STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017639	A. BUILDING: _____ B. WING _____	R 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME II	1683 BRANDI ST BURLINGTON, WI 53105

(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 11/08/2024, with information gathered through 11/12/2024, Surveyor conducted a verification visit at Brandi Home II. Five deficiencies were identified. Four of 5 deficiencies were repeat violations (see Statement of Deficiency (SOD) 4C1811). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure that the home was a safe environment and that residents were safeguarded from environmental hazards. Toxic chemicals were not securely stored. Findings include: The provider was licensed, 06/27/2019, to serve 4 residents within the client group of developmentally disabled. The home's current census was 4 residents who were able to	M 278		

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
	0017639	A. BUILDING: _____ B. WING _____	R 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME II	1683 BRANDI ST BURLINGTON, WI 53105

(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 278	Continued From page 1 ambulate through the home. Gallon jug of antibacterial disinfection cleaner with lemon -17.5 ounce spray can of ant killer -(3) 9.7 ounce spray can of furniture polish -19 ounce aerosol can of carpet cleaner -21 ounce canister of dry powder cleaner -32 fluid ounce bottle of super strength all-purpose cleaner -32 fluid ounce bottle of disinfectant - eliminate odors - eucalyptus scent On 11/08/2024, Surveyor reviewed Resident 1's record. Resident 1's individual service plan, undated, documented: "Psych/Social/Cognitive Status - Wandering in Home" On 11/08/2024, at approximately 6:15 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would ensure cleaning compounds were secured.	M 278		
{M 458}	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	{M 458}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017639	A. BUILDING: _____ B. WING _____	R 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME II	1683 BRANDI ST BURLINGTON, WI 53105

(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 458}	Continued From page 2 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) medications were stored in their original container which identified who the medication was prescribed for. This is a repeat deficiency. See Statement of Deficiency (SOD) XEP211, dated 07/26/2024. Findings include: On 11/08/2024, at approximately 6:00 PM, Surveyor and House Manager A reviewed Resident 1's medication in the med cabinet. Surveyor and House Manager A observed an open bottle of 150 count complete adult multivitamin gummies and an open bottle of 300 count aspirin. Surveyor observed a blue weekly med organizer with the OTC medications dispensed into it. Caregiver C stated the medications were placed in the organizer for easy daily dispensing. Surveyor requested Resident 1's record. Resident 1's October/November 2024 MAR did not list these OTC medications. On 11/08/2024, at approximately 6:15 PM, Surveyor interviewed House Manager A. House Manager A stated there were physician orders for Resident 1's OTC medications, but labels were not provided to identify who the medication belonged to and the dosing requirement.	{M 458}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017639	A. BUILDING: _____ B. WING _____	R 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME II	1683 BRANDI ST BURLINGTON, WI 53105

(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 466}	Continued From page 3	{M 466}		
{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 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 observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 2 of 2 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) XEP211, dated 07/26/2024. Resident 2's over-the-counter (OTC) medications were not listed on his/her MAR. Findings include: On 11/08/2024, at approximately 6:00 PM, Surveyor observed Resident 2's medications in the med cabinet. Surveyor observed 2 bottles of aspirin 325 MG (milligrams) 100 tablets and a bottle of ibuprofen 200 MG 100 tablets. On 11/08/2024, Surveyor reviewed Resident 2's record. Resident 2's October/November 2024 MAR, dated 10/27/2024 to 11/08/2024, did not list the	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017639	A. BUILDING: _____ B. WING _____	R 11/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDI HOME II	1683 BRANDI ST BURLINGTON, WI 53105

(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 466}	Continued From page 4 OTC medications. On 11/08/2024, at approximately 6:15 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would review the resident MARs.	{M 466}		