STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017372	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTSTAR SENIOR LIVING OF WAUNAKEE	1001 QUINN DR WAUNAKEE, WI 53597

(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 09/18/2023, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at Brightstar Senior Living of Waunakee, a CBRF located in Waunakee, WI. As a result of the survey, 5 violations of Chapter DHS 83 were issued. Census: 15	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 employees reviewed completed training in first aid and choking. Caregiver B did not have documented training in first aid and choking. Findings include: On 09/18/2023, Surveyor requested Caregiver B's employee file. Caregiver B was hired 02/24/2023 and did not have documentation in his/her file that indicated completion of training in first aid and choking. There were no exemptions in Caregiver B's file to exempt Caregiver B from this training. On 09/18/2023, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for first aid and choking. On 09/18/2023 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that Caregiver B provided cares for residents. Administrator A acknowledged that all employees must be trained in first aid and choking within 90 days of employment. Administrator A stated that Caregiver B would be trained in first aid and choking as soon as possible.	N 239		
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	N 389		

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N 389	Continued From page 2 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 record review and interview, the provider did not ensure that the Individual Service Plan (ISP) for Resident 2 was updated when Resident 2 experienced a change in condition. Findings include: On 09/18/2023 at 9:00 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 09/19/2022 with diagnoses that included but are not limited to: Type II diabetes with neuropathy, chronic diastolic congestive heart failure, osteoarthritis. Resident 2 was admitted to Hospice on 08/05/2023 due to change in condition and decline. On 09/18/2023 at 9:00 AM, Surveyor reviewed Resident 2's most current ISP dated 02/20/2023. Resident 2's ISP did not include Resident 2's change of condition and admission to Hospice. On 09/18/2023 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that Resident ISPs must be updated upon a change in condition.	N 389		

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N 389	Continued From page 3 Administrator A confirmed that Resident 2 experienced a change in condition that qualified a Hospice admission and Resident 2's ISP should have been updated to reflect it.	N 389		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 residents reviewed were assessed for desired responses and side effects of psychotropic medication. Resident 1 and Resident 2 did not have documented quarterly reviews for psychotropic medications. Findings include: On 09/18/2023 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 02/09/2023 with diagnoses that include but are not limited to: Type II diabetes, pancreatic cancer, Parkinson's Disease.	N 407		

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N 407	Continued From page 4 There was no documented quarterly review for psychotropic medications in Resident 1's file. On 09/18/2023 at 10:00 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that Resident 1 was prescribed psychotropic medications. A acknowledged that quarterly reviews for psychotropic medications had not been completed for Resident 1. On 09/18/2023 at 9:00 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 09/19/2022 with diagnoses that include but are not limited to: Type II diabetes with neuropathy, chronic diastolic congestive heart failure, osteoarthritis. Resident 2 was prescribed lorazepam. The most current quarterly psychotropic review was dated 02/20/2023. On 09/18/2023 at 10:00 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that Resident 2 was prescribed psychotropic medications. A acknowledged that quarterly reviews for psychotropic medications had not been completed for Resident 2 since 02/20/2023.	N 407		
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	N 415		

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N 415	Continued From page 5 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate documentation of medication administration for 3 of 3 residents reviewed. Resident 1, Resident 2 and Resident 3 had missing documentation in the Medication Administration Record (MAR) for the months of July 2023, August 2023 and September 2023. Findings include: Example 1: Resident 1 On 09/18/2023, Surveyor reviewed Resident 1's MARs for the months of July 2023, August 2023 and September 2023. There were numerous administration events missing documentation in Resident 1's MAR for the month of July, August and September of 2023. Missing documentation on 07/04/2023: Carbidopa Levodopa 25-100 milligram (mg) tablet (tab) 8 AM Carbidopa Levodopa 25-100 milligram mg tab 12 PM Gabapentin 300 mg capsule (cap) 8 AM Vitamin B-6 100 mg tab 8AM Vitamin D-3 400IU-100 microgram (mcg) 8AM Loperamide 2 mg cap 8AM	N 415		

