STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014008	A. BUILDING: _____ B. WING _____	R-C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD MEMORY CARE LLC	301 S SIXTH ST WATERFORD, WI 53185

(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 02/25/2025 with information gathered through 03/07/2025, Surveyor conducted a standard survey, complaint investigation and verification visit for SOD LD0211, dated 07/28/2023, at Waterford Memory Care LLC, a Community-Based Residential Facility (CBRF) in Waterford, WI. Three deficiencies were identified. One of 2 complaints substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 27	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received all prescribed medications in the dosage and at intervals prescribed by a practitioner for 3 of 3 residents (Resident 2, Resident 3, and Resident 4) reviewed. Resident 2 had a total 7 medications not administered between 01/03/2025 and 01/23/2025. Resident 3 had a total of 22 medications not administered between 11/01/2024 and 02/05/2025. Resident 4 had a	N 352		

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

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total of 35 medications not administered between 11/29/2024 and 02/21/2025.

Findings include:

On 02/25/2025, Surveyor reviewed Resident 2's record and identified the following:

-Resident 2 was admitted to the providers home on 04/24/2024. Resident 2 had diagnoses including hemorrhagic conversion, right putamen hemorrhage; acquired platelet dysfuntion 2/2 aspirin and plavix, urinary tract infection, history of prior strokes, right basal ganglia ischemic stroke, history of anxiety/depression, history of current smoker, history of hyperlipidemia, history of irritable bowel syndrome and history of gastric ulcer. Resident 2's Individualized Service Plan (ISP), dated 04/27/2024, identified Resident 2 needed assistance with medication administration from staff.

Resident 2's January 2025 MAR stated Resident 2 was prescribed the following medications:

-Lidocaine 4% apply 1 patch topically to affected area in the morning, remove at bedtime.
-Mupirocin 2% apply topically to affected area to wound infection in the morning.

Resident 2's January 2025 MAR had chart code NIC,which indicated the medication was not in the medication cart, entries on the following dates:

-Lidocaine 4% patch on 01/03/2025 and 01/06/2025 at 8:00 AM (2 entries).
-Mupirocin 2% patch on 01/23/2025 at 8:00 AM (1 entry).

Resident 2's January 2025 MAR had chart code

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N 352	Continued From page 2 DEL, which indicated the medication was not yet received, entries on the following dates: -Lidocaine 4% patch on 01/04/2025-01/05/2025, 01/07/2025, and 01/09/2025 at 8:00 AM (4 entries). On 02/25/2025, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted to the providers home on 11/01/2024. Resident 3 had diagnoses including osteoarthritis of the knees, mixed incontinence urge and stress, carpal tunnel syndrome, cataract, idiopathic gout of left wrist, frozen shoulder-left, left wrist pain, persistent disorder of initiating or maintaining sleep, hypomagnesemia, edema of both legs, osteopenia, pure hypercholesterolemia, tachycardia, dumping syndrome, degenerative disc disease lumbar, hypertensive kidney disease with stage 4 chronic kidney disease, chronic bilateral low back pain without sciatica and constipation. Resident 3's Individualized Service Plan (ISP), dated 01/30/2025, identified Resident 3 needed assistance with medication administration from staff. Resident 3's November 2024 MAR stated Resident 3 was prescribed the following medications: -Polyethylene Glycol 3350 power 238 grams mix 17 grams and drink once daily. -Furosemide 20 mg take 1/2 tablet by mouth in the morning. -Cephalexin 500 milligrams (mg) take 1 capsule by mouth 2 times daily in the morning and evening for 7 days (start date: 11/25/2024).	N 352		

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Resident 3's November 2024 MAR had chart code NIC, entries on the following dates:

-Polyethylene Glycol 3350 powder 238 grams on 11/02/2024 and 11/04/2024 at 8:00 AM (2 entries).
-Cephalexin 500 milligram (mg) on 11/25/2024 at 4:00 PM (1 entry).

Resident 3's November 2024 MAR had chart code DEL, not yet received, entries on the following dates:

-Polyethylene Glycol 3350 powder 238 grams on 11/03/2024 at 8:00 AM (1 entry).
-Furosemide 20 mg on 11/22/2024 at 8:00 AM (1 entry).

Resident 3's December 2024 MAR stated Resident 3 was prescribed the following medications:

-Nitrofurantoin 100 mg take 1 capsule by mouth 2 times daily for 5 days (start date: 12/20/2024).

