STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00191361	A. BUILDING: _____ B. WING _____	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF MT HOREB	327 N 8TH ST MOUNT HOREB, WI 53572

(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 From 02/10/2026 through 02/23/2026, Surveyor conducted a standard survey at Beehive Homes of Mount Horeb, a CBRF located in Mount Horeb, WI. Three deficiencies were identified. Census: 15	N 000		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was reassessed at least quarterly for the desired responses and possible side effects of his/her Risperidone prescription. Findings include: On 02/1/2026 at approximately 11:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 05/29/2025.	N 407		

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

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N 407	Continued From page 1 Resident 1 has a diagnosis of depression and anxiety. Resident 1's physician order included: - Risperidone, give1 tablet by mouth 2 times daily (Start Date: 05/29/2025) On 02/10/2025 at approximately 11:00 a.m., Surveyor requested Resident 1's quarterly psychotropic reviews from Administrator A. Administrator A stated s/he would have to look into the reviews and speak with Admin B. On 02/10/2026 at approximately 1:30 p.m., Surveyor interviewed Admin B. Surveyor shared concern that documentation indicated there were no psychotropic reviews completed quarterly. Admin B stated that s/he had misinterpreted the regulation and thought that as needed (PRN) medications were supposed to be reviewed. Admin B stated that the provider would set up the quarterly reviews as soon as possible with the pharmacy.	N 407		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of	N 408		

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N 408	Continued From page 2 significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not include the rationale for use and description of the behaviors which indicate the need for administration in the Individual Service Plan (ISP) of 1 of 2 resident reviewed receiving psychotropic medications (PRN) as needed. The rational for administration of risperidone 1 mg, and a description of Resident 1's behavior was not included in Resident 1's ISP. Findings include: On 02/10/2026 at approximately 12:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/29/2025 with a diagnosis including anxiety and depression. Resident 1's physician order included: -risperidone oral tablet 1 mg- (behavior disorders associated with dementia) Take 1 tablet by mouth 2 times daily as needed. Surveyor reviewed Resident 1's ISP, dated 10/09/2025. The ISP did not include the rationale for use and description of behaviors that would warrant administration of Resident 1's risperidone.	N 408		

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N 408	Continued From page 3 The medication management section in the ISP stated that the resident needed assistance. The ISP did not have a PRN psychotropic medication section or behavior section that would indicate when the risperidone 1mg tablet should be given as needed. On 02/10/2026 at approximately 2:00 p.m., Surveyor interviewed Administrator A. Administrator A confirmed that the rational for use and behavior description for the risperidone 1mg was not documented in the ISP. Administrator A stated that the risperidone 1mg medication will be added to the ISP with a behaviors to indicate when the medication is needed.	N 408		
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: Based on record review and interview the provider did not ensure 1 of 2 residents medication	N 415		

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N 415	Continued From page 4	N 415		

administration records (MAR) reviewed included accurate documentation.

Findings include:

On 02/10/2026 at approximately 11:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 10/10/2024 with diagnosis of diabetes. Resident 2's physician orders included Humalog kwikpen Subcutaneous Solution pen injector 100Unit/ML, Inject 6 units subcutaneously with meals. If blood sugar is less than 100 give half dose of if eating 80% of meal. Contact Dr if blood sugar is <70. (Start Date: 01/09/2026). Resident 2's Medication Administration Record (MAR), dated 01/09/2026 to 02/10/2026, documented the following 7 occurrences of Resident 2's Humalog kwikpen being documented as 6 units given with a blood sugar lower than 100.

The MAR indicated the following:

-02/07/2026 a.m.: Patient was administered medication 6ml with a blood sugar of 97
-01/22/2026 a.m.: Patient was administered medication 6ml with a blood sugar of 83
-01/18/2026 p.m.: Patient was administered medication 6ml with a blood sugar of 89
-01/16/2026 a.m.: Patient was administered medication 6ml with a blood sugar of 60
-01/14/2026 a.m.: Patient was administered medication 6ml with a blood sugar of 70
-01/11/2026 a.m.: Patient was administered medication 6ml with a blood sugar of 92
-01/09/2026 a.m.: Patient was administered medication 6ml with a blood sugar of 90

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N 415	Continued From page 5 On 02/10/2026 at 11:42 a.m., Surveyor interviewed Admin B. Admin B and Caregiver C stated that on 02/07/2026 Humalog administration only 3ml's were administered. Caregiver C stated that s/he forgot to change the dose box from 6ml to 3ml. Admin B stated that s/he will work with the medication program service to provide a drop-down box to change the ml's in the MAR. On 02/10/2026 at approximately 2:00 p.m., Surveyor shared concern with Administrator A that Resident 2 had 7 documented medications administered of his/her Humalog kwikpen administered with the inaccurate dose documented in the MAR. Administrator A acknowledged that there was documentation indicating that the medication was given inaccurately to Resident 2.	N 415		