STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017903	A. BUILDING: _____ B. WING _____	R-C 11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY SUPPORTIVE HOME CARE	1835 DONGES BAY ROAD MEQUON, WI 53092

(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 11/06/2024, Surveyor conducted a verification visit at Community Supportive Home Care. As a result of the survey 1 of 2 deficiencies was identified as a repeat violation, cited for the 3rd time. Under statutory provisions of Wis. stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{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: Based on record review and interview, the provider did not keep a record of 2 of 2 resident's prescription medications controlled, dispensed, or administered by the provider. This requirement is being cited for third time. See Statement of Deficiency (SOD) JTWX11, dated 09/25/2023 and SOD JTWX12, dated 03/04/2024. Findings include:	{M 466}		

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
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{M 466}	Continued From page 1 The facility is a 4-bed AFH that serves individuals who may be developmentally disabled, terminally ill, irreversible dementia/Alzheimer's, emotionally disturbed/ Mental illness, advanced age, physically disabled and/or traumatic brain injury. On 11/06/2024 at approximately 12:43 PM, Surveyor interviewed Caregiver C regarding Resident 1 and Resident 3's medication pass. Caregiver C showed Surveyor the computer but did not know how to pull resident medication administration records (MARs) for Resident 1 and Resident 3. Surveyor spoke with Care Coordinator A who stated s/he would send the MARs to Surveyor. On 11/06/2024, Surveyor received MARs from facility and the Medication Policy and Procedure. The Medication Policy and Procedure stated, "All employees who administer, supervise or assist members in medication administration must read and understand this policy fully before any medication is take by the members." "If any medication is discontinued by a physician/practitioner, it must be indicated on the member's MAR within 24 hours." "Any error in medication administration must be documented and the physician/practitioner must be notified." "If a member refuses a medication, if a medication is held, or if a medication is not given it must be documented." If a member refuses to take a medication for two (2) consecutive days, it must be reported to the physician/practitioner as soon as possible." MARS reflected: Resident 1 Resident 1 was admitted on 10/02/2023. Surveyor reviewed Resident 1's September 2024 MAR:	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COMMUNITY SUPPORTIVE HOME CARE	1835 DONGES BAY ROAD MEQUON, WI 53092

(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 466}	Continued From page 2 Amlodipine Besylate 5 mg - take 1 tablet by mouth in the morning. Oxybutynin Chloride 5 mg - take 1 tablet by mouth 2 times a day. Senna-Docusate 8.6-50 mg - take 2 tablets by mouth every night at bedtime. Pantoprazole Sodium 40 mg - Take 1 tablet by mouth 2 times a day in the morning and evening before meals. Sucralfate 100 mg/ml - Take 2 teaspoonfuls (10mls) by mouth 4 times a day. Surveyor reviewed Resident 1's September 2024 MAR. Resident 1's medications were not documented as administered on the following dates: Senna-Docusate 8.6-50 mg: 09/01/2024, 09/02/2024, 09/06/2024, 09/07/2024, 09/09/2024, 09/10/2024, 09/13/2024, 09/14/2024, 09/15/2024, 09/16/2024, 09/18/2024, 09/20/2024, 09/23/2024, 09/25/2024, 09/27/2024, 09/28/2024, 09/29/2024, 09/30/2024 Pantoprazole Sodium 40 