STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017501	A. BUILDING: _____ B. WING _____	C 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON HOUSE SENIOR LIVING INC	W76 N629 WAUWATOSA RD CEDARBURG, WI 53012

(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 04/17/2023, Surveyor conducted a complaint investigation and standard survey at Hamilton House Senior Living Inc. Two deficiencies were identified. The complaint was unsubstantiated. Census: 26	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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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. This Rule is not met as evidenced by:	N 406		

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

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N 406	Continued From page 1 Based on observation, record review, and interview, the provider did not ensure 6 of 6 resident medications were disposed of after 30 days of the expiration date. Findings include: On 04/12/2024 at 9:20 AM, Surveyor interviewed Nurse B. Nurse B stated all resident rooms had their own medication cabinets staff utilized for medication administration. Surveyor toured resident rooms with Nurse B. Surveyor observed the following: -Resident 1 had 30 tabs of Hydrochlorothiazide 12.5 mg to be taken as needed and an expiration date of 01/18/2024. -Resident 2 had 30 tabs of Loperamide 2 mg to be taken as needed and an expiration date of 10/31/2023. -Resident 3 had 50 tabs of Acetaminophen 325 mg to be taken as needed and an expiration date of 12/20/2023. -Resident 4 had 111 tabs of Senexon 8.6 mg to be taken as needed and an expiration date of 03/10/2024. -Resident 5 had 30 tabs of Benzonatate 100 mg to be taken as needed and an expiration date of 11/28/2023. -Resident 6 had 52 tabs of Senexon 8.6 mg to be taken as needed and an expiration date of 03/22/2024. A review of the provider's medication storage inspection dated 06/27/2023 documented outdated PRN medications were found. On 04/17/2024 at 8:15 AM, Surveyor interviewed Executive Director A and Nurse B. Nurse B acknowledged the provider's medication checks	N 406		

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N 406	Continued From page 2 were not completed. Nurse B stated Memory Care Director C was supposed to go through each resident room medication cabinet weekly to ensure medications are administered and current. Nurse B stated s/he would re-educate Memory Care Director C and all resident rooms would be checked.	N 406		
N 423	83.37(3)(g) Medication storage: controlled substances. Controlled substances. The CBRF shall provide separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 3's Morphine was in a separately locked area within the locked medications area for storage of scheduled II drugs. Findings include: On 04/12/2024 at 9:29 AM, Surveyor toured Resident 3's room with Nurse B. Surveyor observed Resident 3's medication cabinet which included 2 medication bubble packs of Morphine Sulfate. The first medication card had 6 tabs of Morphine Sulfate 15 mg to be taken as needed with a start date of 03/29/2024. The second medication card had 9 tabs of Morphine Sulfate 15 mg to be taken as needed with a start date of 03/29/2024. Nurse B acknowledged Resident 3's	N 423		

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N 423	Continued From page 3 Morphine should have been stored in a separate locked area within his/her medication cabinet. Nurse B stated most resident rooms have a lock box secured in the medication cabinet. Nurse B stated s/he would contact their maintenance director to install lock box. Nurse B stated all resident rooms would be checked. A review of the provider's medication storage inspection dated 06/27/2023 documented, "Narcs and controlled substances not in lock box," were found.	N 423		