STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310328	A. BUILDING: _____ B. WING _____	R-C 09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CCLS OAKDALE DRIVE	1606 OAKDALE DR WAUKESHA, WI 53186

(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 09/20/2023, Surveyor conducted a standard survey and verification visit at CCLS Oakdale Drive. Five deficiencies were identified. All deficiencies from statement of deficiency (SOD) X3ND11, dated 02/03/2022 were substantially corrected. Under statutory provisions of Wis. Stat. Chap 50, a $200 revisit fee is being assessed. Census: 7	{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 the resident right to receive medication as ordered by the physician. Resident 4 received a double of his/her Metoprolol on 09/05/2023. Finding include: On 09/19/2023, Surveyor conducted a standard survey and reviewed resident records. The following was found:	N 352		

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

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N 352	Continued From page 1 Resident 4 admitted on 08/01/2023 with diagnoses including hypertension, anxiety, and intellectual disability. Resident 4 had a legal guardian that made decisions on his/her behalf. Resident 4's individual service plan (ISP) dated 08/30/2023 documented: "Medication Management: Client needs staff to administer medication." Resident 4's physician order documented: "Metoprolol Tartrate 50 mg to be taken by mouth 2 times/day (7am and 8pm), with a start date of 08/02/2023." Resident 4's progress notes documented: "09/05/2023 at 8:30 PM: [Resident 4] informed staff as [s/he] arrived that [s/he] had been given 2 Metoprolol this morning instead of 1. Staff checked and saw [his/her] 8pm dose was missing and had been given with this morning. Staff called supervisor. [Resident 4] talked to [sister/brother] later in night and told [him/her] about it." Resident 4's incident report dated 09/05/2023 documented: "Medication-Error: When [Resident 4] arrived home [s/he] informed staff that [s/he] had been given 2 Metoprolol when [s/he] was only supposed to get 1. Staff checked and noticed [his/her] 8pm med pack was missing." Resident 4's September 2023 medication administration record indicated: "09/05/2023: "OTH"-dose was given with morning medications." On 09/19/2023 at 10:42 AM, Surveyor conducted an exit conference and shared findings with Program Director A and Program Director B.	N 352		

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N 352	Continued From page 2 Program Director A confirmed s/he was contacted by staff to report Resident 4 had received a double dose of his/her Metoprolol on 09/05/2023. Program Director A stated Caregiver C was responsible for the medication error. Surveyor asked if retraining was provided. Program Director A stated "no", but now staff have to initial on the bubble pack when administering medications and this had seemed to help. Cross Reference: N0410 DHS 83.37(1)(k) Medication Error or Adverse Reactions	N 352		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was safeguarded from conditions that are hazardous to residents. Findings include: On 09/19/2023 at 7:53 AM, Surveyor toured the facility and identified the following: In the first-floor bathtub, Surveyor observed a	N 358		

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N 358	Continued From page 3 black substance consistent with mold scattered in the corners of the ceiling. The black substance was also scattered in spots along the seam connecting the wall and ceiling and covering spots throughout the ceiling. (Photos 1, 2, 3,4). Surveyor observed the ceiling vent fan covered in a thick layer of dust. On 09/19/2023 at 8:30 AM, Surveyor interviewed Program Director B about the mold-like substance. Surveyor showed Program Director B the first-floor bathtub and the black substances on the walls and ceiling. Program Director B noted s/he was unaware the walls and ceiling were in this condition. On 09/19/2023 at 10:42 AM, Surveyor conducted an exit conference and shared findings with Program Director A and Program Director B. Program Director A acknowledged the substance was mold like and was concerning. Program Director A stated s/he was unaware of these concerns. Program Director A noted s/he will get the issue addressed. "How do molds affect people? Exposure to damp and moldy environments may cause a variety of health effects, or none at all. Some people are sensitive to molds. For these people, exposure to molds can lead to symptoms such as stuffy nose, wheezing, and red or itchy eyes, or skin. Some people, such as those with allergies to molds or with asthma, may have more intense reactions. Severe reactions may occur among workers exposed to large amounts of molds in occupational settings, such as farmers working around moldy hay. Severe reactions may include fever and shortness of breath. How do you keep mold out of buildings and	N 358		

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N 358	Continued From page 4 homes? Inspect buildings for evidence of water damage and visible mold as part of routine building maintenance. Correct conditions causing mold growth (e.g., water leaks, condensation, infiltration, or flooding) to prevent mold growth. Inside your home you can control mold growth by: Controlling humidity levels; Promptly fixing leaky roofs, windows, and pipes; Thoroughly cleaning and drying after flooding; Ventilating shower, laundry, and cooking areas." (Source: Centers for Disease Control and Prevention Website, Basic Facts about Mold and Dampness, November 14 2022, https://www.cdc.gov/mold/faqs.htm (retrieval date- September 21, 2023).	N 358		
N 410	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. This Rule is not met as evidenced by:	N 410		

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N 410	Continued From page 5	N 410		

Based on record review and interview, the provider did not ensure all medication errors were reported to Resident 4's physician. Resident 4 received a double dose of his/her Metoprolol on 09/05/2023 and this was not reported to the physician.

