STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015943	A. BUILDING: _____ B. WING _____	R 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANSON HOUSE	N10599 CTY RD G OSSEO, WI 54758

(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 09/11/2024, Surveyor conducted a Standard Survey and Verification Visit at Hanson House. Data collection continued through 09/25/2024. Eleven deficiencies were identified. One of 11 deficiencies was a repeat violation. See Statement of Deficiency (SOD) GBER11, dated 02/15/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the department within 24 hours, a significant change in Resident 1's condition which resulted in Resident 1 being hospitalized. Findings include:	M 134		

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

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M 134	Continued From page 1 This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease. On 09/11/2024, at approximately 10:15 AM, Surveyor interviewed Staff B. Staff B stated Resident 1 had a fall and hit his/her head approximately 3 months ago. Staff B stated Resident 1 was hospitalized with a brain bleed and required rehabilitation for about 1 or 2 months. Staff B stated s/he did not know if the change in condition was reported to the department. At approximately 10:30 AM, Surveyor reviewed the staff communication log. The following notes were documented: -On 06/09/2024, Resident 1 fell in his/her room and was transported to the emergency room. -On 06/20/2024, Resident 1 was still in the hospital. -On 06/21/2024, Resident 1 was transferred to a rehabilitation facility. -On 08/01/2024, Resident 1 was still receiving treatment at the rehabilitation facility. -On 08/06/2024, Resident 1 returned home from the rehabilitation facility. At 2:36 PM, Surveyor emailed Administrator A and requested records for Resident 1. On 09/13/2024, at 4:42 PM, Surveyor received a fax from Administrator A with Resident 1's records.	M 134		

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M 134	Continued From page 2 Resident 1 was admitted on 12/12/2017 with multiple diagnoses, including the following: early onset dementia, traumatic brain injury and congestive heart failure. Resident 1 had a guardian. Resident 1's Individual Service Plan (ISP), dated 01/24/2024, indicated Resident 1 had a history of falls. On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting. When asked if Administrator A submitted a self-report to the department regarding Resident 1's change in condition following his/her fall, Administrator A stated, "No, I don't remember ever doing it." The provider did not report to the department, within 24 hours, a significant change in Resident 1's condition.	M 134		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the	M 244		

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M 244	Continued From page 3	M 244		

provider did not ensure 1 of 3 employees (Caregiver E) received 15 hours of training related to resident rights and treatment appropriate to resident's needs, within 6 months after starting to provide care.

Findings include:

This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease.

On 09/11/2024, at approximately 10:00 AM, Surveyor interviewed Staff B and requested staff training documentation. Staff B stated s/he did not manage the paperwork and Surveyor would need to speak with Administrator A. Staff B stated Administrator A was unavailable due to illness.

At 2:36 PM, Surveyor emailed Administrator A and requested initial training documentation for Caregiver E.

On 09/13/2024, Surveyor received a fax from Administrator A with staff training documentation.

Caregiver E was hired on 07/24/2023. Caregiver E's record contained a printout of 4 department-approved trainings, including Medication Administration, First Aid and Choking, Standard Precautions and Fire Safety. The document did not contain evidence of the length of each training. The record did not contain evidence of Resident Rights training being completed. Administrator A did not provide evidence of any additional trainings for Caregiver

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M 244	Continued From page 4 E. On 09/17/2024, Surveyor emailed Administrator A and asked how many hours of initial training Caregiver E received. Surveyor asked if Caregiver E received training in Resident Rights within 6 months after providing care to residents. Surveyor asked Administrator A to provide any documentation to reflect additional hours of training. On 09/18/2024, Surveyor received an email from Administrator A regarding staff training. Administrator A stated, "As far as training hours I have just been marking them down for the year, previously I had done how long each one took and then I was told I just needed to put the year. From now on I can put the amount of time each one took." On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting regarding Caregiver E's initial training received. When asked if Administrator A had evidence of Caregiver E completing 15 hours of initial training, including Resident Rights and task specific training, Administrator A stated s/he did not. Administrator A stated s/he did not know how long it took Caregiver E to complete the 4 department-approved courses. Administrator A stated s/he was going to find out and ask for certificates of completion moving forward.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing	M 246		

