STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019156	A. BUILDING: _____ B. WING _____	C 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIANNES ELDER HOUSE INC	6229 RENEE COURT MC FARLAND, WI 53558

(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 06/24/2025, the bureau of assisted living southern regional office conducted a standard survey and complaint investigation at MariAnnes Elder House Inc a CBRF located in McFarland, WI. As a result of this survey, 3 violations of DHS Chapter 83 were issued. One violation was a repeat from statement of deficiency (SOD) OCK711 dated 01/04/2023. The complaint was substantiated. Census: 10	N 000		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The	N 406		

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

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N 406	Continued From page 1 record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider retained discontinued resident medication for over 30 days without a physician's order. On 05/17/2025, police conducted an investigation at Licensee A and Previous Caregiver D's private residence. While at the residence police uncovered medications from residents who had previously resided at the CBRF. FINDINGS INCLUDE: On 05/30/2025, the Department received a complaint concerning medication management at facility. On 06/20/2025, Surveyor reviewed local police report dated 05/17/2025: 1.) On 05/17/2025 at 12:16 PM, Officer G documented the following, "I made phone contact with [Deputy H] ... [Deputy H] advised [Previous Caregiver D] had possession of their residence. [Deputy H] advised [Licensee A] was the owner of [Name of Facility]. [Deputy H] advised [Previous Caregiver D] had been going through some items and as [s/he] was doing so [s/he] located several medications which were prescribed to deceased members who had resided at [Name of Facility] ... [Deputy H] advised [s/he] had received pictures of the medications for [Previous Caregiver D] and was able to identify them as Oxycodone and Morphine ..."	N 406		

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N 406	Continued From page 2 2.) A list of the medications seized from Licensee A and Previous Caregiver D's private residence: -18 morphine pills, in a blister pack prescribed to Resident 1. -24 morphine pills, in a blister pack prescribed to Resident 1. -21 oxycodone pills, in a blister pack prescribed to Resident 1. -6 trazadone pills, in a blister pack prescribed to Resident 2. -45 morphine pills, in a blister pack prescribed to Resident 3. -65 morphine pills, in a blister pack prescribed to Resident 3. 3.) Officer G conducted an electronic state search of Resident 1, Resident 2 and Resident 3. Officer G found Resident 1 passed away on 01/24/2023, Resident 2 passed away on 02/20/2025, and Resident 3 passed away on 10/21/2019. On 06/24/2025, Surveyor arrived at facility for a complaint investigation. EXAMPLE 1: Resident 2 On 06/24/2025, Surveyor reviewed Resident 2's resident record. Resident 2 was admitted to the facility on 01/20/2025. On 06/24/2025, Surveyor reviewed Resident 2's February 2025 medication administration record (MAR). Surveyor reviewed the 2 orders for the medication trazodone. The orders were for trazodone 25mg to be administered in the morning and trazodone 100mg to be administered at bedtime. Both orders were discontinued on 02/18/2025. On 06/24/2025, Surveyor reviewed Resident 2's	N 406		

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N 406	Continued From page 3	N 406		

"Medication Control Sign-Out" sheets which had been previously rubber banded to the outside of the trazodone blister packs. The last day staff counted the trazodone was 02/19/2025. On 02/19/2025 there were 26 tablets left in the AM dose blister pack, and 15 tablets left in the bedtime dose blister pack.

On 06/25/2025, Surveyor reviewed Resident 2's "Multiple Medication Destruction Form." On 02/25/2025, Administrator B and Facility Nurse C documented the destruction of Resident 2's medications. The reason for disposal was documented as, "resident passed." Resident 2's trazodone was not documented as destroyed.

On 06/25/2025, Surveyor reviewed the facilities staff schedule. Previous Caregiver D last scheduled shift was on 02/19/2025.

EXAMPLE 2: Resident 1

On 06/26/2025, Surveyor reviewed Resident 1's "Multiple Medication Destruction Form." On 01/31/2023, Administrator B and Facility Nurse C documented the destruction of 9 tablets of oxycodone 10mg, and 45 tablets of morphine 30mg. The reason for disposal was documented as, "Resident passed 1-24-23" and method of disposal was "Chemical Solution."

OBSERVATION & INTERVIEW:

On 06/24/2025 at 9:35 AM, Surveyor conducted a medication cart audit with Administrator B. Medication cart was kept secured, sanitary and well-organized. Surveyor observed current residents scheduled medications were dispensed from 30-day blister packs, the blister packs observed had the appropriate number of

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N 406	Continued From page 4	N 406		

tablets/capsules remaining. Surveyor observed the narcotic storage drawer to be double locked. Surveyor reviewed the medications in the double locked narcotic drawer and did not see any schedule II narcotics. Surveyor saw facility kept psychotropics, benzodiazepines and sedatives (schedule III-V) in the double locked narcotics drawer. Each medication in the narcotics drawer had a "medication control sign-out'" sheet rubber banded to the outside of the blister pack. All controlled substance counts were documented daily and accurately. Administrator B stated facility didn't normally have scheduled II narcotics. Administrator B stated the last resident to have a schedule II narcotic passed away earlier this year, and his/her name was Resident 2. Administrator B stated Resident 2 had been prescribed liquid morphine and denied Resident 2 having tablets/capsule of morphine. Administrator B explained when Resident 2 passed away Facility Nurse C and the hospice nurse disposed of the liquid morphine together in the drug buster solution. Administrator B explained remaining medication of Resident 2's would have been removed from the cart and stored in a locked filing cabinet within the staff office. Administrator B reported medications stored in the locked filing cabinet were destroyed by Facility Nurse C and a second staff member. Administrator B stated facility documented all drug dispositions in the resident record.

