STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016570	A. BUILDING: _____ B. WING _____	C 02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH RESIDENCE NEW BERLIN	4461 S SUNNY SLOPE RD NEW BERLIN, WI 53151

(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 01/31/2025 with information gathered through 02/14/2025, Surveyor conducted a standard survey and 1 complaint investigation at Elizabeth Residence New Berlin. Five deficiencies were identified. Three of 5 deficiencies were repeat violations. See Statement Of Deficiency (SOD) OFRT11, dated 11/30/2022, OFRT12, dated 06/29/2023, and OFRT13, dated 11/13/2023. The complaint was unsubstantiated. Census: 27	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete caregiver	N 219		

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

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N 219	Continued From page 1 background check was conducted at time of hire and every 4 years after hire for 1 of 3 staff reviewed. The complete background check includes background information disclosure form (BID), criminal history search from the Department of Justice (DOJ), and DHS "Response to Caregiver Background Check" letter (IBIS). A 4-year background check was not conducted in 2022 for Kitchen G, hired in 2018. Findings include: The facility is licensed as a CLASS CNA (nonambulatory) CBRF able to serve up to 30 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 01/31/2025, Surveyor reviewed Kitchen G's employee record. S/he was hired 06/07/2018. The record contained a DOJ and IBIS dated 01/31/2025 (day of survey) and a BID, DOJ and IBIS dated 05/31/2018. The record did not include a 4-year background completed between 2018 and 2025. On 01/31/2025 at 6:22 PM, Surveyor discussed concern of no 4-year background check with Administrator A who stated they would audit background checks.	N 219		
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	N 352		

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N 352	Continued From page 2	N 352		

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, interview, and record review, the provider did not ensure the resident right to receive medications as ordered by the physician. Seven of 8 residents reviewed did not receive scheduled medications as ordered.

Pharmacy delivered 1 thirty dose bottle of physician ordered poly glycol powder for Resident 1 on 07/11/2024, with 1 dose to be administered daily. On 01/31/2025 the bottle was approximately half full.

Pharmacy delivered 1 bottle of physician ordered ketoconazole 2% shampoo for Resident 2 on 08/28/2024 and 1 bottle on 10/21/2024 to be applied twice weekly. On 01/31/2025, both bottles remained unopened. On 05/06/2024, pharmacy delivered 1 tube of physician ordered diclofenac 1% gel containing 50 doses to be applied twice daily for Resident 2. On 01/31/2025, the tube was approximately 1/8 full.

Pharmacy delivered 1 tube of physician ordered diclofenac 1% gel containing 25 applications for Resident 3 on 07/19/2024, with 2 applications to be applied daily. On 01/31/2025, the tube was full. From 12/01/2024-01/30/2025, staff administered 20 incorrect doses of physician ordered aspart 100U/ML flexpen sliding scale insulin to Resident 3.

Pharmacy delivered 1 physician ordered fluticasone/salmeterol 250/50 discus inhaler containing 60 doses for Resident 4 on

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12/10/2024, with 1 dose to be administered twice daily. On 01/31/2025, 22 doses remained.

Pharmacy delivered 1 tube of physician ordered sodium chloride (Muro 128) 5% ophthalmic ointment containing approximately 70 drops for Resident 5 on 10/15/2024, with 1 drop to be administered in each eye daily. On 01/31/2025, the tube was approximately half ful.

Pharmacy delivered 1 30 dose bottle of physician ordered poly glycol 3350 powder for Resident 6 on 09/04/2024, with 1 dose to be administered daily. On 01/31/2025, the bottle was approximately 1/8 full.

Pharmacy delivered 1 bottle of physician ordered ammonium lactate 12% lotion on 07/22/2024 and 1 bottle on 10/17/2024, with 1 application to be applied twice daily to Resident 7's right ring finger. On 01/31/2025, both bottles remained unopened.

This is a repeat violation. See Statement of Deficiency OFRT11, dated 11/30/2022, and OFRT12, dated 06/29/2023.

Findings include:

The facility is licensed as a CLASS CNA (nonambulatory) CBRF able to serve up to 30 residents within the client groups of irreversible dementia/Alzheimer's and advanced age.

On 01/31/2025 at 8:48 AM, Surveyor observed Caregiver C administering medications. Caregiver C prepared and administered Resident 1's scheduled acetaminophen, Senna-S Plus, lisinopril, lacosamide, and quetiapine. Caregiver C did not prepare or administer poly glycol.

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N 352	Continued From page 4 Caregiver C then signed medications were administered on the medication administration record (MAR) including poly glycol. On 01/31/2025 at 11:23 AM, Surveyor inspected the medication carts with LPN B, and on 01/31/2025, Surveyor reviewed records of Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7. On 02/06/2025 at 2:50 PM, Surveyor received individual service plans (ISP) via email from Administrator A. Example 1- Resident 1 1 bottle of polyglycol powder Pharmacy label identified (Photo 1): Poly glycol 3350 powder, mix 17 grams in 4-8 ounces of liquid, stir will and drink once daily. Dispensed by pharmacy: 1 bottle on 07/11/2024 Contents: 510 grams (30 doses) The bottle was approximately half full. Resident 1 was admitted 07/12/2024. Physician orders included poly glycol 3350 powder, mix 17 grams in 4-8 ounces of liquid, stir well and drink once daily (start date 07/17/2024). MAR: From 07/11/2024 - 01/31/2025 AM, staff documented administration of 191 doses of poly glycol 3350 powder. ISP dated 08/12/2024: In the area of Medications- " ...Facility to be responsible for medication administration ...Daily medication management; See MAR for current medication list ...Resident to take medications safely from trained care staff ..." Example 2- Resident 2	N 352		

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N 352	Continued From page 5 2 bottles of ketoconazole 2% shampoo Pharmacy labels identified (Photo 2): Ketoconazole 2% shampoo Apply to scalp, lather and leave in place 5 minutes, then rinse off twice weekly on Tuesdays and Fridays. Dispensed by pharmacy: 1 bottle on 08/28/2024 and 1 bottle on 10/21/2024 Contents: 4 ounces per bottle Both bottles remained unopened. 1 tube diclofenac 1% gel Pharmacy label identified (Photo 3): Diclofenac 1% gel Apply 2 grams topically twice daily to lower back, use enclosed measuring device. Dispensed by pharmacy: 1 tube 05/06/2024 Contents: 100 grams (50 applications) The tube was approximately 1/8 full. Resident 2 was admitted 12/01/2021. Physician orders included diclofenac 1% gel apply 2 grams topically twice daily to lower back, use enclosed measuring device and ketoconazole 2% shampoo apply to scalp, lather and leave in place 5 minutes, then rinse off twice weekly on Tuesdays and Fridays (start date 08/27/2024). MAR: From 08/28/2024-01/31/2025 AM, staff documented application of ketoconazole 2% shampoo 37 times. From 05/06/2024-01/31/2025 AM, staff documented application of diclofenac 1% gel 450 times. ISP dated 12/23/2024: In the area of Medications- " ...Facility to be responsible for medication administration ...Daily	N 352		

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medication management; See MAR for current medication list ...Resident to take medications safely from trained care staff ..."

Example 3- Resident 3
1 tube diclofenac 1% gel
Pharmacy label identified (Photo 4):
Diclofenac 1% gel
Apply 4 grams topically to right heel twice daily
Dispensed by pharmacy: 1 tube 07/19/2024
Contents 100 grams (25 applications)
The tube was full.

Resident 3 was admitted 12/16/2020. Diagnoses included type 2 diabetes mellitus with diabetic polyneuropathy.