mg: 4:00 PM - 09/01/2024, 09/2/2024, 09/07/2024, 09/09/2024, 09/14/2024, 09/15/2024, 09/18/2024, 09/23/2024, 09/25/2024, 09/27/2024, 09/28/2024, 09/29/2024, 09/30/2024 Sucralfate 100 mg/ml: 10:00 AM - 09/05/2024 2:00 PM - 09/03/2024, 09/04/2024, 09/06/2024, 09/07/2024, 09/08/2024, 09/09/2024, 09/10/2024, 09/11/224, 09/12/2024, 09/13/2024, 09/14/2024, 09/15/2024, 09/17/2024, 09/18/2024, 09/20/2024, 09/21/2024, 09/22/2024, 09/23/2024, 09/24/2024, 09/25/2024, 09/27/2024 6:00 PM - 09/01/2024, 09/02/2024, 09/04/2024, 09/07/2024, 09/09/2024, 09/14/2024, 09/15/2024,	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{M 466}	Continued From page 3 09/18/2024, 09/23/2024, 09/25/2024, 09/27/2024, 09/28/2024, 09/29/2024, 09/30/2024 10:00 PM - 09/01/2024, 09/02/2024, 09/06/2024, 09/07/2024, 09/09/2024, 09/13/2024, 09/14/2024, 09/15/2024, 09/16/2024, 09/18/2024, 09/20/2024, 09/23/2024, 09/25/2024, 09/27/2024, 09/28/2024, 09/29/2024, 09/30/2024 No Pass Reason Charted: Sucralfate 100 mg/ml: 10:00 AM - #1 Medication not present - 09/01/2024, 09/02/2024, 09/09/2024, 09/12/2024, 09/14/2024, 09/15/2024, 09/16/2024, 09/19/2024, 09/23/2024, 09/26/2024, 09/28/2024, 09/29/2024; #2 Refused by resident - 09/30/2024 2:00 PM - #1 Medication not present - 09/01/2024, 09/02/2024, 09/05/2024, 09/16/2024, 09/19/2024, 09/26/2024, 09/28/2024, 09/29/2024, 09/30/2024 6:00 PM - #1 Medication not present -09/05/2024, 09/11/2024, 09/12/2024, 09/16/2024, 09/19/2024, 09/21/2024, 09/22/2024, 09/26/2024 10:00 PM - #1 Medication not present -09/04/2024, 09/05/2024, 09/11/2024, 09/12/2024, 09/19/2024, 09/21/2024, 09/22/2024, 09/26/2024 Medication held - order started 05/23/2024 and ended 10/10/2024 Oxybutynin Chloride 5 mg: 8:00 AM - documented HLD 09/01/2024 - 09/30/2024 8:00 PM - documented HLD 09/01/2024 - 09/30/2024 There was no documentation why med was held Surveyor reviewed Resident 1's October 2024 MAR. Resident 1's medications were not documented as administered on the following dates:	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 4 Amlodipine Besylate 5 mg: 10/17/2024, 10/18/2024, 10/22/2024, 10/27/2024 Senna-Docusate 8.6-50 mg: 10/02/2024, 10/05/2024, 10/06/2024, 10/09/2024, 10/10/2024, 10/11/2024, 10/12/2024, 10/13/2024, 10/14/2024, 10/16/2024, 10/18/2024, 10/21/2024, 10/23/2024 Pantoprazole Sodium 40 mg: 4:00 PM - 10/10/2024, 10/11/2024, 10/13/2024, 10/14/2024, 10/21/2024, 10/27/2024, 10/28/2024, 10/29/2024, 10/29/2024, 10/30/2024 Sucralfate 100 mg/ml: 10:00 AM - 10/17/2024, 10/18/2024, 10/27/2024 2:00 PM - 10/01/2024, 10/05/2024, 10/06/2024, 10/08/2024, 10/11/2024, 10/13/2024, 10/27/2024, 10/29/2024 6:00 PM - 10/05/2024, 010/09/2024, 10/10/2024, 10/11/2024, 10/12/2024, 10/13/2024, 10/14/2024, 10/21/2024, 10/27/2024, 10/28/2024, 10/29/2024, 10/30/2024 10:00 PM - 10/02/2024, 10/05/2024, 10/06/2024, 10/09/2024, 10/10/2024, 10/11/2024, 10/12/2024, 10/13/202, 10/14/2024, 10/16/2024, 10/18/2024, 10/21/2024, 10/23/2024, 10/25/2024, 10/27/2024, 10/28/2024, 10/29/2024, 10/30/2024 No Pass Reason Charted: Sucralfate 100 mg/ml: 10:00 AM - #1 Medication not present - 10/07/2024; #2 Medication not present - 10/03/2024, 10/09/2024, 10/10/2024, 10/12/2024, 10/13/2024, 10/14/2024, 10/21/2024, 10/24/2024, 10/28/2024, 10/31/2024 2:00 PM - #2 Medication not present - 10/03/2024, 10/04/2024, 10/07/2024, 10/09/2024, 10/10/2024, 10/12/2024, 10/14/2024, 10/17/2024, 10/21/2024, 10/24/2024, 10/26/2024, 10/28/2024,	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 5 10/31/2024 6:00 PM - #2 Medication not present - 10/03/2024, 10/04/2024, 10/07/2024, 10/17/2024, 10/24/2024, 10/26/2024, 10/31/2024 