On 06/24/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was Previous Licensee E's widow, and s/he had taken over control of the CBRF in May 2022. Licensee A reported Previous Licensee E died of cancer and was prescribed multiple narcotics, and Previous Licensee E had stored multiple medication in plastic bags. Licensee A reported

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N 406	Continued From page 5	N 406		

police had found Previous Licensee E narcotics in a shoebox in Licensee A's home along with Resident 3's antibiotic medications. Licensee A verified facility had not administered tablets/capsules of narcotics to residents in approximately a year. Licensee A stated hospice providers normally kept liquid forms of morphine in the facility medication cart. Licensee A verified Resident 2 was the last resident to have a hospice narcotic, and it was liquid morphine. Licensee A stated the hospice nurse disposed of the liquid morphine with Facility Nurse C. Licensee A reported when facility destroys resident medication it was completed by 2 staff and documented in the resident record.

On 06/24/2025 at 3:00 PM, Surveyor discussed concerns with Licensee A. Licensee A reported that discontinued medications waiting for destruction were moved from the medication cart to a locked cabinet drawer in the staff office. Licensee A reported Facility Nurse C and a second staff member disposed of discontinued medications in the drug buster solution. Licensee A stated the only key for the filing cabinet was kept on the medication cart key ring. Licensee A reported only himself/herself and medication passing staff had access to the locked filing cabinet. Licensee A assured Surveyor all medications were made available to residents at time for administration, but some medication ordered for destruction had been diverted to his/her residence. Licensee A disclosed s/he was going through a contentious divorce with Previous Caregiver D. Licensee A reported Previous Caregiver D had been hired on 06/14/2022. Licensee A stated Previous Caregiver D had to take personal leave from 7/2023 to 9/2024 but returned to facility as a caregiver from 10/2023 to February 2025. Licensee A verified s/he and

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N 406	Continued From page 6 Previous Caregiver D had been sharing their private residence at the time of the police investigation. Licensee A stated Previous Caregiver D would have had access to medication cart keys during his/her employment at facility. Licensee A denied concerns related to the disposition of Resident 2's trazodone. Licensee A reported s/he remembered Resident 2 had trazodone due for destruction. Licensee A acknowledged that resident medication stored for destruction had somehow been diverted to his/her private residence, and his/her system of medication disposition needed review.	N 406		
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 provide a living environment that was safe, comfortable, and homelike. FINDINGS INCLUDE: On 06/24/2025, Surveyor arrived at facility for a standard survey. On 06/24/2025, Surveyor made the following observations: 1.) large unpainted rectangle on the living room	N 481		

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N 481	Continued From page 7 wall where a TV had recently been removed (picture 1). 2.) Damage to laundry room ceiling. The damage had created an approximately 12in X 6in light brown stain, and a large ~18-inch by ~18-inch light gray stain (picture 3 & 4). 3.) Multiple vinyl floorboards in the kitchen had visible gaps between them. The gaps in the vinyl floorboards created an uneven walking surface (picture 5). 6.) Trim board missing from around the resident bathroom door. 7.) The resident bathroom floor slightly sunk down as Surveyor walked in front of a resident sink area. Surveyor could feel 2 parallel hard structures under his/her feet and the space between the 2 hard structures was sinking down when pressure was applied. The flexing of the floor in front of the resident bathroom sink created an uneven walking surface. 8.) The lower corner of drywall between the resident sink and the wall was enlarged with irregular shapes protruding out. On 06/24/2025 at 11:00 AM, Surveyor and Licensee A discussed the condition of the resident bathroom. Licensee A reported s/he had recently had the bathroom floor replaced, and the flexing of the floor had been a recent development. Licensee A acknowledged the floor was flexing and stated s/he would call the contractor who installed the flooring to repair the issue. Licensee A stated the trim board was removed from the door because they recently re-painted the bathroom. Licensee A	N 481		

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N 481	Continued From page 8 acknowledged the damage drywall between the sink and wall. On 06/24/2025 at 12:00 PM, Surveyor toured the laundry/kitchen area with Licensee A and Administrator B. Licensee A acknowledged the damage laundry room ceiling. Licensee A acknowledged the gaps between the vinyl floorboards in the kitchen and stated s/he was planning on having that flooring replaced. CROSS REFERENCE: DHS Chapter 83.44(1)(c) Clothes Dryers Enclosed And Vented	N 481		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the dryer vent tubing was of rigid material with a fire rating that exceeded the temperature of the dryer. This is a repeat of statement of deficiency (SOD) OCK711 dated 01/04/2023. FINDINGS INCLUDE: On 06/24/2025, Surveyor arrived a facility for a standard survey.	N 488		

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N 488	Continued From page 9 On 06/24/2025 at 12:00 PM, Surveyor toured the laundry room with Licensee A and Administrator B. Surveyor observed accordion style (flexible) dryer vent tubing connecting the dryer to the wall (picture 2). Licensee A and Administrator B acknowledged the dryer vent tubing was not of ridged material. CROSS REFERENCE: DHS Chapter 83.43(1) Environment Safe, Clean, And Comfortable	N 488		