STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019111	A. BUILDING: _____ B. WING _____	R-C 08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYVIEW SENIOR CARE LLC	839 S 18TH AVE STURGEON BAY, WI 54235

(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 07/25/2023 with additional information gathered through 08/01/2023, Surveyor conducted 3 complaint investigations and a verification visit at Bayview Senior Care LLC in Sturgeon Bay. All previous deficiencies were corrected, 1 of 3 complaints were substantiated and 1 deficiency was identified. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 48	{N 000}		
N 412	83.37(2)(a) Self-administered by resident. Self-administered by resident. 1. The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent under ch. 54, Stats., or does not have the physical or mental capacity to self-administer as determined by the resident ' s physician, or the resident requests in writing that CBRF employees manage and administer medication. 2. Except as specified under sub. (4), when a resident self-administers medications, prescribed and over-the-counter medications and dietary supplements shall remain under the control of the resident. The CBRF shall provide a secure place for the storage of medications in the resident ' s room. 3. A resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide 2 of 2 residents with a secure way	N 412		

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

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N 412	Continued From page 1	N 412		

to store medications. Resident 1 and Resident 2 self-administered their own medications.

Findings include:

On 03/06/2023, the department received a complaint indicating residents self-administer medications and are not provided a secure storage system for their medications.

On 07/25/2023 at approximately 9:20 AM, Surveyor conducted an onsite visit and was able to confirm with staff which residents self-administer their own medications.

On 07/25/2023 at 11:10 AM, Surveyor observed Resident 1's apartment. Resident 1 was identified by Nurse A as being able to administer his/her medications. Surveyor confirmed with Resident 1 s/he administers his/her own medication. Surveyor asked Resident 1 where s/he kept his/her medications. Resident 1 pointed to a table in the living room area and s/he stated his/her medications are kept in a clear container on top of the table. Surveyor observed the clear container with approximately 21 bubble packs of medication. Resident 1 confirmed s/he punches the bubble packs and pre-fills a pill container. Surveyor observed as Resident 1 held up a pre-filled pill container that was sitting on his/her 4-wheeled walker. Surveyor observed the clear storage container was not locked and did not appear to be lockable. Surveyor asked Resident 1 if his/her apartment door is always locked and s/he confirmed s/he locks it when s/he leaves, but it is not always locked when s/he is in his/her apartment.

On 07/25/2023 at 2:50 PM, Surveyor observed Resident 2's bedroom. Resident 2 was identified

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N 412	Continued From page 2 by Assistant Director B as being able to administer his/her own medications. Surveyor confirmed with Resident 2 s/he administers his/her own medications. Surveyor asked Resident 2 where s/he kept his/her medications. Resident 2 pointed to a nightstand cabinet next to the reclining chair s/he was sitting in. Resident 2 confirmed s/he kept his/her medications in the bottom drawer and showed Surveyor approximately 8 bubble packs of medication. Resident 2 also pointed to the TV stand and confirmed s/he kept more medications in the drawers of his/her TV stand. Surveyor observed there were approximately 4 bubble packs of medication in the bottom drawer that were labeled "as needed" and a tray of pill bottles in the upper part of the TV stand. Surveyor also observed the nightstand cabinet drawer and TV stand was not locked and did not appear lockable. Surveyor asked Resident 2 if his/her bedroom door is always locked and s/he confirmed s/he never locks his/her door. Resident 2 confirmed the facility has not provided any options for ways to secure his/her medication. On 07/26/2023 at 11:30 AM, Surveyor interviewed Executive Director C who acknowledged that Residents 1 and 2 did not have their medications secured, but they are working on a solution for medications to be secured in their rooms. The facility did not provide a secured place for the storage of medications in Resident 1 and 2's rooms.	N 412		