Resident 3's December 2024 MAR had chart code NIC, not in medication cart, entries on the following dates:

-Nitrofurantoin 100 mg on 12/21/2024 at 8:00 AM (1 entry).

Resident 3's January 2025 MAR stated Resident 3 was prescribed the following medications:

-Trazodone hydrochloric acid (HCL) 50 mg take 1 tablet by mouth at bedtime.
-Quetiapine fumarate 25 mg take 1 tablet by mouth 2 times daily.
-Tramadol HCL 50 mg take 1/2 tablet (25mg) by

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N 352	Continued From page 4 mouth 3 times daily. Resident 3's January 2025 MAR had chart code NIC, not in medication cart, entries on the following dates: -Trazodone HCL 50 mg tablet on 01/24/2025-01/26/2025 and 01/29/2025 at 8:00 PM (4 entries). -Quetiapine fumarate 25 mg tablet on 01/08/2025 at 8:00 AM (1 entry). -Quetiapine fumarate 25 mg tablet on 01/08/2025 at 8:00 PM (1 entry). -Tramadol HCL 50 mg 1/2 tablet on 01/28/2025 at 8:00 PM (1 entry). Resident 3's January 2025 MAR had chart code DEL, not yet received, entries on the following dates: -Quetiapine fumarate 25 mg tablet on 01/06/2025 at 8:00 PM (1 entry). -Tramadol HCL 50 mg 1/2 tablet on 01/29/2025 at 8:00 AM (1 entry). -Tramadol HCL 50 mg 1/2 tablet on 01/29/2025 at 4:00 PM (1 entry). Resident 3's February 2025 MAR stated Resident 3 was prescribed the following medications: -Lorazepam 0.5 mg take 1 tablet by mouth every 4 hours. -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) take 0.25 ml (5 mg) by mouth every 4 hours. -Lorazepam 1 mg take 1 tablet by mouth every 4 hours. -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) take 0.5 ml by mouth every 4 hours.	N 352		

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N 352	Continued From page 5 Resident 3's February 2025 MAR had chart code DEL, not yet received, entries on the following dates: -Lorazepam 0.5 mg take 1 tablet on 02/05/2025 at 8:00 AM (1 entry). -Lorazepam 0.5 mg take 1 tablet on 02/05/2025 at 12:00 PM (1 entry). -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) take 0.25 ml (5 mg) on 02/05/2025 at 8:00 AM (1 entry). -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) take 0.25 ml (5 mg) on 02/05/2025 at 12:00 PM (1 entry). -Lorazepam 1 mg tablet on 02/05/2025 at 4:00 PM (1 entry). -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) take 0.5 ml on 02/05/2025 at 4:00 PM (1 entry). On 02/25/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the providers home on 11/26/2024. Resident 4 had diagnoses including malignant melanoma of skin, hyperlipidemia, Alzheimer's disease with late onset, mild cognitive impairment, glaucoma, conductive hearing loss, essential (primary) hypertension, parapsoriasis, pain in left knee, benign prostatic hyperplasia with lower urinary tract symptoms and personal history of colonic polyps. Resident 4's November 2024 MAR stated Resident 4 was prescribed the following medications: -Timolol 0.5 % ophthalmic solution 5 ml instill one drop in both eyes twice daily.	N 352		

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N 352	Continued From page 6 Resident 4's November 2024 MAR had chart code NIC, not in medication cart, entries on the following dates: -Timolol 0.5 % ophthalmic solution 5 ml on 11/29/2024 at 8:00 PM (1 entry). Resident 4's December 2024 MAR stated Resident 4 was prescribed the following medications: -Finasteride 5 mg take 1 tablet by mouth in the morning. -Glucosamine 500 mg take 1 capsule by mouth daily. -Melatonin 3 mg take 1 tablet by mouth at bedtime. Resident 4's December 2024 MAR had chart code NIC, not in medication cart, entries on the following dates: -Finasteride 5 mg tablet on 12/03/2024 at 8:00 AM (1 entry). -Glucosamine 500 mg capsule on 12/29/2024-12/30/2024 at 8:00 AM (2 entries). -Glucosamine 500 mg capsule on 12/03/2024 and 12/30/2024-12/31/2024 at 8:00 PM (3 entries). -Melatonin 3 mg tablet on 12/02/2024 at 8:00 PM (1 entry). Resident 4's December 2024 MAR had chart code DEL, not yet received, entries on the following dates: -Glucosamine 500 mg capsule on 12/28/2024 and 12/31/2024 at 8:00 AM (2 entries). -Glucosamine 500 mg capsule on 12/01/2024	N 352		

