STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016849	A. BUILDING: _____ B. WING _____	C 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEATHERLY HOUSE	4139 SAVANNAH DR DE FOREST, WI 53532

(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 11/05/2024-11/06/2024, Surveyor conducted a complaint investigation and abbreviated survey at Weatherly House. One deficiency was identified. The complaint was substantiated. Census: 8	N 000		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by:	N 406		

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

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N 406	Continued From page 1 Based on interview and record review the provider did not establish an effective procedure for the proper destruction and disposal of unused, discontinued, or outdated medications. Resident 1 had Oxycodone with an expiration date of May 2024. Facility staff administered the pain medication after expiration date. Findings include: On 09/06/2024, the Department received a complaint alleging concerns the provider was requesting a refill for a medication not included on residents' active medication list. On 11/05/2024, Surveyor reviewed Resident 1's record and identified the following: Resident 1 admitted to the facility on 11/10/2021 with diagnosis including dementia and mild intellectual disabilities. Resident 1 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 1's individual service plan (ISP) with an unknown date documented "Medications administered by the staff. Pain Management: [Resident 1] is on scheduled and has PRN Analgesics. Appropriately treat pain as needed. Please monitor for signs and symptoms of pain that is not being controlled by scheduled and PRN analgesics including moaning, grimacing, guarding, crying, furrowed brows, [Resident 1] is able to voice pain concerns clearly. 5/22/23-Resident went out for surgery." Resident 1's physician orders documented "Oxycodone 5 mg tabs with directions to take 1 tab by mouth every 4 hours as needed for pain with a start date of 05/22/2023 and end date of	N 406		

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N 406	Continued From page 2 08/15/2023." A review of outside records from the pharmacy indicated 8 tabs of Oxycodone 5 mg were delivered to the provider on 05/22/2023. Resident 1's primary care physician fax dated 08/29/2024 to the pharmacy documented: "Copy of discontinue order on Oxycodone-See documentation-D/C and expiration date 8/2023. Keep for records. And remove from med list. This is not an active med on UW MAR and has not been since that time." A review of Resident 1's June 2024 medication administration record (MAR) indicates Resident 1 received an expired dose of PRN Oxycodone on 06/28/2024. This medication was not included as an active medication with Resident 1's primary care physician as of 08/2023. On 11/05/2024 at 11:20 AM, Surveyor interviewed Director A regarding Resident 1's PRN Oxycodone. Director A reported Pharmacy B completed their annual medication review in August 2024 and discovered a lagging order of PRN Oxycodone for Resident 1 in the provider's electronic health record. Director A provided Resident 1's June 2024 MAR and confirmed staff had documented an administration of PRN Oxycodone on 06/28/2024. Director A stated s/he would need to look into this discrepancy more. On 11/05/2024 at 11:36 AM, Surveyor interviewed Pharmacy B regarding Resident 1's PRN Oxycodone. Pharmacy B reported Resident 1 was prescribed 8 tabs of Oxycodone 5 mg in May 2023 following a surgery. Pharmacy B noted the Oxycodone would expire in 1 year from the dispensed date. Pharmacy B stated no refills	N 406		

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N 406	Continued From page 3 were requested and order was discontinued on 08/30/2024. On 11/05/2024 at 3:42 PM, Director A sent the Surveyor the following email: "I am unable to excuse staff passing the expired med. However, our internal checks at the end of each month did catch this error and removed it promptly immediately following this staff giving the medication. The medication was Expired 5"/24' and given 6/28/24 and destroyed that next day during our end of month check."	N 406		