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 10/13/2025

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 10/08/2025, with information gathered through 10/13/2025, Surveyor conducted a verification visit at Good Hand Care AFH. One deficiency was identified. One of 1 deficiency was a repeat violation (see Statement of Deficiency (SOD) EFZH11 and SOD EFZH13). Under statutory provisions of Wis. Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 462}	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service 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, and SOD EFZH13, dated 07/03/2025.	{M 462}		

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

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{M 462}	Continued From page 1 Resident 2's Combivent Respimat inhaler was not administered as prescribed. Findings include: On 10/08/2025, at approximately 12:45 PM, Surveyor observed Resident 2's Combivent Respimat inhaler, with a handwritten open date of 08/18/2025, in the medication cabinet. The inhaler had approximately 30 of 120 remaining doses. On 10/08/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 11/04/2015. Resident 2's Medication Administration Records (MARs), dated 08/18/2025 to 10/08/2025, documented: Combivent Respimat - Inhale 1 puff every 4-6 hours as directed. Handwritten times of 8:00 AM and 5:00 PM were documented. Start Date: 08/18/2025. The MARs documented that the medication had been administered as prescribed. Based on administration twice a day, 120 doses would be a 60 day supply. On 10/12/2025 at 6:48 PM, Surveyor emailed Co-Owner B. Surveyor requested clarification on Resident 2's Combivent Respimat prescription. On 10/13/2025 at 8:48 AM, Co-Owner B emailed Surveyor a printout of Resident 2's medication list, dated 10/13/2025, which stated: "Ipratropium-Albuterol (Combivent Respimat) Inhaler - Inhale 1 puff 2 times daily 0800 (8:00 AM) and 1700 (5:00 PM)."	{M 462}		

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{M 462}	Continued From page 2 On 10/13/2025 at 9:00 AM, Surveyor emailed Co-Owner B and stated Resident 2's inhaler should have had approximately 16 remaining doses as of 10/08/2025.	{M 462}		