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	0019987	A. BUILDING: _____ B. WING _____	01/24/2025

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1ST HEALTH LLC	215 3RD ST MONROE, WI 53566

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N 000	Initial Comments On 01/22/2024, the bureau of assisted living Southern regional office conducted a standard survey at 1st Health LLC a CBRF located in Monroe, WI. As a result of this survey, 7 violations of DHS Chapter 83 were issued. Census: 7	N 000		
N 214	83.15(3)(a) Administrator shall supervise daily operation The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the Administrator supervised the daily operation of the CBRF. Interim Administrator A works 10 hours per week. Caregivers work without an administrator the rest of the time. Findings include: On 01/22/2025 at 9:00 AM, Surveyors arrived at the facility. Caregiver C was working alone.	N 214		

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

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Caregiver C stated, "I will have to call Interim Administrator A, s/he is only here part time." Surveyor asked Caregiver C who oversees the daily operations when Interim Administrator A is not at the facility. Caregiver C stated, "I don't know, I guess we do."

On 01/22/2025 at 10:00 AM, Surveyor interviewed Interim Administrator A. Interim Administrator A stated, "I am only here part time, I work about 10 hours a week." Surveyor asked who supervises the daily operations of the facility when s/he is not in the facility. Interim Administrator A stated, "Nobody does, the owners reside in Texas, so the caregivers just supervise themselves." Surveyor asked Interim Administrator A if the caregivers left in charge would qualify as an Administrator, Interim Administrator A stated, "I doubt it. I told Licensee B that there needs to be a full-time administrator, 10 hours a week doesn't cut it and I just started about 2 weeks ago." Surveyor asked Interim Administrator A who the prior administrator was. Interim Administrator A stated, "there was one, but s/he did not last long, and wasn't cut out for this job."

On 01/22/2025 at 11:00 AM, Surveyors spoke with Licensee B via phone. Licensee B confirmed that s/he resided in Texas and that Interim Administrator A runs the facility and works 10 hours per week. Licensee B confirmed that caregivers work without supervision when Interim Administrator A is not in the facility.

On 01/22/2025 at 11:15 AM, Surveyor verified that Caregiver D and Caregiver E didn't have documented training in resident rights, client group, challenging behaviors, personal cares or dietary. Interim Administrator A stated, "That falls

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N 214	Continued From page 2 on me, the administrator is responsible for employee training."	N 214		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of	N 243		

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N 243	Continued From page 3	N 243		

property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 2 of 3 employees reviewed had completed training in resident rights, client group or challenging behaviors. Caregivers D and E did not have documented training in resident rights, client group or challenging behaviors.

Findings include:

On 01/22/2025 at approximately 10:00 AM, Surveyor conducted a review of Caregiver D and Caregiver E's training to verify compliance with all employee training requirements. Surveyor reviewed the following records and interviewed Interim Administrator A:

Resident Rights

The record for Caregiver D, hired 12/04/2023, did not contain evidence of training or evidence of meeting an exemption for resident rights. Surveyor asked Interim Administrator A if there was any documentation to indicate Caregiver D had completed training in resident rights. Interim Administrator A stated that s/he could not find any documentation that would indicate Caregiver D had completed training in resident rights.

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N 243	Continued From page 4 The record for Caregiver E, hired 09/26/2019, did not contain evidence of training or evidence of meeting an exemption for resident rights. Surveyor asked Interim Administrator A if there was any documentation to indicate Caregiver E had completed training in resident rights. Interim Administrator A stated that s/he could not find any documentation that would indicate Caregiver E had completed training in resident rights. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver D, hired 12/04/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors. Surveyor asked Interim Administrator A if there was any documentation to indicate Caregiver D had completed training in challenging behaviors. Interim Administrator A stated that s/he could not find any documentation that would indicate Caregiver D had completed training in challenging behaviors. The record for Caregiver E, hired 09/26/2019, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors. Surveyor asked Interim Administrator A if there was any documentation to indicate Caregiver E had completed training in challenging behaviors. Interim Administrator A stated that s/he could not find any documentation that would indicate Caregiver E had completed training in challenging behaviors. Client Group The record for Caregiver D, hired 12/04/2023, did	N 243		

