STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016488	A. BUILDING: _____ B. WING _____	R-C 06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	**502 W ADAMS ST COLBY, WI 54421**

(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 06/15/2023, Surveyor conducted a complaint investigation and verification visit at Ohana Haven AFH. Data collection continued through 06/16/2023. The complaint was unsubstantiated. Two deficiencies were identified. Two of the 2 deficiencies were repeat violations (See SOD JGP711, dated 01/11/2023). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 458}	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications were securely stored when medication was stored in an unsecured refrigerator and on the countertop in the kitchen,	{M 458}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016488	A. BUILDING: _____ B. WING _____	R-C 06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	502 W ADAMS ST COLBY, WI 54421

(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 458}	Continued From page 1 accessible to anyone in the home. Medications were also set up in medication cups prior to administration time. This is a repeat deficiency. See Statement of Deficiency (SOD) JGP711, dated 01/11/2023. Findings include: The provider serves up to 4 residents within one of the following client groups: developmentally disabled; emotionally disturbed/mental illness; irreversible dementia/Alzheimer's disease; and traumatic brain injury. On 06/15/2023 at approximately 8:30 AM, Surveyor toured the facility with Licensee A. In the kitchen, Surveyor observed on the countertop a package of unsecured allergy medication. Surveyor asked Licensee A about the allergy medication. Licensee A stated the allergy medication was for one of their dogs and his/her spouse forgot to lock it up with the other medications. Surveyor observed Licensee A lock the allergy medication up with the rest of the medications. Surveyor observed in the medication cabinet, 3 paper medication cups with pills in them. Licensee A stated s/he set up the 3 resident's medications earlier in the morning to help the morning routine go faster. Surveyor observed the unsecured refrigerator middle shelf had 1 box of insulin pens stored unsecured behind the lock box. Surveyor observed the medication box had Resident 1's name on it. Surveyor asked Licensee A about the medication in the refrigerator. Licensee A stated the medication may not have fit in the lock box and it must have slipped behind the lock box. Surveyor reviewed Resident 1's, Resident 2's,	{M 458}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016488	A. BUILDING: _____ B. WING _____	R-C 06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	502 W ADAMS ST COLBY, WI 54421

(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 458}	Continued From page 2 and Resident 3's medication administration record (MAR) and the 3 residents had the following medication in their set up medication cups: Resident 1 Multivitamin Duloxetine HCL 30 milligrams (mg) Pantoprazole sodium 40 mg Aspirin 81 mg Metformin HCL 500 mg Vitamin D3 25 micrograms (mcg) Gabapentin 300 mg Resident 2 Paroxetine HCL 40 mg Benztropine mesylate 1 mg Paliperidone ER 6 mg Valproic acid 250 mg Resident 3 Linzess 145 mcg Fexofenadine HCL 180 mg Sertraline HCL 100 mg Fiber-lax 625 mg Olanzapine 10 mg At 9:45 AM, Surveyor interviewed Licensee A about the above concern. Licensee A stated s/he would speak with staff about locking up the dog's medication after administration. Surveyor asked what would happen if the set-up medications got knocked over. Licensee A stated that was why s/he separated the medication cups but it was not a common occurrence. Licensee A stated s/he understood the concerns of setting up medications prior to administration.	{M 458}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016488	A. BUILDING: _____ B. WING _____	R-C 06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	502 W ADAMS ST COLBY, WI 54421

(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 474}	Continued From page 3	{M 474}		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure staff was storing leftovers with a date to ensure the food was safe for the clients to eat later. This was discovered for multiple containers unlabeled and undated in the refrigerator and freezer. This is a repeat deficiency. see Statement of Deficiency (SOD), dated 01/11/2023. Findings include: The provider serves up to 4 residents within one of the following client groups: developmentally disabled; emotionally disturbed/mental illness; irreversible dementia/Alzheimer's disease; and traumatic brain injury. Information at https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/expert-answers/food-safety/faq-20058500 states: "Leftovers can be kept for three to four days in the refrigerator. Be sure to eat them within that time. After that, the risk of food poisoning increases. If you don't think you'll be able to eat leftovers within four days, freeze them immediately.	{M 474}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016488	A. BUILDING: _____ B. WING _____	R-C 06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	**502 W ADAMS ST COLBY, WI 54421**

(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 474}	Continued From page 4 Food poisoning - also called foodborne illness - is caused by harmful germs, such as bacteria in contaminated food. Because bacteria typically don't change the taste, smell or look of food, you can't tell whether a food is dangerous to eat. So if you're in doubt about a food's safety, it's best to throw it out." On 06/15/2023 at approximately 8:30 AM, Surveyor toured the facility with Licensee A. Surveyor observed a plastic bag in the freezer with what appeared to be a steak and in another small bag some other kind of meat. Both were unlabeled and undated. Licensee A stated s/he would throw out the steak because s/he did not know anything about it and the small bag of meat was his/hers. In the middle refrigerator drawer, Surveyor observed an opened bag of coleslaw, undated. Licensee A stated that it was his/her morning meal and the rest would be used up by the evening meal. Surveyor observed in the main refrigerator two pitchers of juice, unlabeled and undated. Licensee A stated labeling food with the date was usually done at this home but staff had not been following the policy and procedure. Licensee A stated s/he would re-educate staff on this policy and procedure.	{M 474}		