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N 415	Continued From page 6 Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/milliliter (ml) 8AM Citrus Pectin 700 mg 8AM Missing Documentation on 07/08/2023: Carbidopa Levodopa 25-100 milligram (mg) tablet (tab) 8 AM Carbidopa Levodopa 25-100 milligram mg tab 12 PM Gabapentin 300 mg capsule (cap) 8 AM Vitamin B-6 100 mg tab 8AM Vitamin D-3 400IU-100 microgram (mcg) 8AM Loperamide 2 mg cap 8AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/milliliter (ml) 8AM Citrus Pectin 700 mg 8AM Missing Documentation on 07/15/2023: Carbidopa Levodopa 25-100 mg tab 5 PM Carbidopa Levodopa 25-100 mg tab 8 PM Loperamide 2 mg cap 4 PM Loperamide 2 mg cap 8 PM Missing Documentation on 07/20/2023: Carbidopa Levodopa 25-100 milligram (mg) tablet (tab) 8 AM Carbidopa Levodopa 25-100 milligram mg tab 12 PM Gabapentin 300 mg capsule (cap) 8 AM Vitamin B-6 100 mg tab 8AM Vitamin D-3 400IU-100 microgram (mcg) 8AM Loperamide 2 mg cap 8AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/milliliter (ml) 8AM Citrus Pectin 700 mg 8AM	N 415		

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N 415	Continued From page 7 Missing Documentation on 07/23/2023: Carbidopa Levodopa 25-100 milligram (mg) tablet (tab) 8 AM Carbidopa Levodopa 25-100 milligram mg tab 12 PM Gabapentin 300 mg capsule (cap) 8 AM Vitamin B-6 100 mg tab 8AM Vitamin D-3 400IU-100 microgram (mcg) 8AM Loperamide 2 mg cap 8AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/milliliter (ml) 8AM Citrus Pectin 700 mg 8AM Missing Documentation on 07/25/2023: Carbidopa Levodopa 25-100 mg tab 12 PM Carbidopa Levodopa 25-100 mg tab 5 PM Carbidopa Levodopa 25-100 mg tab 8 PM Loperamide 2 mg cap 12 PM Loperamide 2 mg cap 4 PM Loperamide 2 mg cap 8 PM Missing Documentation on 07/26/2023: Carbidopa Levodopa 25-100 milligram (mg) tablet (tab) 8 AM Carbidopa Levodopa 25-100 milligram mg tab 12 PM Gabapentin 300 mg capsule (cap) 8 AM Vitamin B-6 100 mg tab 8AM Vitamin D-3 400IU-100 microgram (mcg) 8AM Loperamide 2 mg cap 8AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/milliliter (ml) 8AM Citrus Pectin 700 mg 8AM Missing Documentation on 07/27/2023: Carbidopa Levodopa 25-100 milligram (mg) tablet	N 415		

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N 415	Continued From page 8 (tab) 8 AM Carbidopa Levodopa 25-100 milligram mg tab 12 PM Gabapentin 300 mg capsule (cap) 8 AM Vitamin B-6 100 mg tab 8AM Vitamin D-3 400IU-100 microgram (mcg) 8AM Loperamide 2 mg cap 8AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/milliliter (ml) 8AM Citrus Pectin 700 mg 8AM Missing Documentation on 07/28/2023: Carbidopa Levodopa 25-100 mg tab 5 PM Carbidopa Levodopa 25-100 mg tab 8 PM Loperamide 2 mg cap 4 PM Missing Documentation on 08/01/2023: Carbidopa Levodopa 50-200 mg tab 5 PM Loperamide 2 mg cap 8 PM Missing Documentation on 08/05/2023: Carbidopa Levodopa 25-100 mg tab 8 AM Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg cap 8 AM Vitamin B-6 100 mg tab 8 AM Vitamin D-3 400 IU 10 mcg 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Missing Documentation on 08/06/2023: Carbidopa Levodopa 25-100 mg tab 8 AM Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg cap 8 AM Vitamin B-6 100 mg tab 8 AM	N 415		

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N 415	Continued From page 9 Vitamin D-3 400 IU 10 mcg 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Missing Documentation on 08/07/2023: Carbidopa Levodopa 50-200 mg tab 8 PM Loperamide 2 mg cap 8 PM Missing Documentation on 08/08/2023: Carbidopa Levodopa 25-100 mg tab 8 AM Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg cap 8 AM Vitamin B-6 100 mg tab 8 AM Vitamin D-3 400 IU 10 mcg 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Missing Documentation on 08/15/2023: Carbidopa Levodopa 50-200 mg 8 PM Loperamide 2 mg cap 8 PM Missing Documentation on 08/19/2023 Carbidopa Levodopa 25-100 mg tab 8 AM Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg cap 8 AM Vitamin B-6 100 mg tab 8 AM Vitamin D-3 400 IU 10 mcg 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Missing Documentation on 08/20/2023: Carbidopa Levodopa 25-100 mg tab 8 AM	N 415		