Findings include:

On 09/19/2023, Surveyor conducted a standard survey and reviewed resident records. The following was found:

Resident 4 admitted on 08/01/2023 with diagnoses including hypertension, anxiety, and intellectual disability. Resident 4 had a legal guardian that made decisions on his/her behalf.

Resident 4's individual service plan (ISP) dated 08/30/2023 documented:
"Medication Management: Client needs staff to administer medication."

Resident 4's physician order documented:
"Metoprolol Tartrate 50 mg to be taken by mouth 2 times/day (7am and 8pm), with a start date of 08/02/2023."

Resident 4's progress notes documented:
"09/05/2023 at 8:30 PM: [Resident 4] informed staff as [s/he] arrived that [s/he] had been given 2 Metoprolol this morning instead of 1. Staff checked and saw [his/her] 8pm dose was missing and had been given with this morning. Staff called supervisor. [Resident 4] talked to [sister/brother] later in night and told [him/her] about it."

The progress notes did not document communication between the provider and Resident 4's physician after the above medication

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N 410	Continued From page 6 error. On 09/19/2023 at 10:42 AM, Surveyor conducted an exit conference and shared findings with Program Director A and Program Director B. Surveyor asked if the provider followed up with Resident 4's physician after the medication error on 09/05/2023. Program Director A stated "no, we did not." Program Director A stated s/he was unaware that the physician had to be contacted. Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 410		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was safe, clean, and comfortable. Findings include: On 09/19/2023, Surveyor toured the facility and observed the following: Between the front and screen door, the wall was damaged with many holes and paint discolored.	N 481		

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N 481	Continued From page 7 In the living room, the walls had many scuff marks from furniture, where drywall was damaged. In the kitchen, above the stove, observed grease-like splatter on the ceiling. The floor vent cover was rusted and damaged. Resident 1's and Resident 2's bedroom/bathroom: Observed the closet door damaged, the wood was discolored and had holes from previous handles. Observed in the bathroom, the drop in ceiling had a rust like appearance. The sink contained what appeared to be dirt. The drywall next to the sink was damaged and contained orange spots. In the first-floor bathroom, observed the ceiling vent fan covered in a thick layer of dust. Where the bathroom was caulked to the floor, observed a thick layer of dirt. The ceiling had cobwebs hanging. The bathtub was dirty and had orange rust spots throughout. One of the vanity cabinets was missing a knob. Resident 3's bedroom had cobwebs on the walls. The wall in his/her closet was discolored. The light switch was not functional. Resident 4's bedroom. The light switch was not functional. The upstairs bathtub was discolored and had a layer of cream substance. Resident 5's bedroom was missing 2 electrical outlet covers and 1 light switch cover. The hallway leading upstairs had chips in the drywall the paint was discolored.	N 481		

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N 481	Continued From page 8 The 2nd exit of the home was damaged with holes and paint discolored. On 09/19/2023 at 10:42 AM, Surveyor conducted an exit conference and shared findings with Program Director A and Program Director B. Program Director A acknowledged the home needed some updates. Program Director A stated s/he will work with their maintenance person to bring the home more home-like.	N 481		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic substances were secured. Findings include: The facility provides care up to 8 residents in the following client groups: developmentally disabled. On 09/19/2023 at 7:50 AM, Surveyor toured the facility and observed the following toxic substances unsecured. Observed under the kitchen sink, a spray bottle of Clorox bleach. Observed in Resident 1's and Resident 2's bathroom closet 2 bottles of Pledge cleaner. Observed on the 2nd floor in a closet, 1 gallon of Clorox bleach. On 09/19/2023 at 10:42 AM, Surveyor conducted	N 499		

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N 499	Continued From page 9 an exit conference and shared findings with Program Director A and Program Director B. Program Director A acknowledged toxic substances are supposed to be secured. Program Director A stated s/he would get toxic substances secured and remind staff.	N 499		