STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018562	A. BUILDING: _____ B. WING _____	09/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST HAVEN	208 EAST HAVEN 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 09/07/2023, Surveyor conducted a standard survey at East Haven. Two deficiencies were identified. Census: 6	N 000		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a physician, pharmacist or registered nurse conducted an on-site review of the CBRF's medication storage at least	N 404		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018562	A. BUILDING: _____ B. WING _____	09/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST HAVEN	208 EAST HAVEN 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 404	Continued From page 1 annually in 2022. Findings include: On 09/07/2023, Surveyor conducted a standard survey. At 9:46 a.m., Surveyor observed the provider's medication cabinet with Program Manager A. Surveyor observed that narcotic medications were not locked separately and asked to review the facility's most recent annual medication storage review. Program Manager A stated s/he did not know if one has been completed in the last year. At 10:06 a.m., House Manager B stated that s/he believes the provider has not conducted a medication storage review in 2022 or 2023 yet, but it might be in documentation that has yet to be filed. Surveyor stated that if the provider is able to find the medication storage review for 2022, to send it to the Surveyor by 09/08/2023. On 07/09/2023, at 11:53 a.m., Program Director C stated, "We could not find the annual review of medications (medication storage)."	N 404		
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	N 407		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018562	A. BUILDING: _____ B. WING _____	09/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST HAVEN	208 EAST HAVEN 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 407	Continued From page 2 required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's scheduled Sertraline was assessed by a pharmacist, practitioner or registered nurse at least quarterly for the desired effects of the medication. Findings include: On 09/07/2023, Surveyor conducted a standard survey. Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 02/04/2022 with diagnoses including anxiety, autism, obsessive compulsive disorder, and intellectual disability. Surveyor reviewed Resident 1's prescription medications which included and order for Sertraline HCL 50 mg tablet to take at bedtime with a start date of 03/07/2023. At 9:46 a.m., Surveyor asked Program Manager A for Resident 1's quarterly psychotropic reviews for 2023. Program Manager A looked through Resident 1's record and stated s/he was unsure of where that would be located. At 10:06 a.m., House Manager B stated that the quarterly psychotropic medication review was due and confirmed that Resident 1's Sertraline has not yet been assessed in 2023.	N 407		