10:00 PM - #2 Medication not present - 10/03/2024, 10/04/2024, 10/07/2024, 10/17/2024, 10/24/2024, 10/26/2024, 10/31/2024 Pantoprazole Sodium 40 mg: 4:00 PM - #1 Refused by resident - 10/09/2024 Surveyor reviewed Resident 1's November 2024 MAR. Resident 1's medications were not documented as administered on the following dates: Pantoprazole Sodium 40 mg: 4:00 PM - 11/01/2024, 11/04/2024 Sucralfate 100 mg/ml: 2:00 PM - 11/01/2024 6:00 PM - 11/01/024, 11/03/2024, 11/04/2024 10:00 PM - 11/03/2024, 11/04/2024 Medication held - order started 10/10/2024 - no end date Oxybutynin Chloride 5 mg: 8:00 AM - documented HLD 11/01/2024 - 11/07/2024 8:00 PM - documented HLD 11/01/2024 - 11/07/2024 There was no documentation why med was held Resident 3 Resident 3 was admitted on 02/10/2024. Surveyor reviewed Resident 3's September 2024 MAR: Escitalopram Oxalate 20 MG - Take 1 ½ tablet (30mg) by mouth in the morning.	{M 466}		

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{M 466}	Continued From page 6 Methotrexate Multi-Dose Vial *HD* 25 MG / ML - Inject 1 ml subcutaneously in the morning once a week Wednesday. Folic Acid 1 MG - Take 1 tablet by mouth in the morning. Acetaminophen (WIM) 500 MG - Take 2 tablets by mouth every 8 hours. Ferrous Sulfate 325 MG - Take 1 tablet by mouth every other morning. Mirtazapine 7.5 MG - Take 1 tablet by mouth at bedtime for 30 days then discontinue (end date 10/01/2024) Surveyor reviewed Resident 3's September 2024 MAR. Resident s's medications were not documented as administered on the following dates: Acetaminophen (WIM) 500 MG 6:00 AM - 09/01/2024, 09/02/2024, 09/03/2024, 09/07/2024, 09/08/2024, 09/10/2024, 09/14/12024, 09/15/2024, 09/16/2024, 09/17/2024, 09/19/2024, 09/20/2024, 09/21/2024, 09/24/2024, 09/26/2024, 09/28/2024, 09/29/2024, 09/30/2024 2:00 PM - 09/01/2024, 09/02/2024, 09/03/2024, 09/04/2024, 09/05/2024, 09/07/2024, 09/08/2024, 09/09/2024, 09/10/2024, 09/11/2024, 09/12/2024, 09/13/2024, 09/14/2024, 09/15/2024, 09/16/2024, 09/17/2024, 09/18/2024, 09/19/2024, 09/20/2024, 09/21/2024, 09/22/2024, 09/23/2024, 09/24/2024, 09/25/2024, 09/26/2024, 09/27/2024, 09/28/2024, 09/29/2024, 09/30/2024 10:00 PM - 09/01/2024, 09/02/2024, 09/06/2024, 09/07/2024, 09/09/2024, 09/13/2024, 09/14/2024, 09/15/2024, 09/16/2024, 09/18/2024, 09/19/2024, 09/20/2024, 09/23/2024, 09/25/2024, 09/27/2024, 09/28/2024, 09/29/2024, 09/30/2024 Mirtazapine 7.5 MG 8:00 PM - 09/01/2024, 09/02/2024, 09/06/2024,	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 7 09/07/2024, 09/09/2024, 09/13/2024, 09/14/2024, 09/15/2024, 09/16/2024, 09/18/2024, 09/20/2024, 09/23/2024, 09/25/2024, 09/27/2024, 09/28/2024, 09/29/2024, 09/30/2024 No Pass Reason Charted: Acetaminophen (WIM) 500 MG 6:00 AM - #1 Medicine not present - 09/05/2024, 09/13/2024, 09/23/2024, 09/27/2024; #2 Medication not present - 09/25/2024 2:00 PM - #2 Refused by resident - 09/06/2024 10:00 PM - #1 Medicine not present - 09/04/2024, 09/12/2024, 09/22/2024, 09/26/2024; #2 OUT - 09/24/2024 Mirtazapine 7.5 MG 8:00 PM - 1 Medicine not present - 09/22/2024, 09/26/2024; #2 OUT - 09/24/2024 Surveyor reviewed Resident 3's October 2024 MAR. Resident 3's medications were not documented as administered on the following dates: Escitalopram Oxalate 20 MG 8:00 AM - 10/18/2024, 10/30/2024 Acetaminophen (WIM) 500 MG 6:00 AM - 10/01/2024, 10/03/2024, 10/06/2024, 10/07/2024, 10/09/2024, 10/10/2024, 10/11/2024, 10/12/2024, 10/13/2024, 10/14/2024, 10/15/2024, 10/17/2024, 10/19/2024, 10/22/2024, 10/24/2024, 10/26/2024, 10/28/2024, 10/29/2024, 10/30/2024, 10/31/2024 2:00 PM - 10/01/2024, 10/02/2024, 10/03/2024, 10/04/2024, 10/05/2024, 10/06/2024, 10/07/2024, 10/08/2024, 10/09/2024, 10/10/2024, 10/12/2024, 10/13/2024, 10/14/2024, 10/15/2024, 10/16/2024, 10/17/2024, 10/20/2024, 10/21/2024, 10/22/2024, 10/23/2024, 10/24/2024, 10/25/2024, 10/26/2024,	{M 466}		