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N 243	Continued From page 5 not contain evidence of training or evidence of meeting an exemption for client group. Surveyor asked Interim Administrator A if there was any documentation to indicate Caregiver D had completed training in client group. Interim Administrator A stated that s/he could not find any documentation that would indicate Caregiver D had completed training in client group. The record for Caregiver E, hired 09/26/2019, did not contain evidence of training or evidence of meeting an exemption for client group. Surveyor asked Interim Administrator A if there was any documentation to indicate Caregiver E had completed training in client group. Interim Administrator A stated that s/he could not find any documentation that would indicate Caregiver E had completed training in client group. On 01/22/2025 at 1:00 PM, Surveyor discussed the above concern with Interim Administrator A. Interim Administrator A acknowledged that all employees must complete training in resident rights, challenging behaviors and client group within 90 days of hire. Interim Administrator A acknowledged that Caregiver D and Caregiver E did not have documented training in resident rights, challenging behaviors or client group.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment	N 247		

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N 247	Continued From page 6 methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 caregivers had completed training in personal cares or dietary. Caregiver D and Caregiver E did not have documented completion of training in personal cares or dietary.	N 247		

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N 247	Continued From page 7 Findings include: On 01/22/2025 at 10:00 AM, Surveyor reviewed the files of Caregiver D and Caregiver E to ensure that training in personal cares and dietary was completed. The file for Caregiver E, hired 12/04/2023 did not contain documentation of completed training in personal cares or dietary. Caregiver E is not a Certified Nursing Assistant (CNA). There were no other documented exemptions found in Caregiver E's file. The file for Caregiver F, hired 09/26/2019 did not contain documentation of completed training in personal cares or dietary. Caregiver F is not a Certified Nursing Assistant (CNA). There were no other documented exemptions found in Caregiver F's file. On 01/22/2025 at 11:30 AM, Surveyor interviewed Interim Administrator A. Interim Administrator A confirmed that Caregiver E and Caregiver F work at the facility, are able to work alone and assist residents with personal cares and dietary. Interim Administrator A acknowledged that there was no documentation to indicate that Caregiver E or Caregiver F had completed training in personal cares or dietary. Interim Administrator A stated that neither Caregiver E or Caregiver F had any documented exemptions for training in personal cares or dietary.	N 247		
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:	N 352		

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N 352	Continued From page 8 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 observation, record review, and interview, the provider did not ensure residents received all prescription medication in the dosage and at intervals prescribed by a practitioner. From 01/09/2025 to 01/22/2025, a total of 19 tablets/capsules were not administered to residents at the interval prescribed by their practitioner. FINDINGS INCLUDE: On 01/22/2025, Surveyor arrived at facility for a standard survey. On 01/22/2025 at 10:15 AM, Surveyor observed the contents of the medication cart with Caregiver C. Caregiver C reported staff were instructed to punch pills out of blister packs from the slot labeled with the number that matched the date of administration (EX: 01/01/2025 = Punch out pills from #1 slot). Caregiver C reported some staff were still not following the practice of punching pills out of slots which matched the date of administration. Caregiver C reported a pharmacist had recently audited the facility medication cart. Caregiver C reported resident blister packs started having pills punched out from them on 01/09/2025. Surveyor observed blister pack slots #1 thru #8 on many residents blister packs had been sealed without capsules/tablets dispensed into them. Caregiver B acknowledged the last cycle of blister packs	N 352		

