STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018848	A. BUILDING: _____ B. WING _____	R-C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOYFUL HEARTS	1704 E MCMILLAN MARSHFIELD, WI 54449

(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 07/22/2024, Surveyor conducted a verification visit and standard survey at Joyful Hearts AFH for Statement of Deficiency (SOD) 3IT311. Additional information was gathered through 07/29/2024. The previous citations were corrected and two (2) new deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interviews, the provider did not ensure every prescription medication remained in its original container as received from the pharmacy. Findings include: The facility is licensed to provide services for up	M 458		

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
	0018848	A. BUILDING: _____ B. WING _____	R-C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOYFUL HEARTS	1704 E MCMILLAN MARSHFIELD, WI 54449

(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 458	Continued From page 1 to 4 residents who may be of advanced age, physically disabled, developmentally disabled, have irreversible dementia/Alzheimer's and/or emotionally disturbed/mental illness. On 07/22/2024 at 2:45 PM, Surveyor observed Resident 1's afternoon medication pass. House Manager A unlocked the medication cabinet and grabbed a small circular Tupperware container labeled "[RESIDENT 1] 2PM" and contained two white pills. House Manager A gave the white pills from the Tupperware container to Resident 1. House Manager A showed Surveyor additional Tupperware containers containing a variety of pills with labels that included " ...BEDTIME" " ...AM" and ...4 PM". The containers did not contain labels identifying the medications. On 07/22/2024 at 3:35 PM, Surveyor interviewed House Manager A and Owner B. House Manager A explained it is the facility's current practice to dispense pills from the pharmacy packages into Tupperware containers in the evenings to be administered to residents the following day. S/he described the process as "quicker and easier. " Surveyor asked how the provider ensured the right pill was being administered when they are not in their original container. House Manager A replied, "When you have done that a few times you know what the pills look like." Owner B ultimately acknowledged that the medications were not kept in the original container from the pharmacy and recognized the need to change the facilities current practice.	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications	M 466		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018848	A. BUILDING: _____ B. WING _____	R-C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOYFUL HEARTS	1704 E MCMILLAN MARSHFIELD, WI 54449

(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 466	Continued From page 2	M 466		

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 observation and interview, the provider did not ensure all medications were securely stored.

Findings include:

The facility is licensed to provide services for up to 4 residents who may be of advanced age, physically disabled, developmentally disabled, have irreversible dementia/Alzheimer's and/or emotionally disturbed/mental illness.

On 07/22/2024 at 10:59 AM, Surveyor conducted a tour of the facility accompanied by House Manager A. Upon entering Resident 1's room, House Manager A stated, "Whoops, I forgot to put medications away," and picked up a container on Resident 1's nightstand which contained the following topical medications:

-- Betamethasone DP Lotion
-- Ketoconazole Shampoo 2%
-- Triamcinolone Acetonide Ointment USP 0.1%
-- Hydrocortisone Cream 2%
-- Ketoconazole Cream 2%

On 07/22/2024 at 3:00 PM, Surveyor interviewed Resident 1 and asked a general question about

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018848	A. BUILDING: _____ B. WING _____	R-C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOYFUL HEARTS	1704 E MCMILLAN MARSHFIELD, WI 54449

(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 466	Continued From page 3 the cares s/he receives. Resident 1explained s/he needs medications for skin conditions. During the interview Resident 1 pointed to his/her nightstand and stated "creams" and a "dressing" normally are there, but "sometimes" are locked in a cabinet. On 07/29/2024 at 9:30 AM, Surveyor interviewed House Manager A. S/he acknowledged the aforementioned medications were not securely stored and stated since the last survey s/he has been trying to get better at routinely securing all medications.	M 466		