STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018033	A. BUILDING: _____ B. WING _____	R-C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HANDS ADULT FAMILY HOME LLC 2	4448 NORTH 72ND STREET MILWAUKEE, WI 53218

(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 01/22/2025, with information gathered through 01/23/2025, Surveyors conducted a standard survey, and verification visit for SOD OJ7211, dated 08/24/2023, at Golden Hands Adult Family Home LLC 2, an Adult Family Home (AFH) in Milwaukee, WI. One deficiency was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{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 all medication were securely stored. Resident 1's, Resident 3's, and Resident 4's medication were not securely stored in the medication closet. Findings include:	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
	0018033	A. BUILDING: _____ B. WING _____	R-C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HANDS ADULT FAMILY HOME LLC 2	4448 NORTH 72ND STREET MILWAUKEE, WI 53218

(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 The facility is licensed to provide services for up to 4 residents with client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, advanced aged and developmentally disabled. On 01/22/2025 at 11:45 AM, Surveyors observed the medication closet open. Inside of the medication closet Surveyors observed a brown box containing the following residents' medication: Resident 1 7:00 AM -Lamotrigine 150 milligrams (MG) take 2 tablets by mouth once a day (56 pills) -Oxcarbazepine 150 MG take 1 tablet by mouth twice daily (28 pills) -Propranolol 80 MG take 1 tablet by mouth twice daily (28 pills) -Amantadine 100 MG take 1 tablet by mouth twice daily (28 pills) -Bupropion 300 MG take 1 tablet by mouth once daily (28 pills) -Clonidine 0.2 MG take 1 tablet by mouth twice daily (28 pills) Morning -Lorazepam 1 MG take 1 tablet by mouth twice daily (28 pills) -Ziprasidone 40 MG take 1 capsule by mouth twice daily (28 pills) -Haloperidol 10 MG take 1 tablet by mouth twice daily (28 pills) -Gabapentin 600 MG take 1 tablet by mouth twice daily (28 pills) 4:00 PM -Propranolol 80 MG take 1 capsule by mouth twice daily (28 pills) 8:00 PM	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018033	A. BUILDING: _____ B. WING _____	R-C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HANDS ADULT FAMILY HOME LLC 2	4448 NORTH 72ND STREET MILWAUKEE, WI 53218

(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	M 458		

-Clonidine 0.2 MG take 1 tablet by mouth twice daily (28 pills)
-Oxcarbazepine 150 MG take 1 tablet by mouth twice daily (28 pills)
-Amantadine 100 MG take 1 tablet by mouth twice daily (28 pills)
Bedtime
-Trazodone 100 MG take 1 tablet by mouth once daily at bedtime (28 pills)
-Lorazepam 1 MG take 1 tablet by mouth twice daily (28 pills)
-Haloperidol 10 MG take 1 tablet by mouth twice daily (28 pills)
-Topiramate 100 MG take 1 tablet by mouth once daily at bedtime (28 pills)
-Gabapentin 600 MG take 1 tablet by mouth twice daily (28 pills)
Evening
-Ziprasidone 40 MG take 1 capsule by mouth twice daily (28 pills)

Resident 3
7:00 AM
-Benztropine 2 MG take 1 tablet by mouth twice daily (28 pills)
-Divalproex 500 MG take 1 tablet by mouth twice daily (28 pills)
8:00 AM
-Haloperidol 20 MG take 2 tablets by mouth twice daily (56 pills)
-Centrum Wo/Men's take 1 tablet by mouth once a day (28 pills)
8:00 PM
-Divalproex 500 MG take 1 tablet by mouth twice daily (28 pills)
-Benztropine 2 MG take 1 tablet by mouth twice daily (28 pills)
-Haloperidol 20 MG take 2 tablets by mouth twice daily (56 pills)
-Quetiapine 100 MG take 1 tablet by mouth

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018033	A. BUILDING: _____ B. WING _____	R-C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HANDS ADULT FAMILY HOME LLC 2	4448 NORTH 72ND STREET MILWAUKEE, WI 53218

(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 3 nightly (28 pills) Resident 4 8:00 AM -Haloperidol 10 MG take 1 tablet by mouth twice daily (28 pills) -Benztropine 1 MG take 1 tablet by mouth twice daily (28 pills) 8:00 PM -Haloperidol 10 MG take 1 tablet by mouth twice daily (28 pills) -Benztropine 1 MG take 1 tablet by mouth twice daily (28 pills) On 01/22/2025 at approximately 12:00 PM, Surveyors interviewed Licensee A. Licensee A acknowledged the medications were not securely stored. Licensee A stated s/he had video footage of medications being delivered 45 minutes prior to Surveyors arriving. On 01/23/2025 at approximately 2:45 PM, Surveyors interviewed Pharmacist H. Pharmacist H stated the medications were delivered on 01/17/2025 at 11:28 AM signed for by Caregiver G.	M 458		