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M 246	Continued From page 5 agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees (Caregiver C and Caregiver D) completed 8 hours of training related to the health, safety, welfare, rights, and treatment of residents every year after the year their initial training was received. Findings include: This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease. On 09/11/2024, at approximately 10:00 AM, Surveyor interviewed Staff B and requested staff training documentation. Staff B stated s/he did not manage the paperwork and Surveyor would need to speak with Administrator A. Staff B stated Administrator A was unavailable due to illness. At 2:36 PM, Surveyor emailed Administrator A and requested annual staff training documentation for Caregiver C and Caregiver D. On 09/13/2024, Surveyor received a fax from Administrator A including staff training	M 246		

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M 246	Continued From page 6 documentation. Caregiver C's date of hire was 12/12/2014. Caregiver C's record did not contain 8 hours of training for the calendar year of 2022 and 2023. In 2022, s/he received training in Medication Administration totaling 4 hours, as evidenced by a training certificate of completion. The record did not contain evidence of Resident Rights training or Standard Precautions training completed in 2022. There was a typed document with a headline titled, "[Provider] - 2022 Training - [Caregiver C]" which showed a list of trainings. The document did not include the name of the instructor, a description of the training content, date of training, or the length of the training. In 2023, Caregiver C completed training in Fire Safety and Medication Review totaling 4 hours, as evidenced by training certificates. The record did not contain evidence of Resident Rights training or Standard Precautions training completed in 2023. Caregiver D was hired on 09/11/2021. Caregiver D's record did not contain 8 hours of training for the calendar year 2023. In 2022, s/he received training in Resident Rights, Dementia Related Disorders, and Introduction to Mental Illness as evidenced by training certificates with dates of completion and number of hours it took to complete each training. In 2023, s/he completed training in Management and Administration of Medications Annual Review and Fire Safety totaling 4 hours as evidenced by training certificates. There was a typed document with a headline titled, "[Provider] - 2023 Training - [Caregiver D]" which showed a list of trainings. The document did not include the name of the instructor, a description of the training content, date of training, or the length of the training.	M 246		

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M 246	Continued From page 7 Caregiver D's record did not contain evidence of Resident Rights and Standard Precautions training being completed in 2023. On 09/17/2024, Surveyor emailed Administrator A and asked if Caregiver C and Caregiver D completed Resident Rights and Standard Precautions training in 2022 and 2023. Surveyor asked how many hours of training Caregiver C and Caregiver D received in 2022 and 2023. Surveyor asked Administrator A to provide any documentation to reflect additional hours of training not already provided. On 09/18/2024, Surveyor received an email from Administrator A regarding staff training. Administrator A stated within the email, "As far as training hours I have just been marking them down for the year, previously I had done how long each one took and then I was told I just needed to put the year. From now on I can put the amount of time each one took." On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting regarding annual staff training requirements. Administrator A stated s/he had staff take a couple of classes through an outside agency and had staff complete training through booklets that included pertinent information. Administrator A stated s/he may not have realized the importance of documenting the length of each training. Administrator A stated s/he remembered thinking what staff had completed would total 8 hours. Administrator A did not have any additional training information to provide to Surveyor. The provider did not ensure each employee received at least 8 hours of training related to the health, safety, welfare, rights, and treatment of	M 246		

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M 246	Continued From page 8 residents every year.	M 246		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was clean and well-maintained. Findings include: This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease. On 09/11/2024, from approximately 9:45 AM to 11:40 AM, Surveyor was on site and observed the following: Main Level Bathroom - Utilized by Residents -There were pieces of wall missing near the left side of the shower leaving exposed wooden boards. -A piece of trim was missing from the storage cabinet located on the left of the shower.	M 276		

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M 276	Continued From page 9 -There were multiple black, gray, and yellow spots of various sizes on the ceiling around the parameter of the shower and around the ceiling vent. -There was what appeared to be a white window curtain attached to a curtain rod lying on a wall mounted shelf above the toilet. The white curtain contained visible dust. Stairway Leading to Lower Level -There was a hole approximately 1 inch wide and 3 inches long above a hand railing leading to the lower level of the home. Lower-Level Bathroom/Laundry Room/Furnace Room (Combined Room) -Cobwebs and dust were observed in various locations, including near the window behind a storage cabinet and the dryer vent. -The sink near the toilet had gray colored grime on it. There was a bar of soap located near the right side of the sink faucet that had brown spots on it. On 09/11/2024, at 10:07 AM, Surveyor interviewed Staff B. When asked about the lower level of the home, Staff B stated the lower level was accessible to all the residents. Staff B stated all residents had access to the bathroom on the lower level. On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting. Surveyor reviewed the concerns in the environment. Administrator A stated s/he had cleaned the bathroom ceiling with special cleaner for mold and mildew in the past. Administrator A stated they needed to fix the source and	M 276		

