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 _____	R-C 07/15/2024

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 07/15/2024, Surveyors conducted one (1) complaint investigation and a verification visit at Hamilton House Senior Living Inc, CBRF. As a result of the survey 1 complaint was unsubstantiated and 1 of 2 deficiencies were identified as repeat violations. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 27	{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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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 observation, record review, and interview, the provider did not ensure 2 of 8 resident medications were disposed of after the expiration date. This is a repeat deficiency. See statement of deficiency (SOD) UYSY11, dated 04/17/2024. Findings include: On 07/15/2024 at approximately 12:15 PM, Surveyors interviewed Executive Director (ED) A. ED A stated medications were stored in resident rooms. Surveyors toured with ED A. Surveyors observed the following: -Resident 1 had 22 tabs of Acetaminophen 325 MG Tab; Take 2 tabs (650 mg) by mouth 3 times daily as needed for pain. Expiration date of 06/30/2024. -Resident 2 had 24 tabs of Acetaminophen 325 MG Tab; Take 1 or 2 tabs by mouth every 4 hours as needed for pain or fever. Expiration date of 06/30/2024. On 07/15/2024 at approximately 1:00 PM, Surveyor interviewed ED A. ED A acknowledged medication for Resident 1 and Resident 2 were expired. ED A pulled the medications out of the medication cabinet in resident's room. ED A provided Surveyors copies of Resident 1 and Resident 2 medication administration records (MAR). Review of Resident 1 and Resident 2's medication administration records (MARs) reflected Resident 1 and Resident 2 had not received expired medication. The provider did not ensure 2 of 8 resident	{N 406}		

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{N 406}	Continued From page 2 medications were disposed of after the expiration date.	{N 406}		