STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013386	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER RCAC	250 N ORANGE STREET RICHLAND CENTER, WI 53581

(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
U 000	INITIAL COMMENTS On 08/14/2023, Surveyor conducted a complaint investigation at Our House Richland Center RCAC. Complaint was substantiated. 1 deficiency was identified. Census 19	U 000		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure Tenant 1 received all	U 267		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 267	Continued From page 1	U 267		

prescribed medications in the dosage and at the intervals prescribed by the tenant's physician.

Findings include:

On 08/14/2023 at approximately 11:50 AM, Surveyor interviewed Administrator A who stated there was a concern brought to him/her regarding Tenant 1's medication not being given as prescribed. Administrator A stated Tenant 1 was prescribed an antibiotic on 06/28/2023 that was not administered until 07/05/2023. Administrator A stated the antibiotic was prescribed to be administered 3 times per day for 7 days and totaling 21 doses. Administrator A stated, in error, the antibiotic was only given 2 times per day and only 11 pills out of the prescribed 21 doses were administered.

On 08/14/2023 at approximately 12:05 PM, Surveyor reviewed Tenant 1's facility file. Tenant 1's observation notes had an entry on 07/05/2023 at 11:45 AM, stating Family Member B had called and spoke with Manager C and was upset because Tenant 1's antibiotic was not being administered as prescribed.

On 08/14/2023, Surveyor reviewed Tenant 1's medication orders. The medication order for benzonatate 200 mg capsules was written on 06/28/2023. The order stated the 200 MG of the medication was to be administered orally three times a day for 7 days.

On 08/14/2023, Surveyor reviewed Tenant 1's medication administration record (MAR) that documented Tenant 1 started to receive the medication on 07/05/2023 until 07/09/2023, twice a day, in the morning and in the evening. On 07/10/2023, Tenant 1 only received the morning

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U 267	Continued From page 2 dose of medication. Tenant 1 only received 11 out of 21 capsules, and received the medication 7 days later than the prescription date.	U 267		