STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014868	A. BUILDING: _____ B. WING _____	10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUANG PHRASAVATH AFH	W269 N1933 MEADOWBROOK RD PEWAUKEE, WI 53072

(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 10/19/2023, Surveyor conducted an abbreviated survey at Douang Phrasarath AFH. One deficiency was identified. Census: 4	M 000		
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, the provider did not ensure records were kept showing the date and time of medication administration of all prescription medications controlled, dispensed or administered by the provider for 2 of 3 residents reviewed. Staff did not document medication administration on Resident 1's and Resident 2's medication administration records (MAR). Findings include: On 10/19/2023 at 10:03 AM, Surveyor inspected the medication storage system with Licensee A and reviewed Resident 1's and Resident 2's	M 466		

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

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M 466	Continued From page 1 MARs dated 10/14/2023-11/10/2023. Example 1-Resident 1 Resident 1's medications were packaged in multi-purpose blister pack cards (multiple medications contained in 1 blister). Medications from the blister packs dated 10/14/2023 thru 10/19/2023 AM and 10/14/2023 thru 10/18/2023 PM were punched out (Photos 1 and 2): Amlodipine 10 MG 1 tablet daily Gabapentin 100 MG 2 capsules Lisinopril 10 MG 1 tablet daily Lithium Carb ER 450 MG 1 tablet nightly Quetiapine 100 MG 1 tablet nightly Sertraline 100 MG 2 tablets daily Resident 1's MAR dated 10/14/2023 thru 11/10/2023 listed the following scheduled prescription medications: Amlodipine 10 MG 1 tablet daily Gabapentin 100 MG 2 capsules Lisinopril 10 MG 1 tablet daily Lithium Carb ER 450 MG 1 tablet nightly Quetiapine 100 MG 1 tablet nightly Sertraline 100 MG 2 tablets daily From 10/14/2023 AM - 10/19/2023 AM, Staff had not documented administration of Resident 1's medications on the MAR. Example 2-Resident 2 Resident 2's medications were packaged in unit dose blister pack cards (1 medication per blister per card card) (photos 3-15) for the following medications: Desloratadine 5 MG 1 tablet daily Gabapentin 300 MG 1 capsule twice daily Levothyroxine 50 MCG 1 tablet twice daily Lorazepam 1 MG ½ tablet twice daily Omeprazole 20 MG 1 capsule once daily	M 466		

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M 466	Continued From page 2 Sertraline HCL 100 MG 2 tablets once daily Simvastatin 40 MG 1 tablet once daily Sodium Bicarb 650 MG 2 tablets once daily Trazadone 50 MG 1 tablet once daily Resident 2's MAR dated 10/14/2023 thru 11/10/2023 listed the following scheduled prescription medications: Desloratadine 5 MG 1 tablet daily Gabapentin 300 MG 1 capsule twice daily Levothyroxine 50 MCG 1 tablet twice daily Lorazepam 1 MG ½ tablet twice daily Omeprazole 20 MG 1 capsule once daily Sertraline HCL 100 MG 2 tablets once daily Simvastatin 40 MG 1 tablet once daily Sodium Bicarb 650 MG 2 tablets once daily Trazadone 50 MG 1 tablet once daily From 10/14/2023 AM - 10/19/2023 AM, staff had not documented administration of Resident 2's medications on the MAR. On 10/19/2023 at 10:03 AM, Surveyor interviewed Licensee A who stated s/he was and RN, s/he and Co-Owner B were the only staff of the AFH, they knew the residents well and knew when medications were given. Licensee A stated the residents were high functioning and knew when they were to take their medications. Licensee A stated other than the MARs, there was no other place administration was documented. Licensee A stated they administered medications to 3 of 4 residents and they had not documented administration for the 3 residents. Licensee A stated the 4th resident had only had 1 prescription medication (as needed oral allergy medication) and self-administered it. On 10/19/2023 at 10:55 AM, Surveyor discussed concern of not documenting administration of	M 466		

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M 466	Continued From page 3 prescription medications with Licensee A who stated they had become complacent and would start documenting medication administration.	M 466		