STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018568	A. BUILDING: _____ B. WING _____	07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EICKSTAEDT	101 EICKSTAEDT LANE WATERTOWN, WI 53094

(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 07/29/2024, Surveyor conducted a standard survey at Eickstaedt. Four deficiencies were identified. Census: 6	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not conduct annual assessments for 2 of 3 resident records reviewed. Resident 1 and Resident 3 did not have annual assessments completed in 2022 and 2023. Findings include: On 07/29/2024, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 04/21/2021. Resident 1's record did not contain	N 381		

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

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N 381	Continued From page 1 evidence of an annual assessment completed in 2022 and 2023. -Resident 3 was admitted to the facility on 06/21/2021. Resident 3's record did not contain evidence of an annual assessment completed in 2022 and 2023. On 07/29/2024 at 10:36 AM, Surveyor interviewed Administrative Assistant (AA) A. AA-A acknowledged the provider did not conduct annual assessments for Resident 1 and Resident 3. AA-A stated the previous provider used to conducted annual assessments, but since the change of ownership required documentation had not been completed. AA-A stated s/he will work with their corporate team to ensure annual assessments are completed in the future.	N 381		
N 401	83.37(1)(b) Medication label permanently attached. Medications. Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer ' s container shall be labeled with the resident ' s name. Over-the-counter medications not maintained in the manufacturer ' s container shall be labeled by a pharmacist. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure all Resident 1's prescription medication had a permanent label attached to the outside of the container. On 07/29/2024, Surveyor observed Ultimate Flora	N 401		

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N 401	Continued From page 2 Probiotic stored within the provider's refrigerator without a permanent label attached to the outside of the container. Findings include: On 07/29/2024 at 9:03 AM, Surveyor observed the provider's refrigerated medications. Surveyor observed a bottle of Ultimate Flora Probiotic without a label attached to the bottle. Surveyor asked Caregiver B whose probiotic was in the refrigerator. Caregiver B stated the probiotic belonged to Resident 1. Caregiver B stated Resident 1's family brings in the probiotic and pharmacy used to send a label. Caregiver B provided a medication administration record (MAR) dated April 2024 that noted Resident 1's probiotic. Caregiver B stated Resident 1's probiotic had been administered daily since April, but staff did not have a place to record in the MAR and the pharmacy did had not sent a label at least since April 2024. On 07/29/2024, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the facility on 04/21/2021. Resident 1 had a guardian that made decisions on his/her behalf. Resident 1's individual service plan (ISP) dated 3/4/24 noted CBRF staff was responsible to administer Resident 1's medications. Surveyor reviewed Resident 1's April 2024 MAR which documented: "Ultimate Flora Probiotic with directions to take 1 tablet per G-tube every morning for GI health (Pharmacy does not provide) with a start date of 8/22/23."	N 401		

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N 401	Continued From page 3 Resident 1's May-July 2024 MAR did not include the above medication, staff did not initial as given, and no labels were sent from the pharmacy. Surveyor reviewed the provider's Medication Storage and Security Checklist document dated 02/14/2024. The document noted "All medications are labeled with contents, expiration date, and any applicable warning. Comments: Except florastor in fridge, needs label." On 07/29/2024 at 10:36 AM, Surveyor interviewed Administrative Assistant (AA) A. AA-A acknowledged the provider did not currently have a permanent label attached to Resident 1's probiotic. AA-A stated after reviewing Resident 1's MARs, it does appear staff had been administering the probiotic without recording who gave the medication. AA-A noted the pharmacy used to send labels for Resident 1's probiotic, and will have staff reach out to the pharmacy to include labels with monthly cycle fill.	N 401		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication.	N 407		

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N 407	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed (Resident 2) was reassessed by a pharmacist, practitioner, or registered nurse as needed, but at least quarterly for the desired response and possible side effects of scheduled psychotropic medications. Findings include: On 07/29/2024, Surveyor reviewed resident records and identified the following: Resident 2 admitted to the facility on 2/7/24. Resident 2's individual service plan (ISP), dated 2/29/24 noted CBRF staff administer Resident 2's medications. Resident 2's physician orders included Fluoxetine 10mg, Risperidone 2mg, Clonazepam 1mg, Abilify 15mg, and Buspirone 7.5mg. Start dates ranged from 11/21/23 and 1/23/24. Resident 2's record did not contain psychotropic medication reviewed for the 2nd quarter of 2024. On 07/29/2024 at 10:36 AM, Surveyor interviewed Administrative Assistant (AA) A. AA-A acknowledged the provider had not conducted quarterly psychotropic reviews since many management staff had left recently. AA-A noted the provider was trying to find an alternative person to complete quarterly reviews.	N 407		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire	N 530		

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N 530	Continued From page 5 inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual inspection by the local fire authority or certified fire inspector. The facility had not had a fire inspection due in June 2024. Findings include: On 07/29/2024, Surveyor reviewed safety records and identified the following: Surveyor reviewed a fire inspection dated 06/23/2023. There was no evidence a fire inspection was completed in June 2024. On 07/29/2024 at 10:36 AM, Surveyor interviewed Administrative Assistant (AA) A. AA-A acknowledged the provider had not conducted a fire inspection in 2024. AA-A confirmed the last fire inspection was completed in June 2023, therefore an annual inspection was due in June 2024. AA-A did not provide an answer to why the annual fire alarm inspection was not completed timely.	N 530		