STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016533	A. BUILDING: _____ B. WING _____	R 01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY SHORES AFH	**N1989 RIPLEY SHORES DRIVE SARONA, WI 54870**

(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 01/03/2024, Surveyor conducted a verification visit and standard licensure survey at Ripley Shores AFH. Data was collected through 01/08/2024. Four deficiencies were identified. Three of the 4 deficiencies were repeat violations. See Statement of Deficiencies (SOD) N98I11, dated 04/07/2021, and SOD BOLC12, dated 08/01/2022. Census: 3 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{M 000}		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these	M 114		

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

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M 114	Continued From page 1 persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a caregiver background check was completed for 1 of 2 staff reviewed. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete CBC, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Integrated Background Information System (IBIS). On 01/03/2024 at approximately 12:30 p.m., Surveyor reviewed the employee roster. Licensee	M 114		

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M 114	Continued From page 2 A told Surveyor they were all volunteers. Surveyor asked how often they worked in the facility. Licensee A said whenever s/he needed them, s/he called, and they would come and fill in as needed. Surveyor reviewed 2 employee/volunteer files. Caregiver B's start date was 02/11/2022. His/her record included a BID form, dated 01/06/2022. The record did not include a DOJ or DHS report. Surveyor asked Licensee A if s/he had a copy of Caregiver B's DOJ and DHS report. Licensee A said s/he remembered doing it and did not know why there was not a printout of it in Caregiver B's record. On 01/08/2024, Licensee A emailed Surveyor. The email read, in part: "I did the background check and justice and made sure I printed this time ..." Licensee A did not ensure Caregiver B had a complete CBC documented in his/her record.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.	M 232		

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M 232	Continued From page 3	M 232		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 employees were screened for illness, including for tuberculosis (TB), within 90 days before the start of providing service.

This is a repeat deficiency. See Statement of Deficiency (SOD) N98I11, dated 04/07/2021.

Findings include:

On 01/03/2024, Surveyor requested to review employee records for Caregiver B and Caregiver C.

Caregiver B had a start date of 02/11/2022. Caregiver C had a start date of 05/16/2022.

The records did not contain documentation to show Caregiver B and Caregiver C were screened for illness, including TB before the start of providing service.

On 01/03/2024 at approximately 12:45 p.m., Surveyor interviewed Licensee A. Surveyor asked if s/he had documentation of Caregiver B and Caregiver C's health screen, including their TB tests. Licensee A said s/he should have it somewhere.

On 01/08/2024, Licensee A emailed Surveyor a copy of Caregiver B's TB test, which was dated 03/09/2017. This was 5 years prior to his/her start date of 02/11/2022. Surveyor did not receive a copy of Caregiver C's TB test or health screen.

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{M 464}	Continued From page 4	{M 464}		
{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, Licensee A did not ensure s/he maintained written orders in the correct dosage for all medications administered, for 2 of 2 resident records reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) BOLC12, dated 08/01/2022. Findings include: On 01/03/2024, Surveyor reviewed Resident 1's record. Resident 1's medication administration record (MAR) indicated Resident 1 took a scheduled dose of Humalog insulin plus a sliding scale. The scheduled dose was 6 units in the morning, 6 units at noon, and 8 units in the evening. Surveyor reviewed Resident 1's medication orders in his/her record. Surveyor observed a medication order for Resident 1's Humalog insulin, which was 10 units 3 x/day. Surveyor did	{M 464}		

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{M 464}	Continued From page 5 not locate an order for Resident 1's Humalog to be administered as indicated on his/her MAR. Resident 1's MAR indicated s/he received hydroxyzine 25 milligrams (mg) daily in the evening. Resident 1's order for hydroxyzine was 25 mg every 6 hours as needed (PRN) for anxiety. On 01/03/2024 at approximately 11:50 a.m., Surveyor interviewed Licensee A and asked if s/he could show Surveyor the orders for Resident 1's Humalog insulin and his/her scheduled hydroxyzine. At approximately 12:10 p.m., Licensee A told Surveyor the bottle for Resident 1's hydroxyzine did indicate it was a PRN medication. Licensee A said Resident 1 preferred to take it daily in the evening and s/he would get that order clarified. Licensee A said s/he would call to have Resident' 1s insulin orders sent over. On 01/03/2024, Surveyor reviewed Resident 2's record. Resident 2 had an order for Seroquel 50 mg 1 - 2 tablets PRN. This order was not transcribed onto Resident 2's January 2024 MAR. On 01/03/2024 at approximately 11:45 a.m., Surveyor interviewed Licensee A. Surveyor asked for clarification on Resident 2's Seroquel (quetiapine) order. Licensee A told Surveyor s/he was told that once Resident 2's scheduled Seroquel was increased to 300 mg 3 x/day, it was the most Resident 2 could receive. Licensee A said s/he would call to clarify the order. At 11:50 a.m., Licensee A told Surveyor that Resident 2 still had the PRN Seroquel ordered and Licensee A wrote the medication on Resident 2's January 2024 MAR.	{M 464}		

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{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, Licensee A did not keep a record of all medications administered to Resident 2. This is a repeat deficiency. See Statement of Deficiency (SOD) BOLC12, dated 08/01/2022. Findings include: On 01/03/2024, Surveyor reviewed Resident 2's medication administration record (MAR) for January 2024. There was no documentation to indicate Resident 2's medications were administered at the PM medication pass time on 01/02/2024 or the AM medication pass time on 01/03/2024. On 01/03/2024 at approximately 11:45 a.m., Surveyor interviewed Licensee A and asked if Resident 2 received his/her medications in the evening of 01/02/2024 and that morning (01/03/2024). Licensee A said, "That was me." S/he took Resident 2's MAR and documented his/her initials to indicate s/he administered	{M 466}		

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{M 466}	Continued From page 7 Resident 2 his/her medications on the evening of 01/02/2024 and the morning of 01/03/2024. On 01/03/2024, Surveyor reviewed Resident 2's scheduled medications, which included: Quetiapine 300 milligrams (mg) 3 x/day Oxcarbazepine 600 mg x 2 tablets x 2 x/day Guanfacine 2 mg 2 x/day Mirtazapine 15 mg and 7.5 mg daily Invega 6 mg x 2 tablets daily Famotidine 20 mg 2 x/day Licensee A did not maintain an accurate record of all prescription medications administered to Resident 2.	{M 466}		