STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018680	A. BUILDING: _____ B. WING _____	C 08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROSSROADS CARE CENTER OF MAYVILLE MEMOF	305 S CLARK ST MAYVILLE, WI 53050

(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 08/28/2024, Surveyor conducted 2 complaint investigations at Crossroads Care Center of Mayville Memory Care, a CBRF in Mayville. One deficiency was identified. One complaint was substantiated. One complaint was unsubstantiated. Census: 14	N 000		
N 414	83.37(2)(c) Medication administration not supervised Medication administration not supervised by a registered nurse, practitioner or pharmacist. When medication administration is not supervised by a registered nurse, practitioner or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident ' s prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medication administration not supervised by a registered nurse, practitioner or pharmacist was packaged and labeled in unit dose. The provider had bottles of medications that were used for multiple residents. Findings include: On 08/29/2024, Surveyor conducted a complaint investigation alleging concerns with the provider's medication cart.	N 414		

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
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N 414	Continued From page 1 On 08/29/2024 at approximately 8:20 a.m., Surveyor reviewed the provider's medication cart with Caregiver B. Surveyor observed 1 drawer that had bottles of the following medications: Acetaminophen 325 mg, Diphenhydramine Hcl, Senna-Plus, Lactobacilli probiotic, Calcium Carbonate, Aspirin, Melatonin, Simethicone, Cetirizine Hydrochloride, Prenatal multi-vitamin, Omeprazole, Guaifenesin, Ferrous Sulfate, Ibuprofen, Vitamin D, Zinc, Milk of Magnesia, Polyethylene Glycol, and Vitamin C. Surveyor asked Caregiver B what the medications stored in bottles and not labled for a particular resident were for. Caregiver B stated it was "house stock" and used for any residents with orders for the medications. On 08/29/2024 at approximately 9:15 a.m., Surveyor reviewed Resident 1, Resident 2 and Resident 3's medication administration records (MAR), dated 08/01/2024 to 08/28/2024, which identified the following medications available in "house stock" were prescribed: - Resident 1 had orders for Melatonin 5 mg nightly (Start Date: 04/13/2023), Acetaminophen 325 mg 3 tablets 2 times daily (Start Date: 01/31/2024), Aspirin 81 mg daily (Start Date: 04/14/2023), Acetaminophen 325 mg 3 tablets every 6 hours as needed (Start Date: 04/14/2023), Milk of Magnesia 30 ml every 24 hours as needed (Start Date: 04/13/2023) and Senna Plus 8.6-50 mg every 12 hours as needed (Start Date: 11/03/2023). - Resident 2 had orders for Polyethylene Glycol 17 gm daily (Start Date: 04/23/2024), Senna Plus 8.6-50 mg 2 times daily (Start Date: 04/22/2024), Acetaminophen 325 mg 2 tablets every 8 hours as needed (Start Date: (08/18/2023), Guaifenesin	N 414		

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CROSSROADS CARE CENTER OF MAYVILLE MEMOF	305 S CLARK ST MAYVILLE, WI 53050

(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 414	Continued From page 2 600 mg every 12 hours as needed (Start Date: 08/18/2023), Milk of Magnesia 30 ml daily as needed (Start Date: 08/18/2023), Senna Plus 8.6-50 mg every 12 hours as needed (Start Date: 04/22/2024) and Calcium Carbonate 2 tablets every 8 hours as needed (Start Date: 08/18/2023). - Resident 3 had orders for Omeprazole 20 mg daily (Start Date: 04/22/2023) and Acetaminophen 325 mg 2 tablets every 6 hours as needed (Start Date: 11/03/2023. On 08/29/2024 at approximately 9:30 a.m., Surveyor reviewed the above MARs and medications with Caregiver B and Caregiver C, both who pass medications at the facility. Interviews with Caregiver B and Caregiver C and medication cart review confirmed "house stock" was used for each of the medications identified above and that residents did not have the above medications individually labeled and packaged in unit dose. On 08/29/2024 at approximately 10:40 a.m., Surveyor reviewed concern with Assistant Administrator A and Administrator D that the facility was using "house stock" for several medications rather than having medications packaged and labeled in unit dose. Administrator A acknowledged the facility's use of "house stock," as this process was used in the attached skilled nursing facility. Administrator A stated s/he would ensure "house stock" was removed from the medication cart and that medications were ordered for each resident.	N 414		