Physician orders included:
Diclofenac 1% gel, apply 4 grams topically to right heel twice daily; insulin aspart 100U/ML flexpen inject 5 units subcutaneously 3 times daily with meals plus sliding scale, prime with 2 units before each use; and insulin aspart 100U/ML flexpen inject per sliding scale 3 times daily, if blood sugar (BS) 131-150 = 1 unit, 151-200 = 2 units, 201-250 = 3 units, 251-300 = 4 units, 301-350 = 5 units, 351-400 = 6 units, 401-450 = 7 units, 451-500 = 8 units, if over 450 = notify MD.

MAR:
From 07/22/2024-01/31/2025 AM, staff documented application of diclofenac 1% gel 363 times.

On 02/06/2025 at 2:50 PM, Surveyor received Resident 3's BS and number of units of insulin ASPART 100U/ML administered via email from Administrator A:
BS readings and number of (incorrect) units of insulin aspart 100/U administered:

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N 352	Continued From page 7 01/30/2025 1:14 PM: BS 233, administered 7 units (correct 3 or 3 + 5 scheduled units =8) 01/28/2025 10:08 AM: BS 237, administered 4 units (correct 3) 01/20/2025 6:28 PM: BS 200, administered 3 units (correct 2) 01/18/2025 5:00 PM: BS 361, administered 8 units (correct 6) 01/17/2025 12:43 PM: BS 326, administered 3 units (correct 5) 01/09/202510:03 AM: BS 267, administered 2 units (correct 4) 01/07/2025 3:50 PM: BS 356, administered 9 units (correct 6 or 6 + 5 scheduled units = 11) 01/07/2025 1:33 PM: BS 238, administered 9 units (correct 3 or 3 +5 scheduled units = 8) 01/06/2025 10:28 AM: BS 130, administered 2 units (correct 0) 01/04/2025 4:51 PM: BS 248, administered 4 units (correct 3) 12/23/2024 11:59 AM: BS 251, administered 3 units (correct 4) 12/16/2024 4:09 PM: BS 221, administered 7 units (correct 3 or 3 + 5 scheduled units = 8) 12/14/2024 12:02 PM: BS 255, administered 7 units (correct 4 or 4 + 5 scheduled units = 9) 12/14/2024 11:23 AM: BS 230, administered 6 units (correct 3 or 3 + 5 scheduled units = 8) 12/12/2024 12:19 PM: BS 246, administered 7 units (correct 3 or 3 + 5 scheduled units = 8) 12/12/2024 12:23 PM: BS 220, administered 6 units (correct 3 or 3 + 5 scheduled units = 8) 12/09/2024 1:19 PM: BS 254, administered 7 units (correct 4 or 4 + 5 scheduled units = 9) 12/09/2024 12:51 PM: BS 271, administered 8 units (correct 4 or 4 + 5 scheduled units = 9) 12/05/2024 12:58 PM: BS 322, administered 8 units (correct 5 or 5 + 5 scheduled units = 10) 12/01/2024 12:37 PM: BS 231, administered 7 units (correct 3 or 3 + 5 scheduled unites = 8)	N 352		

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N 352	Continued From page 8 ISP dated 03/08/2024: In the area of Medication Administration- " ...Facility to be responsible for medication administration ...Daily medication management; See MAR for current medication list ...Resident to take medications safely from trained care staff ..." Example 4- Resident 4 1 discus fluticasone/salmeterol 250/50 (discus inhaler) Pharmacy label identified (Photo 5 and 6): Fluticasone/salmeterol 250/50 Inhale 1 puff into the lungs twice daily Dispensed by pharmacy: 1 discus 12/10/2024 Contents: 60 puffs/inhalations The discus meter identified 22 puffs/inhalations remained on 01/31/2025 (Photo 7). Resident 4 was admitted 06/07/2021. Physician orders included fluticasone/salmeterol 250/50 inhale 1 puff into lungs twice daily, rinse after use. MAR: From 12/10/2024-01/31/2025 AM, staff documented administration of 101 puffs/inhalations of fluticasone/salmeterol 250/50. ISP dated 07/19/2024: In the area of Medication Administration- " ...Facility to be responsible for medication administration ...Daily medication management; See MAR for current medication list ...Resident to take medications safely from trained care staff ..." Example 5- Resident 5 1 tube sodium chloride (Muro 128) 5% ophthalmic ointment Pharmacy label identified (Photo 8): Sodium chloride 5% ophthalmic ointment	N 352		

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N 352	Continued From page 9 Instill in both eyes at bedtime Dispensed by pharmacy: 1 tube 10/15/2024 Contents: 3.5 grams The tube was approximately ½ full Resident 5 was admitted 09/21/2023. Physician orders included Muro 128 5% ophthalmic ointment instill in both eyes daily at bedtime. MAR: From 10/15/2024-01/30/2025, staff documented administration of sodium chloride (Muro 128) 5% ophthalmic ointment 101 times. ISP dated 09/23/2024: In the area of Medication Administration- " ...Facility to be responsible for medication administration ...Daily medication management; See MAR for current medication list ...Resident to take medications safely from trained care staff ..." Example 6- Resident 6 One bottle poly glycol 3350 powder Pharmacy label identified (Photos 9 and 10): Poly glycol 3350 " ...PAPERWORK TRACKING ..." No instructions on label 1 bottle dispensed by pharmacy 09/04/2024 Contents: 510 grams (30 doses) The bottle was approximately 1/8 full. Resident 6 was admitted 05/09/2024. Physician orders included poly glycol 3350 powder mix 17 grams (fill cap to line) in 4-8 ounces of water, stir well and drink daily (hold for loose stools). MAR: From 09/04/2024001/30/2025, staff documented	N 352		

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N 352	Continued From page 10 administration of 145 doses of poly glycol. ISP dated 06/17/2024: In the area of Medications- " ...Facility to be responsible for medication administration ...Daily medication management; See MAR for current medication list ...Resident to take medications safely from trained care staff ..." Example 7- Resident 7 2 bottles ammonium lactate 12% lotion Pharmacy labels identified (Photo 11): Ammonium lactate 12% lotion Apply 1 application twice daily to right ring finger 2 bottles dispensed by pharmacy, 1 on 07/22/2024 and 1 on 10/17/2024 Contents: 400 grams per bottle (14 ounces) Both bottles remained unopened. Resident 7 was admitted 12/07/2022. Physician orders included Ammonium lactate 12% lotion apply 1 application twice daily to right ring finger. Facility observation notes: 07/22/2024 5:00 PM- "Seen by [name of physician service], With [sic] [discontinue] Tazarotene [prescription] that never came, and order Ammonium Lactate [sic] 12% lotion 2 times a day. POA [Power of Attorney] informed. If this does not work, [s/he] will make a [dermatology appointment]. Keep POA posted." 07/23/2024 4:00 PM- "Please watch for [his/her] Ammonium Lactate [sic] 12% lotion to arrive from pharm [sic], for [his/her] [right] ring finger "wart". Writer checked it in on [electronic medical record], pharm did [sic] it yet, but it should arrive later today, then apply for [him/her]." 10/17/2024 4:00 PM- "Seen by [name of physician service], Ammonium Lactate [sic] 12%	N 352		

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lotion [twice daily] ordered to [right] ring finger/knuckle growth. To reassess in 4 weeks." 11/14/2024 5:00 PM- "Seen by [name of physician service] [nurse practitioner's name]. Checked wart on hand. Continue cream." 12/12/2024 3:15 PM "Seen by [name of physician service]. No new orders."

Physician Rounding Form dated 01/16/2025: " ...Nursing Communication to Provider:..[check] wart on hand ...Provider Orders/Communication to Nurse: no new order ..."

MAR:
From 07/22/2024-01/30/2025, staff documented administration of ammonium lactate 12% lotion 372 times (including Caregiver H's documentation).