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from the pharmacy had pills to 01/08/2025. Caregiver B showed Surveyor blister packs from the last cycle fill and stated s/he had been removing resident private information (pharmacy label) from the blister packs to be discarded. Surveyor observed pills remained in 3 of 3 unlabeled blister packs. Caregiver B stated s/he did not know if the pills remaining in the blister packs were refused or medication errors. Caregiver B acknowledged some resident blister packs for AM medications still contained capsules/tablets in the #22 slot. Caregiver B reported the staff who administered medications for the morning 01/21/2025 medication pass, had taken the pill from the 01/09/2025 slot. Caregiver B showed Surveyor that the AM medication blister packs had "[initials] 1/21" written next to the #9 slot. Caregiver B stated s/he had inadvertently dispensed pills from the #21 slot due to this correction. Caregiver B stated s/he did not know why some of the AM medication blister packs had pills remaining in the #9 through #22 slots, or the reason PM medication blister packs had pills remaining in the #9 through #21 slots.

EXAMPLE 1: Resident 1

On 01/22/2025, Surveyor observed the following:
1.) Furosemide 40 mg -8:00 AM dose - blister pack - labeled "01/09/2025 ...QTY (quantity) 23" - Tablets remained in the #13 & #22 slots. The #9 slot had "[initials] 1/21" written next to it (Picture 1).
2.) Memantine HCL 10 mg - 8:00 AM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablets remained in the #13 and #22 slots. The #9 slot had "[initials] 1/21" written next to it (Picture 2).
3.) Metoprolol Succinate ER - 8:00 AM dose - blister pack - Labeled "01/09/2025 ...QTY 23" -

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N 352	Continued From page 10 Tablets remained in the #10 and #22 slots. The #12 slot had "[initials] 1/21" written next to it (Picture 3). 4.) Potassium ER 20 MEQ - 8:00 AM dose - blister pack - labeled "01/09/205 ...QTY 23" - Tablets remained in the #13 and #22 slots. The #9 slot had "[initials] 1/21" written next to it (Picture 4). 5.) Ropinirole HCL 1 mg - 7:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablets remained in the #11 slot (Picture 5). 6.) Mirtazapine 7.5 mg - 8:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablets remained in the #11 slot (Picture 6). 7.) Memantine HCL 10 mg - 8:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablets remained in the #11 and #16 slots (Picture #7) 8.) Eliquis 3 mg - 8:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablets remained in the #11 slot (Picture 8). 9.) Buspirone HCL 7.5 mg - 8:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablets remained in the #11 slot. On 01/22/2025, Surveyor reviewed Resident 1's January 2025 medication administration record (MAR). From 01/09/2025 to 01/22/2025, all of Resident 1's 8:00 AM doses of the following medications: Furosemide 40 mg, Memantine HCL 10 mg, Buspirone HCL 7.5 mg, Potassium ER 40 MEQ, and Metoprolol Succinate ER 12.5 mg, were documented as administered and/or blank of documentation. From 01/09/2025 to 01/21/2025, all of Resident 1's 7:00 PM or 8:00 PM doses of the following medications: Memantine HCL 10 mg, Buspirone HCL 7.5 mg, and Eliquis 3 mg, were documented as administered and/or blank of documentation.	N 352		

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N 352	Continued From page 11 EXAMPLE 2: Resident 2 1.) Terazosin 1mg - 5:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablets remained in the #10 and #11 slots (Picture 12). 2.) Metoprolol Succinate 25 mg - 5:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablets remained in the #11 slot (Picture 13). 3.) Acetaminophen 500 mg (1,000 mg) - 5:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 46" - Tablets remained in the #9 and #10 slots (Picture 14). On 01/22/2025, Surveyor reviewed Resident 2's January 2025 MAR. Resident 2's 01/10/2025 & 01/11/2025 dosages of Terazosin 1 mg 5:00 PM dose was documented as administered. Resident 2's 01/11/2025 dose of Metoprolol Succinate 25 mg 5:00 PM dose was documented as administered. Resident 2's 01/09/2025 & 01/10/2025 dosages of Acetaminophen 1,000 mg was documented as administered. EXAMPLE 3: Resident 3 1.) Melatonin 3 mg - 8:00 PM dose - blister pack - labeled "01/09/2025 ...QTY 23" - Tablet remained in the #11 slot (Picture 15). On 01/22/2025, Surveyor reviewed Resident 3's January 2025 MAR. Resident 3's 01/11/2025 dose of Melatonin 3 mg was not documented as administered or refused. INTERVIEWS: On 01/22/2025 at 10:30 AM, Surveyor discussed the above concern with Caregiver C. Caregiver C acknowledged tablets/capsules in Resident 1, Resident 2, and Resident 3's blister packs had not been administered at the interval prescribed by their practitioner(s).	N 352		