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N 352	Continued From page 7 and 12/29/2024 at 8:00 PM (2 entries). Resident 4's January 2025 MAR stated Resident 4 was prescribed the following medications: -Latanoprost 0.005 % instill 1 drop in both eyes at bedtime. -Donepezil HCL 10 mg take 1 tablet by mouth at bedtime. -Memantine HCL 10 mg take 1 tablet by mouth 2 times daily. -Timolol maleate 0.5 % instill 1 drop in both eyes 2 times daily. -Acetaminophen 325 mg take 2 tablets by mouth in the morning. -Glucosamine 500 mg take 1 capsule by mouth 2 times daily. -Melatonin 3 mg take 1 tablet by mouth at bedtime. Resident 4's January 2025 MAR had chart code NIC, not in medication cart, entries on the following dates: -Latanoprost 0.005 % instill on 01/31/2025 at 8:00 PM (1 entry). -Donepezil HCL 10 mg tablet on 01/11/2025-01/12/2025 at 8:00 PM (2 entries). -Memantine HCL 10 mg tablet on 01/20/2025 at 8:00 PM (1 entry). -Timolol maleate 0.5 % instill on 01/30/2025 at 8:00 PM (1 entry). -Acetaminophen 325 mg tablet on 01/19/2025-01/20/2025, 01/22/2025, 01/24/2025-01/25/2025 and 01/30/2025 at 8:00 PM (6 entries). -Glucosamine 500 mg capsule on 01/01/2025-01/03/2025 at 8:00 AM (3 entries). -Glucosamine 500 mg capsule on 01/01/2025 and 01/03/2025 at 8:00 PM (2 entries).	N 352		

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N 352	Continued From page 8 -Melatonin 3 mg tablet on 01/30/2025 at 8:00 PM (1 entry). Resident 4's January 2025 MAR had chart code DEL, not yet received, entries on the following dates: -Glucosamine 500 mg capsule on 01/02/2025 at 8:00 PM (1 entry). Resident 4's February 2025 MAR had chart code NIC, not in medication cart, entries on the following dates: -Acetaminophen 325 mg tablet on 02/19/2025-02/20/2025 at 8:00 AM (2 entries). -Acetaminophen 325 mg tablet on 02/19/2025-02/20/2025 at 8:00 PM (2 entries). Resident 4's February 2025 MAR had chart code DEL, not yet received, entries on the following dates: -Acetaminophen 325 mg tablet on 02/21/2025 at 8:00 AM (1 entry). On 03/07/2025 at approximately 1:38 PM, Surveyor interviewed Care Coordinator I. Care Coordinator I stated, Resident 4 needed assistance with medication administration from staff. Care Coordinator I confirmed "NIC' indicated that medication was not in medication cart. Care Coordinator I confirmed "DEL" indicated medication was not yet received. Care Coordinator I confirmed the medications were not received. Care Coordinator I stated that when medication was not in the cart, the medication passer should be calling the pharmacy to follow up with where the medication is and/or order some. Care Coordinator I confirmed that	N 352		

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N 352	Continued From page 9 medications should have been present and provided to residents. Care Coordinator I stated training with all medication passers for explaining different codes on MAR and their responsibility is scheduled for 03/18/2025.	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 3) had his/her individual service plan (ISP) updated when there was a change in condition. On 12/08/2024 Resident 3 was admitted to hospice services and had a healthcare power of attorney activated and the ISP did not address when hospice services started and what services hospice would provide. Findings include: On 02/25/2025, Surveyor reviewed Resident 3's	N 389		

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record and identified the following:

-Resident 3 was admitted to the providers home on 11/01/2024. Resident 3 had diagnoses including osteoarthritis of the knees, mixed incontinence urge and stress, carpal tunnel syndrome, cataract, idiopathic gout of left wrist, frozen shoulder-left, left wrist pain, persistent disorder of initiating or maintaining sleep, hypomagnesemia, edema of both legs, osteopenia, pure hypercholesterolemia, tachycardia, dumping syndrome, degenerative disc disease lumbar, hypertensive kidney disease with stage 4 chronic kidney disease, chronic bilateral low back pain without sciatica and constipation.

