STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017789	A. BUILDING: _____ B. WING _____	R-C 07/29/2025

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SOLACE CARE ADULT FAMILY HOME	212 N 32ND ST MILWAUKEE, WI 53208

(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 07/29/2025, Surveyor completed a standard licensure survey, a verification visit, and a complaint investigation at Solace Care Adult Family Home. As a result, 1 of the previous 4 deficiencies were corrected. Four deficiencies were repeat violations and 3 new deficiencies were identified; therefore, 7 total deficiencies were identified. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 incident was reported to the Department for Resident 4, when there was significant change in a resident's status. Resident 4 eloped and it was reported to the police. The provider did not report the elopement to the Department.	M 134		

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

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M 134	Continued From page 1 This is a repeat deficiency from Statement of Deficiency (SOD) 63KT11, dated 07/11/2023. Findings include: On 07/28/2025, at 9:00 AM, Surveyor was onsite at the facility to conduct a standard survey, a verification visit, and a complaint investigation. While completing medication review, Surveyor located a police contact card, which documented Resident 4 was reported missing from the facility on 07/23/2025, at 10:29 PM. On 07/28/2025, at approximately 12:00 PM, Surveyor interviewed Administrator B, and s/he reported the following: Resident 4 likes to wander and on 07/23/2025, during bedtime, Resident 4 walked out of the home. Administrator B attempted to locate Resident 4 and contacted police to file a report. Resident 4 was gone from the home for approximately 2 hours, before returning on her/his own. Administrator B was unaware of the requirement to report elopements to the Department. S/He reported s/he would file a report with the Department for that incident. On 07/29/2025, at 2:14 PM, the Department received the backdated self-report from Administrator B. On 07/29/2025, at approximately 9:00 AM, Surveyor reviewed department records and did not locate evidence of a self-report submitted to the Department. On 07/29/2025, at 2:14 PM, Administrator B submitted a self-report to the Department, following the survey.	M 134		

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M 216	Continued From page 2	M 216		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services (DHS) - Licensed Adult Family Home (AFH) regulations. At the time of the onsite survey, the provider had 4 repeat violations. The provider did not follow Special Orders, which resulted from previous Statement of Deficiency (SOD) 63KT11, dated 07/11/2023. Findings include: On 07/28/2025, Surveyors conducted a standard survey, verification visit, and a complaint investigation at Solace Care Adult Family Home. As a result of the survey, the provider was issued 7 deficiencies. Four of the 7 were repeat deficiencies. The following 7 deficiencies, which includes this violation, were identified: M0134 88.03(5)(e)1 - Significant Change to the Resident (repeat) M0216 88.04(2)(a) - Responsibilities M0276 88.05(3)(a) - Homelike Environment (repeat) M0334 88.05(4)(b)1 - Fire Safety - Smoke Detectors (repeat)	M 216		

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M 216	Continued From page 3 M0464 88.07(3)(d) - Medication Written Order M0466 88.07(3)(e)1 - Medication Record Keeping M0582 88.10(3)(q) - Medications (repeat) On 11/14/2023, Licensee A was issued SOD 63KT11 and Notice and Order Letter, which included the following Special Orders: "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Solace Care Adult Family Home: 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure medication management and administration is safe and accurate. The licensee's corrective measures will ensure: - Every prescription medication shall be securely stored, remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. - All medications controlled by the licensee shall be kept in a locked place. WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training to all service providers, with assigned duties for medication management and administration, on the corrective actions taken to resolve the prescription medication deficiency identified in Statement of Deficiency 63KT11. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and	M 216		

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M 216	Continued From page 4 evidence of successful completion of the training." On 07/28/2025, at approximately 11:00 AM, Surveyor interviewed Administrator B. Administrator B reported s/he always follows what the previous surveyors have told them. Surveyor reviewed the previous SOD and Notice and Order Letter with Administrator B. Administrator B stated, "I obviously have some work to do." There was no further discussion about the Special Orders.	M 216		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home (AFH) was safe, clean, well-maintained, and provided a homelike environment. This had the potential to affect 3 of 3 residents. The home required cleaning and repairs. This is a repeat deficiency. See Statement of Deficiency (SOD) 86ZK11, dated 03/04/2021. Findings include:	M 276		