ISP dated 01/18/2024:
In the area of Medications- " ...Facility to be responsible for medication administration ...Daily medication management; See MAR for current medication list ...Resident to take medications safely from trained care staff ..."

On 01/31/2025 at 10:13 AM, Surveyor interviewed Caregiver C who stated night shift staff administered Resident 1's polyglycol early AM on 01/31/2025. Caregiver C stated because the MAR would not allow medications to be signed out before they were scheduled to be administered, s/he signed the polyglycol out as administered by him/herself along with the other oral medications s/he administered to Resident 1 at 8:48 AM.

On 01/31/025, at 12:33 PM, Surveyor observed an amber colored nodule approximately ¾ centimeter tall and ½ centimeter diameter (photo

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12) on Resident 7's right ring finger with Caregiver F. Caregiver F stated it was a wart that Resident 7 had for a couple of years, and Resident 7 verbalized pain if the wart was touched. Caregiver F stated previously the wart's size had reduced but then grew again.

On 01/31/2025 at approximately 2:00 PM, Surveyor interviewed Caregiver C who stated s/he applied Resident 2's diclofenac gel if s/he got him/her up in the morning. Caregiver C stated when s/he was assigned med passer, s/he assisted Resident 2 up. Caregiver C stated in addition to Resident 2's and Resident 3's tubes of diclofenac gel in the medication cart there was a 2nd tube in each of their rooms. On 01/31/2025 at 2:07 PM, surveyor accompanied Caregiver C to Resident 3's room but Caregiver C could not find the tube of diclofenac gel. On 01/31/2025 at 2:08 PM, Surveyor accompanied Caregiver C to Resident 2' room but Caregiver C could not find the tube of diclofenac gel.

On 01/31/2025 at 2:31 PM, Surveyor interviewed Caregiver H who stated regarding Resident 2's ketoconazole 2% shampoo, s/he had showered Resident 2 since 08/28/2024, and Resident 2's family member set out toiletries for showers. Caregiver H stated Resident 3's diclofenac gel was still applied for pain although Resident 3 did not complain pain often, except in his/her feet. Caregiver H stated s/he administered Resident 4's fluticasone/salmeterol 250/50 discus inhaler during 8:00 PM medication pass. Caregiver H stated the discus containing 60 puffs/inhalations when dispensed on 12/10/2024 with 22 remaining on 01/31/2025 did not add up. Regarding Resident 5's sodium chloride (Muro 128) 5% ophthalmic ointment, Caregiver H stated s/he always administered what s/he signed out.

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N 352	Continued From page 13 Caregiver H stated s/he did not recall Resident 7 starting ammonium lactate 12% lotion. On 02/05/2025 at 9:01 AM, Surveyor interviewed Pharmacy Tech D who stated: Resident 1's poly glycol was last dispensed on 07/11/2025. Resident 2's ketoconazole 2% shampoo was last dispensed 10/21/2024 and diclofenac 1% gel was last dispensed 05/06/2024. Resident 3's diclofenac 1% gel was last dispensed 07/19/2024. Resident 4's fluticasone inhaler was last dispensed 12/10/2024, contained 60 puffs/inhalations, or 30 days' worth. Resident 5's sodium chloride 5% ophthalmic ointment was last dispensed 10/15/2024 and contained approximately 70 drops when dispensed. Resident 6's poly glycol was last dispensed 05/09/2024. Pharmacy Tech D stated the bottle of poly glycol dispensed 09/04/2024 did not come his/her pharmacy. [Note: Pharmacy label identified it was from same pharmacy. Photo 10] Resident 7's ammonium lactate 12% was last dispensed 10/17/2024 and would last approximately 2-3 months. Pharmacy Tech D stated none of the medications discussed with Surveyor were auto refilled, therefore the facility needed to request refills. On 02/06/2025 at 1:44 PM, Surveyor interviewed Caregiver C who stated s/he did not prep Resident 1's poly glycol on 01/31/2025 and could not remember who on night shift staff administered it. When Surveyor explained the risks of signing out medications administered by other staff Caregiver C verbalized an understanding.	N 352		

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N 352	Continued From page 14 On 02/07/2025 at 2:44 PM, Surveyor discussed concern of medications not administered as ordered with Administrator A and LPN B. Administrator A stated since 01/31/2025 s/he reviewed Resident 3's BS and number of units of sliding scale insulin administered. Administrator A stated s/he believed some of the number of units administered were incorrect. Administrator A stated if Resident 3's BS was less than 131, no sliding scaled insulin was to be administered. Administrator A stated s/he assumed documentation of administration of Resident 3's insulin between 10:00 AM- 10:30 AM was for the 8:00 AM dosage identified on the MAR. Administrator A stated the expectation was medications were to be administered anytime from 1 hour prior to 1 hour after the administration time identified on the MAR. Administrator A stated s/he was unsure how often medication carts and MARs were audited. On 02/10/2025 at 7:16 AM, Surveyor interviewed Caregiver E who stated s/he worked the night shift 01/30/2025 PM into 01/31/2025 AM alone and punched out at approximately 6:00 AM. Caregiver E stated s/he had never administered Resident 1's polyglycol including 01/31/2025 AM. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes N0415 DHS 83.37(2)(d) Documentation of Medication Administration	N 352		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights:	N 355		

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N 355	Continued From page 15 Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the resident's right to self-determination. On 01/31/2025 when Resident 8, who made his/her own health care decisions, verbally refused his/her Senna-S Plus medication, Caregiver C told Resident 8 the Senna-S Plus was not included with the other oral medications and administered the Senna-S Plus medication to Resident 8. Findings include: The facility is licensed as a CLASS CNA (nonambulatory) CBRF able to serve up to 30 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 01/31/2025 at 9:11 AM, Surveyor observed Caregiver C administer medications. At 9:11 AM, Caregiver C put 1 loratadine 10 mg tablet, 1 metoprolol succinate ER 25 MG tablet, 2 Senna-S Plus 8.6/50 MG tablets, 1 sertraline 50 MG tablet, and 1 furosemide 20 MG tablet into a medication cup for Resident 8. At 9:18 AM, Caregiver C took Resident 8's pulse than held the medication cup out for Resident 8 to take. Resident 8 stated s/he did not want the medication for constipation. Caregiver C stated "OK." Caregiver C gave Resident 8 the	N 355		

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medication cup. Resident 8 asked, "It's not in here, is it?" Caregiver C stated "No." Resident 8 swallowed all medications contained in cup including the Senna-S Plus. Caregiver C then signed the electronic medication record (MAR) verifying Senna-S Plus was administered.

On 01/31/2025 at 9:21 AM, Surveyor interviewed Caregiver C. When Surveyor asked Caregiver C why s/he gave Resident 8 the Senna-S Plus after Resident 8 stated s/he did not want it, Caregiver C stated, "Hospice wants us to give it, [s/he's] confused."

On 01/31/2025 at 10:51 AM, Surveyor interviewed Resident 8. Resident 8 correctly stated his/her name, name of facility, city, date, his/her emergency contact's name and city emergency contact lived in. Resident 8 stated s/he was on hospice service and correctly listed cares s/he needed staff assistance with (Note: Surveyor verified the information by checking Resident 8's face sheet and individual service plan (ISP)). Resident 8 stated s/he only wanted the Senna-S Plus as needed. Resident 8 stated, "I told [Caregiver C] that, but [s/he] doesn't listen."

On 01/31/2025, Surveyor reviewed Resident 8's record. S/he was admitted 07/01/2024. Power of Attorney for Health care document was not activated.

