STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009682	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOMESTEAD MORNING GLORY	515A 280TH ST OSCEOLA, WI 54020

(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
M 000	INITIAL COMMENTS On 10/14/2024, Surveyor conducted an abbreviated survey at Community Homestead Morning Glory. Data was collected through 10/16/2024. One violation was identified. Census: 4.	M 000		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored. Findings include: The provider is licensed to care for 4 residents in the client group developmentally disabled. On 10/14/2024, Surveyor observed the resident medications were kept in the kitchen area in an unlocked cupboard.	M 458		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009682	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOMESTEAD MORNING GLORY	515A 280TH ST OSCEOLA, WI 54020

(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
M 458	Continued From page 1 At approximately 11:57 AM, Surveyor interviewed Administrator A, who stated all the residents self-administer their medications and that included setting up their medications in individual medication planners. Administrator A stated the residents used to keep their medications in their rooms but the medications were moved to do the kitchen cupboard as that was a more public setting and easier for the residents to be accountable to each other. Surveyor asked how the medications were secured. Administrator A stated there had not been any incidents of missing medications or any concerns. On 10/15/2024 at 1:15 PM, Surveyor received an email communication from Administrator A that included the following prescribed medication list for each resident; Resident 1: Sertraline HCL 100 mg (milligrams): take one in evening; Resident 2: Zonisamide 1000 mg: take 2 in morning and evening, Sertraline HCL 100 mg: take 0.5 in morning and evening; Resident 3: Sertraline HCL 100 mg: take 1.5 every evening, Memantine HCL 10 mg: take 1 in morning and evening, Vitamin D2 125mg: take 1 every morning, Vitamin B12 1000mg: take 1 every morning, and Hydroxyzine HCL 25 mg: take 1-2 tablets as needed; Resident 4: Levothyroxine Sodium 50 mg: take 1 in morning on Saturday and Sunday, Levothyroxine Sodium 25 mg: take 1 in morning Monday through Friday, Famotidine 20 mg: take 1 every morning, Fluoxetine HCL 20 mg: take 1 every morning, Simethicone 160 mg: take 1 after every meal, Vitamin B-12 1000 mg: take 1 every morning, probiotic: take 1 every morning, Wera; take 1 every morning.	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009682	A. BUILDING: _____ B. WING _____	10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY HOMESTEAD MORNING GLORY	**515A 280TH ST OSCEOLA, WI 54020**

(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
M 458	Continued From page 2 Administrator A stated they could continue to store the resident medications in the kitchen cupboard and provide an individual key padlock to store their medications. The provider did not ensure prescription medications were securely stored.	M 458		