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M 276	Continued From page 10 suspected it had something to do with the ceiling fan. Administrator A stated s/he had been concerned with the lack of trim and wall issues near the shower along with the hole near the stairway. Administrator A stated s/he would be sharing the concerns with Staff B and the concerns would be addressed.	M 276		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free from hazards and kept uncluttered. Findings include: This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease. On 09/11/2024, from approximately 9:45 AM to 11:40 AM, Surveyor was on site and observed the following:	M 278		

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M 278	Continued From page 11 -A gas furnace was in the lower level of the home. The room was unsecured and open. The furnace was in a room that also contained a toilet, sink, washer, dryer, and space for storage. A file cabinet, cat food, a plastic bin with aluminum cans, two wooden picture frames, two cardboard boxes containing unknown items, and a plastic storage tote containing unknown items, was within 3 feet of the furnace. -There was an open cabinet with shelving containing various cleaning agents and chemicals. The shelving contained at least one bottle of ammonia, laundry detergent, Great Value multi-purpose cleaner, Spic and Span cleaner and 2 bottles of Cavicide surface disinfectant. The Cavicide label stated the product was hazardous to humans and domestic animals. On 09/11/2024, at 10:07 AM, Surveyor interviewed Staff B. When asked about the lower level of the home, Staff B stated the lower level was accessible to all the residents. Staff B stated all residents had access to the bathroom on the lower level. On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting regarding the observations made on site. Administrator A stated s/he was aware of the items near the furnace because s/he locked things up in the filing cabinet. Administrator A stated it did not click that the items posed a risk and s/he would make sure it got changed. Administrator A stated s/he was almost positive there was a lock on the cabinet door to secure the chemicals.	M 278		

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{M 282}	Continued From page 12	{M 282}		
{M 282}	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure water samples were taken from the well and tested at the state laboratory of hygiene or another approved laboratory at least annually. This is a repeat deficiency. See Statement of Deficiency GBER11, dated 02/15/2022. Findings include: On 09/11/2024, at approximately 10:05 AM, Surveyor interviewed Staff B and requested the most recent well water test results. Staff B stated s/he did not know when the well water was last inspected and did not know where those records were located. Staff B indicated Surveyor would need to speak with Administrator A. Staff B stated Administrator A was unavailable due to illness. At 2:36 PM, Surveyor emailed Administrator A and requested well water test results. On 09/13/2024, at 5:53 PM, Surveyor received a fax from Administrator A that included laboratory test results from the local county health department, with a collection date of 03/01/2022. The readings indicated the well water was safe. There was a handwritten section on the	{M 282}		

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{M 282}	Continued From page 13 document stating, "Ordered water test kit for 2024." On 09/18/2024, at 10:50 AM, Surveyor emailed Administrator A and inquired if s/he had well water inspection results for 2023 or 2024. At 11:02 AM, Administrator A responded to Surveyor's email and stated, "I don't have water testing for 2023, we have a kit to do 2024." On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting. Surveyor discussed the provider's history of being unable to provide water inspection testing results. When asked about the 2023 water inspection, Administrator A stated s/he did not get it done.	{M 282}		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed, included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1 and Resident 2's ISPs did not include a signed statement of agreement with all parties involved. Findings include:	M 420		

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M 420	Continued From page 14 This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease. On 09/11/2024 at approximately 10:00 AM, Surveyor interviewed Staff B and requested records for Resident 1 and Resident 2. Staff B stated s/he did not manage the paperwork and Surveyor would need to speak with Administrator A. Staff B stated Administrator A was unavailable due to illness. At 2:36 PM, Surveyor emailed Administrator A and requested records for Resident 1 and Resident 2. On 09/13/2024, Surveyor received a fax from Administrator A with resident records included. - Resident 1 was admitted on 12/12/2017. Resident 1 had a guardian and was protectively placed with a court order or commitment. Surveyor reviewed Resident 1's ISP, dated 01/24/2024. The ISP was signed by Administrator A. The ISP was not signed by any other party. There was a handwritten note included that stated the provider was waiting on signature pages. - Resident 2 was admitted on 10/24/2011. Resident 2 had a guardian and was protectively placed with a court order or commitment. Surveyor reviewed Resident 2's ISP, dated 04/24/2024. The ISP was signed by Administrator A. The ISP was not signed by any other party. There was a handwritten note included that	M 420		

