STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013040	A. BUILDING: _____ B. WING _____	C 10/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF DORCHESTER LLC CBRF	155 N 3RD ST DORCHESTER, WI 54425

(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 10/05/2023, Surveyor conducted a complaint investigation at Homeplace of Dorchester LLC CBRF. Data collection continued through 10/09/2023. The complaint was unsubstantiated. Two deficiencies were identified. Census: 12	N 000		
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: 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 record review and interview, the provider did not ensure Resident 1 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Findings include: On 07/26/2023, the Department received a complaint alleging a resident received a nebulizer treatment despite refusing the treatment and the treatment was not monitored by a caregiver. The provider is licensed to care for 14 residents in the client groups advanced aged, developmentally disabled, and irreversible dementia/Alzheimer's disease.	N 352		

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

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N 352	Continued From page 1 On 10/05/2023, Surveyor reviewed Resident 1's file. Resident 1 was admitted on 01/25/2023. Resident 1's health care power of attorney (HCPOA) was activated. Resident 1 had an order for Albuterol (2.5 mg/3 ml solution) three times per day (7:00 a.m., 1:00 p.m., 7:00 p.m.). Surveyor reviewed Resident 1's medication administration record (MAR) for July 2023, August 2023 and September 2023. In August 2023, Resident 1 ran out of Albuterol and the Albuterol was unavailable from 08/04/2023 to 08/14/2023. On 10/09/2023 at 10:35 AM, Surveyor interviewed Caregiver B. Caregiver B reported, "A few months ago, [Resident 1] ran out of Albuterol for a few weeks." Surveyor asked Caregiver B if Resident 1 had any health problems or breathing issues without having his/her Albuterol. Caregiver B reported that Resident 1 did not have any known breathing issues or health problems during the time the Albuterol was unavailable. Caregiver B reported Resident 1's Albuterol was unavailable from 08/04/2023 to 08/14/2023. Caregiver B indicated that Resident 1's Albuterol order was changed from administering Albuterol three times per day to administer as needed (PRN) after 08/15/2023. On 10/09/2023 at 11:00 AM, Surveyor interviewed Chief Operating Officer (COO) A. COO A confirmed Resident 1's Albuterol was unavailable from 08/04/2023 to 08/14/2023. COO A noted, "I see now what you are concerned with. I spoke with the previous director and the pharmacy specifically about [Resident 1's] Albuterol on 08/14/2023. The pharmacy stated at that time they were waiting for an order and sent the facility notes regarding refills but did not get the order.	N 352		

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N 352	Continued From page 2 The previous director did state that s/he was trying to get the refill order but did not document." COO A indicated, "I also have a call into the pharmacy to meet with us to discuss medications, refills and orders so we are all on the same page." COO A commented, "I can see it's an issue. We are working with pharmacy. All we can do is move forward."	N 352		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop a comprehensive individual service plan (ISP) for Resident 1. The ISP did not specify methods for delivering nebulizer treatments and who was responsible for delivering the nebulizer treatments. Findings include:	N 386		

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N 386	Continued From page 3 On 07/26/2023, the Department received a complaint alleging a resident received a nebulizer treatment despite refusing the treatment, and the treatment was not monitored by a caregiver. The provider is licensed to care for 14 residents in the client groups advanced aged, developmentally disabled, and irreversible dementia/Alzheimer's disease. On 10/05/2023, Surveyor reviewed Resident 1's file. Resident 1 was admitted on 01/25/2023. Resident 1 had an order for nebulizer treatments (Albuterol 2.5 mg/3 ml solution) three times per day (7:00 a.m., 1:00 p.m., 7:00 p.m.). The order for nebulizer treatments was changed from three times per day to as needed (PRN) after 08/15/2023. Resident 1's ISP, last updated June 2023, did not contain information pertaining to nebulizer treatments and who was responsible for providing the treatments. On 10/09/2023 at 11:00 AM, Surveyor interviewed Chief Operating Officer (COO) A. COO A indicated, "If a resident has an order for nebulizer treatments, a step-by-step process needs to be written in the resident's ISP and care plan." COO A noted, "For anyone on a nebulizer, we would check that on the ISP as well as the care plan and then specific directions in the EMAR [sic] (electronic medication administration record)." COO A confirmed, "I went through [Resident 1's] care plan and nowhere was it indicated that s/he was on a nebulizer...Staff's documentation is generated from the care plan itself, so since it was not there, it was not documented on." COO A noted,"...Our new Director and myself are going through room by room to ensure their care plans and ISPs are up to date."	N 386		