STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017956	A. BUILDING: _____ B. WING _____	C 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHERN HORIZON ASSISTED LIVING	930 E CLIFFORD ST PLYMOUTH, WI 53073

(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
U 000	INITIAL COMMENTS On 12/09/2024, Surveyor conducted a complaint investigation and abbreviated survey at Southern Horizon Assisted Living, a RCAC in Plymouth. Three deficiencies were identified. The complaint was substantiated. Census: 29	U 000		
U 127	89.23(3)(f) SERVICES SERVICE QUALITY. Meals and snacks served to tenants shall be prepared, stored and served in a safe and sanitary manner. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure meals and snacks served to tenants were stored and served in a safe and sanitary manner. Findings include: On 12/09/2024 at approximately 10:30 a.m., Surveyor toured the provider's complex with Executive Director A. As Surveyor toured the provider's kitchen and serving area, the following concerns were identified: - The "serving area" kitchen contained a metal container full of pasta. The container was not dated. Executive Director A was unsure when the pasta had been made. Executive Director A stated s/he would throw out the pasta.	U 127		

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

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U 127	Continued From page 1 - The main kitchen had several boxes piled on the floor in the freezer (Photo 3). The boxes contained bread, pies, peas and cheese pizza. Dietary D stated they had just received a shipment that needed to be put away. Surveyor asked when the shipment had arrived. Dietary D replied, "Saturday," which was 2 days prior to Surveyor's visit. - The main kitchen refrigerator contained a saran wrapped container of carrots, not dated. Dark gray and black build up was observed on the floor, near the wall connecting to the freezer (Photo 1). A soiled towel was bunched up at the door to the freezer (Photo 2). Executive Director A stated s/he was unsure why the towel was there and acknowledged there was build up on the floor. - The dry storage area had cans of vegetables stored on the floor. Surveyor shared concern with Executive Director A that food should not be stored on the floor. Executive Director A nodded his//her head in agreement.	U 127		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist.	U 129		

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U 129	Continued From page 2	U 129		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure medication administration was delegated and supervised by a nurse or pharmacist. Caregiver B and Caregiver C administered medications without delegation.

Findings include:

On 12/09/2024 at approximately 9:00 a.m., Surveyor interviewed Caregiver B. Caregiver B stated s/he had worked at the provider's complex for approximately 2.5 months. Caregiver B stated s/he was the caregiver responsible for medication administration that morning. Surveyor asked about Caregiver B's training with the provider. Caregiver B, who was new to caregiving, stated s/he completed online training and shadowed.

On 12/09/2024 at approximately 9:30 a.m., Surveyor reviewed Caregiver B's record, provided by Executive Director A. Caregiver B's record indicated s/he was hired on 10/30/2024. Caregiver B's record did not document training or delegation in medication administration.

On 12/09/2024 at approximately 11:15 a.m., Surveyor interviewed Executive Director A. Executive Director A confirmed Caregiver B administered medications and had not received delegation from a nurse. Executive Director A stated the RN's last visit/training had been 10/21/2024, just prior to Caregiver B's hire. Executive Director A stated Caregiver B had received approximately 39 hours of "job shadow" training, but s/he did not have a delegation or documented training of medication

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U 129	Continued From page 3 administration. Executive Director A reviewed the staff schedule and stated Caregiver B began administering medications on his/her own in mid-November. On 12/09/2024 at approximately 11:20 a.m., Surveyor and Executive Director A reviewed the provider's employee roster. Executive Director A identified Caregiver C, hired 11/13/2024, as a 2nd caregiver that administered medications without delegation. Executive Director A stated Caregiver C began administering medications on 11/22/2024. On 12/09/2024 at approximately 11:45 a.m., Surveyor reviewed Tenant 1 and Tenant 2's records, which indicated the following: - Caregiver B administered Tenant 1 eye drops 6 of the past 9 days and Tenant 2 oral medications 5 of the last 9 days. - Caregiver C administered Tenant 1 eye drops 4 of the past 9 days and Tenant 2 oral medications 4 of the last 9 days.	U 129		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights.	U 134		

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U 134	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents reviewed had training in safety procedures, including first aid. Findings include: On 12/09/2024 at approximately 9:30 a.m., Surveyor reviewed employee records provided by Executive Director A. Caregiver B's record indicated s/he was hired on 10/30/2024. The record did not include any past work experience as a caregiver, past training in first aid or recent training with the provider in first aid. On 12/09/2024 at approximately 11:15 a.m., Surveyor reviewed concern with Executive Director A that Caregiver B's record did not include experience or training in first aid. Executive Director A confirmed Caregiver B was new to his/her caregiver role and that the provider did not have documentation indicating Caregiver B had received training in first aid.	U 134		