STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013473	A. BUILDING: _____ B. WING _____	C 07/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL POND ONE	**507 MARKET ST WESTFIELD, WI 53964**

(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 07/27/2023, Surveyor completed 2 complaint investigations at Mill Pond One, a CBRF in Westfield. Two deficiencies were identified. One complaint was substantiated. One complaint was unsubstantiated. Census: 8	N 000		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.	N 406		

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

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N 406	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the strength of medications destructed was documented and that the destruction was witnessed and recorded by the administrator or designee and 1 other employee. Findings include: On 07/25/2023, Surveyor conducted a complaint investigation related to the provider's medication destruction process. On 07/25/2023 at approximately 10:00 a.m., Surveyor reviewed the facility's record of medication destruction, dated 07/01/2022 to 07/25/2023, with Administrator A. The Surveyor noted the following medication destructions were not witnessed by a 2nd employee and some entries did not include the strength of the medication: - Gabapentin 300 mg 1 tablet on 07/18/2022. - Lorazepam (no dosage documented) 1 tablet on 07/18/2022. - Baclofen 20 mg 1 tablet on 07/19/2022. - Clonidine .1 mg on 07/19/2022. - Dantrolene 50 mg 1 tablet on 07/19/2022. - Melatonin 5 mg 1 tablet on 07/19/2022. - "All 4:00 p.m. medications" (medications not specified) 8 tablets on 01/16/2023. - Tylenol (no dosage documented) 2 tablets on 05/24/2023. - Acetaminophen 500 mg 1 tablet on 03/31/2023. - Carbamazepine 100 mg 1 tablet on 03/31/2023. - Quetiapine 25 mg 1 tablet on 03/31/2023. - Levetiracetam 500 mg t tablet on 03/31/2023. - Calcium Carb 500 mg 1 tablet on 03/31/2023. - Divalproex 125 mg 1 tablet on 03/31/2023.	N 406		

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N 406	Continued From page 2 - Risperidone 1 mg 1 tablet on 03/31/2023. - Propranolol 20 mg 1 tablet on 07/16/2023. - Hydroxyzine (no dosage documented) on 07/18/2023. - Divalproex (no dosage noted) 1 tablet on 07/20/2023. - Lithium Carbonate (no dosage noted) 1 tablet on 07/20/2023. - Propranolol (no dosage noted) 2 tablets on 07/20/2023. - Olanzapine (no dosage noted) 1 tablet on 07/20/2023. - Propranolol (no dosage noted) 2 tablets on 07/20/2023. - Divalproex (no dosage noted) 1 tablet on 07/20/2023. - Trazodone (no dosage noted) 1 tablet on 07/20/2023. - Senexon (no dosage noted) 1 tablet on 07/20/2023. - Quetiapine (no dosage noted) 1 tablet on 07/20/2023. - Olanzapine (no dosage noted) 1 tablet on 07/20/2023. On 07/25/2023 at approximately 10:15 a.m., Surveyor reviewed the concern with Administrator A and Director C that medication destructions were not witnessed by a 2nd employee and did not always include the strength of the medication. Administrator A and Director C stated they thought destruction of medications only required a 2nd witness when the medication was a narcotic. Director C stated s/he thought any employee who was medication certified was able to destruct non-narcotic medications.	N 406		
N 426	83.38(1)(b) Supervision.	N 426		

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N 426	Continued From page 3 As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure supervision appropriate to the needs of residents was provided. The provider's staff left the facility to go to the affiliated facility next door. Findings include: On 07/25/2023, Surveyor conducted a complaint investigation alleging that residents were left unsupervised at times. On 07/25/2023 at approximately 8:10 a.m., Surveyor arrived to the facility. Surveyor observed Administrator A and 2 caregivers on the porch at the affiliated facility next door. Surveyor entered the facility. Administrator A and 2 caregivers crossed the parking lot and followed Surveyor inside the facility. Surveyor did not observe any other staff present in the facility. On 07/25/2023 at approximately 8:15 a.m., Surveyor interviewed Administrator A. Surveyor asked what staff was present when Surveyor entered the facility. Administrator A stated 1 NOC	N 426		

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N 426	Continued From page 4	N 426		

shift staff member had left and 1 was still present. Surveyor shared did not observe any other staff in the facility. Administrator A stated the staff member was next door and Administrator A was covering. Surveyor shared concern that Administrator A was observed on the porch at the affiliated facility next door, leaving Mill Pond One unstaffed and unsupervised. Administrator A acknowledged the concern.

On 07/25/2023 at approximately 8:45 a.m., Surveyor interviewed Administrator A regarding the facility's staffing patterns and reviewed the facility's schedule, dated 06/18/2023 to 07/29/2023. Administrator A stated there was 1 staff member present and 1 staff member "floating" between the facility and the facility next door on weekdays for all 3 shifts (day, evening, night). Administrator A added s/he and the director were also present during weekday day shifts. Administrator A stated 1 staff member was present at each facility for each shift on weekends. Surveyor reviewed the provider's schedule, which documented 1 staff member for each facility on weekends and only 1 staff member for each facility on weekday overnights at times. Surveyor asked Administrator A if 1 staff per facility was adequate. Administrator A stated there were times when staff would temporarily go to the other facility to provide assistance.

On 07/25/2023 at approximately 12:00 p.m., Surveyor interviewed Caregiver B. Caregiver B worked in both CBRFs. Caregiver B confirmed there were times staff would leave one facility to assist in the other facility for a short period of time.

On 07/25/2023 at approximately 12:15 p.m., Surveyor reviewed concern with Administrator A

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N 426	Continued From page 5 that the facility was left unsupervised. Administrator A acknowledged concern and stated s/he would need to somehow change the staffing patterns. On 07/27/2023 at approximately 4:30 p.m., Surveyor reviewed documentation from Administrator A that documented the needs of the facility's residents as follows: - Resident 1 required 24-hour care. - Resident 2 required 24-hour care, including hoyer lift for transfers. - Resident 3 required 24-hour care, including 1 assist for transfers. - Resident 4 required 24-hour care, including 1 assist for transfers. - Resident 5 required 24-hour care, including hoyer lift for transfers. - Resident 6 required 24-hour care. - Resident 7 required 24-hour care. - Resident 8 required 24-hour care. The provider did not provide the 24-hour supervision and care needed for 8 out of 8 residents.	N 426		