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N 415	Continued From page 10 Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg cap 8 AM Vitamin B-6 100 mg tab 8 AM Vitamin D-3 400 IU 10 mcg 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Missing Documentation on 08/26/2023: Carbidopa Levodopa 25-100 mg tab 5 PM Carbidopa Levodopa 50-200 mg tab 8 PM Loperamide 2 mg tab 4 PM Loperamide 2 mg tab 8 PM Missing Documentation on 08/29/2023: Carbidopa Levodopa 25-100 mg tab 8 AM Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg cap 8 AM Vitamin B-6 100 mg tab 8 AM Vitamin D-3 400 IU 10 mcg 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Missing Documentation on 09/02/2023: Carbidopa Levodopa 25-100 mg tab 8 AM Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg tab 8 AM Vitamin B-6 100 mg 8 AM Vitamin D-3 400 IU 10 mcg tab 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Citrus Pectin 700 mg 8 AM Missing Documentation on 09/04/2023:	N 415		

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N 415	Continued From page 11 Carbidopa Levodopa 25-100 mg tab 8 AM Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg cap 8 AM Vitamin B-6 100 mg tab 8 AM Vitamin D-3 400 IU 10 mcg 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Missing Documentation on 09/05/2023: Carbidopa Levodopa 25-100 mg tab 8 AM Carbidopa Levodopa 25-100 mg tab 12 PM Gabapentin 300 mg cap 8 AM Vitamin B-6 100 mg tab 8 AM Vitamin D-3 400 IU 10 mcg 8 AM Loperamide 2 mg cap 8 AM Loperamide 2 mg cap 12 PM Lantus Solostar 100 unit/ml 8 AM Missing Documentation on 09/12/2023: Carbidopa Levodopa 25-100 mg tab Loperamide 2 mg tab 12 PM Missing Documentation on 09/13/2023: Carbidopa Levodopa 25-100 mg tab 12 PM Loperamide 2 mg cap 12 PM Example 2: Resident 2 On 09/18/2023 at 9:30 AM, Surveyor reviewed Resident 2's medical record. There were numerous medication administration event that were not documented on Resident 2's MAR for the months of July 2023 August 2023 and September 2023.	N 415		

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N 415	Continued From page 12 Missing Documentation on 07/04/2023: Calcium 600 + Vitamin D 200 tab 8 AM Calcium 600 + Vitamin D 200 tab 8 PM Cranberry 450 mg tab 8 PM Flaxseed oil cap 1000 mg 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 07/06/2023: Calcium 600 + Vitamin D 200 tab 8 AM Flaxseed oil cap 1000 mg 8 AM Labetalol tab 100 mg 8 AM Lactobacillus tablet 8 AM Metformin tab 1000 mg 8 AM Multivitamin 8 AM Calcium antacid 500 mg chew 8 AM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 07/08/2023: Calcium 600 + Vitamin D 200 tab 8 AM Calcium 600 + Vitamin D 200 tab 8 PM Cranberry 450 mg tab 8 PM Flaxseed oil cap 1000 mg 8 AM Labetalol 100 mg tab 8 AM	N 415		

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Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 07/11/2023:

Calcium 600 + Vitamin D 200 tab 8 AM
Calcium 600 + Vitamin D 200 tab 8 PM
Cranberry 450 mg tab 8 PM
Flaxseed oil cap 1000 mg 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 07/12/2023:

Calcium 600 + Vitamin D 200 tab 8 AM
Calcium 600 + Vitamin D 200 tab 8 PM
Cranberry 450 mg tab 8 PM
Flaxseed oil cap 1000 mg 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 AM
Calcium Antacid 500 mg 8 PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017372	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTSTAR SENIOR LIVING OF WAUNAKEE	1001 QUINN DR WAUNAKEE, WI 53597

