STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014873	A. BUILDING: _____ B. WING _____	C 04/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWGREEN HOME	**4719 KINGDOM COURT CALEDONIA, WI 53108**

(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 04/29/2024, Surveyor completed an abbreviated survey and complaint investigation at Willowgreen Home. As a result, 4 deficiencies were identified, and 1 complaint was unsubstantiated. Census: 23	N 000		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not establish an effective procedure for proper	N 406		

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

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N 406	Continued From page 1	N 406		

destruction and disposal of expired medications. Expired medications were observed store with resident's non-expired medications in 2 of 2 medication carts.

Findings include:

On 04/19/2024, at 12:00 PM, Surveyor observed the medication carts. Surveyor observed the following expired medications:

-Resident 1
Loperamide 2 milligrams (mg) with a discard date of 10/06/2023
Guaifenesin 100mg/5 milliliters (mL) with a discard date of 12/19/2023, 2 bottles

-Resident 2
Acetaminophen 325mg with a discard date of 07/27/2023

-Resident 3
Acetaminophen 325mg with a discard date of 05/02/2023

-Resident 4
Loperamide 2mg with a discard date of 06/15/2023
Senna with a discard date of 06/15/2023

-Resident 5
Guaifenesin 100mg/5 mL with a discard date of 06/30/2023

-Resident 6
Lorazepam 0.5mg with a discard date of 06/10/2023, 2 cards

-Resident 7
Guaifenesin 200mg with a discard date of

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N 406	Continued From page 2 08/02/2023 Meclizine 12.5mg with a discard date of 06/10/2023 On 04/19/2024, at 1:15 PM, Surveyor interviewed Administrator A. Administrator A confirmed expired medications should have been removed and destroyed from the medication carts. Administrator A reported Life Enrichment Aide B was responsible for conducting the medication cart audits. Administrator A reported Life Enrichment Aide B was to go through the carts on a monthly basis.	N 406		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 452		

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N 452	Continued From page 3	N 452		

did not ensure food was stored to prevent food borne illness. The provider did not properly seal food, maintain labels or dates on open food. This had the potential to affect 23 of 23 residents in the facility.

Findings include:

On 04/19/2024, at 11:15 AM, Surveyor toured the facility kitchen and observed the following:

Pantry
-a container labeled "milk leche", undated
-bag of pasta, unsealed
-bag of cornmeal, unsealed

Kitchen freezers
-bag of cookie dough, unsealed and undated
-bag of sausage patties, unsealed
-a bag of ground white meat, unlabeled and undated

Kitchen refrigerators
-Kraft ranch dressing, undated
-2 containers of Smuckers jelly, undated
-western dressing, undated
-Hunts ketchup, undated
-bag of white shredded cheese, not sealed and undated
-plastic container covered with plastic wrapped labeled "ketchup", undated
-plastic container with a red sauce labeled "sloppy joe sauce", undated
-container of potato salad, undated
-bag of hard-boiled eggs, unsealed
-a bowl of a cut up green produce consistent with a type of melon, unlabeled and undated
-a bowl of mandarin oranges, undated
-a raspberry cheesecake kringle, unsealed
-foiled wrapped meat with a hole exposing the

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N 452	Continued From page 4	N 452		

contents to air, consistent with a type of sausage, unlabeled and undated
-a glass bowl labeled "tomato sauce", undated
-a plastic bag with a type of deep fried-like food inside, unlabeled, and undated

Freezer room:
-a pan of a type of baked good, unlabeled, and undated
-a open bottle of Cookies barbeque sauce, undated, with a label indicating to "refrigerate after opening"
-an open bottle of LA Choy soy sauce, undated, with a label indicating to "refrigerate after opening"

According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (ServSafe Coursebook, 7th Ed., 2017, p. 5-23)

On 04/19/2024, at 1:15 PM, Surveyor interviewed Administrator A. Administrator A acknowledged the above concerns. Administrator A reported all staff were trained in dietary. Administrator A reported the expectation is for staff to go through the refrigerators weekly. Administrator A reported s/he would ensure staff were completing this

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N 452	Continued From page 5 regularly.	N 452		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 3 of 3 locations observed. Cleaning compounds were stored in the hair salon and in 2 entryway cabinets. Findings include: On 04/19/2024, at 10:50 AM, Surveyor toured the facility and observed the following: -a bag of Ship-Shape comb & brush cleaner, located on top of a cabinet in the hair salon. The hair salon did not contain a door, and the cabinet located in the hair salon did not contain a locking mechanism. - A bottle of Medline micro-kill R2 under a sink on the western side of the front entryway. The cabinet contained a locking mechanism which was not engaged. - 2 bottles of Clorox disinfectant cleaner with bleach under a sink on the eastern side of the front entryway. The cabinet contained a locking mechanism which was not engaged.	N 499		

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N 499	Continued From page 6 Surveyor observed residents moving freely throughout the facility during the survey. On 04/19/2024, at 1:15 PM , Surveyor interviewed Administrator A. Administrator A confirmed all toxic substances were to be securely stored. Administrator A reported s/he would provide training to staff to ensure all chemicals were locked up.	N 499		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly and at least one drill simulated the conditions during usual sleeping hours for 2 of 2 years reviewed. There was not a fire drill	N 525		

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N 525	Continued From page 7 conducted during the 1st quarter of 2023, or a drill which simulated the conditions during sleeping hours in 2023. Findings include: On 04/19/2024, at 11:00 AM, Surveyor requested facility fire drills. On 04/24/2024, at 2:00 PM, Surveyor reviewed fire drills sent by Administrator A and identified the following: Three fire drills were conducted on 04/04/2023, 09/06/2023, and 12/06/2023. These fire drills did not simulate conditions during usual sleeping hours. There was no fire drill conducted in the 1st quarter of 2023. On 04/29/2024, at 9:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed fire drills needed to be completed every quarter. Administrator A reported s/he completed a fire drill during the first quarter of 2023 but was unsure where the documentation was. Administrator A reported s/he had completed a 3rd shift drill but was unsure of when the 3rd shift drill was completed. Administrator A reported s/he would ensure a better system for the files and batching the files to ensure documentation was not lost.	N 525		