STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015801	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS 20 LLC	**5335 TAYLOR AVE MOUNT PLEASANT, WI 53403**

(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 07/11/2024, Surveyors completed a standard survey and a complaint investigation at Open Arms 20 LLC. As a result, 1 deficiency was identified. One complaint was substantiated. Census: 4	M 000		
M 580	88.10(3)(p) Prompt and Adequate Treatment Prompt and adequate treatment. To receive prompt and adequate treatment and services appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident received prompt and adequate treatment appropriate to her/his needs. Resident 1 had laboratory orders for lithium level, lipid level, complete blood count with differential, glycated hemoglobin, vitamin D level, and comprehensive metabolic panel which were not completed. Resident 1's psychotropic medication was discontinued due to the physician not having adequate information to prescribe continued lithium which caused Resident 1 to experience a change of condition. Findings include: On 03/04/2024, the Department received a complaint alleging concerns with resident receiving proper medical care. On 06/19/2024, at 12:00 PM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 11/10/2022 with diagnoses including bipolar disorder, intermittent explosive disorder, and impulse disorder.	M 580		

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

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M 580	Continued From page 1 Resident 1's December 2023 medication administration record (MAR) indicated Resident 1 was prescribed the following medications: lithium carbonate 300 milligrams (mg) once daily, loratadine 10 mg once daily, vitamin C 500 mg once daily, vitamin D 10 mg once daily, benztropine 0.5 mg twice daily, ferrous sulfate 325 mg twice daily, lamotrigine 150 mg twice daily, lithium carbonate 300 mg once daily, montelukast 10 mg once daily, olanzapine 20 mg once daily, quetiapine fumarate 300 mg at bedtime, trazodone 100 mg at bedtime, haloperidol 5 mg as needed. On 12/20/2023, Resident 1's December MAR indicated the following medication changes: quetiapine was increased from 300 mg to 400 mg at bedtime and added 400 mg in the morning, trazodone was increased from 100 mg to 150 mg at bedtime, lamotrigine was increased from 150 mg to 200 mg twice daily, and Ingrezza 80 mg was added at bedtime, and lithium 300 mg, benztropine 0.5 mg and haloperidol 5 mg were discontinued. Resident 1's after visit notes from her/his psychiatrist doctor for the months of November 2023, December 2023, and January 2023 identified the following: -11/13/2023 - Resident 1 "gets more agitated in the late afternoon ...rapid anger escalation, rips up [her/his] room." Resident 1 was to have laboratory tests to include a lithium level, lipid level, complete blood count with differential, glycated hemoglobin, vitamin D level and comprehensive metabolic panel. -12/18/2023 - "cyclical mania is returning ...anger	M 580		

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M 580	Continued From page 2	M 580		

and ripping up [her/his] room still issues ...The patient is seen 2nd time, with two care givers [sic]. No labs were done, no lithium level available, will [discontinue] lithium. Labs ordered again."

-01/04/2024 - "made significant medication changes last visit due to report from care giver [sic] of client having very poor sleep, escalating anger ...Staff now are reporting client was hospitalized twice since Dec. [sic] 18. No written evidence from either hospital stay is available to writer. No communication was received from the provider from the 2 visits. Writer order lab diagnostics the first visit, lab tests have not been done, no results ...Staff reported client saw a provider for 1 of the 2 hospitalizations who prescribed ampicillin ...non healthcare licensed staff members including the group home manager are asking writer to return client to the medication [s/he] was on at the 1st visit ...This writer is not willing to make more changes in medications without documentation of the results of visits from medical providers, and results of ordered lab diagnostics ..."

01/16/2024 - "The patient is here with [Caregiver C]. [S/He] had been seeing Psychiatrist B, but there were problems with labs being done ...labs were reviewed with increased blood urea nitrogen (BUN) 30, chlorides at 117, Sodium (Na) 137 ...no lithium levels done ..."

"2.3 Serum Lithium Monitoring - Blood samples for serum lithium determination should be drawn immediately prior to the next dose when lithium concentrations are relatively stable (i.e., 12 hours after the previous dose). Total reliance must not be placed on serum concentrations alone. Accurate patient evaluation requires both clinical

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M 580	Continued From page 3	M 580		

and laboratory analysis.
In addition to regular monitoring of serum lithium concentrations for patients on maintenance treatment, serum lithium concentrations should be monitored after any change in dosage, concurrent medication (e.g., diuretics, non-steroidal anti-inflammatory drugs, renin-angiotensin system antagonists, or metronidazole), marked increase or decrease in routinely performed strenuous physical activity (such as an exercise program) and in the event of a concomitant disease [See BOXED WARNING, Warnings and Precautions (5.1), Drug Interactions (7.1)].
Patients abnormally sensitive to lithium may exhibit toxic signs at serum concentrations that are within what is considered the therapeutic range. Geriatric patients often respond to reduced dosage, and may exhibit signs of toxicity at serum concentrations ordinarily tolerated by other patients [see Specific Populations (8.5)]."
(Source: National Library of Medicine Daily Med, August 25, 2023, https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ff9baf45-830f-4a8a-8986-5caeaa1b38cf#ID_bd34006c-2945-4cca-a8dc-d5949eff4a61 (retrieval date - August 13, 2024))

On 06/19/2024, at 12:30 PM, Surveyor interviewed Administrator A. Administrator A reported Resident 1 was removed from all her/his medications, which caused Resident 1 to stop eating, drinking, and walking. Administrator A reported Resident 1 was seen in the emergency room on 01/03/2024, with mouth sores. Administrator A reported the emergency room physician thought the change of condition could be related to the discontinued lithium, but Psychiatrist B claimed it could not be. Administrator A reported Resident 1 was restarted

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M 580	Continued From page 4 on her/his psychotropic medications with a new psychiatrist, however Resident 1 was sent out to the emergency room on 01/22/2024 due to not eating or drinking. Administrator A reported Resident 1 did not return to the facility. On 07/11/2024, at 2:20 PM, Surveyors interviewed Administrator A. Administrator A reported the manager was responsible for ensuring labs were drawn when a doctor ordered them. Administrator A reported s/he was unsure why labs were not drawn on Resident 1 for the months of November and December.	M 580		