STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014942	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANITAS GARDENS OF GRAFTON	1777 W HIGHLAND DR GRAFTON, WI 53024

(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 09/11/2024, Surveyor conducted an abbreviated licensure survey and a complaint investigation at Anita's Gardens of Grafton. Five deficiencies were identified. Complaint was unsubstantiated. Census: 21	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 record review and interview, the provider did not administer medications for 1 of 1 resident in the intervals prescribed by a practitioner. Resident 2's ferrous sulfate and acetaminophen were not administered as prescribed. Findings Include: On 07/05/2024, the Department received a concern alleging residents were not receiving medications as prescribed. On 09/11/2024, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility on 05/20/2024,	N 352		

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

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N 352	Continued From page 1	N 352		

with diagnoses including restless leg syndrome, osteoarthritis, and muscle weakness.

Resident 2's July and August 2024 Medication Administration Record (MAR) documented:
"Acetaminophen, Take 2 tablets by mouth 3 times a day. Scheduled at 8:00 AM, 4:00 PM, 8:00 PM. Start Date: 06/19/2024."
The MAR documented the medication was not available on the following dates:
8:00 AM - 07/30, 08/05
4:00 PM - 07/30, 07/31, 08/01, 08/02, 08/05, 08/06, 08/07
8:00 PM - 07/31, 08/01, 08/02, 08/05, 08/06, 08/07

Resident 2's July MAR, dated 07/01/2024 to 07/18/2024, documented:
"Ferrous Sulfate - Take 1 tablet by mouth 2 times a day in the morning and evening (anemia). Scheduled at 8:00 AM and 4:00 PM. Start Date: 05/21/2024. End Date: 07/18/2024."
The MAR documented the medication was not available on the following dates:
8:00 AM - 07/02, 07/03, 07/09, 07/10, 07/12 to 07/15
4:00 PM - 07/02 to 07/14

Resident 2's "Observations" documented:
"07/03/2024 - F/U (follow up) placed to [doctor's office] writer spoke with [name]. [Name] updated resident still waiting on med refills as faxed into MD on Monday 07/01 by writer. Writer again giving list of meds to receptionist and updated that resident did not receive [his/her] H.S. (hours of sleep) meds last evening or AM meds this morning as scheduled due to now being out of medication."
"07/10/2024 - Call by writer to [Doctor] office. Spoke with [name]. Writer requesting refills for

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N 352	Continued From page 2 resident Ferrous Sulf. (sulfate) 325 MG (milligram) be called into [pharmacy] ASAP as resident is now out of the medication." "07/17/2024 - Fax sent to [Doctor] to alert MD (medical doctor) resident is in need of refills for Iron and scheduled acetaminophen." "08/07/2024 - Call by writer to [Doctor's] office. Writer spoke with [name]. Writer clarifying residents Acetaminophen order. Resident requesting Acetaminophen be scheduled during the day but have as needed available during the night." On 09/11/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A and Licensed Practical Nurse B. Administrator A stated the process to ensure medications are ordered timely and prescriptions are followed up on will be reviewed.	N 352		
N 400	83.37(1)(a) Written order for medications, supplements. Practitioner ' s order. There shall be a written practitioner ' s order in the resident ' s record for any prescription medication, over-the-counter medication or dietary supplements administered to a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written practitioner's order was in 1 of 1 resident record for prescription medication administered to the resident.	N 400		

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N 400	Continued From page 3 Resident 1 had a bottle of Visine eye drops, a tube of Selan (barrier cream), a tube of triple antibiotic cream, and a tube of Desitin. The medications did not have pharmacy labels on them. Findings include: On 09/11/2024, at approximately 11:15 AM, Surveyor toured Resident 1's room and observed a bottle of Visine eye drops, a tube of Selan (barrier cream), a tube of triple antibiotic cream, and a tube of Desitin. The medications did not have pharmacy labels on them. On 09/11/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility on 06/06/2022. Resident 1's August and September 2024 Medication Administration Record (MAR), dated 08/01/2024 to 09/10/2024, documented: "Systane Ultra (eye drops) - Instill 1 drop in both eyes 3 times a day." The MAR documented this prescribed medication had been administered as prescribed. "Systane - Instill 1 drop in both eyes 2 times a day as needed." "Bengay Ultra Strength - Apply topically to affected area every hour as needed (pain) - recommended max 4 times use/day" "Hydrocortisone - Pramoxine - Apply 4 gm (grams) to rectum every 2 hours as needed (itching or hemorrhoids)." "Desitin - Apply topically to affected area 2 times a day as needed (skin redness)." The MAR did not document these medications	N 400		