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M 276	Continued From page 5 The facility was licensed as a non-ambulatory home, serving up to 4 residents in the client groups emotionally disturbed/mental illness, physically disabled, advanced age, developmentally disabled, and irreversible dementia/Alzheimer's. On 07/28/2025, at approximately 9:40 AM, Surveyor conducted an onsite tour of the home and observed the following: Kitchen: - Protective blue film was on the oven drawer (the film was the type which comes on a new stove and was recommended to be removed upon delivery). - The stove hood area and the wall around had brown spotting, consistent with grease splatter. - Heating/cooling floor register had paint peeling and paint chips loose on the floor - The flooring was peeling up and curled over - Baseboard moulding was loose and detaching from the wall - Dining chairs had clear plastic garbage bag coverings on the seat cushions - Microwave was rusted and had paint chipped away around the front interior frame - Microwave had brown spotting, which appeared to be food splatter inside - The dish drying rack on the counter next to the sink was coated in an orangish/brown chalk-like substance and blackish/brown spotting, similar to dirt and mold, and contained an insect similar to an earwig. - The ceiling had a brown dried liquid splatter, approximately the size of a golf ball, above the refrigerator area. Bedroom #1:	M 276		

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M 276	Continued From page 6 - One window was propped open with a body wash bottle and contained no screen, which was open to the outside. - The same window contained dirt, debris, paint chips, a loose screw, and an active spider web inside the sill, which the bed was positioned next to. - The second window in the room was propped open with a deodorant stick, and contained dirt, debris, and paint chips. - The light fixture was an open fixture with no cover and 2 exposed light bulbs Bedroom #2: - The light fixture was an open fixture with no cover and 2 exposed light bulbs, one of which was burnt out. Bedroom # 3: - Return register on the wall was partially covered with a towel - The walls required painting due to scuff marks and brownish markings, consistent with dirt. - The blinds on one window were broken and falling down. Bathroom: - The light fixture was an open fixture with no cover and 2 exposed light bulbs Basement: - Approximately 1 foot of dryer duct, connected to the dryer was flexible, which connected to a straight ridged duct, where another approximate 1 foot of flexible dryer duct was attached, acting as	M 276		

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M 276	Continued From page 7 an elbow to another straight ridged vent. - The wall, ceiling, and floor around the back of the dryer, and the dryer ducts were covered in a gray fuzzy material, consistent with lint. Exterior: - The front entry door contained a screen door, which was missing the screen/storm door closer. - The bracket to connect the screen door chain/spring was not attached and hanging from the screen door. - Boards were lifting from the wheelchair ramps, causing a trip hazard. On 07/28/2025, at approximately 2:00 PM, Surveyor toured the home with and interviewed Administrator B. Administrator B confirmed the home needed cleaning and repairs. When Surveyor showed Administrator B the rust inside the microwave, s/he stated, "that's unacceptable." Administrator B reported the propped windows and covered air return were due to resident behaviors. Licensee A and Administrator B were working on cleaning and repairs. New blinds had been ordered for bedroom 3 and were scheduled to be replaced. A contractor was onsite working at the neighboring facility during the survey. Licensee A picked up and removed paint chips from the floor and the dish drying rack while Surveyors were onsite.	M 276		
{M 334}	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal	{M 334}		

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{M 334}	Continued From page 8 emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a smoke detector was in 1 of 6 required locations. The basement did not contain a smoke detector. This is a repeat deficiency. See Statement of Deficiency (SOD) 63KT11, dated 07/11/2023. Findings include: On 07/28/2025, at approximately 9:40 AM, Surveyor conducted an onsite tour of the home. Surveyor did not observe a smoke detector in the basement of the home. On 07/28/2025, at approximately 2:00 PM, Surveyor interviewed Administrator B. Administrator B reported during the facility's previous survey, the Surveyor told them to move the smoke detector in the basement to the stairway. Administrator B reported s/he thought the smoke detector in the stairway leading to the main floor of the home was enough to cover the basement area. Administrator B reported s/he would have a smoke detector installed in the	{M 334}		

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{M 334}	Continued From page 9 basement, in addition to the one in the stairway.	{M 334}		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who could administer the medications for 1 of 1 resident (Resident 4) reviewed, who required staff to administer her/his medications. Resident 4's record did not contain a written order to administer medications. Findings include: On 07/28/2025, at approximately 11:40 AM, Surveyors reviewed Resident 4's record and identified the following: Resident 4 was admitted to the facility on 05/06/2025, with diagnoses including schizophrenia, epilepsy, and chronic kidney disease, stage 4. Resident 4 had a guardian and	M 464		