(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 14 Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 07/13/2023: Calcium 600 + Vitamin D 200 tab 8 AM Calcium 600 + Vitamin D 200 tab 8 PM Cranberry 450 mg tab 8 PM Flaxseed oil cap 1000 mg 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 07/14/2023: Calcium 600 + Vitamin D 200 tab 8 AM Calcium 600 + Vitamin D 200 tab 8 PM Cranberry 450 mg tab 8 PM Flaxseed oil cap 1000 mg 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 15	N 415		

Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 07/15/2023:

Aspirin low 81 mg tab 8 PM
Atorvastatin 40 mg tab 8 PM
Calcium 600 + Vitamin D 200 tab 8 PM
Cranberry 450 mg tab 8 PM
Labetalol 100 mg tab 8 PM
Metformin 1000 mg tab 8 PM

Missing Documentation on 07/16/2023:

Aspirin low 81 mg tab 8 PM
Atorvastatin 40 mg tab 8 PM
Calcium 600 + Vitamin D 200 tab 8 AM
Calcium 600 + Vitamin D 200 tab 8 PM
Cranberry 450 mg tab 8 PM
Flaxseed oil cap 1000 mg 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 07/18/2023:

Calcium 600 + Vitamin D 200 8 AM
Flaxseed oil 1000mg cap 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 AM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 16	N 415		

Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 07/19/2023:

Aspirin low 81 mg tab 8 PM
Atorvastatin 40 mg tab 8 PM
Calcium 600 + Vitamin D 200 8 AM
Cranberry 450 mg tab 8 PM
Labetalol 100 mg tab 8 AM
Metformin 1000 mg tab 8 PM
Calcium antacid 500 mg chew 8 PM
Nitrofurantoin mac 50 mg cap 8 PM
Acetaminophen 325 mg tab 8 PM

Missing Documentation on 07/23/2023:

Calcium 600 + Vitamin D 200 8 AM
Flaxseed oil 1000mg cap 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 07/25/2023:

Aspirin low 81 mg tab 8 PM
Atorvastatin 40 mg tab 8 PM
Calcium 600 + Vitamin D 200 tab 8 AM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 17	N 415		

Calcium 600 + Vitamin D 200 tab 8 PM
Cranberry 450 mg tab 8 PM
Flaxseed oil cap 1000 mg 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 07/26/2023:

Calcium 600 + Vitamin D 200 8 AM
Flaxseed oil 1000mg cap 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 07/28/2023:

Calcium 600 + Vitamin D 200 8 AM
Flaxseed oil 1000mg cap 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 18 Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 08/01/2023: Calcium 600 + Vitamin D 200 8 AM Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 08/05/2023: Calcium 600 + Vitamin D 200 8 AM Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 08/06/2023: Calcium 600 + Vitamin D 200 8 AM Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017372	A. BUILDING: _____ B. WING _____	09/27/2023

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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 19	N 415		

Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 08/08/2023:

Calcium 600 + Vitamin D 200 8 AM
Flaxseed oil 1000mg cap 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 08/11/2023:

Calcium 600 + Vitamin D 200 8 AM
Flaxseed oil 1000mg cap 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 20 Missing Documentation on 08/13/2023: Aspirin low 81 mg tab 8 PM Atorvastatin 40 mg tab 8 PM Calcium 600 + Vitamin D 200 8 AM Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 08/15/2023: Calcium 600 + Vitamin D 200 8 AM Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 08/17/2023: Calcium 600 + Vitamin D 200 8 AM Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 PM	N 415		

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 415	Continued From page 21	N 415		

Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 08/18/2023:

Aspirin low 81 mg tab 8 PM
Atorvastatin 40 mg tab 8 PM
Calcium 600 + Vitamin D 200 8 AM
Flaxseed oil 1000mg cap 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 08/19/2023:

Calcium 600 + Vitamin D 200 8 AM
Flaxseed oil 1000mg cap 8 AM
Labetalol 100 mg tab 8 AM
Lactobacillus tab 8 AM
Multivitamin 8 AM
Calcium Antacid 500 mg 8 PM
Furosemide 20 mg tab 8 AM
Lisinopril 20 mg tab 8 AM
Metformin 1000 mg tab 8 AM
Multivitamin tab 8 AM
Glimepiride 1 mg tab 8 AM
Acetaminophen 325 mg tab 8 AM

