STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010209	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHANNESEN ADULT FAMILY HOME	21400 W HIDDEN VALLEY DR NEW BERLIN, WI 53146

(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 08/22/2025, Surveyor conducted an abbreviated survey at Johannesen Adult Family Home. One deficiency was identified. Census: 4	M 000		
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 record review and interview, the licensee did not ensure a record was kept showing the date and time the resident took all prescription medications administered by the licensee for 1 of 2 residents reviewed. From 08/17/2025 PM to 08/22/2025 AM, Licensee A did not record administration of scheduled physician ordered medications at the time medications were administered to Resident 1. Findings include: On 08/22/2025 at 7:52 AM, Surveyor inspected	M 466		

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
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M 466	Continued From page 1	M 466		

the medication storage area with Licensee A. Surveyor observed Resident 1's 2 multi-medication bubble packs dated 07/27/2025-08/252025. AM omeprazole 20 MG and SMZ/TMP 800/160 tablets were punched out of the 1st bubble pack 07/27/2025-08/21/2025. Evening omeprazole 20 MG, atorvastatin 20 MG and meloxicam 15 MG tablets were punched out 07/27/2025- 08/21/2025.

On 08/22/2025 at 7:06 AM, Surveyor reviewed Resident 1's face sheet, physician orders and medication administration record (MAR) with Licensee A.

Resident 1 was admitted 10/16/2025. Physician orders included atorvastatin 20 MG 1 tablet daily at 7:00 PM, meloxicam 15 MG 1 tablet daily at 7:00 PM, omeprazole 20 MG 1 tablet twice daily and SMZ/TMP 800/160 1 tablet daily. From 08/18/2025-08/22/2025, AM medications were not documented as administered on the MAR, and from 08/17/2025-08/21/2025 PM medications were not documented as administered on the MAR.

On 08/22/2025 at 7:06 AM, Surveyor interviewed Licensee A who stated s/he usually documented all medications administered on the MAR for the previous week on Sundays. Licensee A acknowledged that s/he should have documented medication administered on the MAR at the time they were administered.