STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011426	A. BUILDING: _____ B. WING _____	R-C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST COLETTA OF WI ST ROSE	W4955 HWY 18 JEFFERSON, WI 53549

(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
{M 000}	INITIAL COMMENTS On 01/14/2025, Surveyor conducted a standard licensing survey at verification visit at St Coletta of WI St Rose, an AFH located in Jefferson, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. One violation is a repeat violation from previous Statement of Deficiency R3R513 dated 03/30/2022 and SOD R3R514 dated 11/09/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed. Census: 4	{M 000}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that medication administration was documented in the Medication Administration Record (MAR) for 3 of 4 residents reviewed. Three of 4 residents reviewed had at least one	{M 466}		

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

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{M 466}	Continued From page 1	{M 466}		

day that documentation of medication administration was missing on their MAR.

This is a repeat violation from previous Statement of Deficiency (SOD) # R3R513 dated 03/30/2022 and SOD# R3R514 dated 11/09/2023.

Findings include:

Example 1: Resident 2

On the following dates the prescribed medications were not documented as administered on Resident 2's MAR for the months of October 2024, November 2024 and December 2024. Resident 2 was admitted 02/13/2018.

11/04/2024 Ostomy Care
11/19/2024 Ostomy Care
11/20/2024 Ostomy Care
11/21/2024 Ostomy Care
11/27/2024 Ostomy Care
11/28/2024 N-Acetylcysteine 100 milligrams (mg), Diphenhydramine 25 mg, Divalproex Sodium 500 mg, Metformin HCL ER 500 mg, Olanzapine mg, Mineral oil, Magnesium 250 mg, Trazodone 100 mg, Atorvastatin 20 mg, Vitamin D-3 50 microgram (mcg).
11/29/2024 Ostomy Care, Polyethylene Glycol, Aripiprazole 15 mg, N-Acetylcysteine 100 mg, Sodium Chloride 1 gram, Metamucil Smooth, Divalproex Sodium 500 mg, Multivitamin, Olanzapine 10 mg, Atenolol 25 mg
12/03/2024 Ostomy Care
12/15/2024 Ostomy Care
12/16/2024 Ostomy Care, Ketoconazole 2%, N-Acetylcysteine 100 mg, Diphenhydramine 25 mg, Divalproex 500 mg, Metformin HCL ER 500 mg, Olanzapine 10 mg, Mineral Oil, Magnesium 250 mg, Trazodone 100 mg, Atorvastatin 20 mg

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{M 466}	Continued From page 2 12/17/2024 Ostomy Care 12/24/2025 Ostomy Care, Divalproex Sodium 500 mg, Metformin HCL ER 500 mg, Olanzapine 10 mg, Mineral Oil, Magnesium 250 mg, Trazodone HCL 100 mg, Atorvastatin 20 mg 12/25/2024 Ostomy Care, Polyethylene Glycol, Aripiprazole 15 mg, N-Acetylcysteine 100 mg, Sodium Chloride 1 gram, Divalproex Sodium 500 mg, Multivitamin, Olanzapine 10 mg Example 2: Resident 4 On the following dates the prescribed medications were not documented as administered on Resident 4's MAR for the months of October 2024, November 2024 and December 2024. Resident 4 was admitted 06/19/1977. 10/16/2024 Memantive HCL ER 20 mg 11/06/2024 Guanfacine HCL 2 mg, Senna 8.6 mg, Colace Clear 50 mg, Carbamazepine ER 300 mg, Lamotrigine 200 mg, Ketoconazole 2% 12/16/2024 Carnation instant breakfast, Guanfacine HCL 2 mg, Senna 8.6 mg, Colace Clear 50 mg, Carbamazepine ER 300 mg, Lamotrigine 200 mg 12/18/2024 Carnation instant breakfast 12/22/2024 Carnation instant breakfast 12/23/2024 Carnation instant breakfast, Guanfacine HCL 2 mg, Senna 8.6 mg, Colace Clear 50 mg, Carbamazepine ER 300 mg, Lamotrigine 200 mg Example 3: Resident 5 On the following dates the prescribed medications were not documented as administered on Resident 5's MAR for the months of October 2024, November 2024 and December 2024. Resident 5 was admitted 06/14/2022.	{M 466}		

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{M 466}	Continued From page 3 10/15/2024 Levothyroxine 25 mcg 10/15/2024 Quetiapine 50 mg 10/16/2024 Quetiapine 50 mg 10/29/2024 Quetiapine 50 mg 10/30/2024 Quetiapine 50 mg 11/05/2024 Quetiapine 50 mg, Risperidone .5 mg 11/06/2024 Quetiapine 50 mg, Risperidone .5 mg 11/12/2024 Quetiapine 50 mg, Risperidone .5 mg 11/13/2024 Quetiapine 50 mg, Risperidone .5 mg 11/19/2024 Quetiapine 50 mg, Risperidone .5 mg 11/20/2024 Quetiapine 50 mg, Risperidone .5 mg 12/03/2024 Quetiapine 50 mg, Risperidone .5 mg 12/04/2024 Quetiapine 50 mg, Risperidone .5 mg 12/10/2024 Quetiapine 50 mg, Risperidone .5 mg 12/11/2024 Quetiapine 50 mg, Risperidone .5 mg 12/16/2024 Clomipramine HCL 50 mg, Fiber lax 625 mg, Levothyroxine Sodium 25 mcg, Lamotrigine 100 mg, N-Acetylcysteine 600 mg, Divalproex Sodium 500 mg, Risperidone .5 mg, Quetiapine 50 mg 12/17/2024 Quetiapine 50 mg, Risperidone .5 mg 12/18/2024 Quetiapine 50 mg, Risperidone .5 mg 12/31/2024 Quetiapine 50 mg, Risperidone .5 mg On 01/14/2025 at 11:00 AM, Surveyor interviewed Director of Quality Assurance- A (DQA-A), who verbalized understanding of the requirement that medication administration should be documented accurately on the resident MAR. DQA-A confirmed there were blank spaces throughout the MARs reviewed where there should not have been on numerous occasions.	{M 466}		

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