Missing Documentation on 08/20/2023:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 22 Calcium 600 + Vitamin D 200 8 AM Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 09/01/2023: Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM Acetaminophen 325 mg tab 8 AM Missing Documentation on 09/03/2023: Flaxseed oil 1000mg cap 8 AM Labetalol 100 mg tab 8 AM Lactobacillus tab 8 AM Multivitamin 8 AM Calcium Antacid 500 mg 8 PM Furosemide 20 mg tab 8 AM Lisinopril 20 mg tab 8 AM Metformin 1000 mg tab 8 AM Multivitamin tab 8 AM Glimepiride 1 mg tab 8 AM	N 415		

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 415	Continued From page 23 Acetaminophen 325 mg tab 8 AM Example 3: Resident 3 On 09/18/2023 at 9:45 AM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 09/06/2022. There were numerous medication administration events that were left undocumented in Resident 3's MAR for the months of July 2023 August 2023 and September 2023. Missing Documentation on 07/04/2023: Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab 8 AM Ferrous Sulfate 325 mg tab 8 AM Missing Documentation on 07/08/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab 8 AM Ferrous Sulfate 325 mg tab 8 AM Missing Documentation on 07/12/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab 8 AM Ferrous Sulfate 325 mg tab 8 AM Missing Documentation on 07/15/2023 Atorvastatin 40 mg tab Tamsulosin .4 mg cap Donepezil 10 mg tab Missing Documentation on 07/20/2023 Aspirin 81 mg chew tab	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 24 Vitamin B-12 500 mcg tab 8 AM Ferrous Sulfate 325 mg tab 8 AM Missing Documentation on 07/21/2023 Vitamin B-12 500 mcg tab Missing Documentation on 07/25/2023 Atorvastatin 40 mg tab Tamsulosin .4 mg cap Donepezil 10 mg tab Missing Documentation on 07/28/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab 8 AM Ferrous Sulfate 325 mg tab 8 AM Missing Documentation on 08/05/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab 8 AM Missing Documentation on 08/06/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab 8 AM Ferrous Sulfate 325 mg tab 8 AM Vitamin D 50000 UNT cap Missing Documentation on 08/07/2023 Atorvastatin 40 mg tab Donepezil 10 mg tab Missing Documentation on 08/09/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab	N 415		

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 415	Continued From page 25 Missing Documentation on 08/19/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab Missing Documentation on 08/20/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab 8 AM Ferrous Sulfate 325 mg tab 8 AM Missing Documentation on 08/22/2023 Atorvastatin 40 mg tab Donepezil 10 mg tab Missing Documentation on 08/26/2023 Atorvastatin 40 mg tab Tamsulosin .4 mg cap Donepezil 10 mg tab Missing Documentation on 08/29/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab Missing Documentation on 08/30/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab Ferrous Sulfate 325 mg tab Missing Documentation on 09/02/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab Ferrous Sulfate 325 mg tab	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 26 Missing Documentation on 09/04/2023 Aspirin 81 mg chew tab Vitamin B-12 500 mcg tab Ferrous Sulfate 325 mg tab Missing Documentation on 09/05/2023 Aspirin 81 mg chew tab Atorvastatin 40 mg tab Tamsulosin .4 mg cap Donepezil 10 mg tab Vitamin B-12 500 mcg tab On 09/18/2023 at 10:30 AM, Surveyor interviewed Nurse C who acknowledged that there were many instances of missing documentation in the MARs for Resident 1, Resident 2 and Resident 3 for the months of July 2023, August 2023 and September 2023. Nurse B stated, "There is no hiding that, we missed those entries." Nurse B stated that all medications were available for administration and the medication counts were accurate. On 09/18/2023 at 12:00 PM, Surveyor discussed the above concern with Administrator A who acknowledged that resident MARs should be documented accurately. Administrator A confirmed that there were numerous blank spaces in the MARs for Resident 1, Resident 2 and Resident 3 for the months of July 2023, August 2023 and September 2023. A review of medications for Resident 1, Resident 2 and Resident 3 revealed that medication counts were accurate and that medications were available for administration just left undocumented.	N 415		

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 488	Continued From page 27	N 488		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the facility dryer was equipped with a rigid vent. The clothes dryer was vented with a flexible duct. Findings include: On 09/18/2023 at 9:00 AM, Surveyor toured the physical environment. On 09/18/2023, Surveyor observed that the facility clothes dryer did not have a rigid dryer vent. On 09/18/2023 at 11:30 AM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that clothes dryers should be equipped with a rigid vent and the vent would be replaced.	N 488		