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{M 466}	Continued From page 8 10/27/2024, 10/28/2024, 10/29/2024, 10/31/2024 10:00 PM - 10/02/2024, 10/05/2024, 10/06/2024, 10/08/2024, 10/09/2024, 10/10/2024, 10/11/2024, 10/12/2024, 10/13/2024, 10/14/2024, 10/16/2024, 10/18/2024, 10/21/2024, 10/23/2024, 10/25/2024, 10/27/2024, 10/28/2024, 10/29/2024, 10/30/2024 Order not followed: Ferrous Sulfate 325 MG Order to administer every other day - charted given daily 10/01/2024 - 10/11/2024, 10/13/2024 - 10/16/2024, 10/19/2024 - 10/29/2024 No Pass Reason Charted: Acetaminophen (WIM) 500 MG (start date 08/16/2024 - no end date) 6:00 AM - #1 Medicine not present - 10/04/2024, 10/05/2024, 10/08/2024, 10/16/2024, 10/18/2024, 10/20/2024, 10/23/2024, 10/25/2024, 10/27/2024 2:00 PM - #1 Medication not present - 10/18/2024; #2 DC or discontinue - 10/11/2024, 10/19/2024, 10/30/2024 10:00 PM - #1 Medicine not present - 10/03/2024, 10/04/2024, 10/07/2024, 10/15/2024, 10/17/2024, 10/20/2024, 10/24/2024, 10/26/2024, 10/31/2024; #2 DC or discontinue - 10/19/2024, 10/22/2024 Surveyor reviewed Resident 3's November 2024 MAR. Resident 3's medications were not documented as administered on the following dates: Acetaminophen (WIM) 500 MG 6:00 AM - 11/02/2024, 11/04/2024, 11/05/2024 2:00 PM - 11/01/2024, 11/03/2024, 11/04/2024 10:00 PM - 11/01/2024, 11/03/2024, 1/04/2024 No Pass Reason Charted: Acetaminophen (WIM) 500 MG (start date 08/16/2024 - no end date)	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 9 6:00 AM - #2 DC or discontinue - 11/01/2024, 11/03/2024, 11/06/2024 2:00 PM - #2 DC or discontinue - 11/02/2024, 11/05/2024 10:00 PM - #2 DC or discontinue - 11/02/2024, 11/05/2024 On 11/06/2024 at approximately 1:00 PM, Surveyor interviewed Caregiver C. Caregiver C stated s/he was unsure about medications not being signed out. On 11/06/2024 at approximately 1:30 PM, Surveyor interviewed Care Coordinator A regarding the lack of documentation in the facility's MAR's. Care Coordinator A stated s/he is supposed to look at to ensure the medications are signed out. Care Coordinator A stated all new staff are trained to sign meds out. Care Coordinator A stated s/he cannot be at the facility every day so s/he tries to call and remind staff to sign medications out and complete all charting by the end of their shift. Care Coordinator A acknowledged s/he does not always have time to call every day and didn't think there was a lot of charting not completed. Care Coordinator A stated medications are being given; staff just are not signing out. Care Coordinator A could not speak to why medications are not singed out or to the number of medications listed as not available or medications being discontinued when the order is still current. Care Coordinator A confirmed staff did not document like they were supposed to. Care Coordinator A stated s/he will ensure that staff are reeducated. On 11/06/2024 at 3:11 PM, Surveyor interviewed Administrator (ADM) D. ADM D stated s/he will look into the medications.	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY SUPPORTIVE HOME CARE	1835 DONGES BAY ROAD MEQUON, WI 53092

(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 466}	Continued From page 10 The provider did not keep a record of 2 of 2 resident's prescription medications controlled, dispensed, or administered by the provider.	{M 466}		