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N 352	Continued From page 12 On 01/24/2025 at 4:00 PM, Surveyors discussed the above concerns with Licensee B. Licensee B acknowledged Surveyor observed 19 pills in the medication cart which had been ordered to be administered from 01/09/2025 to 01/22/2025. Licensee B acknowledged the 19 pills observed in the medication cart were documented as "administered" and/or blank of documentation on MARs. Licensee B acknowledged the above blister packs were pharmacy labeled indicated to start administration on 01/09/2025. Licensee B acknowledged the above blister packs originally had capsules/tablets dispensed into the #9 slot thru #31 slots (01/09/2025 to 01/31/2025). CROSS REFERENCE: DHS Chapter 83.37(1)(i) Proof-Of-Use-Record CROSS REFERENCE: DHS Chapter 83.37(3)(c) Medication Storage: Locked Cabinet	N 352		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure a	N 409		

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proof-of-use record was maintained for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contained the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person who administered the dose, and the remaining balance of the drug, or the administrator/designee audited, signed and dated the proof-of-use records on a daily basis.

On 01/22/2025, Surveyor found facility had one blister pack of the schedule II narcotic: Morphine Sulfate IR 15 mg, stored in the double locked compartment of the medication cart. Surveyor was provided an incomplete proof-of-use record for the Morphine Sulfate IR 15 mg tablets. Surveyor found 2 Morphine Sulfate tablets were not documented as removed from the blister pack on the proof-of-use record.

FINDINGS INCLUDE:

On 01/22/2025, Surveyors arrived at the facility for a standard survey.

OBSERVATION:

On 01/22/2025 at 11:05 AM, Surveyor observed Resident 1's Morphine Sulfate IR (immediate release) 15 mg tablets blister pack. The blister pack's pharmacy label was date 01/07/2025. Surveyor observed 14 tablets of Morphine Sulfate in the blister pack (Picture 20).

RECORD REVIEW:

On 01/22/2025, Surveyor reviewed Resident 1's January 2025 MAR (medication administration record). The MAR showed Morphine Sulfate IR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019987	A. BUILDING: _____ B. WING _____	01/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1ST HEALTH LLC	215 3RD ST MONROE, WI 53566

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N 409	Continued From page 14	N 409		

15 mg order was transcribed to the MAR on 01/07/2025. From 01/07/2025 to 01/22/2025, four administrations of Morphine Sulfate IR 15 mg were documented.
On 01/22/2024, Surveyor reviewed Resident 1's Morphine Sulfate IR 15 mg proof-of-use record. The following was documented:
1.) 01/07/2025 -10 tablets added - "Pharmacy Dispense Action"
2.) 01/13/2025 - 8 tablets added - "[Quantity in system (10) was incorrect, user updated quantity to 18.]"
3.) 01/13/2025 - 1 tablet dispensed
4.) 01/14/2025 - 1 tablet dispensed
5.) 01/16/2025 - 1 tablet dispensed
6.) 01/17/2025 - 1 tablet dispensed
7.) 01/19/2025 - 14 tablets for total count - "[Quantity in system (16) was incorrect, user updated quantity to 14.]"

