STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015437	A. BUILDING: _____ B. WING _____	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS CLINTONVILLE I	59 INDUSTRIAL AVE CLINTONVILLE, WI 54929

(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 01/17/2024, Surveyor conducted 2 complaint investigations, 1 self report review, and a standard survey at Care Partners Clintonville I. Additional information was collected through 01/24/2024. One of two complaints was substantiated. As a result of the complaint investigation, 1 deficient practice was identified. Census: 16	N 000		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure the resident's Power of Attorney (POA) was notified when a change in condition required Resident 1 to begin use of as needed (PRN) hospice pain medication. Resident 1 received 4 doses of morphine for pain withou]t the POA's notification or approval. Findings include: On 12/26/2023, the department received a complaint alleging Resident 1 received medication for a change in condition that was not reported to the for prior approval. The complaint alleged the medications were given to subdue	N 169		

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

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N 169	Continued From page 1 Resident 1's behaviors. On 01/18/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/10/2020 with diagnoses including type 2 diabetes, COPD, Congenital Hydrocephalus, hypertension, depression, and dementia with behavioral disturbances. On 01/24/2024 at 10:22 AM, Surveyor interviewed POA C. POA C stated on 12/18/2023 s/he called and questioned what medications Resident 1 had received after the family noticed the day prior that Resident 1 was more tired than usual. POA C was told by Caregiver D that Resident 1 had received PRN morphine. POA C stated s/he had not been notified of any change in condition to Resident 1 that would require the PRN hospice pain medication to be given. POA C stated s/he was not notified by hospice or the provider and did not have to opportunity to approve its use prior to it being administrated. On 01/18/2024 at approximately 1:00 PM, Surveyor interviewed Director A with RN B present. Director A acknowledged there had been a discrepancy in Resident 1's medication documentation that was discovered. Administrator A stated the documentation error had been corrected and all medication and doses were accurately accounted for. Administrator A stated Resident 1 received a dose of PRN morphine for pain on 12/01/2023, 12/10/2023, and 2 doses on 12/16/2023 for total of 4 doses. Administrator A stated s/he was initially unaware the PRN morphine was being utilized and after it was brought to his/her attention on 12/20/2023, s/he was made aware the POA had also not been notified prior to the 4 doses that were given. Administrator A stated it was his/her expectation	N 169		

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N 169	Continued From page 2 that the caregivers contact hospice and the POA (or ensure Hospice contacts the POA) prior to the mediation being started. Administrator A stated all staff were reeducated on the importance of calling the POA prior to administration of new medications and showed Surveyor the updated communication notes to the staff which alerted them to call the POA first. Surveyor reviewed behavior logs for Resident 1 and noted no doses of medication were given at the times when there were documented behaviors. Surveyor reviewed the narcotic logs for medication destruction were accurate and all doses were accounted for. The observation notes noted all 4 doses had associated documentation indicating the reason for giving the medication as the resident was experiencing "body/ back pain" and included when the resident was having difficulty swallowing pill form medication.The hospice record dated 12/04/2023 written by Hospice LPN D discussed the administration of the morphine given on 12/01/2023 and notes hospice called to update POA C on 12/04/2023. The record did not have any other documentation indictating the POA was updated prior to or after the administation of the medication on 12/10/2023 or x2 on 12/16/2023.	N 169		