

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2024
NAME OF PROVIDER OR SUPPLIER BETHEL MENASHA II		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 CENTURY OAKS COURT MENASHA, WI 54952		
(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 10/18/2024 with additional information gathered through 10/28/2024, Surveyor conducted a Standard Licensure Survey and 2 Complaint Investigations at Bethel Menasha II. Four deficiencies were identified and 2 complaints were unsubstantiated. Census: 8	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 2 did not receive his/her albuterol (inhaler) as prescribed. Findings include: On 10/28/2024, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility 10/17/2023. Resident 2's June and July 2024 Medication Administration Records (MAR) documented: Albuterol 90 MCG (micrograms) - Inhale 2 puffs	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 352	Continued From page 1 by mouth twice daily in the morning and late afternoon or uncontrolled coughing, SOB (shortness of breath), chest tightness, wheezing (chronic obstructive lung). Scheduled at 8:00 AM and 8:00 PM. 06/30 8:00 AM - Other Problem 07/01 8:11 PM - Other Problems - On order 07/02 7:39 PM - Other Problems - On order 07/03 8:13 PM - Other Problems - On order 07/04 9:31 PM - Other Problems - On order 07/06 7:25 PM - Refused by Resident 07/07 8:26 PM - Other Problems - On order 07/10 7:50 PM - Other Problems - On order The MAR documented the medication had been administered on dates when the medication was not available. Resident 2's pharmacy delivery report, dated 07/02/2024, documented delivery of an albuterol inhaler. Surveyor noted the inhaler continued to be marked on order when it had been documented as delivered and signed by Caregiver B. On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would review the concern with staff. Cross Reference: N0415 83.37(2)(d) Documentation of Medication Administration	N 352		
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,	N 415		

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N 415	Continued From page 2 dosage, date and time of medication taken or treatments performed and initial the medication 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 proper documentation on the Medication Administration Record (MAR) for 1 of 1 resident reviewed. Resident 2's MARs documented medication administration or resident refusal when his/her prescribed Albuterol (inhaler) was not available. Resident 2's MARs documented medication administration as "Other" with no rationale. Findings include: On 10/28/2024, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility 10/17/2023. Resident 2's June and July 2024 Medication Administration Records (MAR) documented: Albuterol 90 MCG (micrograms) - Inhale 2 puffs by mouth twice daily in the morning and late afternoon or uncontrolled coughing, sob (shortness of breath), chest tightness, wheezing (chronic obstructive lung). Scheduled at 8:00 AM and 8:00 PM. 06/30 8:00 AM - Other Problem 07/01 8:11 PM - Other Problems - On order 07/02 7:39 PM - Other Problems - On order	N 415		

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N 415	Continued From page 3 07/03 8:13 PM - Other Problems - On order 07/04 9:31 PM - Other Problems - On order 07/06 7:25 PM - Refused by Resident 07/07 8:26 PM - Other Problems - On order 07/10 7:50 PM - Other Problems - On order The MAR documented the medication had been administered or refused on dates when the medication was not available. Resident 2's July and August 2024 MAR documented: Misc Drug - Thorne-Methyl-Guard Plus 90 Vcap - Take 1 capsule by mouth once daily (inability to absorb regular iron-anemia) 07/01, 07/02, 07/04, 07/05, 07/11, 07/12, 07/13, 07/14, 07/17, 07/19, 07/20, 07/24, 07/26, 07/27, 07/28 - Other Problems - No rationale identified 08/01, 08/03, 08/04, 08/07, 08/10, 08/11, 08/14, 08/15, 08/16, 08/19, 08/20, 08/21, 08/22, 08/26, 08/27, 08/28, 08/29, 08/31 - Other Problems - No rationale identified On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would review the concern with staff.	N 415		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs.	N 432		

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N 432	Continued From page 4 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 3 residents received prescribed medications prior to expiration dates. Resident 1's Timolol Maleate (eye drop) did not have an open date written on the bottle and was being currently administered. Resident 2's artificial tears did not have an open date written on the bottle. Findings include: Example 1: Resident 1 On 10/18/2024, at approximately 11:10 AM, Surveyor observed Resident 1's Timolol Maleate in the medication cart which had a dispensed date of 06/17/2024. The packaging had a label that stated expires 28 days after opening. On 10/28/2024, Surveyor reviewed Resident 1's record. Resident 1's October 2024 Medication Administration Record (MAR), dated 10/01/2024 to 10/28/2024, documented the medication had been administered on 10/02, 10/05, 10/09, 10/12, 10/13, 10/14, 10/16, 10/17, 10/20, 10/24, and 10/27. "Dorzolamide/Timolol should be used within 28 days after the bottle is first opened. Therefore, you must throw away the bottle 4 weeks after you	N 432			

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N 432	Continued From page 5 first opened it, even if some solution is left. To help you remember, write down the date that you opened it in the space on the carton and the bottle." (Source: Electronic Medicines Compendium website, Package Leaflet: Information for the User, 12/2022, https://www.medicines.org.uk/emc/files/pil.10111.pdf (retrieval date - October 28, 2024).) Example 2: Resident 2 On 10/18/2024, at approximately 11:15 AM, Surveyor observed Resident 2's artificial tears in the medication cart which had a dispensed date of 09/10/2024. The packaging had a label that stated expires 28 days after opening and 15-day supply. Resident 2's October 2024 MARs, dated 10/01/2024 to 10/28/2024, documented that the medication had not been administered. On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would review the concern with staff.	N 432		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area.	N 499		

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N 499	Continued From page 6 Findings include: The provider is licensed as a class CS (semi-ambulatory) CBRF (community-based residential facility) able to serve up to 8 residents in the following client groups: physically disabled, advanced aged, terminally ill, developmentally disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and traumatic brain injury. On 10/18/2024, at approximately 11:15 AM, Surveyor toured the facility and observed the following unsecured cleaning compounds and toxic chemicals: Kitchen sink cabinet: -32 ounce bottle of liquid drain opener -Gallon of bleach -(2) 32 ounce bottle of window cleaner -(2) 32 ounce bottle of all-purpose cleaner -Gallon jug of disinfectant cleaner Laundry Room: -(3) 5 Gallon jug of ultra blue dish soap These areas were accessible to all residents. Residents were observed moving freely throughout the facility, including one resident who was blind. On 10/28/2024 at 2:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would review the concern with staff.	N 499		