STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010103	A. BUILDING: _____ B. WING _____	R-C 07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JUST LIKE HOME IV	W5140 HWY A ELKHORN, WI 53121

(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 07/21/2025, Surveyor conducted a verification visit at Just Like Home IV. Three deficiencies were identified. One of 3 deficiencies were repeat violations (see Statement of Deficiency (SOD) JPPP11). Census: 12	{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 observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 2 of 2 resident. Resident 9's Incruse Ellipta was not administered as prescribed. Resident 10's Trelegy Ellipta inhaler was not administered as prescribed. Findings include: Example 1: Resident 9 On 07/21/2025, at approximately 12:05 PM, Surveyor and Manager B reviewed the med cart and observed Resident 9's Incruse Ellipta inhaler, with a handwritten open date of 06/17/2025, with	N 352		

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

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N 352	Continued From page 1 12 of 30 remaining doses. Surveyor and Manager B reviewed Resident 9's record. Resident 9's Medication Administration Records (MARs), dated 06/04/2025 to 07/21/2025, documented: "Incruse Ellipta 62.5 mcg (micrograms)/actuation - Inhale 1 puff into the lungs in the morning COPD (chronic obstructive pulmonary disease)" The MARs documented 35 of 35 opportunities had been administered. Surveyor reviewed the concern with Manager B, explaining that the inhaler contained 30 doses and was opened on 06/17/2025, meaning the inhaler should have needed to be refilled on approximately 07/17/2025 if the medication had been administered as prescribed. Manager B stated, "And there are 12 doses remaining, so staff are documenting they administered the medication, but they actually had not." Manager B stated s/he would re-educate med passers. "INCRUSE ELLIPTA is supplied as a disposable light grey and light green plastic inhaler containing a foil strip with 30 blisters (NDC 0173-0873-10) or 7 blisters (institutional pack) (NDC 0173-0873-06). The inhaler is packaged in a moisture-protective foil tray with a desiccant and a peelable lid. INCRUSE ELLIPTA should be stored inside the unopened moisture-protective foil tray and only removed from the tray immediately before initial use. Discard INCRUSE ELLIPTA 6 weeks after opening the foil tray or when the counter reads "0" (after all blisters have been used), whichever comes first. The inhaler is not reusable. Do not attempt to take the inhaler apart. ... Your inhaler contains 30 doses (7 doses if you have a sample or institutional pack). (Source: NIH (National Institute of Health)	N 352		

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N 352	Continued From page 2	N 352		

website, Daily Med Incruse Ellipta, December 13, 2023, https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=dbb64747-1505-49d7-9a33-99dd402e96d3 (retrieval date - July 22, 2025).)

Example 2:

On 07/21/2025, at approximately 12:00 PM, Surveyor and Manager B reviewed the med cart and observed Resident 10's Trelegy Ellipta inhaler, with a handwritten open date of 06/18/2025, with 4 of 30 remaining doses. Surveyor and Manager B reviewed Resident 10's record.

Resident 10's MARs, dated 06/04/2025 to 07/21/2025, documented:
"Trelegy Ellipta 100-62.5-25 mcg blast - Inhale 1 puff into the lungs in the morning"
The MARs documented 34 of 34 opportunities had been administered.

Surveyor reviewed the concern with Manager B, explaining that the inhaler contained 30 doses and was opened on 06/18/2025, meaning the inhaler should have needed to be refilled on approximately 07/18/2025 if the medication had been administered as prescribed. Manager B stated, "And there are 4 doses remaining, so staff are documenting they administered the medication, but they actually had not." Manager B stated s/he would re-educate med passers.

"Your inhaler contains 30 doses (14 doses if you have a sample or institutional pack). Write the "Tray opened" and "Discard" dates on the inhaler label. The "Discard" date is 6 weeks from the date you open the tray. Before the inhaler is used for the first time, the counter should show the

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N 352	Continued From page 3 number 30 (14 if you have a sample or institutional pack). This is the number of doses in the inhaler." (Source: Trelegy website, Things to know about Trelegy, July 2023, https://www.trelegyhcp.com), (retrieval date - July 23, 2025).)	N 352		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all rooms are clean and free from odor. Resident 7's and Resident 8's room smelled of urine, which emanated into the facility hallway. Findings include: On 07/21/2025, at approximately 12:45 PM, Surveyor toured the facility and observed a strong urine scent emanating from Resident 7's and Resident 8's room. Surveyor entered the room and spoke with Resident 8. Surveyor walked over to Resident 7's bed and determined that the scent was emanating from his/her linens, and the linens were not damp. Resident 8 commented, "Yeah, [Resident 8] needs a lot of help." On 07/21/2025, at approximately 1:00 PM, Surveyor interviewed Manager B. Surveyor commented that Resident 8's bedding smelled strongly of a urine like scent, which caused the entire room to smell, affecting Resident 7's space. Manager B stated, "Yeah, [his/her]	N 489		

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N 489	Continued From page 4 bedding is changed daily." Manager B stated, "[Resident 7] relies solely on caregiver assistance, [s/he] has cystic fibrosis and is unable to complete any tasks." Manager B confirmed that the odor would affected Resident 8. On 07/21/2025, Surveyor reviewed Resident 7's record. Resident 7 moved into the facility 05/01/2023. Resident 7's "Individualized Service Plan," dated 02/02/2025, documented: "Personal Hygiene: 2 times weekly" "Continence: Chronic unmanaged incontinence - Chronically unwilling or unable to participate, with help from staff, so that cleanliness and sanitation can be maintained. Resident Assistant to toilet resident every 2 hours and as needed." On 07/21/2025, at approximately 2:30 PM, Surveyor interviewed Assistant Administrator A and Manager B. Surveyor explained his/her concern regarding Resident 7's and Resident 8's room. Manager B explained that Resident 7 was toileted every 2 hours, even during sleep hours and utilized disposable undergarments, but at times, the undergarments were not properly positioned.	N 489		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident bathrooms were clean and in good working order.	N 490		

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N 490	Continued From page 5 Findings include: On 07/21/2025, at approximately 12:45 PM, Surveyor conducted a tour of the facility and observed the following in the shared resident bathrooms: -3 light metal vanity light fixtures were sprinkled with a brown-like substance that appeared to be rust. -Shower spray nozzle was sprinkled with a brown-like substance that appeared to be rust. -Shower rod sprinkled with a brown-like substance that appeared to be rust. -Bathtub/Shower basin/walls, which were originally white in color, had the appearance of various colors of yellow/brown/orange. Flooring of bathtub/shower and flooring around the bathtub/showers had black residue all along the corners and seams. -Clear colored shower curtain had the appearance of various colors of yellow/brown/orange. -Fire sprinklers were covered in a brown-like substance that appeared to be rust. -Vents were covered in a thick layer of a dust like substance. -Bathroom sinks were cracked and stained with a brown and yellow like coloring around the drain. The fitting around the drain appeared to be rusty. -Light switch plates were cracked. On 07/21/2025, at approximately 2:15 PM, Surveyor interviewed Assistant Administrator A and Manager B. Surveyor discussed his/her observations and showed Assistant Administrator A pictures of his/her concerns. Assistant Administrator A stated s/he understood the concerns.	N 490		