STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013716	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGIAS PARADISE ASSISTED LIVING II	844 N 25TH ST MILWAUKEE, WI 53233

(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
M 000	INITIAL COMMENTS On 03/06/2025, Surveyors completed a standard survey and 2 complaint investigations at Georgia's Paradise Assisted Living II. Seven deficiencies were identified. Four of 7 deficiencies identified were repeat deficiencies. One of 7 deficiencies identified was cited for the third time. One complaint unsubstantiated. One complaint substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 2	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by:	M 232		

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

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M 232	Continued From page 1 Based on record review and interview, the provider did not ensure 2 of 2 employee records (Caregiver B and Caregiver C) reviewed had evidence the employee had been screened for illness detrimental to residents within 90 days before the start of providing service. This is a repeat violation. See Statement of Deficiency (SOD) 7FHW11, dated 07/29/2019, and SOD 7FHW12, dated 04/30/2021. Findings include: On 02/26/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 02/18/2025. Caregiver B's employee record did not contain documentation s/he was screened for illness detrimental to residents. On 03/06/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 02/20/2025. Caregiver C's employee record did not contain documentation s/he was screened for illness detrimental to residents. On 03/06/2025 at approximately 10:38 AM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's and Caregiver C's records did not contain documentation of being screened for illness detrimental to residents. Licensee A stated s/he was aware of this requirement. Licensee A stated moving forward s/he will ensure staff are screened for illness detrimental to residents within 90 days before the start of providing service.	M 232		

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M 276	Continued From page 2	M 276		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe, clean well-maintained, and homelike. The home required cleaning and/or repairs. This had the potential to affect 2 of 2 residents (Resident 1 and Resident 2) residing in the facility. This is a repeat violation. See Statement of Deficiency (SOD) 7FHW11, dated 07/29/2019. Findings include: On 02/21/2025, the Department received a complaint alleging facility bedrooms were filthy and smelled bad. The home was license as an ambulatory adult family home caring for up to 4 residents in the client groups of irreversible dementia/Alzheimer's developmentally disabled, advanced aged emotionally disturbed/mental illness. On 02/26/2025 at approximately 9:00 AM, Surveyor conducted a tour of the facility with Licensee A and observed the following: Resident 1 bedroom	M 276		

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M 276	Continued From page 3	M 276		

-Ceiling light fixture did not work.
-Closet door was hanging off hinge.
-Dirty and peeling floor tile throughout.
-Wall plate light switch was dirty.
-Bags of clothing on floor throughout.
-Cups and paper on the floor throughout.
-Trash on the floor throughout.
-Speaker in the corner of room was caked with dust.

Resident 2 bedroom
-Had a strong urine smell.
-Dirty and peeling floor tile throughout.
-Wall plate light switch was dirty.
-Wall vent brown due to being rusted.

Bedroom 2
-Wall trimming was dirty.
-Dirty and peeling floor tile throughout.
-Wall vent was hanging.

Bedroom 4
-Wall trimming was dirty.
-Dirty and peeling floor tile.
-Walls had a white chalk like substance.
-Holes in wall.

Hallway
-Dirty and peeling floor throughout.

-Peeling floor tile throughout facility.

Bottom of front entrance staircase
-Floor was dirty and had a yellow substance.

On 02/26/2025 at approximately 10:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed the home environment issues throughout facility. Licensee A stated s/he was aware of the home environment issues

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M 276	Continued From page 4 throughout facility and is working with the maintenance person to fix the issues.	M 276		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 1 of 7 required locations. There was no smoke detector in the basement. This is a repeat violation. See Statement of Deficiency (SOD) 7FHW11, dated 07/29/2019. Findings include: On 02/26/2025 at approximately 9:00 AM, Surveyor conducted a tour of the facility with Licensee A and observed the following:	M 334		

