Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016453	A. BUILDING: _____ B. WING _____	R-C 03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LSS BARRON AREA RESIDENTIAL	806 29 1/2 BARRONETT, WI 54813

(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 03/26/2024, Surveyor conducted a verification visit at LSS Barron Area Residential Treatment. One violation was identified. The violation was a repeat deficiency. See Statement of Deficiency (SOD) OVVY11, dated 02/09/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
{N 410}	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. This Rule is not met as evidenced by: Based on record review and interview, the provider did not notify Resident 1's prescribing practitioner, nurse, or pharmacist when Resident 1 did not take his/her prescribed medication for 2 or more consecutive days.	{N 410}		

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

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{N 410}	Continued From page 1 This is a repeat violation. See Statement of Deficiency (SOD) OVVY11, dated 02/09/2023. Findings include: The provider is licensed to care for 8 residents in the client groups alcohol/drug dependent and correctional clients. On 03/26/2024 at approximately 10:00 AM, Surveyor interviewed Program Supervisor (PS) A. PS A stated residents self-administered medications but medications were stored in the staff office. PS A said residents were responsible for requesting their medications at the appropriate times, taking the medications per physician orders, and ordering/refilling their medications. PS A said staff monitored and documented if residents complied with their medication orders; if residents did not take their medications consistently, the provider notified the resident's physician. PS A provided Resident 1's medication log to Surveyor for review. Surveyor reviewed Resident 1's record with PS A. Resident 1 was admitted to the facility on 02/26/2024. His/her March medication log indicated Resident 1 was prescribed buspirone 15mg BID (twice a day) and fluoxetine 10mg daily. Staff documented Resident 1 took these medications inconsistently. For instance, between 03/01/2024 through 03/14/2024, Resident 1 self-administered his/her medication 5 times (03/02/2024, 03/03/2024, 03/05/2024, 03/06/2024, 03/13/2024), and Resident 1 did not take buspirone BID any day within this timeframe. At approximately 10:15 AM, PS A stated s/he noticed around mid-March that Resident 1 was not taking his/her medication consistently. PS A	{N 410}		

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{N 410}	Continued From page 2 said s/he met with Resident 1 and Resident 1 said s/he kept forgetting to take his/her medication. PS A did not notify Resident 1's prescribing physician because Resident 1 stated s/he would start taking his/her medications consistently. PS A stated the provider should have notified Resident 1's physician after 2 consecutive days of missed medication.	{N 410}		