Wisconsin Department of Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016902 | A. BUILDING: _____ B. WING _____ | R-C 08/16/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBANY OAKS ASSISTED LIVING | 750 CAROLAN DR ALBANY, WI 53502 |

| (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<br><br>On 08/15/2023, The Bureau of Assisted Living, Southern Regional Office conducted an enforcement verification visit, complaint investigation and standard licensing survey at Albany Oaks Assisted Living, a CBRF located in Albany, WI.<br><br>As a result of this survey, 1 violation of Chapter DHS 83 was issued.<br><br>1 violation from previous statement of deficiency (SOD) # UZYU11 dated 01/05/2023 was corrected.<br><br>Complaint was unsubstantiated.<br><br>Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed.<br><br>Census: 13 | {N 000} | | |
| N 352 | 83.32(3)(h) Rights of Residents: Receive medication<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure each resident received all prescribed medications in the dosage and at intervals prescribed by a practitioner. | N 352 | | |

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

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| N 352 | Continued From page 1<br>On 08/13/2023, Resident 3 did not receive 5 of his/her morning medications.<br><br>FINDINGS INCLUDE:<br><br>On 08/15/2023, Surveyors arrived at facility for a standard licensing survey.<br><br>On 08/15/2023 at 12:30 PM, Surveyor observed resident's scheduled medications in the facility medication cart with Caregiver K. Caregiver K stated the pills in blister packs are to be administered from the slot with number matching the date of the day (the pills in the #1 slot at administered on the 1st of the month). Surveyor observed Resident 3's blister packs containing Resident 3's morning medications and found 5 of 5 blister packs had pills remaining in the number 13 slot. Caregiver K acknowledged that staff are responsible for administering Resident 3's medications. Caregiver K stated an agency staff passed medications the morning of 08/13/2023 and they must have missed administering Resident 3's morning medications. Surveyor observed the following pills remaining in the number 13 slot of Resident 3's blister packs:<br><br>1.) One capsule of Preservision AREDS - ordered to be administered twice daily with meals (Picture #1)<br>2.) One tablet of Pantoprazole 20 mg - ordered to be administered once daily 15 minutes before meals (Picture #2)<br>3.) One capsule of Gabapentin 100 mg - ordered to be administered 3 times daily for neuropathic headache (Picture #3)<br>4.) One tablet of Escitalopram 10 mg - ordered to be administered once daily for mood (Picture #4)<br>5.) Three tablets of Acetaminophen 325 mg - ordered to be administered every 6 hours for pain | N 352 | | |

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| N 352 | Continued From page 2<br>(Picture #5)<br><br>On 08/15/2023, Surveyor reviewed the resident roster. Resident 3 was admitted to the facility on 08/31/2022.<br><br>On 08/15/2023, Surveyor reviewed Resident 3's medication administration record (MAR) from 08/08/2023 to 08/15/2023. There is no documentation of administration or refusal of the above medications the morning of 08/13/2023.<br><br>On 08/15/2023 at 1:00 PM, Surveyor discussed the above concern with Director A. Director A stated Resident 3 was at the facility the morning of 08/13/2023 and staff were to administer his/her morning medications. Director A stated an agency staff worked the morning of 08/13/2023 and must not have administered Resident 3's morning medications.<br><br>On 08/16/2023 at 3:00 PM, Surveyor reviewed an email from Director A. Director A confirmed Agency Staff L passed medications on 08/13/2023. | N 352 | | |