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M 464	Continued From page 10 a managed care organization (MCO). Resident 4's primary care physician (PCP) was Doctor of Medicine (MD) E. Resident 4's pharmacy of preference was the pharmacy the provider was contracted with. Resident 4's record did not contain evidence of a written order of medications from Resident 4's current physician, MD E. Resident 4's record had orders from a previous facility and a previous PCP, which differed from Resident 4's medication administration record (MAR) and the orders the pharmacy had on file. On 07/28/2025, at approximately 11:00 AM, Surveyor interviewed Administrator B. Administrator B reported the facility did not have the most recent physician's orders for Resident 4 in her/his record. Administrator B contacted the pharmacy to provide the physician's orders they had on file.	M 464		
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 observation, record review, and	M 466		

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M 466	Continued From page 11	M 466		

interview, the provider did not ensure accurate records were kept of all prescription medications controlled, dispensed or administered for 1 of 1 resident (Resident 4) record reviewed, and the provider did not ensure medication was kept in a secured area.

Medication was stored, unsecured, in the refrigerator. Resident 4's medication administration record (MAR) from July 2025 had medications listed and documented as administered, which were not on Resident 4's physician's orders and/or a medication not in the facility. Resident 4's July 2025 MAR documented medications as administered when Resident 4 refused medication. Resident 4's MAR omitted medications in which Resident 4 was ordered to take.

Findings include:

On 07/28/2025, at approximately 9:55 AM, Surveyor toured the kitchen of the facility and observed the following stored inside the refrigerator unsecured:

- Three insulin lispro 100 unit (U)/milliliter (mL) pens inside a zip sealed bag.

- One lantus solostar 100 U/mL pen inside a zip sealed bag.

Both medications were labeled by the pharmacy for Resident 4.

On 07/28/2025, at 10:43 AM, Surveyor observed Resident 4's other medications, which were secured in a file cabinet drawer within the dining room/living room area. Surveyor reviewed Resident 4's July 2025 MAR and compared it with

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M 466	Continued From page 12 the medications in the facility. On 07/28/2025, at 11:39 AM, Surveyor received and reviewed a fax from the pharmacy with Resident 4's list of medications prescribed by Doctor of Medicine (MD) E, which identified the following: Date Printed: 07/28/2025 Date Range: 06/05/2025 to 07/28/2025 Prescribed Medications: - Acetaminophen 325 milligram (mg) tablet (tab), take 2 tabs by mouth every 4 hours as needed for pain and fever. - Aspirin enteric-coated (EC) 81 mg tab, take 1 tab by mouth every morning. - Atorvastatin 40 mg tab, take 1 tab by mouth once daily at bedtime. - Clonazepam 0.5 mg tab, take 1 tab by mouth twice daily for anxiety. - Divalproex sodium (sod) delayed-release (DR) 125 mg tab, take 1 tab by mouth twice daily (in the morning and bedtime). - Divalproex sod DR 500 mg tab, take 1 tab by mouth twice daily for mood disorder. - Fenofibrate 145 mg tab, take 1 tab by mouth once daily at bedtime for cholesterol. - Haloperidol decanoate (dec) 100 mg/mL vial, inject 1.5 mL every 2 weeks intramuscularly as directed. - Insulin glargine - interchangeable biosimilar (yfgn) U100 Pen, inject 10 units subcutaneously once daily at bedtime. - Insulin lispro 100 U/mL pen, inject 8 units 3 times daily with meals. - Pantoprazole sod DR 40 mg tab, take 1 tab by mouth every morning (dose decrease). - Paroxetine hydrochloride (HCl) 40 mg tab, take 1 tab by mouth every evening. - Risperidone 0.5 mg tab, take 1 tab by mouth	M 466		

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every 4 hours as needed for restlessness and agitation.
- Tamsulosin HCl 0.4 mg capsule (cap), take 1 cap by mouth once daily at bedtime.
- Topiramate 100 mg tab, take 1 tab by mouth twice daily (morning and bedtime).
Prescribers: MD E

Resident 4's July 2025 MAR

1. Alprazolam 0.5 mg tab, take 1 tab by mouth every 8 hours as needed (PRN) for anxiety and agitation.
- This medication was not listed as a physician ordered medication and was not located within the facility.
- The MAR contained staff initials documenting this medication was administered 1 time each day from 07/01/2025 - 07/28/2025.
- Resident 4 was not administered Alprazolam 0.5 mg tabs, as indicated by her/his MAR.
- Administrator B reported Resident 4 was administered Clonazepam 0.5 mg tabs and it had been recorded on the MAR under Alprazolam.

