per shift." Resident 2's ISP stated staff are to administer Resident 2's medications as prescribed. On 04/30/2024, Surveyor reviewed the facilities internal investigation into Resident 2's care on 03/03/2024. In the investigation the following is documented, "On 3/4/2024 [Family Member W], reports that the camera footage in [Resident 2's] apartment showed [him/her] independently	N 388		

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N 388	Continued From page 14	N 388		

walking into the bathroom at 0318 AM on 3/3/24 and that [s/he] was not seen exiting the bathroom. [Family Member X], informed Health Care Coordinator and Community Director of this information on Monday, March 4th 2024. [Family Member X] reported that [s/he] arrived to the community at 1150 AM on March 3rd and noted the resident in the bathroom asleep on the stool...Summary of Investigative Findings: A full body assessment was completed, no injuries noted. The resident was assisted to [his/her] bed, there [s/he] went back to sleep. Resident's family expressed concern as they did not view staff completing safety checks throughout the AM hours per their camera footage. [Agency Staff Y] was assigned 3rd shift to MC and did not complete visual checks as scheduled for resident...[Former Caregiver S] and [Former Caregiver R] were both assigned to MC on morning of 3/3/24 and neither of these staff completed scheduled visual checks for resident...Summary of Investigative Conclusions: Staff did not perform safety checks for resident as scheduled and did not document cares provided during 3rd and 1st shift, 3/2/24 into 3/3/24. Resident is a dependent adult who relies on staff to meet [his/her] needs, this considered neglectful on the behalf of the staff on duty... [Former Caregiver S] and [Former Caregiver R] were suspended pending investigation on 3/4/2024, employment was terminated for both on 3/14/24."

On 04/30/2024, Surveyor reviewed Resident 2's visual safety checks documentation. On 03/03/2024, from 12:00 AM to 11:00 PM there are zero visual checks documented on Resident 2.

On 04/30/2024, Reviewed Resident 2's March 2024 medication administration record. The following medication is ordered to be

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N 388	Continued From page 15 administered at 8:00 AM: Eliquis 2.5 mg tablet. Caregiver R did not document if the 8:00 AM dose of Eliquis was administered or refused on 03/03/2024. On 04/30/2024 at 3:00 PM, Surveyor discussed the above concern with Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged Resident 2's camera footage did not show staff entering Resident 2's room from 3:18 AM to 11:50 AM on 03/03/2024. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged staff did not complete take Resident 2 out to the dining room for meal or complete hourly safety checks. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V acknowledged Agency Staff Y, Former Caregiver R and Former Caregiver S did not implement Resident 2's ISP as written on 03/03/2024. CROSS REFERENCE N0219 DHS Chapter 83.18(2)(d) Licensee Conduct Caregiver Background Check CROSS REFERENCE N0230 DHS Chapter 83.19 Orientation	N 388		
{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	{N 415}		

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{N 415}	Continued From page 16 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 all prescribed medications were documented in the resident medication administration record (MAR) at the time of medication administration. This is a repeat of statement of deficiency (SOD) 1NLQ11 dated 03/15/2024 & SOD I52G11 dated 10/27/2023. FINDINGS INCLUDE: On 04/30/2024, Surveyor arrived at facility for an enforcement verification visit. On 04/30/2024, Surveyor reviewed Resident 2's facility facesheet. Resident 2 was admitted to the facility on 12/30/2021. On 04/30/2024, Surveyor reviewed Resident 2's individualized service plan (ISP) signed on 05/04/2023. Resident 2's ISP stated staff are to administer Resident 2's medications as prescribed. On 04/30/2024, Surveyor reviewed Resident 2's March 2024 MAR. The following medications were not documented as administered or refused: 1.) 03/01/2024 at 12:00 PM - Buspirone HCL 15 mg tablet	{N 415}		