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M 334	Continued From page 5 -The basement did not contain a smoke detector. On 02/26/2025 at approximately 10:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed the basement did not have a smoke detector. Licensee A stated s/he was aware of this requirement. Licensee A stated s/he informed the maintenance person to install a smoke detector in the basement. Licensee A stated s/he did not know why the maintenance person did not install a smoke detector in the basement when s/he requested. Licensee A stated s/he would have the maintenance person install a smoke detector in the basement.	M 334		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) individual service plans (ISPs) were developed, signed and dated by all persons involved in developing the plan. Resident 1's and Resident 2's ISPs were not signed by their guardians and managed care	M 406		

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M 406	Continued From page 6 organization (MCO) care management team. Findings include: On 02/26/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 03/12/2014 with diagnoses including schizoaffective disorder and personality disorders. Resident 1 had a legal guardian. Resident 1 was enrolled in services with an MCO and had assigned case managers. Resident 1's ISP was dated 08/26/2024. Resident 1's legal guardian did not sign his/her ISP. Resident 1's case managers' did not sign his/her ISP. On 02/26/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 06/23/2015 with schizoaffective disorder, diabetes, cerebellar atrophy, dermatitis, gastric esophageal reflux, high cholesterol/hyperlipidemia, hypertension, impulse control disorder, intellectual disability developmental disorder, irritable bowel disease, obesity, sleep apnea, tardive dyskinesia, renal calculi, and substance use disorder (alcohol). Resident 2 had a legal guardian. Resident 2 was enrolled in services with an MCO and had assigned case managers. Resident 2's ISP was dated 12/12/2024. Resident 2's legal guardian did not sign his/her ISP. Resident 2's case managers' did not sign his/her ISP. On 02/26/2025 at approximately 3:53 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 1's and Resident 2's ISPs were current. Licensee A confirmed Resident 1's and	M 406		

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M 406	Continued From page 7 Resident 2's legal guardians did not sign their ISPs. Licensee A confirmed Resident 1's and Resident 2's case managers' did not review and sign their ISPs.	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed had his/her individual service plan (ISP) update every 6 months and/or when there was a change in the residents needs or preferences. Resident 1's ISP did not address his/her utilization of a cane. Findings include:	M 424		

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M 424	Continued From page 8 On 02/26/2025 at approximately 12:41 PM, Surveyor observed Resident 1 use a cane to ambulate from his/her bedroom to the balcony and back into his/her bedroom. On 02/26/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 03/12/2014. Resident 1's ISP, dated 08/26/2024, indicated Resident 1 was an ambulatory resident. The ISP did not mention the use of a cane. On 02/26/2025 at approximately 12:44 PM, Surveyor interviewed Resident 1. Resident 1 stated s/he used his/her cane due to problems with his/her back and legs. On 03/02/2025 at approximately 7:41 AM, Surveyor interviewed Licensee A. Licensee A reported they believed Resident 1 obtained the cane from the office of the facility. The cane was left by a previous resident and never picked up, so they kept it in the office. The previous manager did not mind if residents took things from the office. Licensee A confirmed there was no order for Resident 1 to utilize a cane for ambulation. Licensee A reported s/he would set up an appointment for Resident 1 to be assessed by his/her physician and see what they recommend.	M 424		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and	M 466		

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M 466	Continued From page 9	M 466		

time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure an accurate record of medication administration for 2 of 2 residents (Resident 1 and Resident 2) reviewed. The Medication Administration Records (MARs) for Resident 1 contained omissions in January 2024, November 2024, and February 2025. Resident 2's MAR contained omissions in September 2024, October 2024, December 2024, and February 2025.

This is a repeat violation. See Statement of Deficiency (SOD) 7FHW11, dated 07/29/2019.

Findings include:

On 02/26/2025. Surveyor reviewed Resident 1's record and identified the following:

-Resident 1 was admitted to the provider's home on 03/12/2014. Surveyor reviewed Resident 1's MAR for the months of January 2024, November 2024 and February 2025. The following entries in Resident 1's MARs were blank:

7:00 AM:
-Levothyroxine Sodium 137 micrograms take 1 tablet by mouth daily - 02/16/2025.