2. Bicalutamide 50 mg tab, take 1 tab by mouth every morning.
- This medication was ordered on 04/18/2025, by Advanced Practice Nurse Prescriber (APNP) D, and was not listed on Resident 4's new orders from MD E.
- This medication was not located within the facility.
- The MAR contained staff initials documenting this medication was administered every day at 8:00 AM, from 07/01/2025 - 07/28/2025.

3. Insulin lispro 100 U/mL pen, inject 9 units subcutaneously 3 times daily with meals (hold if blood sugar (BS) less than 70 or greater than 450

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(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 14	M 466		

and call provider).
- The medication orders for this medication indicated to inject 8 units 3 times daily with meals.
- The MAR contained staff initials documenting Resident 4 had been administered 9 units of this medication 3 times per day from 07/01/2025 - 07/27/2025.
- Blood sugar readings were not recorded.
- Administrator B reported Resident 4 often refused this medication and it was not being administered, but was being recorded on the MAR with staff initials indicating it had been administered 3 times daily.

4. Lantus solostar 100 U/mL, inject 10 units subcutaneously once daily at bedtime.
- Administrator B reported Resident 4 often refused this medication and it was not being administered, but was being recorded on the MAR with staff initials indicating it had been administered daily at 8:00 PM, from 07/01/2025 - 07/27/2025.

5. Pantoprazole sod DR 40 mg tab, take 1 tab by mouth twice daily (morning and bedtime).
- The medication orders for this medication indicated take 1 tablet by mouth every morning (dose decrease).
- The MAR contained staff initials documenting Resident 4 was administered this medication at 8:00 AM and 8:00 PM every day from 07/01/2025 - 07/27/2025.

6. Risperidone 0.5 mg tab, take 1 tab by mouth every morning.
- The medication orders for this medication indicated take 1 tab by mouth every 4 hours as needed for restlessness and agitation.
- The MAR contained staff initials documenting Resident 4 was administered this medication

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	0017789	A. BUILDING: _____ B. WING _____	R-C 07/29/2025

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M 466	Continued From page 15 every day at 8:00 AM, from 07/01/2025 - 07/28/2025. 7. Trokendi extended release (XR) 200 mg cap, take 2 caps by mouth every morning. - The medication orders issued by MD E, dated 06/05/2025 to 07/28/2025, documented topiramate 100 mg tab, take 1 tab by mouth twice daily (morning and bedtime). - The MAR contained staff initials documenting Resident 4 was administered 2-200 mg caps of this medication every day at 8:00 AM, from 07/01/2025 - 07/28/2025. Resident 4's MAR did not have an area to document medication administration for the following medications, ordered by MD E: 1. Acetaminophen 325 mg tab, take 2 tabs by mouth every 4 hours as needed for pain and fever. 2. Clonazepam 0.5 mg tab, take 1 tab by mouth twice daily for anxiety. On 07/28/2025, at approximately 11:00 AM, Surveyor interviewed Administrator B and the following was reported: The caregivers were following the MARs to administer medications, which were printed and delivered by the provider's contracted pharmacy to the facility. Administrator B was unaware Resident 4's MARs did not match the physician orders the pharmacy had on file for Resident 4. S/He reported s/he would address the issues with the pharmacy to get the MARs corrected. Administrator B reported s/he was responsible for the intake of delivered medications and did not compare what was sent by the pharmacy with the	M 466		

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M 466	Continued From page 16 physician's orders. Administrator B reported s/he and the staff had been trained in medication administration and documentation. S/He confirmed documentation of a refusal of medication was to be documented differently than medication which had been administered. There were no notes which accompanied the MARs and no current physician's orders for Resident 4 available at the facility. S/He forgot to obtain a lockbox for the medications requiring refrigeration and reported s/he would purchase one right away. Administrator B stated, "I obviously have some work to do." Cross Reference: M0582 88.10(3)(q) - Medications	M 466		
{M 582}	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure prescription medications were administered as prescribed by the resident's physician for 1 of 1 resident reviewed (Resident 4).	{M 582}		