Physician orders included: Senna-S Plus 8.6/50 MG 2 tablets once daily for constipation (hold for loose stools). As needed medications related to bowels included: Bisacodyl 10 MG suppository once daily as needed for constipation, loperamide 2 MG 2 tablets after 1st loose stool then 1 tablet after each loose stool, not to exceed 4 doses in 24 hours.

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N 355	Continued From page 17 ISP dated 07/03/2024: In the area of Orientation- " ...Resident is AAO [sic] x 3 [person, place and time]. Resident is aware of situation and surroundings. Able to make decisions apriopriately [sic] ..." In the area of Communication- " ...Resident is verbal and able to make needs known ..." On 01/31/2025 at 6:22 PM, Surveyor discussed concern of Caregiver C administering Resident 8's Senna-S Plus despite Resident 8 stating s/he did not want it with Administrator A. Administrator A stated Caregiver C should not have lied to Resident 8.	N 355		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure individual service plans (ISP) were updated when there was	N 389		

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a change in condition or needs.

Resident 7's ISP was not updated to address a large protruding wart that was monitored by physician service and to be treated by staff with prescribed lotion.

This is a repeat violation. See Statement of Deficiency OFRT11, dated 11/30/2022, OFRT12, dated 06/29/2023, and OFRT13, dated 11/13/2023.

Findings include:

On 01/31/2025 at 11:23 AM, while inspecting medication carts with LPN B, Surveyor observed 2 unopened bottles of prescription ammonium lactate 12% lotion (dispensed by pharmacy on 07/22/2024 and 10/17/2024) for Resident 7.

On 01/31/025, at 12:33 PM, Surveyor observed an amber colored nodule approximately ¾ centimeter tall and ½ centimeter diameter (photo 12) on Resident 7's right ring finger with Caregiver F. Caregiver F stated it was a wart that Resident 7 had for a couple of years, and Resident 7 verbalized pain if the wart was touched. Caregiver F stated previously the wart's size had reduced but then grew again.

On 01/31/2025, Surveyor reviewed Resident 7's record. S/he was admitted 12/07/2022. Physician orders included Ammonium lactate 12% lotion apply 1 application twice daily to right ring finger.

MAR:
Despite the bottles were never opened, from 07/22/2024-01/30/2025, staff documented administration of ammonium lactate 12% lotion 372 times (including documentation by Caregiver

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N 389	Continued From page 19 H). Facility observation notes: 07/22/2024 5:00 PM- "Seen by [name of physician service], With [sic] [discontinue] Tazarotene [prescription] that never came, and order Ammonium Lactate [sic] 12% lotion 2 times a day. POA [Power of Attorney] informed. If this does not work, [s/he] will make a derm appt. Keep POA posted." 07/23/2024 4:00 PM- "Please watch for [his/her] Ammonium Lactate [sic] 12% lotion to arrive from pharm [sic], for [his/her] [right] ring finger "wart". Writer checked it in on [electronic medical record], pharm did [sic] it yet, but it should arrive later today, then apply for [him/her]." 10/17/2024 4:00 PM- "Seen by [name of physician service], Ammonium Lactate [sic] 12% lotion [twice daily] ordered to r [right] ring finger/knuckle growth. To reassess in 4 weeks." 11/14/2024 5:00 PM- "Seen by [name of physician service] [nurse practitioner's name]. Checked wart on hand. Continue cream." 12/12/2024 3:15 PM "Seen by [name of physician service]. No new orders." Physician Rounding Form dated 01/16/2025: " ...Nursing Communication to Provider: ...[check] wart on hand ...Provider Orders/Communication to Nurse: no new order ..." Annual Assessment dated 12/07/2023: In the area of Skin Integrity: " ...does the resident have any skin alteration ...No- skin is warm, dry and intact ... Residents [sic] skin is warm, dry and intact; No open areas, Slight redness on left great toe., [sic] that comes and goes ..." ISP dated 01/18/2024:	N 389		

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N 389	Continued From page 20 In the area of Skin Integrity- " ...CURRENT STATUS Residents [sic] skin is warm, dry and intact; No open areas, Slight redness on left great toe., [sic] that comes and goes. FREQUENCY OF SERVICE AND SERVICE PROVIDED Skin-warm, dry and intact. As Needed Every Day RESIDENT'S DESIRED GOALS & OUTCOMES Resident to maintain current skin integrity ..." On 01/31/2025 at 2:31 PM, Surveyor interviewed Caregiver H who stated s/he did not recall Resident 7 starting ammonium lactate 12% lotion. On 01/31/2025 at 6:22 PM, Surveyor discussed concern of Resident 7's ISP not updated regarding skin integrity with Administrator A. Administrator A did not comment. Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication N0415 DHS 83.37(2)(d) Documentation of Medication Administration	N 389		
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.	N 415		

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This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure at the time of medication administration, staff accurately documented in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record.

Staff incorrectly documented physician ordered scheduled medication administration for 8 of 9 residents reviewed: documented medications as administered when not administered for 7 residents; did not document administration of or reason for not administering medications for 8 residents; incorrectly documented number of units of sliding scale administered to Resident 3; and documented administering medications outside of administration timeframes for 3 residents.

This is a repeat violation. See Statement of Deficiency OFRT11, dated 11/30/2022 and OFRT13, dated 11/13/2023.

Findings include:

The facility is licensed as a CLASS CNA (nonambulaory) CBRF able to serve up to 30 residents within the client groups of irreversible dementia/Alzheimer's and advanced age.

On 01/31/2025 at 11:23 AM, Surveyor inspected the medication carts with LPN B, and on 01/31/2025, Surveyor reviewed records of Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, and Resident

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N 415	Continued From page 22 9. Example 1- Resident 1 On 01/31/2025 at 8:48 AM, Surveyor observed Caregiver C prepare and administer Resident 1's scheduled oral medications. Caregiver C did not prepare or administer Resident 1's polyglycol 3350 powder. Caregiver C then documented administration of polyglycol 3350 powder on the medication administration record (MAR) when s/he documented administration of the oral medications. On 01/31/2025 at 10:13 AM, Surveyor interviewed Caregiver C who stated night shift staff administered Resident 1's polyglycol on 01/31/2025. Caregiver C stated because the electronic MAR would not allow documentation of medication administration outside of the time the polyglycol was to be administered (7:00 AM-9:00 AM), s/he signed the polyglycol out for the night shift staff. On 01/31/2025, the medication cart contained one 30 dose bottle of physician ordered poly glycol powder for Resident 1 delivered on 07/11/2024 with 1 dose to be administered daily. On 01/31/2025 the bottle was approximately half full. MAR: From 07/11/2024 - 01/31/2025 AM, staff documented administration of 191 doses of poly glycol 3350 powder to Resident 1. From 11/01/2024 - 01/30/2025, staff did not document administration or reason for not administering the following scheduled physician ordered medications on the MAR: 01/30/2025 4:00 PM- acetaminophen 500 MG and quetiapine 50 MG 01/11/2025 4:00 PM- acetaminophen 500 MG and quetiapine 50 MG	N 415		