7:30 AM:
-Omeprazole 20 milligrams (mg) take 1 capsule by mouth in the morning 30 minutes before meal

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M 466	Continued From page 10 - 11/05/2024 and 11/10/2024. 8:00 AM: -Amantadine 100 mg take 1 tablet by mouth 2 times daily in the morning and at 10:00 PM - 02/16/2025. -Divalproex sodium 500 mg take 2 tablets (1000 mg) by mouth 2 times daily - 02/16/2025. -Haloperidol 5 mg take 1 tablet by mouth 3 times daily - 02/16/2025. -Multivitamin take 1 tablet by mouth in the morning - 02/16/2025. 12:00 PM: -Romycin 5 mg (0.5%) ointment topically in both eyes as directed 4 times daily - 11/04/2024-11/05/2024 and 11/07/2024. -Haloperidol 5 mg take 1 tablet by mouth 3 times daily - 02/20/2025 and 02/22/2025. 4:00 PM: -Haloperidol 5 mg take 1 tablet by mouth 3 times daily - 02/22/2025. 8:00 PM: -Mucinex 600 (mg) extended-release (ER) take 1 tablet by mouth 2 times daily - 01/04/2024-01/06/2024. -Atorvastatin calcium 20 mg take 1 tablet by mouth at bedtime - 02/24/2025. -Divalproex sodium 500 mg take 2 tablets (1000 mg) by mouth 2 times daily - 02/24/2025. 10:00 PM: -Amantadine 100 mg take 1 tablet by mouth 2 times a day in the morning and at 10:00 PM - 02/24/2025. -Haloperidol 10 mg take 1 and 1/2 tablets (15 mg) by mouth at 10:00 PM - 02/05/2025 and 02/24/2025.	M 466		

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M 466	Continued From page 11 On 02/26/2025. Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 06/23/2015. Surveyor reviewed Resident 2's MAR for the months of September 2024, October 2024, December 2024, and February 2025. The following entries in Resident 2's MARs were blank: 8:00 AM: -Metoprolol Succinate 50 mg take 1 tablet by mouth in the morning - 02/12/2025, 02/14/2025 and 02/16/2025. -Amantadine 100 mg take 1 capsule by mouth 2 times daily - 02/14/2025 and 02/16/2025. -Amlodipine Besylate 5 mg take 1 tablet by mouth in the morning - 02/14/2025 and 02/16/2025. -Aspirin 81 mg chew and swallow 1 tablet by mouth in the morning - 02/14/2025 and 02/16/2025. -Haloperidol 5 mg take 1 tablet by mouth 2 times daily with 10 mg=15 mg total dose - 02/14/2025 and 02/16/2025. -Haloperidol 10 mg take 1 tablet by mouth 2 times daily with 5 mg=15 mg total dose - 02/14/2025 and 02/16/2025. -Losartan Potassium 50 mg take 1 tablet by mouth in the morning - 02/14/2025 and 02/16/2025. -Metformin 500 mg take 1 tablet by mouth 2 times daily in the morning and evening - 02/14/2025 and 02/16/2025. -Losartan Potassium 50 mg take 1 tablet by mouth in the morning - 09/07/2024. 4:00 PM: -Metformin 500 mg take 1 tablet by mouth 2 times daily in the morning and evening - 02/02/2025,	M 466		