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M 420	Continued From page 15 stated the provider was waiting on signature pages. On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting. When asked about the process for reviewing ISPs, Administrator A stated s/he did not often see the guardians. Administrator A stated s/he would fax the other parties involved in the care planning and request signature pages be returned. Administrator A stated many times s/he would not get the signature pages back. Administrator A stated s/he would make an effort to ensure all parties were involved in the development of resident ISPs and work on getting signatures.	M 420		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.	M 424		

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M 424	Continued From page 16 This Rule is not met as evidenced by: Based on record review and interview, the provider did not update Resident 1's individual service plan (ISP) when Resident 1 had a significant change in his/her needs. Findings include: This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease. On 09/11/2024, at approximately 10:15 AM, Surveyor interviewed Staff B. Staff B stated Resident 1 had a fall and hit his/her head approximately 3 months ago. Staff B stated Resident 1 was hospitalized with a brain bleed and required rehabilitation for about 1 or 2 months. Staff B stated since Resident 1's fall and return home from the rehabilitation facility, staff have been "extra careful" with Resident 1. Staff B stated the provider implemented a motion detector in Resident 1's room and a bed alarm. Staff B stated the provider installed an alarm on the back patio door to alert staff if Resident 1 goes out to the patio. At approximately 10:30 AM, Surveyor reviewed the staff communication log. Staff notes indicated Resident 1 had a fall on 06/09/2024 and was sent to the emergency room. Resident 1 was hospitalized and discharged to a rehabilitation facility following his/her hospitalization. Resident 1 returned to the provider on 08/06/2024.	M 424		

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M 424	Continued From page 17 At 2:36 PM, Surveyor emailed Administrator A and requested records for Resident 1. On 09/13/2024, at 4:42 PM, Surveyor received a fax from Administrator A with Resident 1's records. Resident 1 was admitted on 12/12/2017 with multiple diagnoses, including: early onset dementia, traumatic brain injury and congestive heart failure. Resident 1 had a guardian. Resident 1's Individual Service Plan (ISP), dated 01/24/2024, indicated Resident 1 had a history of falls. Surveyor could not locate Resident 1's use of alarms, or the use of motion detectors in Resident 1's room to prevent further falls, within the ISP. On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting. Administrator A stated Surveyor had the most recent care plan for Resident 1. When asked if the care plan had been updated since Resident 1's fall to include additional fall interventions implemented in the home, Administrator A stated s/he did not add details relating to Resident 1's fall into his/her ISP. Administrator A stated s/he should have included when Resident 1 fell, what happened, and what the result was in the care plan. The provider did not update Resident 1's ISP when Resident 1 had a fall with significant injury resulting in hospitalization and treatment at a rehabilitation facility. Resident 1 required the use of an alarm on his/her bed, motion detector in his/her room, and alarm on the back patio door. The additional fall interventions were not added to Resident 1's ISP.	M 424		

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M 462	Continued From page 18	M 462		
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 record review and interview, the provider did not ensure Resident 1 received medication administration services to meet his/her needs. Resident 1's medication order was not followed when the provider failed to increase Resident 1's Seroquel per the prescribing doctor's order. Findings include: "Seroquel (quetiapine) is used to treat schizophrenia in adults ..." Common side effects of Seroquel include chills, cold sweats, confusion, dizziness, and unusual drowsiness. (Retrieved 09/25/2024 from https://www.drugs.com/seroquel.html.) This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease.	M 462		

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M 462	Continued From page 19 On 09/11/2024, at approximately 10:00 AM, Surveyor interviewed Staff B regarding resident records. Staff B stated s/he did not manage the paperwork and Surveyor would need to speak with Administrator A. Staff B stated Administrator A was unavailable due to illness. At 2:36 PM, Surveyor emailed Administrator A and requested records for Resident 1. On 09/13/2024, Surveyor received a fax from Administrator A containing records for Resident 1. It did not include all the requested documentation. Resident 1 was admitted on 12/12/2017 with multiple diagnoses, including: early onset dementia, traumatic brain injury, and congestive heart failure. Resident 1 had a guardian. Resident 1's Individual Service Plan (ISP), dated 01/24/2024, indicated staff completed tasks related to medication management and administration. On 09/19/2024 at 5:54 PM, Surveyor received a fax from Administrator A containing medication documentation for Resident 1 that included the following: -A new physician's order for Seroquel (Quetiapine), 25mg tablet. The order stated, "1 tablet in the morning and 2 tablets in the evening [sic] Orally twice a day [sic] 90 days." The order was written on 08/05/2024. -The August 2024 Medication Administration Record (MAR) included the following order: Quetiapine 25 Mg Tab, Take 1 Tablet Twice Daily. The medication appeared to be signed off as given beginning on 08/06/2024 until 08/30/2024. The order was printed in a digital format. It did not	M 462		

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appear the new order, written on 08/05/2024, was followed in the month of August.
-The September 2024 MAR included the following handwritten order: "Quentiapine [sic] 25 mg, 1 take in morning, 2 tak [sic] at Bedtime." It appeared the new order was implemented and administered as ordered beginning on 09/01/2024.

