STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011483	A. BUILDING: _____ B. WING _____	C 08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABUNDANT LIFE MANOR	**1904 E BELLEVIEW PL MILWAUKEE, WI 53211**

(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 08/14/2024, Surveyor conducted a complaint investigation at Abundant Life Manor. Two deficiencies were identified. One complaint was substantiated. Census: 30	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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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: Based on staff interview and observation, the provider did not implement a policy for disposing unused, discontinued, outdated, or recalled	N 406		

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

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N 406	Continued From page 1 medications in compliance with federal, state and local standards or laws. The provider did not ensure medications were destroyed in compliance with standard practices. The administrator or designee and one other employee did not witness, sign, and date a record of destruction. There were approximately 400 unidentified capsules and tablets in a 5-gallon storage tote in the facility. Findings include: On 08/14/2024, at 10:47 AM, Surveyor accompanied by Licensed Practical Nurse (LPN) F observed approximately 400 unidentified capsules and tablets in a 5-gallon storage tote sitting next to a medication cart in a locked storage area in the basement level of the facility. At approximately 11:00 AM, Surveyor interviewed LPN F regarding the facilities procedure for disposing of medications. LPN F stated, "We use a jug of chemicals to destroy all the pills." Surveyor asked to see the destruction logs. LPN F stated, "We don't document what we throw out." At approximately 1:45 PM, Surveyor met with Administrator A, Behavioral Health Manager G and Human Resources Director H. Administrator A confirmed understanding of the requirement to keep logs of destroyed medications. S/he stated they had recently terminated a disgruntled nurse who they assume destroyed the documentation.	N 406		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers,	N 416		

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N 416	Continued From page 2	N 416		

stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure other administration, injectables, were delegated by a Registered Nurse (RN) pursuant to the Nurse Practice Act [s. N 6.03(3)] and in accordance with accepted standards of practice for 2 of 2 unlicensed Resident Assistants (RAs) reviewed (RA C and RA D).

Findings include:

Chapter N6.03(3) is the Standard of Practice for RNs and addresses the supervision and direction of delegated tasks. The RN may delegate a task based on the educational preparation and demonstrated abilities of the person supervised but must provide direction and assistance, and observe, monitor, and evaluate the effectiveness of the delegated tasks.

Record Review

On 08/14/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted 02/15/2024 with a diagnosis of Type 2 diabetes mellitus with hyperglycemia. Medication orders included the following:
-Humalog Kwik pen 100 unit/milliliter (ML)- Inject 4 units subcutaneously at supper time.

-Humira Pen Injection-Inject 40 mg every other

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N 416	Continued From page 3 week. -Lantus Solostar 100unit/ML Pen- Inject 26 units subcutaneously once daily at bedtime. On 08/14/2024, Surveyor Reviewed Resident 2's medical record. Resident 2 was admitted 11/20/2019 with a diagnosis of Type 2 diabetes mellitus with hyperglycemia. Medication orders included the following: -Humalog Kwik pen 100unit/ML-Inject subcutaneously three times daily per sliding scale. -Lantus Solostar 100unit/ML Pen-Inject 9 units subcutaneously once daily. On 08/14/2024, Surveyor reviewed RA C's record. RA C was hired on 06/11/2024. The employee record did not include RN delegation. On 08/14/2024, Surveyor reviewed RA D's record. RA D was hired on 03/01/2023. The employee record did not include RN delegation. Interview On 08/14/2024 at approximately 1:30 PM, Surveyor interviewed Human Resources Director H (HRD H) who confirmed RA C and RA D were both responsible for medication administration and neither had RN delegation attributed to them. HRD H confirmed Resident 1 and Resident 2 required insulin administration by caregivers. HRD H confirmed the facility has been without an RN since January 2024. HRD H stated, "We did hire a new nurse, but they quit right away." HRD H further stated, "We have been working to ensure all required trainings are included and up	N 416		

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N 416	Continued From page 4 to date for our employee's but currently we do not have a nurse to do the delegation...Our LPN has been fielding staff medical questions until we hire a new nurse."	N 416		