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N 415	Continued From page 23 12/30/2024 4:00 PM- acetaminophen 500 MG and quetiapine 50 MG 12/14/2024 4:00 PM- acetaminophen 500 MG and quetiapine 50 MG 12/13/2024 4:00 PM- acetaminophen 500 MG and quetiapine 50 MG 12/07/2024 8:00 AM- acetaminophen 500 MG, poly glycol 3350 powder, Senna S-Plus 8.6/50 MG, lisinopril 40 MG, lacosamide 50 MG, and quetiapine 50 MG 12/07/2024 4:00 PM- acetaminophen 500 MG 11/07/2024 8:00 PM- acetaminophen 500 MG, Senna S-Plus 8.6/50 MG, metoprolol Tart 50 MG, and lacosamide 50 MG. Example 2 Resident 2 The medication cart contained 1 bottle of physician ordered ketoconazole 2% shampoo for Resident 2 delivered on 08/28/2024 and 1 bottle on delivered 10/21/2024 to be applied twice weekly. On 01/31/2025, both bottles remained unopened. On 05/06/2024, pharmacy delivered 1 tube of physician ordered diclofenac 1% gel containing 50 doses to be applied twice daily for Resident 2. On 01/31/2025, the tube was approximately 1/8 full. MAR: From 08/28/2024-01/31/2025, staff documented application of ketoconazole 2% shampoo 37 times. From 05/06/2024-01/31/2025 AM, staff documented application of diclofenac 1% gel 450 times. From 11/01/2024-01/30/2025, staff did not document administration or reason for not administering the following scheduled physician ordered medications on the MAR: 01/23/2025 8:00 PM- donepezil 5 MG, atorvastatin 10 MG, diclofenac 1% gel,	N 415		

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N 415	Continued From page 24 triamcinolone 0.1% cream, sodium fluoride 5000 1.1% toothpaste, melatonin 5 MG, mirtazapine 15 MG, metoprolol succinate ER 25 MG, Eliquis 5 MG, and memantine 10 MG 01/11/2025 4:00 PM- tamsulosin 0.4 MG 01/08/2025 8:00 AM- metoprolol succinate ER 25 MG and furosemide 20 MG 01/07/2025 4:00 PM- furosemide 20 MG 12/30/2024 4:00 PM- tamsulosin 0.4 MG and furosemide 20 MG 12/28/2024- 12:00 PM- midodrine 10 MG 12/20/2024 8:00 AM- aspirin 81 MG, fish oil 1000 MG, vitamin D3 25 MCG, vitamin B12 1000 MCG, diclofenac 1% gel, levothyroxine 25 MCG, triamcinolone 0.1% cream, sodium fluoride 5000 1.1% toothpaste, furosemide 20 MG, potassium CL ER 20 MEQ, pantoprazole 40 MG, Eliquis 5 MG, and midodrine 10 MG. 12/14/2025 4:00 PM- tamsulosin 0.4 MG, midodrine 10 MG, furosemide 20 MG, 12/13/2024 8:00 PM- metoprolol succinate ER 25 MG 12/13/2024 4:00 PM- tamsulosin 0.4 MG, midodrine 10 MG 12/03/2024 8:00 AM- aspirin 81 MG, fish oil 1000 MG, vitamin D3 25 MCG, vitamin B12 1000 MCG, diclofenac 1% gel, levothyroxine 25 MCG, triamcinolone 0.1% cream, sodium fluoride 5000 1.1% toothpaste, furosemide 20 MG, potassium CL ER 20 MEQ, pantoprazole 40 MG, Eliquis 5 MG, and midodrine 10 MG. 12/02/2024 4:00 PM- tamsulosin 0.4 MG 11/07/2024 8:00 PM- donepezil 5 MG, atorvastatin 10 MG, diclofenac 1% gel, triamcinolone 0.1% cream, sodium fluoride 5000 1.1% toothpaste, melatonin 5 MG, mirtazapine 15 MG, metoprolol succinate. ER 25 MG, Eliquis 5 MG, and memantine 10 MG. Example 3- Resident 3	N 415		

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N 415	Continued From page 25 Resident 3 was admitted 12/16/2020. Physician orders included: lantus SoloStar 100U/ML pen inject 12 units subcutaneously once daily for diabetes mellitus; insulin aspart 100U/ML flexpen inject 5 units subcutaneously 3 times daily with meals plus sliding scale, prime with 2 units before each use; and insulin aspart 100U/ML flexpen inject per sliding scale 3 times daily, if blood sugar (BS) 131-150 = 1 unit, 151-200 = 2 units, 201-250 = 3 units, 251-300 = 4 units, 301-350 =5 units, 351-400 =6 units, 401-450 =7 units, 451-500 = 8 units, if over 450 = notify MD. On 02/06/2025 at 2:50 PM, Surveyor received Resident 3's blood sugars (BS) and number of units of insulin ASPART 100U/ML administered via email from Administrator A. MAR: From 01/01/2025-01/30/2025, staff documented administration of the scheduled aspart 100U/ML 5 units without including the number of aspart 100U/ML sliding scale insulin units: 1/29/2025 11:30 AM: BS 209, administered 5 units (5 + 3 sliding scale units =8) 1/29/2025 8:43 AM: BS 204, administered 5 units (5 + 3 sliding scale units =8) 01/26/2025 10:41 AM: BS 299, administered 5 units (5 + 4 sliding scale units = 9) 01/23/2025 12:04 PM: BS 294, administered 5 units (5 + 4 sliding scale units = 9) 01/23/2025 9:52 AM: BS 450, administered 5 units (5 + 7 sliding scale units = 12) 01/22/2025 10:08 AM: BS 266, administered 5 units (5 + 4 sliding scale units = 9) 01/16/2025 11:49 AM: BS 217, administered 5 units (5 + 3 sliding scale units = 8) 01/16/2025 7:53 AM: BS 197, administered 5 units (5 + 2 sliding scale units = 7) 01/15/2025 11:26 AM: BS 243, administered 5 units, (5 + 3 sliding scale units = 8)	N 415		

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N 415	Continued From page 26 01/15/2025 7:49 AM: BS 195, administered 5 units (5 + 2 sliding scale units = 7) 01/13/2025 2:40 PM: BS 212, administered 5 units (5 + 3 sliding scale units = 8) 01/08/2025 12:16 Pm: BS 255, administered 5 units (5 + 4 sliding scale units = 9) 01/08/2025 8:10 AM: BS 209, administered 5 units (5 + 3 sliding scale units = 8) 01/07/2025 1:27 PM: BS 231, administered 5 units (5 + 2 sliding scale units = 7) 01/06/2025 4:44 PM: BS 276, administered 5 units (5 + 4 sliding scale units = 9) 01/02/2025 1:19 PM: BS 198, administered 5 units (5 + 2 sliding scale units = 7) 01/01/2025 11:54 AM: BS 202, administered 5 units (5 + 3 sliding scale units = 8) 01/01/2025 11:54 AM: BS 171, administered 5 units (5 + 2 sliding scale units = 7) The MAR identified (medication #48) aspart 100U/ML scheduled and (medication #64) sliding scale insulin to be administered from 7:00 AM-9:00 AM, 11:00 AM - 1:00 PM and 3:00 PM - 5:00 PM. From 01/01/2025-01/30/2025, staff documented administration of scheduled and sliding scale aspart 100U/ML insulin outside the administration timeframes: 01/30/2025 12:00 PM dose at 1:14 PM 01/28/2024 8:00 AM dose at 10:08 AM and 12:00 PM dose at 2:33 PM 01/27/2025 8:00 AM dose at 12:31 PM and 12:00 PM dose at 1:58/1:59 PM 01/26/2025 8:00 AM dose at 10:41 AM and 12:00 PM dose at 1:17/1:18 PM 01/25/2024 12:00 PM dose at 2:03 PM and 4:00 PM dose at 5:47 PM 01/24/2024 8:00 AM dose at 10:34 AM, 12:00 PM dose at 1:03 PM, and 4:00 PM dose at 6:30 PM 01/23/2025 8:00 AM dose at 9:52 AM and 4:00	N 415		

