STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014314	A. BUILDING: _____ B. WING _____	C 05/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE FLEETWOOD DRIVE	4438 FLEETWOOD DR MANITOWOC, WI 54220

(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 05/09/2024 with additional information gathered through 05/10/2024, Surveyor conducted a complaint investigation at Vista Care Fleetwood Dr. As a result, the complaint was substantiated and 1 deficiency was identified. Census: 5	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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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 record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not establish an effective procedure for proper	N 406		

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

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N 406	Continued From page 1 destruction and disposal of expired medications. Expired medications were observed under the shelf on a desk for 2 of 2 residents. Findings include: On 11/14/2023, the department received a complaint allegingmresident medications are left unsecured. On 05/09/2024 at approximately 10:45 AM, while Surveyor was speaking with Area Director A in the staff office, Surveyor observed resident medications under a shelf of a desk. Area Director A acknowledged Surveyor's observations and assisted with pulling out the medications from under the desk. Surveyor observed the door of this shelf/desk was broken and shoved to the side. Surveyor did not observe any locking mechanism on this shelf/desk or the broken door. Surveyor also observed the desk was not in a room with a door and it was open for anyone to freely walk into. Surveyor observed the following expired and non-expired medications from this unlocked shelf/desk: Resident 1: Lorazepam, 1 milligram (mg) tablets with a dispense date of 03/01/24 and a discard after date of 03/01/2025. Surveyor also observed another prescription label behind the Lorazepam label which read, "Aripip." Surveyor was not able to read the remainder of the label due to the Lorazepam label being placed on top. Surveyor observed there were 31 days in the blister pack and day "23" had two pills left. The remainder of the blister pack was empty and appeared to have been already used.	N 406		

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N 406	Continued From page 2 Loperamide HCL, 2 milligram (mg) PRN (as needed) capsules with a dispense date of 04/17/23 and a discard date of 04/16/2024. Resident 2: Cetirizine, 10 milligram (mg) tablets with a dispense date of 04/24/23 and a discard date of 04/24/24. Surveyor also observed an unknown medication in a ziplock bag with a handwritten note which read, "[Resident 2] refused 4-30" and "refused on 5-7." Surveyor observed 3 unknown pills in the ziplock bag. On 05/10/2024 at 10:50 AM, Surveyor interviewed Area Director A who acknowledged Surveyor's findings and reported this is not their process for medication destruction. Area Director A stated these medications should have been placed in a locked cabinet and disposed of by the director of the facility. Area Director A stated s/he would take the medications with him/her and have their registered nurse dispose of them. Area Director A also stated s/he will be re-educating staff of the proper medication disposal process.	N 406		