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M 466	Continued From page 12 02/04/2025 and 02/22/2025. -Metformin 500 mg take 1 tablet by mouth 2 times daily in the morning and evening - 10/23/2024 8:00 PM: -Amantadine 100 mg take 1 capsule by mouth 2 times daily - 02/24/2025. -Atorvastatin calcium 20 mg take 1 tablet by mouth at bedtime - 02/24/2025. -Divalproex sodium ER 500 mg take 2 tablets (1000 mg) by mouth at bedtime - 02/24/2025. -Haloperidol 5 mg take 1 tablet by mouth 2 times daily with 10 mg=15 mg total dose - 02/24/2025. -Haloperidol 10 mg take 1 tablet by mouth 2 times daily with 5 mg=15 mg total dose - 02/24/2025. -Quetiapine fumarate 50 mg take 1 tablet by mouth at bedtime - 02/24/2025. -Atorvastatin calcium 20 mg take 1 tablet by mouth at bedtime - 12/01/2024 and 12/04/2024. -Benztropine mesylate 1 mg take 1 tablet by mouth 2 times daily - 12/01/2024 and 12/04/2024. -Diphenhydramine (Banophen) 25 mg take 1 capsule by mouth 2 times daily - 12/01/2024 and 12/04/2024. -Divalproex sodium ER 500 mg take 2 tablets (1000 mg) by mouth at bedtime - 12/01/2024 and 12/04/2024. -Haloperidol 5 mg take 1 tablet by mouth 2 times daily with 10 mg=15 mg total dose - 12/01/2024 and 12/04/2024. -Haloperidol 10 mg take 1 tablet by mouth 2 times daily with 5 mg=15 mg total dose - 12/01/2024 and 12/04/2024. -Quetiapine fumarate 50 mg take 1 tablet by mouth at bedtime - 12/01/2024 and 12/04/2024. On 02/26/2025 at approximately 3:53 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 and Resident 2 required assistance with medication for all of his/her	M 466		

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M 466	Continued From page 13 medication listed. Licensee A confirmed the MARs should have been documented accurately. Licensee A stated moving forward s/he would ensure all staff were documenting the medication administration properly.	M 466		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident received all prescribed medications in the dosage and at the intervals prescribed by the residents physician for 2 of 2 residents (Resident 1 and Resident 2) reviewed. Resident 1 had a total of 27 medications not administered between 11/28/2024 and 02/15/2025. Resident 2 had a total of 100 medications not administered between 09/21/2024 and 02/15/2025. This is a repeat violation. See Statement of Deficiency (SOD) 7FHW11, dated 07/29/2019. Findings include: On 02/26/2025 at approximately 11:07 AM,	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013716	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGIAS PARADISE ASSISTED LIVING II	844 N 25TH ST MILWAUKEE, WI 53233

(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
M 582	Continued From page 14 Surveyor observed a Ziploc clear storage bag in the medication cart. Inside the storage bag contained Resident 1's and Resident 2's medication. Surveyor observed Resident 1 and Resident 2 medication were in unit dose packaging. The Ziploc storage bag contained Resident 1's and Resident 2's medication for the following past dates: Resident 1 -Divalproex delayed release (DR) 500 milligrams (mg) 2 tablets was not administered on 11/28/2024-11/29/2024, 12/04/2024 (2 doses), 12/06/2024, and 12/25/2024 (A total of 12 tablets/6 doses). -Amantadine 100 mg tablet was not administered on 12/06/2024 and 12/25/2024 (A total of 2 doses). -Haloperidol 10 mg tablet was not administered on 12/06/2024 and 12/25/2024 (A total of 2 doses). -Haloperidol 10 mg 1/2 tablet was not administered on 12/06/2024 and 12/25/2024 (A total of 2 doses). -Levothyroxine 137 micrograms (mcg) tablet was not administered on 12/23/2024, 12/27/2024, and 12/28/2024 (A total of 3 doses). -Atorvastatin 20 mg tablet was not administered on 12/23/2024, 12/26/2024, 12/27/2024, and 12/28/2024 (A total of 4 doses). -Haloperidol 5 mg tablet was not administered on 12/30/2024 and 02/15/2025 (A total of 2 doses). Resident 1 had a total of 27 medications not administered between 11/28/2024 and 02/15/2025. Resident 2	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013716	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGIAS PARADISE ASSISTED LIVING II	844 N 25TH ST MILWAUKEE, WI 53233