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PM dose at 6:26 PM
01/22/2025 8:00 AM dose at 10:08 AM and 4:00 PM dose at 5:51 PM
01/21/2024 8:00 AM dose at 10:42 AM and 4:00 PM dose at 6:47 PM
01/20/2024 8:00 AM dose at 9:46 AM, 12:00 PM dose at 1:39 PM, and 4:00 PM dose at 6:28 PM
01/19/2025 8:00 AM dose at 11:04 AM and 12:00 PM dose at 1:43 PM
01/18/2025 8:00 AM dose at 10:21 AM
01/17/2025 8:00 AM dose at 10:40 AM
01/14/2024 8:00 AM dose at 10:10 AM and 4:00 PM dose at 5:32 PM
01/13/2025 8:00 AM dose at 2:55/2:56 PM and 12:00 PM dose at 2:39/2:40 PM
01/12/2024 8:00 AM dose at 9:05 AM and 12:00 PM dose at 1:21 PM
01/11/2024 8:00 AM dose at 11:07 AM (and 46 minutes later at 11:53 AM the 12:00 PM dose).
01/10/2024 8:00 AM dose at 10:23 AM, 12:00 PM dose at 1:39 PM, and 4:00 PM dose at 6:08 PM
01/09/2025 8:00 AM dose at 10:04 AM
01/08/2024 4:00 PM dose at 6:26 PM
01/07/2025 8:00 AM dose at 1:27 PM and (and 6 minutes later) 12:00 PM dose at 1:32 PM
01/06/2024 8:00 AM dose at 10:28 AM
01/05/2024 8:00 AM dose at 9:24 AM
01/04/2024 8:00 AM dose at 10:08 AM
01/03/2024 8:00 AM dose at 9:49 AM, 12:00 PM dose at 2:06 PM, and 4:00 PM dose at 6:41 PM
01/02/2025 8:00 AM dose at 1:19 PM and (9 minutes later) the 12:00 PM dose at 1:28/1:29 PM
01/01/2025 4:00 PM dose at 6:10 PM

On 01/31/2025, the medication cart contained 1 tube of physician ordered diclofenac 1% gel containing 25 applications for Resident 3 delivered by pharmacy on 07/19/2024, with 2 applications to be applied daily. On 01/31/2025, the tube was full. From 07/22/2024-01/31/2025

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N 415	Continued From page 28 AM, staff documented application of diclofenac 1% gel 363 times on Resident 3's MAR. From 11/01/2024-01/30/2025, staff did not document administration or reason for not administering the following scheduled physician ordered medications on the MAR: 01/30/2025 8:00 AM: acetaminophen 500 MG; ferrous sulfate 325 MG; gabapentin 600 MG; misoprostol 200 MCG; multivitamin; pantoprazole 40 MG; metoprolol Succ ER 50 MG; Entresto 49/51 MG; and cetirizine 5 MG. 01/30/2025 4:00 PM- insulin aspart 100U/ML flexpen 5 units and insulin aspart 100U/ML sliding scale insulin. 01/25/2025 8:00 AM- oxcarbazepine 300 MG, bumetanide 2 MG, diclofenac 1% gel, Eliquis 5 MG, ferrous sulfate 325 MG; gabapentin 600 MG; misoprostol 200 MCG; multivitamin; pantoprazole 40 MG; vitamin D3 2,000U, aspart 100U/ML sliding scale insulin, metoprolol Succ ER 50 MG, Entresto 49/51 MG, cetirizine 5 MG, insulin aspart 100U/ML flexpen 5 units, and insulin aspart 100U/ML sliding scale insulin. 01/23/2025 8:00 PM- melatonin 3 MG; oxcarbazepine 300 MG; acetaminophen 500 MG, diclofenac 1% gel, Eliquis 5 MG; gabapentin 600 MG; misoprostol 200 MCG; Lantus Solostar 100U/ML pen inject 12 units; Entresto 49/51 MG; pravastatin 40 MG; benzonatate 100 MG and amoxicillin 875 MG. 12/28/2024 12:00 PM- insulin aspart 100U/ML flexpen 5 units and aspart 100U/ML sliding scale insulin. 12/18/2024 4:00 PM- gabapentin 600 MG, insulin aspart 100U/ML flexpen 5 units, and aspart 100U/ML sliding scale insulin. 12/17/2024 4:00 PM- aspart 100U/ML sliding scale insulin, 12/17/2024 8:00 AM- oxcarbazepine 300 MG, bumetanide 2 MG, insulin aspart 100U/ML	N 415		

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N 415	Continued From page 29 flexpen 5 units, and aspart 100U/ML sliding scale insulin, diclofenac 1% gel, Eliquis 5 MG, ferrous sulfate 325 MG; gabapentin 600 MG; misoprostol 200 MCG; multivitamin; pantoprazole 40 MG; vitamin D3 2,000U, insulin aspart 100U/ML flexpen 5 units, aspart 100U/ML sliding scale insulin, metoprolol Succ ER 50 MG, Entresto 49/51 MG, and cetirizine 5 MG. 12/14/2024 4:00 PM- gabapentin 600 MG, insulin aspart 100U/ML flexpen 5 units, 12/13/2024 4:00 PM- gabapentin 600 MG, insulin aspart 100U/ML flexpen 5 units 12/07/2024 12:00 PM- insulin aspart 100U/ML flexpen 5 units, and aspart 100U/ML sliding scale insulin 12/03/2024 5:00 PM- sertraline100 MG and spironolactone 25 MG 11/24/2024 5:00 PM- sertraline100 MG and spironolactone 25 MG 11/24/2025 4:00 PM- gabapentin 600 MG, insulin aspart 100U/ML flexpen 5 units, and aspart 100U/ML sliding scale insulin 11/24/2025 8:00 AM- oxcarbazepine 300 MG, Eliquis 5 MG, ferrous sulfate 325 MG; gabapentin 600 MG; misoprostol 200 MCG; multivitamin; pantoprazole 40 MG; vitamin D3 2,000U, insulin aspart 100U/ML flexpen 5 units, aspart 100U/ML sliding scale insulin, metoprolol Succ ER 50 MG, Entresto 49/51 MG, cetirizine 5 MG, 11/23/2024 5:00 PM- sertraline100 MG and spironolactone 25 MG 11/23/2024 4:00 PM- gabapentin 600 MG, insulin aspart 100U/ML flexpen 5 units, and aspart 100U/ML sliding scale insulin 11/20/2024 4:00 PM- gabapentin 600 MG, insulin aspart 100U/ML flexpen 5 units, and aspart 100U/ML sliding scale insulin 11/17/2024 5:00 PM- sertraline100 MG and spironolactone 25 MG 11/16/2024 5:00 PM- sertraline100 MG and	N 415		

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spironolactone 25 MG,
11/16/2024 4:00 PM- gabapentin 600 MG
11/14/2025 8:00 AM- oxcarbazepine 300 MG, bumetanide 2 MG, acetaminophen 500 MG, diclofenac 1% gel, Eliquis 5 MG, ferrous sulfate 325 MG; gabapentin 600 MG; misoprostol 200 MCG; multivitamin; pantoprazole 40 MG; vitamin D3 2,000U, metoprolol Succ ER 50 MG, and Entresto 49/51 MG.
11/07/2024 8:00 PM- melatonin 3 MG; oxcarbazepine 300 MG; acetaminophen 500 MG, diclofenac 1% gel, Eliquis 5 MG; gabapentin 600 MG; misoprostol 200 MCG; Lantus Solostar 100U/ML pen inject 12 units; Entresto 49/51 MG; pravastatin 40 MG; and benzonatate 100 MG.

Example 4 Resident 4
Resident 4 was admitted 06/07/2021.
The medication cart contained 1 fluticasone/salmeterol 250/50 discus inhaler containing 60 doses for Resident 4 delivered on 12/10/2024, with 1 dose to be administered twice daily. On 01/31/2025, 22 doses remained.
MAR:
From 12/10/2024-01/31/2025 AM, staff documented administration of 101 puffs/inhalations of fluticasone/salmeterol 250/50.

