

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0018558</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/28/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MILFORD</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>557 MILFORD STREET<br/>WATERTOWN, WI 53094</b> |                                                                                                                          |                                                        |
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| N 000                                               | Initial Comments<br><br>On 03/27/2024, Surveyor conducted an abbreviated survey at Milford.<br><br>Two deficiencies were identified.<br><br>Census: 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N 000                                                                                      |                                                                                                                          |                                                        |
| N 416                                               | 83.37(2)(e) Other administration given or delegated by RN<br><br>Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure rectal suppositories were administered to Resident 2 by a registered nurse or licensed practical nurse within the scope of their license or by a delegated non-licensed employee pursuant to s. N 6.03(3).<br><br>From 08/12/2023- 02/14/2024, unlicensed staff administered 20 rectal suppositories to Resident 2 without RN delegation.<br><br>Findings include:<br><br>On 03/27/2024, at approximately 9:00 AM, Surveyor requested Direct Support Professional (DSP) C's and Direct Support Professional (DSP) D's employee records including RN delegation from Program Manager B who stated s/he would obtain the RN delegation from human resources. | N 416                                                                                      |                                                                                                                          |                                                        |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| N 416                                               | <p>Continued From page 1</p> <p>On 03/27/2023 at 9:19 AM, Surveyor interviewed Program Manager B who stated Resident 2 had an order for prn (as needed) rectal suppository.</p> <p>On 03/27/2024, Surveyor reviewed Resident 2's physician orders and February 2024 medication administration record (MAR) with Program Manager B. Physician orders included bisacodyl 10 MG suppository insert 1 suppository rectally daily as needed for constipation if no bowel movement for 3 days (start date 09/21/2023). Program Manager B verified that on 02/14/2024, Direct Support Professional (DSP) E documented on the MAR administration of a bisacodyl suppository. Surveyor requested DSP-E's RN delegation. Program Manager B stated s/he would obtain it from human resources.</p> <p>On 03/28/2024 at 11:51 AM, Surveyor received Resident 2's August 2023-January 2024 MARs via email from Program Manager B.</p> <p>DSP-C documented administration of Resident 2's bisacodyl suppository on 08/12/2023.</p> <p>DSP-D documented administration of Resident 2's bisacodyl suppository on 09/07/2023, 10/03/2023, 10/14/2023, 10/28/2023, 12/28/2023, 01/07/2024, and 01/11/2024.</p> <p>DSP-E documented administration of Resident 2's bisacodyl suppository on 08/15/2024, 09/26/2023, 10/07/2023, 10/18/2023, 10/11/2023, 11/27/2023, 12/16/2023, 12/20/2023, 01/03/2024, 01/14/2024, 01/17/2024 and 02/14/2024.</p> <p>On 03/27/2024 at 12:15 PM, Surveyor received DSP-C's and DSP-E's RN delegation from</p> | N 416                                                                       |                                                                                                                          |  |                                                        |

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| N 416                                               | Continued From page 2<br><br>Program Director A via email. Program Director A stated in the email s/he did not have RN delegation for DSP-D. On 03/27/2024, Surveyor reviewed DSP-C's and DSP-E's RN delegation. Both their RN delegations for rectal medications were signed 02/24/2021 by Former RN F.<br><br>On 03/28/2024 at 12:19 PM, Surveyor discussed concern of staff administering rectal suppositories without RN delegation with Program Director A and Program Manager B. Program Director A stated Former RN F left employment in June or July 2021 when the change of ownership occurred. Program Director A stated DSP-D's RN delegation had not been completed. Program Director A stated DSP-C, DSP-D and DSP-E were not licensed practical nurses. | N 416                                                                                      |                                                                                                                          |                                                        |
| N 617                                               | 83.55(6)(b) Bath and toilet areas: water temperature<br><br>The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.<br><br>This Rule is not met as evidenced by:<br>Based on observation and record review, the provider did not ensure the water temperature at fixtures used by the residents did not exceed 115°F.<br><br>Findings include:                                                                   | N 617                                                                                      |                                                                                                                          |                                                        |

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| N 617                                               | <p>Continued From page 3</p> <p>The facility is licensed to serve up to 6 residents within the client groups of developmentally disabled.</p> <p>On 03/27/2024 at 10:09 AM, Surveyor tested the water temperature of the sink in the bathroom located nearest the kitchen (Bathroom 1). The temperature was 127° F.</p> <p>On 03/27/2024 at 10:12 AM, Surveyor tested the water temperature of the sink in the bathroom located toward the back of the house (Bathroom 2). The temperature was 124.2° F.</p> <p>On 03/27/2024 at approximately 10:15 AM, Surveyor reviewed the monthly water temp logs dated December 2023 thru February 2024 with Program Manager B. The logs identified water temperatures at the sinks:</p> <p>Bathroom 1-<br/>December 2023- 123.3 °F<br/>January 2024- 134.7 °F<br/>February 2024- 138.2 °F</p> <p>Bathroom 2-<br/>December 2023- 126.8 °F<br/>January 2024- 134.0 °F<br/>February 2024- 139.5 °F</p> <p>On 03/27/2024 at approximately 10:15 AM, Surveyor interviewed Program Manager B who stated with reminders and cues Resident 1 toileted self and washed his/her hands in Bathroom 1.</p> <p>Program Manager B stated staff toileted other residents and gave baths in Bathroom 2, otherwise Bathroom 2 was not used. Program Manager B stated s/he knew the requirement for</p> | N 617                                                                                      |                                                                                                                          |                                                        |

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| N 617                                               | <p>Continued From page 4</p> <p>water temperatures was not greater than 115 °F but did not know the water temperatures were so high. Program Manager B stated s/he would have maintenance check it as soon as possible.</p> <p>On 03/27/2024 at 10:27 AM, Surveyor discussed concern regarding high water temperatures with Program Director A and Program Manager B. Program Director A stated they would look into it right away.</p> <p>On 03/27/2024 at 3:18 PM, Surveyor received an email from Program Director A stating, "...I contacted [name of company] following our exit interview to inform them of the water temperatures. They will be coming to the home today to inspect the water heater - valve to ensure it is working properly. Water temperatures will also continue to be taken monthly ..."</p> <p>On 03/28/2024 at 12:19 PM, Program Director A informed Surveyor via phone that the water heater inspector ordered a new part for the hot water heater.</p> | N 617                                                                                      |                                                                                                                          |                                                        |