On 09/24/2024, at 12:25 PM, Surveyor interviewed a representative of Resident 1's pharmacy via phone. Pharmacy Representative (PR) F stated a new order was written for Resident 1's Quetiapine (Seroquel) on 08/05/2024. PR F stated the order instructed Resident 1 to take the medication at 8:00 AM and 8:00 PM. PR F stated the pharmacy filled the new order on 8/29/2024. PR F stated the provider typically sent the pharmacy a list of the medications they needed and when they needed them. PR F stated it appeared the provider did not request to have the new prescription filled until several weeks after it was ordered.

On 09/25/2024, at 10:00 AM, Surveyor interviewed Administrator A via phone regarding the new Seroquel medication order and shared concerns it appeared the new order was not filled until several weeks after it was written by the physician. Administrator A stated s/he did not know why that happened and believed it to be an oversight. When asked if the provider did any type of medication auditing, Administrator A stated s/he or Staff B usually did audits weekly, and they should have caught the issue. Administrator A stated the management of the written medication orders had not been good. When asked if Administrator A could confirm if the new dose was administered to Resident 1 between 08/05/2024 and 08/31/2024,

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M 462	Continued From page 21 Administrator A stated it would not have been administered until it got filled. Administrator A stated the issue needed attention and s/he would be addressing it. The provider did not ensure Resident 1 received medication administration services to meet his/her needs when Resident 1 did not receive his/her Seroquel medication as ordered.	M 462		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) reviewed, had a written order from his/her prescribing physician specifying who by name or position was permitted to administer the medication, under what circumstances, and in what dosage the medication was to be administered. Findings include:	M 464		

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M 464	Continued From page 22 This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease. On 09/11/2024, at approximately 10:00 AM, Surveyor interviewed Staff B and requested records for Resident 1 and Resident 2. Staff B stated s/he did not manage the paperwork and Surveyor would need to speak with Administrator A. Staff B stated Administrator A was unavailable due to illness. At 2:36 PM, Surveyor emailed Administrator A and requested records for Resident 1 and Resident 2. On 09/13/2024, Surveyor received a fax from Administrator A containing records for Resident 1 and Resident 2. - Resident 1 was admitted on 12/12/2017 and had a guardian. Resident 1's Individual Service Plan (ISP), dated 01/24/2024, indicated staff completed tasks related to medication management and administration. Resident 1's record did not include a written physician order permitting staff to administer medications. -Resident 2 was admitted on 10/24/2011 and had a guardian. Resident 2's ISP, dated 04/24/2024, indicated Resident 2 had a goal to continue taking his/her medications as ordered. Resident 2's record did not include a written physician order permitting staff to administer medications. On 09/17/2024, Surveyor requested documentation from Administrator A, via email,	M 464		

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M 464	Continued From page 23 including the written authorization for staff to administer medications. On 09/18/2024, Surveyor received an email from Administrator A responding to the request and stated, "Written authorization to administer medications [sic] I am not exactly sure what you mean by that as I've never been asked for that in the past ..." On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting about staff administration of medications. Administrator A indicated staff do assist all residents with all aspects of medication administration. When asked about the written authorization for staff to administer medications, Administrator A stated s/he did not know about the requirement for providers to have written authorization for staff to administer medications. Administrator A stated s/he did not have that on file but was working on getting it.	M 464		
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:	M 466		

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M 466	Continued From page 24 Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 2 residents. Findings include: This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, physically disabled, traumatic brain injury, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, and irreversible dementia/Alzheimer's disease. On 09/19/2024, at 3:34 PM, Surveyor emailed Administrator A and requested documentation related to Resident 1's medication administration record (MAR.) At 5:54 PM, Surveyor received a fax from Administrator A containing medication documentation for Resident 1 that included the following: A medication summary from the hospital that included a section titled, "Your current medicine(s) as of 9/18/2024." The following medications were listed in the summary: -Fluticasone Propionate (Flonase) 50 mcg/actuation nasal spray - Place 2 sprays in the nose in the morning. -Levothyroxine 112 mcg tablet - Take 1 tablet in the mouth in the AM On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting, regarding Resident 1's medications. When asked about Resident 1's current medications,	M 466		