From 12/01/2024-01/30/2025, staff did not document administration or reason for not administering the following scheduled physician ordered medications on the MAR:
01/11/2025 8:00 PM- tamsulosin 0.4 MG
01/07/2025 8:00 PM- tamsulosin 0.4 MG, gabapentin 300 MG, acetaminophen 325 MG, atorvastatin 20 MG, fluticasone/salmeterol 250/50 inhaler, and earwax removal drops 6.5%.
12/29/2024 12:00 PM- venlafaxine 50 MG
12/23/2024 8:00 PM- tamsulosin 0.4 MG, gabapentin 300 MG, acetaminophen 325 MG,

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atorvastatin 20 MG, fluticasone/salmeterol 250/50 inhaler, and earwax removal drops 6.5%.
12/07/2024 4:00 PM- vitamin D 50,000U (1 capsule once weekly)
12/06/2024 8:00 PM- tamsulosin 0.4 MG, gabapentin 300 MG, acetaminophen 325 MG, atorvastatin 20 MG, fluticasone/salmeterol 250/50 inhaler, and Ensure 8 oz.
12/05/2024 8:00 PM- earwax removal drops 6.5%.

Example 5 Resident 5
Resident 5 was admitted 09/21/2023.
On 01/31/2025, the medication cart contained 1 tube of physician ordered sodium chloride (Muro 128) 5% ophthalmic ointment containing approximately 70 drops for Resident 5 on delivered 10/15/2024, with 1 drop to be administered in each eye daily. The tube was approximately half full on 01/31/2025.
MAR:
From 10/15/2024-01/30/2025, staff documented administration of sodium chloride (Muro 128) 5% ophthalmic ointment 101 times.

From 11/01/2025-01/30/2025, staff did not document administration or reason for not administering the following scheduled physician ordered medications on the MAR:
01/26/2025 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG
01/19/2025 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG
01/14/2025 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG
01/12/2025 4:00 PM- lubricant 0.3/0.4% eye drops
01/07/2025 8:00 PM- levetiracetam 500 MG, Senna Plus 8.5/50 MG, Dibucaine/zinc oxide/miconazole cream, Muro-128 5% eye

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N 415	Continued From page 32 drops, lorazepam 0.5 MG, lubricant 0.3/0.4% eye drops, buspirone 7.5 MG, and sodium chloride 5% ophthalmic ointment. 12/29/2024 2:00 PM- Dibucaine/zinc oxide/miconazole cream 12/29/2024 1:00 PM- morphine 7.5 MG, 12/29/2024 8:00 AM- Senna Plus 8.5/50 MG 12/23/2024 8:00 PM- levetiracetam 500 MG, Senna Plus 8.5/50 MG, morphine 7.5 MG, Dibucaine/zinc oxide/miconazole cream, Muro-128 5% eye drops, lorazepam 0.5 MG, lubricant 0.3/0.4% eye drops, and buspirone 7.5 MG. 12/23/2024 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG 12/23/2024 2:00 PM- Dibucaine/zinc oxide/miconazole cream 12/13/2024 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG 12/10/2024 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG 12/06/2024 8:00 PM- levetiracetam 500 MG, Senna Plus 8.5/50 MG, morphine 7.5 MG, Dibucaine/zinc oxide/miconazole cream, Muro-128 5% eye drops, lorazepam 0.5 MG, lubricant 0.3/0.4% eye drops, and buspirone 7.5 MG. 12/06/2024 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG 11/21/2024 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG 11/19/2024 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG 11/17/2024 4:00 PM- lubricant 0.3/0.4% eye drops and buspirone 7.5 MG. 11/10/2024 8:00 PM- morphine 7.5 MG, Dibucaine/zinc oxide/miconazole cream, Muro-128 5% eye drops, lorazepam 0.5 MG, Systane 0.3/0.4% eye drops, buspirone 7.5 MG, and sodium chloride 5% ophthalmic ointment.	N 415		

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N 415	Continued From page 33 11/10/2024 4:00 PM- Systane 0.3/0.4% eye drops 11/06/2024 8:00 PM-levetiracetam 500 MG, Senna Plus 8.5/50 MG, morphine 7.5 MG, Dibucaine/zinc oxide/miconazole cream, Muro-128 5% eye drops, lorazepam 0.5 MG, Systane 0.3/0.4% eye drops, buspirone 7.5 MG, and sodium chloride 5% ophthalmic ointment. 11/05/2024 1:00 PM- morphine 7.5 MG 11/03/2024 4:00 PM-Systane 0.3/0.4% eye drops and buspirone 7.5 MG. The MAR identified scheduled Senna-S Plus AM dose was to be administered 7:00 AM-9:00 AM and 9:00 PM-11:00 PM. From 01/01/2025-01/31/2025, staff documented administration beyond the timeframes 33 times. Example 6 Resident 6 Resident 6 was admitted 05/09/2024 On 01/31/2025, the medication cart contained 1 (30 dose) bottle of physician ordered poly glycol 3350 powder for Resident 6 delivered on 09/04/2024, with 1 dose to be administered daily. On 01/31/2025, the bottle was approximately 1/8 full. MAR: From 09/04/2024 staff documented administration of 145 doses of poly glycol. From 11/01/2025-01/30/2025, staff did not document administration or reason for not administering the following scheduled physician ordered medications on the MAR: 01/28/2025 10:00 PM- acetaminophen 500 MG 01/26/2025 4:00 PM- carbidopa/levodopa 25/100 MG 01/21/2025 10:00 PM- acetaminophen 500 MG 01/16/2025 10:00 PM- acetaminophen 500 MG 01/08/2025 10:00 PM- acetaminophen 500 MG 01/07/2025 8:00 PM- carbidopa/levodopa 25/100	N 415		

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(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 415	Continued From page 34 MG, Rivastigmine 1.5 MG, and lamotrigine 125 MG 01/05/2025 10:00 PM- acetaminophen 500 MG 12/29/2024 2:00 PM- acetaminophen 500 MG 12/29/2024 12:00 PM- carbidopa/levodopa 25/100 MG 12/23/2024 10:00 PM- acetaminophen 500 MG 12/23/2024 8:00 PM- carbidopa/levodopa 25/100 MG, Rivastigmine 1.5 MG, and lamotrigine 125 MG 12/23/2024 4:00 PM- carbidopa/levodopa 25/100 MG 12/23/2024 2:00 PM- acetaminophen 500 MG 12/15/2024 10:00 PM- acetaminophen 500 MG 12/13/2024 10:00 PM- acetaminophen 500 MG 12/07/2024 10:00 PM- acetaminophen 500 MG 12/06/2024 10:00 PM- acetaminophen 500 MG 12/06/2024 8:00 PM- carbidopa/levodopa 25/100 MG, Rivastigmine 1.5 MG, and lamotrigine 125 MG 12/06/2024 4:00 PM- carbidopa/levodopa 25/100 MG 12/05/2024- 10:00 PM- acetaminophen 500 MG 11/19/2024 4:00 PM- carbidopa/levodopa 25/100 MG 11/18/2024 4:00 PM- carbidopa/levodopa 25/100 MG 11/17/2024 4:00 PM- carbidopa/levodopa 25/100 MG 11/15/2024- 10:00 PM- acetaminophen 500 MG 11/10/2024 10:00 PM- acetaminophen 500 MG 11/10/2024 8:00 PM- carbidopa/levodopa 25/100 MG, Rivastigmine 1.5 MG, and lamotrigine 125 MG 11/10/2024 4:00 PM- carbidopa/levodopa 25/100 MG 11/06/2024 10:00 PM- acetaminophen 500 MG 11/06/2024 8:00 PM- carbidopa/levodopa 25/100 MG, Rivastigmine 1.5 MG, and lamotrigine 125 MG	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016570	A. BUILDING: _____ B. WING _____	C 02/14/2025