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{M 582}	Continued From page 17 This is a repeat deficiency. See Statement of Deficiency (SOD) 63KT11, dated 07/11/2023. Findings include: The facility was licensed as a non-ambulatory home, serving up to 4 residents in the client groups emotionally disturbed/mental illness, physically disabled, advanced age, developmentally disabled, and irreversible dementia/Alzheimer's. On 07/28/2025, at approximately 11:40 AM, Surveyors reviewed Resident 4's record and identified the following: Resident 4 was admitted to the facility on 05/06/2025, with diagnoses including schizophrenia, epilepsy, and chronic kidney disease, stage 4. Resident 4 had a guardian and a managed care organization (MCO). Resident 4's primary care physician (PCP) was Doctor of Medicine (MD) E. On 07/28/2025, at 10:43 AM, Surveyor observed the residents' medications, and the following was identified: Resident 4's medications were stored in a locked file cabinet drawer. Resident 4's medications were dispensed by a pharmacy and packaged in various blister packs, pill containers, zip sealed bags, as well as loose in the drawer. Resident 4's medication drawer contained the following medications: - 1 insulin glargine - interchangeable biosimilar (yfgn) unit (U)100 pen, inject 10 units subcutaneously once daily at bedtime, dispensed on 06/21/2025, labeled "Refrigerate unopened	{M 582}		

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{M 582}	Continued From page 18 cartridges or pens . . ." - 1 insulin glargine - yfgn U100 pen, inject 10 units subcutaneously once daily at bedtime, dispensed on 07/21/2025, labeled "Refrigerate unopened cartridges or pens . . ." - 3 insulin lispro 100 U/milliliter (mL) pens, inject 8 units three times daily with meals, dispensed on 06/24/2025, "Refrigerate unopened cartridges or pens . . ." - 3 insulin lispro 100 U/mL pens, missing pharmacy label and instructions. Surveyor reviewed Resident 4's medication administration records (MARs) for July 2025, and the following was identified: July 2025 - 1. Insulin lispro 100 U/mL pen, inject 9 units subcutaneously 3 times daily with meals (hold if blood sugar (BS) less than 70 or greater than 450 and call provider). - The medication orders for this medication indicated to inject 8 units 3 times daily with meals. - The MAR documented Resident 4 had been administered 9 units of this medication 3 times per day from 07/01/2025 - 07/27/2025. - Three insulin lispro pens, filled on 06/24/2025, located in Resident 4's drawer had not been opened/started and were labeled with "Refrigerate unopened cartridges or pens . . . Discard unused portion after 28 days." The pens were not refrigerated. - Three insulin lispro pens located in Resident 4's drawer had not been opened/started and were not labeled with any pharmacy information. The pens were not refrigerated.	{M 582}		

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{M 582}	Continued From page 19 2. Lantus solostar 100 U/mL inject 10 units subcutaneously once daily at bedtime. - One pen was filled on 06/21/2025, located in Resident 4's drawer had not been opened/started and were labeled with "Refrigerate unopened cartridges or pens . . . Discard unused portion after 28 days." The pen was not refrigerated. - One pen was filled on 07/21/2025, located in Resident 4's drawer had not been opened/started and were labeled with "Refrigerate unopened cartridges or pens . . . Discard unused portion after 28 days." The pen was not refrigerated. On 07/28/2025, at approximately 11:00 AM, Surveyor interviewed Administrator B and the following was reported: Administrator B was unaware Resident 4's MARs did not match the physician orders the pharmacy had on file for Resident 4. S/He reported s/he would address the issues with the pharmacy to get the MARs corrected. There were no notes which accompanied the MARs and no current physician's orders for Resident 4 available at the facility. Administrator B reported Resident 4 often refused her/his insulin and it was not being administered. Surveyor inquired why Resident 4's MAR had staff initials every day from 07/01/2025 - 07/28/2025 for Resident 4's insulin administration. Administrator B reported they were initialing that the insulin was refused. Administrator B confirmed initials indicated the medication was administered and it should have been documented differently for refusals. Administrator B confirmed there were no notes or documentation of Resident 4 refusing medication. Cross Reference: M0466 88.07(3)(e)1 - Record Keeping	{M 582}		

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