(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
M 582	Continued From page 15 -Haloperidol 10 mg tablet was not administered on 09/21/2024, 11/20/2024-11/21/2024, 11/26/2024, 12/04/2024, 01/17/2025, 01/20/2025, 02/01/2025, 02/11/2025, and 02/14/2025-02/15/2025 (A total of 11 doses). -Haloperidol 5 mg tablet was not administered on 09/21/2024, 11/12/2024, 11/20/2024-11/21/2024, 11/26/2024, 12/04/2024, 01/17/2025, 01/20/2025, 02/01/2025, 02/11/2025, and 02/14/2025-02/15/2025 (A total of 12 doses). -Losartan 50 mg tablet was not administered on 09/21/2024, 11/12/2024, 11/21/2024, 11/26/2024, 12/04/2024, 01/20/2025, 02/01/2025, 02/11/2025-02/12/2025, and 02/14/2025 (A total of 10 doses). -Metformin 500 mg tablet was not administered on 11/12/2024, 11/21/2024, 11/26/2024, 12/04/2024, 01/20/2025, 02/01/2025 (2 doses), 02/12/2025, and 02/14/2025 (A total of 9 doses). -Metoprolol extended-release (ER) 50 mg tablet was not administered on 11/12/2024, 11/21/2024, 11/26/2024, 12/04/2024, 01/20/2025, 02/01/2025, 02/11/2025-02/12/2025, and 02/14/2025 (A total of 9 doses). -Atorvastatin 20 mg tablet was not administered on 11/20/2024, 01/17/2025, and 02/15/2025 (A total of 3 doses). -Benztropine 1 mg tablet was not administered on 11/20/2024-11/21/2024, 11/26/2024, 12/04/2024, and 01/20/2025 (A total of 5 doses). -Diphenhydramine 25 mg capsule was not administered on 11/20/2024-11/21/2024, 11/26/2024, 12/04/2024, and 01/20/2025 (A total of 5 doses). -Divalproex ER 500 mg 2 tablets was not administered on 11/20/2024, 01/17/2025, and 02/15/2025 (A total of 6 tablets/3 doses). -Quetiapine 50 mg tablet was not administered on 11/20/2024, 01/17/2025, and 02/15/2025 (A total of 3 doses).	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013716	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGIAS PARADISE ASSISTED LIVING II	844 N 25TH ST MILWAUKEE, WI 53233

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M 582	Continued From page 16 -Amlodipine 5 mg tablet was not administered on 11/21/2024, 11/26/2024, 12/04/2024, 01/20/2025, 02/01/2025, 02/11/2025, and 02/14/2025 (A total of 7 doses). -Omeprazole 20 mg capsule was not administered on 11/12/2024, 11/21/2024, 11/26/2024, 12/04/2024, and 01/20/2025 (A total of 5 doses). -Amantadine 100 mg capsule was not administered on 01/17/2025, 01/26/2025, 01/30/2025, 02/01/2025, 02/11/2025, 02/14/2025-02/15/2025 (A total of 7 doses). -Aspirin chewable 81 mg tablet was not administered on 11/21/2024, 11/26/2024, 12/04/2024, 01/20/2025, 02/01/2025, 02/11/2025-02/12/2025, and 02/14/2025 (A total of 8 doses). Resident 2 had a total of 100 medications not administered between 09/21/2024 and 02/15/2025. On 02/26/2025 at approximately 3:53 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 and Resident 2 required staff to administer medications. Licensee A confirmed past dates of Resident 1's and Resident 2's medications in unit dose packaging in Ziploc storage bag. Licensee A stated that s/he did not know why staff did not give medications. Licensee A stated moving forward s/he would ensure each resident receive all prescribed medications in the dosage and at the intervals prescribed by the residents physician. Cross Reference M0466 DHS 88.07(3)(e)1 Medication - Record Keeping	M 582		