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N 400	Continued From page 4 had been given. The MAR did not document an order for Visine eye drops, Selan barrier cream, or a tube of triple antibiotic cream. On 09/11/2024, at approximately 11:45 AM, Surveyor interviewed Administrator A and Licensed Practical Nurse B. Licensed Practical Nurse B stated they did not have an order for Resident 1 to self-administer medications and the medications currently in his/her room appear to be brought in by family members. Licensed Practical Nurse B stated s/he would remove the medications and inform family that all medications need to be prescribed by a physician and held by a staff member unless a physician order had been issued that Resident 1 could self-administer the medications.	N 400		
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:	N 415		

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N 415	Continued From page 5 Based on record review and interview, the provider did not ensure proper documentation of the Medication Administration Record (MAR) for 1 of 1 resident reviewed. Resident 2's MAR documented s/he had received scheduled Acetaminophen and Ferrous Sulfate when the medications were not available. Findings include: On 09/11/2024, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility on 05/20/2024. Resident 2's July MAR, dated 07/01/2024 to 07/18/2024, documented: "Ferrous Sulfate - Take 1 tablet by mouth 2 times a day in the morning and evening (anemia). Scheduled at 8:00 AM and 4:00 PM. Start Date: 05/21/2024. End Date: 07/18/2024." The MAR documented the medication was not available on the following dates: 8:00 AM - 07/02, 07/03, 07/09, 07/10, 07/12 to 07/15 4:00 PM - 07/02 to 07/14 The MAR documented the medication was administered at 8:00 AM on 07/04, 07/05, 07/06, 07/07, 07/08 and 07/11. Resident 2's July and August 2024 Medication Administration Record (MAR) documented: "Acetaminophen, Take 2 tablets by mouth 3 times a day. Scheduled at 8:00 AM, 4:00 PM, 8:00 PM. Start Date: 06/19/2024." The MAR documented the medication was not available on the following dates: 8:00 AM - 07/30, 08/05 4:00 PM - 07/30, 07/31, 08/01, 08/02, 08/05,	N 415		

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N 415	Continued From page 6 08/06, 08/07 8:00 PM - 07/31, 08/01, 08/02, 08/05, 08/06, 08/07 The MAR documented the medication was administered on the following dates: 8:00 AM - 08/01, 08/02, 08/03, 08/04, 08/06, 08/07, 08/08 4:00 PM - 08/03, 08/04 8:00 PM - 08/03, 08/04 On 09/11/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A and Licensed Practical Nurse B. Administrator A stated staff would be re-educated on the importance of medication administration. Administrator A stated staff should not be documenting they administered a medication when it was not available.	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 substances were stored in a secure area. Findings include: On 09/11/2024, from approximately 10:00 AM to 1:00 PM, Surveyor toured the facility and observed the following unsecured cleaning compounds in the kitchen and kitchenette, which residents could walk into due to the door being	N 499		

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N 499	Continued From page 7 propped open: -(2) Gallon jug of commercial grade high temp rinse for dishwasher -(2) Gallon jug of commercial grade high temp washing detergent -(2) Gallon jug of commercial grade heavy duty delimer -Gallon jug of germicidal bleach -32 ounce spray bottle of commercial quick clean disinfectant -12 fluid ounce spray bottle of stainless steel cleaner & polish -12 ounce spray can of oven cleaner -16 ounce bottle of all purpose cleaner On 09/11/2024, at approximately 1:15 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would review the concern with management and determine a process to ensure cleaning compounds are securely stored.	N 499		
N 539	83.48(3)(b) Sensitivity testing performed Sensitivity testing shall be performed at intervals in accordance with NFPA 72. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the smoke and heat detection system had sensitivity testing for each device performed at intervals in accordance with NFPA (National Fire Alarm and Signaling Code) 72 requirements. Findings include: On 09/11/2024, at approximately 11:00 AM, Surveyor reviewed the provider's life safety	N 539		

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N 539	Continued From page 8 reports with Administrator A. Surveyor and Administrator A were unable to determine if the provider had an acceptable sensitivity testing completed in the last five years. Administrator A contacted management via telephone and management was not aware of a sensitivity testing being required per DHS Chapter 83.	N 539		