INTERVIEW:

On 01/22/2025 at 11:30 AM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged there were 4 tablets documented as dispensed/administered on Resident 1's proof-of-use record and January 2025 MAR. Administrator A acknowledged 6 Morphine Sulfate tablets had been removed from the blister pack. Administrator A stated s/he was not aware the facility administrator and/or designated employee was to audit the proof-of-use record daily. Administrator A stated s/he would implement this process immediately. Administrator A reported s/he would initiate and investigation into what happened for the 2 undocumented Morphine Sulfate tablets.

On 01/24/2025 at 4:00 PM, Surveyor discussed the above concern with Licensee B. Licensee B

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N 409	Continued From page 15 reported facility had conducted an internal investigation into the 2 missing Morphine Sulfate tablets. Licensee B reported staff had admitted to administering the Morphine Sulfate tablets to Resident 1 without documenting the event. CROSS REFERENCE DHS Chapter 83.32(3)(i) Rights Of Residents: Receive Medication CROSS REFERENCE: DHS Chapter 83.37(3)(c) Medication Storage: Locked Cabinet	N 409		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the medication cart was kept locked with the key available only to personnel identified by the CBRF (community based residential facility). FINDINGS INCLUDE: On 01/22/2025, Surveyor arrived at the facility for a standard survey. On 01/22/2025, Surveyor reviewed a [Name of Local Pharmacy] "PHARMACY ANNUAL MEDICATION CART INSPECTION". Documented under the subsection titled, "Comments/Recommendations," the following was documented, "Cart was open when I arrived." The pharmacist signed the bottom and dated the inspection 01/16/2025. On 01/22/2025, Surveyor reviewed facilities most	N 419		

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	0019987	A. BUILDING: _____ B. WING _____	01/24/2025

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1ST HEALTH LLC	215 3RD ST MONROE, WI 53566

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N 419	Continued From page 16 recent weekly staff schedule. All shifts had 1 staff member assigned. On 01/22/2024 at 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated facility scheduled to 1 caregiver per shift. Administrator A reported some staff were not designated/trained on medication administration. Administrator A reported when a staff member not designated/trained to administer resident medications was working, that staff member was instructed to call a staff member from the neighboring building to switch positions. Administrator A reported the staff member working in the building had access to medication cart keys, whether they were designated to administer resident medications or not. On 01/24/2025 at 4:00 PM, Surveyor discussed the above concern with Licensee B. Licensee B acknowledged the pharmacist on 01/16/2025 documented the medication cart was 'open' when they arrived. Licensee B acknowledged staff who were not designated/trained to administer resident medications had unsupervised access to the medication cart keys. Licensee B acknowledged the recent investigation into the 2 missing Morphine Sulfate IR tablets and the access to medication cart/keys needed to be limited to staff administering medication to residents. CROSS REFERENCE: DHS Chapter 83.32(3)(h) Rights Of Residents: Receive Medication CROSS REFERENCE: DHS Chapter 83.37(1)(i) Proof-Of-Use-Record	N 419		
N 612	83.55(3) Bath and toilet areas: hand drying.	N 612		

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N 612	Continued From page 17 Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the enclosed towel dispenser had single use paper towels. The paper towel dispenser was empty. Findings include: On 01/22/2025 at 9:00 AM, Surveyor observed the paper towel dispenser in the common bathroom used by both staff and residents was empty. On 01/22/2025 at 10:30 AM, Surveyor observed the paper towel dispenser in the common bathroom used by both staff and residents was empty. On 01/22/2025 at 12:00 PM, Surveyor observed the paper towel dispenser in the common bathroom used by both staff and residents was empty. On 01/22/2025 at 1:00 PM, Surveyor discussed the above concern with Interim Administrator A. Interim Administrator A acknowledged that the paper towel dispenser should have paper towels in it to dispense. Interim Administrator A acknowledged that the paper towel dispenser in the common bathroom was empty.	N 612		