STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016630	A. BUILDING: _____ B. WING _____	R-C 01/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA OF GREENFIELD	8765 W FOREST HOME AVE GREENFIELD, WI 53228

(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, Surveyors completed a verification visit and complaint investigation at Villa of Greenfield. As a result, 4 of the previous 5 deficiencies were corrected. One of the previous deficiency was recited (see Statement of Deficiency (SOD) YQT414, dated 09/01/2023). One new deficiency was identified. One complaint unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 26	{N 000}		
{N 417}	83.37(3)(a) Medication storage: original containers. Original containers. The CBRF shall keep medications in the original containers and not transfer medications to another container, unless the CBRF complies with all of the following: 1. Transfer of medications from the original container to another container shall be done by a practitioner, registered nurse, or pharmacist. Transfer of medication to another container may be delegated to other personnel by a practitioner, registered nurse or pharmacist. 2. If a medication is administered by CBRF employees and the medication is transferred from the original container by a registered nurse, or practitioner or other personnel who were delegated the task, the CBRF shall have a legible label on the new container that includes, at a minimum, the resident ' s name, medication name, dose and instructions for use. The CBRF shall maintain the original pharmacy container until the transferred medication is gone.	{N 417}		

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

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{N 417}	Continued From page 1 This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 2 of 2 residents' medications, which were transferred to another container, contained the accompanying prescriptive information. Resident 12's and Resident 22's medications were transferred into bubble pack card which did not contain instructions on how to use the medication. This is a repeat deficiency. See Statement of Deficiency (SOD) YQT414, dated 09/01/2023. Findings include: On 01/08/2024, at 10:00 AM, Surveyor observed the facility medication cart. Surveyor observed Resident 12's and Resident 22's medications. Resident 12's and Resident 22's medications were located in a bubble pack card type of packaging. The medication cards contained the residents' names, the names of the medications and the dose of the medications. The medication cards did not contain instructions for use of each prescription medication. On 01/08/2023, at 11:00 AM, Surveyors interviewed Administrator M and Nurse Y. Administrator M reported s/he was unaware the repackaged medications needed to include the instructions for use. Administrator M reported staff were delegated to complete the transfer of the medications by Nurse Y. Administrator M reported Nurse Y would resume all transfer of medications to ensure compliance with the regulations. Nurse Y reported s/he would ensure the labels for all repackaged medications contained all required information. On 01/09/2023 at 10:30 AM, Surveyor reviewed	{N 417}		

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{N 417}	Continued From page 2 Resident 12's and Resident 22's medication orders and identified the following: Resident 12's medication orders, indicated Resident 12 was prescribed the following medications: acetaminophen 325 milligrams (mg) 2 tablets 3 times a day, aspirin 81 mg tablet once a day, atorvastatin 20 mg tablet once a day, certavite with antioxidants tablet once a day, cholecalciferol vitamin D3 25 mg tablet 4 tablets once a day, fish oil 1,000 mg capsule once a day, folic acid 1 mg tablet once a day, glipizide 5 mg tablet once a day, loratadine 10 mg tablet once a day, omeprazole 20 mg capsule once a day, vitamin B12 1,000 mg tablet once a day and vitamin D3 50 mg tablet once a day. Resident 22's medication orders, indicated Resident 22 was prescribed the following medications: aspirin 81 milligrams (mg) tablet once a day, tamsulosin 0.4 mg capsule once a day, metformin 500 mg tablet twice daily, clopidogrel 75 mg tablet once a day, amlodipine 5 mg tablet once a day, atorvastatin calcium 40 mg tablet once a day, atenolol 25 mg tablet once a day, tera-m tablet once a day, atorvastatin 10 mg tablet once a day, metoprolol tartrate 25 mg tablet twice a day, and vitamin D3 5,000 units once a day.	{N 417}		
N 616	83.55(6)(a) Bath and toilet areas: water supply. The CBRF shall connect each sink, bathtub and shower to hot and cold water, and supply adequate hot water to meet the needs of the residents. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the supply	N 616		

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N 616	Continued From page 3 of hot water was adequate to meet the needs of 3 of 4 residents. The hot water temperature ranged from 55.6° Fahrenheit (F) to 92.2° F. Findings include: On 01/08/2024, at 10:44 AM, Surveyors interviewed Resident 23. Resident 23 reported s/he did not have hot water in her/his bathroom. Resident 23 reported s/he has reported her/his concern to management but has not had hot water since s/he has lived there. On 01/08/2024, at approximately 10:45 AM, Surveyors observed the physical environment and tested the water temperature in Resident 23's room, and in 4 other locations. The hot water temperatures measured the following: Resident 23's bathroom - 70.7° F Resident 24's bathroom - 55.6° F Resident 26's bathroom - 92.2° F On 01/08/2024, at 11:05 AM, Surveyors requested the facility hot water temperature logs. The provider did not have any records of hot water temperature logs. On 01/08/2024, at 11:15 AM, Surveyors interviewed Administrator M and Licensee B. Administrator M reported Licensee B conducted monthly water temperatures but did not keep a log. Licensee B reported there was a valve on each resident's room water supply that controls the hot water. Licensee B stated the valve and screen needed to be adjusted.	N 616		