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M 466	Continued From page 25 Administrator A stated s/he had to look into it and planned to call the doctor's office for clarification on what orders were current. When discussing the above medication summary, it was identified some of the medications listed may not be current. Administrator A stated s/he had asked the pharmacy to send him/her orders because s/he was not getting the orders from the doctor. Surveyor requested written medication orders during the call to be provided by the end of the day. At 3:40 PM, Surveyor received an email from Administrator A stating s/he was unable to provide the additional orders requested by Surveyor due to a family emergency. Example 1 - Fluticasone Nasal Spray Resident 1's MARs for June 2024, July 2024 and August 2024, included the following order: -Fluticasone Nasal Spray - Inhale 2 sprays into each nostril once daily. The spaces assigned for the nasal spray were all blank for the entire months of June, July, and August of 2024. There was also not an identified time to administer the nasal spray. Resident 1's September 2024 MAR did not list Fluticasone nasal spray as an ordered medication. On 09/23/2024, at 10:00 AM, Surveyor interviewed Administrator A via a virtual meeting, regarding the nasal spray. Administrator A stated, "I wonder if that was discontinued. I'm thinking it was." Administrator A stated s/he should have a doctor's order for it and would call to confirm if it was discontinued.	M 466		

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M 466	Continued From page 26 On 09/24/2024, at 12:35 PM, Surveyor interviewed a representative from Resident 1's pharmacy. Pharmacy Representative (PR) F stated there was a prescription, dated 02/19/2024, for the nasal spray to be used daily. PR F stated there was a new order placed for the nasal spray on 08/05/2024, but it had not been requested to be filled by the provider yet. PR F stated the last time it was dispensed was 2/19/24. PR F stated the order remained active but the provider had not filled it. On 09/25/2024, at 10:00 AM, Surveyor interviewed Administrator A via phone, regarding Resident 1's Fluticasone medication. Surveyor shared it was identified Resident 1 had an active order for the medication that had not been filled. Administrator A stated s/he believed staff were administering the medication as s/he saw it in the home recently. When asked why the areas were blank on the MAR, Administrator A stated staff must not have been signing off on it. Administrator A could not provide the written order for the Fluticasone. Example 2: Levothyroxine Resident 1's MARs for June 2024, July 2024 and August 2024 included the following order: -Levothyroxine - .112 mcg - Take 1 Tablet in the AM. It was ordered to be given at 7:00 AM. The order was printed digitally. Resident 1's September 2024 MAR included a handwritten order with no time identified for administration that read: -Levothyroxine 112 mcg, "2 hours after supper, ½ hour before bedtime meds (medications)." The medication was signed off as administered in September of 2024. It was highlighted orange but	M 466		

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there was not a color code to identify what orange indicated.

On 09/24/2024, at 12:35 PM, Surveyor interviewed PR F regarding Resident 1's Levothyroxine medication. PR F stated the written order indicated Resident 1 should be taking 1 tablet by mouth in the morning at 7:00 AM, on an empty stomach. PR F stated the medication should only be taken in the morning, and it was not typical for a thyroid medication to be given at night.

On 09/25/2024, at 10:00 AM, Surveyor interviewed Administrator A via phone, regarding Resident 1's Levothyroxine medication order. Surveyor shared it was identified the Levothyroxine was ordered to be given at 7:00 AM on an empty stomach. When asked why Resident 1's Levothyroxine medication had been changed from a morning dose to an evening dose, Administrator A stated s/he made a call to the doctor about switching the medication to be given in the evening. Administrator A could not recall the reason for his/her request but stated the physician approved of changing the medication to be given in the evening. Administrator A stated s/he did not have documentation to reflect the physician's approval of the change and s/he would contact the physician to get an updated order to reflect the new time the medication was being given. Administrator A stated s/he should have had documentation to reflect the change. Administrator A could not provide the written order for the Levothyroxine.

The provider did not ensure accurate records were kept for Resident 1, when Resident 1's Fluticasone medication had not been signed off as administered for over 3 months and his/her

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M 466	Continued From page 28 Levothyroxine was being administered at a time not consistent with the physician's written order.	M 466		