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N 415	Continued From page 35 11/06/2024 2:00 PM- PM- acetaminophen 500 MG 11/05/2024 12:00 PM- carbidopa/levodopa 25/100 MG 11/03/2024 4:00 PM- carbidopa/levodopa 25/100 MG The MAR identified scheduled acetaminophen 500 MG was to be administered 5:00 AM-7:00 AM, 1:00 PM- 3:00 PM, and 9:00 PM-11:00 PM. From 01/01/2025-01/31/2025 staff documented administration 40 times beyond the time ranges. Example 7 Resident 7 Resident 7 was admitted 12/07/2022 On 01/31/2025, the medication cart contained 1 bottle of physician ordered ammonium lactate 12% lotion delivered on 07/22/2024 and 1 bottle delivered on 10/17/2024 with 1 application to be applied twice daily to Resident 7's right ring finger. On 01/31/2025, both bottles remained unopened. MAR: From 07/22/2024-01/30/2025, staff documented administration of ammonium lactate 12% lotion 372 times. From 11/01/2025-01/30/2025, staff did not document administration or reason for not administering the following scheduled physician ordered medications on the MAR: 01/26/2024 4:00 PM- acetaminophen 650 MG, and glipizide ER 10 M 01/24/2025 8:00 PM- memantine 10 MG 01/12/2025 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG 01/07/2025 8:00 PM- melatonin 3 MG, atorvastatin 40 MG, memantine 10 MG,	N 415		

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N 415	Continued From page 36	N 415		

divalproex sprinkles 125 MG, Lantus Solostar 100 UNIT/ML insulin pen 10 Units, and magnesium oxide 400 MG and ammonium lactate 12% lotion
12/23/2024 8:00 PM- melatonin 3 MG, atorvastatin 40 MG, memantine 10 MG, divalproex sprinkles 125 MG, Lantus Solostar 100 UNIT/ML insulin pen 10 Units, and magnesium oxide 400 MG and ammonium lactate 12% lotion
12/23/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG
12/13/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG
12/10/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG
12/07/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG
12/06/2024 8:00 PM- melatonin 3 MG, atorvastatin 40 MG, memantine 10 MG, divalproex sprinkles 125 MG, Lantus Solostar 100 UNIT/ML insulin pen 10 Units, magnesium oxide 400 MG, and ammonium lactate 12% lotion
12/06/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG
11/19/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG
11/17/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG
11/10/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG
11/06/2024 8:00 PM- melatonin 3 MG, atorvastatin 40 MG, memantine 10 MG, divalproex sprinkles 125 MG, Lantus Solostar 100

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N 415	Continued From page 37 UNIT/ML insulin pen 10 Units, and magnesium oxide 400 MG 11/03/2024 4:00 PM- metformin 1000 MG, donepezil 10 MG, acetaminophen 650 MG, and glipizide ER 10 MG Example 8 Resident 9 Resident 9 was admitted 05/01/2027. From 01/01/2025-01/30/2025, staff did not document administration or reason for not administering the following scheduled physician ordered medications on the MAR: 01/09/2025 8:00 AM- isosorb mono 30 MG ER and memantine 5 MG 01/11/2025 4:00 PM- insulin lispro kwikpen 100 U/ML 6 units 01/11/2025 2:00 PM- acetaminophen 650 MG 01/23/2025 8:00 PM- Senna-S Plus 8.6/50 MG, lantus solostar 100 unit/ML 10 units, cranberry 500 MG, acetaminophen 650 MG 01/23/2025 2:00 PM- acetaminophen 650 MG 01/26/2025 8:00 AM-aspirin 81 MG, isosorb mono 30 MG, furosemide 20 MG, acetaminophen 650 MG, insulin lispro kwikpen 100 U/ML 10 units, fluoxetine 40 MG, cranberry 500 MG, and memantine 5 MG. 01/26/2025 2:00 PM- acetaminophen 625 MG 01/26/2025 11:00 AM- insulin lispro kwikpen 100 U/ML 6 units From 01/01/2025-01/30/2025 staff documented insulin administration outside the timeframes identified on the MAR: (Scheduled medication #13) insulin lispro kwikpen 100 U/ML 6 units administration times 10:00 AM - 12:00 PM and 3:00 PM - 5:00 PM: 01/01/2025 6:10 PM 01/02/2025 1:28 PM 01/03/2025 2:07 PM and 6:41 PM	N 415		

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N 415	Continued From page 38 01/04/2025 1:00 PM 01/05/2025 12:56 PM 01/06/2025 12:49 PM 01/07/2025 1:32 PM 01/08/2025 12:09 PM and 6:28 PM 01/09/2025 12:55 PM 01/10/2025 1:41 PM 01/24/2025 1:09 PM and 6:09 PM 01/12/2025 12:36 PM 01/13/2025 2:38 PM 01/14/2025 12:11 PM and 5:34 PM 01/15/2025 5:35 PM 01/17/2025 12:44 PM 01/18/2025- 12:27 PM and 5:01 PM 01/19/2025 1:46 PM and 7:13 PM 01/20/2025 1:40 PM and 6:29 PM 01/21/2025 12:55PM and 6:47 PM 01/23/2025 6:30 PM 01/24/2025 1:09 PM and 6:31 PM 01/25/2025 2:05 PM and 5:49 PM 01/27/2025 2:00 PM and 4:28 PM 01/28/2025 2:37 PM 01/29/2025 4:34 PM 01/30/2025 1:13 PM 01/31/2025 2:25 PM (Scheduled medication # 25) insulin lispro kwikpen 100 U/ML 10 units administration time 7:00 AM- 9:00 AM: 01/03/2025 9:53 AM 01/04/2025 10:14 AM 01/05/2025 9:30 AM 01/06/2025 12:57 PM 01/07/2025 1:30 PM 01/09/2025 10:10 AM 01/10/2025 10:28 AM 01/11/2025 11:11 AM 01/13/2025 9:34 AM 01/14/2025 10:18 AM 01/17/2025 10:47 AM	N 415		

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N 415	Continued From page 39 01/18/2025 10:28 AM 01/19/2025 11:07 AM 01/20/2025 9:59 AM 01/21/2025 10:46 AM 01/22/2025 9:27 AM 01/23/2025 9:33 AM 01/24/2025 1:11 PM 01/25/2025 2:12 PM 01/28/2025 10:12 AM 01/30/2025 11:19 AM 01/31/2025 9:06 AM On 02/07/2025 at 2:44 PM, Surveyor discussed concern of medication documentation with Administrator A and LPN B. Administrator A stated Resident 3 refused medications at times. Administrator A stated s/he spoke with staff regarding documentation of Resident 3's aspart 100U/ML sliding scale insulin and some staff said they only documented the scheduled 5 units. Administrator A stated the wording on the MAR for scheduled and sliding scale aspart 100U/ML insulin was not the greatest and they would look into it. Administrator A stated the expectation was medications were to be administered anytime from 1 hour prior to 1 hour after the administration time identified on the MAR. Administrator A stated s/he was unsure how often medication carts and MARs were audited. On 02/10/2025 at 7:16 AM, Surveyor interviewed Caregiver E who stated s/he worked the night shift 01/30/2025 PM into 01/31/2025 AM alone and punched out at approximately 6:00 AM. Caregiver E stated s/he never administered Resident 1's polyglycol including 01/31/2025 AM. Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 415		

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N 415	Continued From page 40 N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 415		