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{N 415}	Continued From page 17 2.) 03/03/2024 at 12:00 PM - Buspirone HCL 15 mg tablet 4.) 03/01/2024 at 4:00 PM - Buspirone HCL 15 mg tablet 5.) 03/02/2024 at 4:00 PM - Buspirone HCL 15 mg tablet 6.) 03/03/2024 at 4:00 PM - Buspirone HCL 15 mg tablet 7.) 03/01/2024 at 8:00 PM - Debrox Otic Solution 6.5 % instill 5 drops into both ears 8.) 03/01/2024 at 8:00 PM - Eliquis 2.5 mg tablet 9.) 03/02/2024 at 8:00 PM - Eliquis 2.5 mg tablet 10.) 03/03/2024 at 8:00 PM - Eliquis 2.5 mg tablet 11.) 03/09/2024 at 8:00 PM - Eliquis 2.5 mg tablet 12.) 03/01/2024 at 12:00 PM - Escitalopram Oxalate Tablet 10 mg 13.) 03/03/2024 at 12:00 PM - Escitalopram Oxalate Tablet 10 mg 14.) 03/15/2024 at 12:00 PM - Escitalopram Oxalate Tablet 10 mg 15.) 03/01/2024 at 6:00 PM - Levetiracetam 250 mg tablet 16.) 03/02/2024 at 6:00 PM - Levetiracetam 250 mg tablet 17.) 03/15/2024 at 6:00 PM - Levetiracetam 250 mg tablet 18.) 03/01/2024 at 5:00 PM - Mirtazapine 15 mg tablet 19.) 03/02/2024 at 5:00 PM - Mirtazapine 15 mg tablet 20.) 03/03/2024 at 5:00 PM - Mirtazapine 15 mg tablet 21.) 03/01/2024 at 12:00 PM - Olanzapine 2.5 mg tablet 22.) 03/03/2024 at 12:00 PM - Olanzapine 2.5 mg tablet 23.) 03/15/2024 at 12:00 PM - Olanzapine 2.5 mg tablet 24.) 03/01/2024 at 12:00 PM - Senokot S Oral 8.6-50 mg tablet	{N 415}		

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{N 415}	Continued From page 18 25.) 03/03/2024 at 12:00 PM - Senokot S Oral 8.6-50 mg tablet 26.) 03/15/2024 at 12:00 PM - Senokot S Oral 8.6-50 mg tablet 27.) 03/01/2024 at 6:00 PM - Senokot S Oral 8.6-50 mg tablet 28.) 03/02/2024 at 6:00 PM - Senokot S Oral 8.6-50 mg tablet 29.) 03/03/2024 at 6:00 PM - Senokot S Oral 8.6-50 mg tablet 30.) 03/03/2024 at 9:00 AM - Ensure Liquid Nutritional Supplement 31.) 03/01/2024 at 2:00 PM - Ensure Liquid Nutritional Supplement 32.) 03/02/2024 at 2:00 PM - Ensure Liquid Nutritional Supplement 33.) 03/03/2024 at 2:00 PM - Ensure Liquid Nutritional Supplement 34.) 03/15/2024 at 2:00 PM - Ensure Liquid Nutritional Supplement 35.) 03/01/2024 at 6:00 PM - Ensure Liquid Nutritional Supplement 36.) 03/02/2024 at 6:00 PM - Ensure Liquid Nutritional Supplement 37.) 03/03/2024 at 6:00 PM - Ensure Liquid Nutritional Supplement On 04/30/2024 at 2:00 PM, Surveyor discussed Resident 2's MAR with Facility Nurse Q and Regional Nurse T. Facility Nurse Q and Regional Nurse T acknowledged Resident 2's March 2024 MAR was missing documentation of medication administration on the intervals listed above. On 04/30/2024 at 2:30 PM, Surveyor observed the facility medication cart with Facility Nurse Q. Facility Nurse Q could not identify the date when the resident 's 30-day blister packs inside the medication cart started having pills administered from them. Facility Nurse Q and Surveyor	{N 415}		

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{N 415}	Continued From page 19 observed resident blister packs had variable prescription fills dates and number of remaining pills. Facility Nurse Q stated staff were to punch out the pill from the number slot matching the date of the month. Facility Nurse Q stated some staff have not been punching pills out of the blister packs in this manner. Facility Nurse Q could not describe how s/he could complete an accurate medication audit at this time.	{N 415}		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster evacuation drills were conducted at least semi-annually. FINDINGS INCLUDE: On 04/30/2024, Surveyor arrived at facility for standard survey. On 04/30/2024, Surveyor reviewed facility environmental records for the calendar year of 2023. The facility environmental record did not contain any semi-annual tornado, flooding, or other emergency or disaster evacuation drills. On 04/30/2024 at 3:00 PM, Surveyor discussed the above concern with Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U and Regional Director V. Administrator P, Facility Nurse Q, Regional Nurse T, Regional Director U	N 526		

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N 526	Continued From page 20 and Regional Director V acknowledged facility environmental records did not contain documentation of any semi-annual tornado, flooding, or other emergency or disaster evacuation drills.	N 526		