Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017820	A. BUILDING: _____ B. WING _____	R 07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD HAND CARE AFH	2921 WIMBLEDON WAY MADISON, WI 53716

(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 06/25/2025, with information gathered through 07/03/2025, Surveyor conducted a verification visit at Good Hand Care AFH. Three deficiencies were identified. Three of 3 deficiencies are repeat violations (see Statement of Deficiency (SOD) EFZH11 and SOD EFZH12). Under statutory provisions of Wis. Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 2 out of 2 records (Resident 1 and Resident 4) reviewed were developed together with the placing agency, the resident representative, and the provider. This is a repeat deficiency. See Statement of	{M 406}		

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

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{M 406}	Continued From page 1 Deficiency (SOD) EFZH11, dated 09/04/2024, and EFZH12, dated 02/25/2025. Findings include: On 06/25/2025, Surveyor reviewed Resident 1's and Resident 4's record. Resident 1 moved into the home on 04/08/2022 and was his/her own person. Resident 1's record contained an ISP, dated 06/05/2025, which was not signed and dated by Resident 1. Resident 4 moved into the home on 03/31/2021 and was represented by Guardian H. Resident 4's record contained an ISP, dated 03/11/2025, which was not signed by Guardian H. On 07/03/2025 at 8:19 AM, Surveyor emailed Licensee A and Co-Owner B requesting clarification as to who participated in the care conferences for Resident 1 and Resident 4. As of 07/03/2025 at 2:26 PM, Co-Owner B stated s/he would have Resident 1 review and sign his/her ISP. Co-Owner B stated that Resident 4's Guardian H, due to illness, does not participate in the care conferences. Co-Owner B stated s/he communicates with Guardian H via telephone calls but would ask him/her to provide documentation showing that s/he received the ISP.	{M 406}		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service	M 462		

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M 462	Continued From page 2	M 462		

provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident received medication in the proper dosage and the medications were labeled with resident name and prescription.

This is a repeat deficiency. See Statement of Deficiency (SOD) EFZH11, dated 09/04/2024.

Resident 4's bottle of Olopatadine HCL (hydrochloride) medication administration was not documented on the Medication Administration Record (MAR) and was administered after the expiration date.

Findings include:

On 06/25/2025, at approximately 9:45 AM, Surveyor observed Resident 4's opened bottle of Olopatadine HCL (eye drop) in the medication cabinet. The Olopatadine had a dispensed date of 03/25/2025 and directions were to instill one drop into both eyes once daily.

On 06/25/2025, Surveyor reviewed Resident 4's record.

Resident 4 moved into the home 03/31/2021.

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M 462	Continued From page 3 Resident 4's May and June 2025 MARs did not document that s/he was prescribed Olopatadine. On 06/27/2025 at 6:17 AM, Surveyor emailed Licensee A and Co-Owner B. Surveyor asked for clarification regarding the administration of Resident 4's Olopatadine since it was not documented on the May and June MARs. On 06/30/2025 at 8:06 AM, Co-Owner B emailed Surveyor and stated s/he would add it to the MAR. On 07/03/2025 at 9:31 AM, Surveyor emailed Co-Owner B the following information:"Discard each bottle of Patanol Eye Drops 4 weeks after it has been opened. Write the date the bottle was opened on the label to remind you when to discard the bottle." (Source: News Medical Life Sciences website, Patanol - Eye Drops - Olopatadine hydrochloride, October 2023, https://www.news-medical.net/drugs/Patanol.aspx#:~:text=Discard%20each%20bottle%20of%20Patanol,weeks%20after%20opening%20the%20bottle. (retrieval date - July 03, 2025).)	M 462		
{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.	{M 466}		

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{M 466}	Continued From page 4	{M 466}		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 2 residents.

This is a repeat deficiency. See Statement of Deficiency (SOD) EFZH11, dated 09/04/2024, and EFZH12, dated 02/25/2025.

Resident 1's May and June 2025 Medication Administration Records (MARs) documented his/her 'as needed' (PRN) Tramadol (pain medication) was not administered as prescribed.

Findings include:

On 06/25/2025, at approximately 9:40 AM, Surveyor observed Resident 1's blister card of (PRN) Tramadol in the med cabinet. The blister card was dispensed on 04/23/2025 and had 7 of 20 remaining tablets.

On 06/25/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home on 04/08/2022.

Resident 1's MARs, dated 05/01/2025 to 06/25/2025, documented:
Tramadol HCL (hydrochloride) Tab (tablet) 50 MG (milligram) - Take 1 tablet by mouth every 6 hours as needed.
The MAR had handwritten times of 8:00 AM and 11:00 AM written, giving the MAR the appearance that the PRN Tramadol is given only at those requested times between 06/01/2025 and 06/16/2025.

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{M 466}	Continued From page 5 The MAR documented: 05/06 - 11:00 AM 05/08 - 2:00 PM 05/13 - 11:00 AM 05/18 - 11:00 AM 05/20 - 11:00 AM 05/23 - 11:00 AM 05/26 - 4:00 PM 06/01 - 8:00 AM 06/03 - 11:00 AM 06/04 - 11:00 AM 06/08 - 11:00 AM 06/09 - 11:00 AM 06/10 - 8:00 AM and 11:00 AM - These administrations were not 6 hours apart 06/11 - 8:00 AM and 11:00 AM - These administrations were not 6 hours apart 06/14 - 8:00 AM 06/16 - 8:00 AM 06/17 - 5:00 PM 06/19 - 11:00 AM 06/20 - 8:00 AM 06/21 - 11:00 AM 06/23 - PM On 06/27/2025 at 6:17 AM, Surveyor emailed Licensee A and Co-Owner B. Surveyor requested clarification on how many doses of Tramadol Resident 1 received in May and June 2025. On 06/30/2025 at 8:06 AM, Co-Owner B emailed Surveyor and stated, "The Tramadol it was a recording mistake, [s/he] did not receive it twice, [s/he] marked it again, when double checking if [s/he] had, [Resident 1] only likes to take it one time per day." On 07/03/2025 at 9:08 AM, Surveyor emailed Licensee A. Surveyor asked for clarification on how often Resident 1 received his/her Tramadol.	{M 466}		

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{M 466}	Continued From page 6 Surveyor stated during the last onsite verification visit, 02/21/2025, Resident 1 had a blister card of Tramadol with a dispense date of 02/12/2025 and had 8 of 15 remaining tablets. When did the new blister card, dated 04/23/2025, become utilized; the blister card had 20 tablets with 7 remaining doses and there were 23 documented administrations in May and June. As of 07/03/2025 at 4:30 PM, Surveyor did not receive a response.	{M 466}		