Resident 3's Aurora Hospice Plan of Care, dated 12/08/2024, stated the following:

-Resident 3 was admitted to hospice services on 12/08/2024.

-Comfort kit medications will be ordered and managed by the Hospice Medical Director or Hospice Physician designee.

-Durable Medical Equipment items ordered: Oxygen concentrator.

Resident 3's Aurora Hospice Plan of Care, dated 01/14/2025, stated the following:

-Intervention: Bathing - Home Health Aide (HHA) to perform shower 2 times per work bathing equipment to be used shower chair.

-Intervention: Hair care - HHA to shampoo hair with non-medicated shampoo 2 times per week.

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-Intervention: Lower Body Dressing - HHA to assist with application of lower body dressing and undressing.

-Intervention: Upper Body Dressing - HHA to assist with application of upper body dressing and undressing.

-Intervention: Nail care - HHA to perform fingernail care clean with soap and water. File straight across and slightly round the tips with an emery board when nails are uneven, rough or length exceeds 1/4 inch and polish when previous polish is chipped or non-intact.

-Intervention: HHA - Oxygen safety - Observe for oxygen safety when oxygen is initiated, in use, or present in the home to avoid fire, falls, and other accidents. Call case manager or designee for the following safety risks or concerns: smoking or open flames in the home, oxygen cylinders not stored or secured properly, patient reported or home health aide observed concerns with oxygen therapy.

-Intervention: Skin care - HHA to apply non-medicated lotion, apply deodorant, perform back rub and notify registered nurse of change in skin condition.

-Intervention: Facility staff will provide all cares for [Resident 3] according to the Plan of Care when hospice staff are not present in the facility.

Resident 3's ISP, dated 01/30/2025, stated the following:

-"Grooming - Independent- Personal Care/Grooming. Directions: [Resident 3] dresses self and completes grooming tasks

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independently. Current status: Independent with grooming tasks. [Resident 3's] desired goals and outcomes: Maintain cleanliness and independence with grooming tasks."

-"Dressing - Partial Assistance - Personal Care/Dressing. Directions: [Resident 3] requires (describe needs i.e.. can dress top half needs assistance with bottom half). Schedule: Daily @ 7:00 PM, 7:00 AM. Current Status: [Resident 3] requires partial assistance from staff to complete dressing tasks. [Resident 3's] desired goals and outcomes: To be dressed appropriately in clothing of choice. Service Provider Responsibilities: [Resident 3] requires staff assistance with dressing mainly bottom half due to weakness after hospital stay. [Resident 3] able to dress top half."

-"Bathing - Partial Assistance (Apply Lotion After) Personal Care/Showers. Directions: WSL care staff to assist [Resident 3] with bathing. Assist [Resident 3] into shower. Adjust water temperature as per [Resident 3's] request. Staff to assist with washing [Resident 3] as needed. Staff to rinse [Resident 3] well, wrap in towel, assist with drying. Staff to apply lotion, assist with getting out of shower. Staff to clean area including hanging towels and bath mat. As of 12/16/24 Hospice took over showers 3 days a week and WSL staff currently does not need to give showers. Current Status: [Resident 3] requires partial assistance from staff to complete bathing tasks. As of 12/16/24 Hospice took over showers 3 days a week and WSL staff currently does not need to give showers. [Resident 3's] desired goals and outcomes: To maintain good personal hygiene. Service Provider Responsibilities: To provide assistance with bathing."

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(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 389	Continued From page 13 -"Medication Management - Staff Administer - Physical Health/Health. Directions: Medications administered by WSL care staff. All documentation to be in [Resident 3's] Medication Administration Record. Timed required for medication administration will be documented one time per month 3 medication passes per day x 15 minutes each = 45 minutes per day x 30 days = 1350 minutes per month for medication management. Schedule: The fourth Wednesday of every 1 months @ during shift. Current Status: [Resident 3] chooses to have medications administered by WSL staff. [Resident 3's] desired goals and outcomes: [Resident 3] will have medications administered by authorized staff as per physician order. [Resident 3] will receive medications per physician orders. Service Provider Responsibilities: WSL staff will administer medications per Doctor of Medicine orders. Staff to notify care coordinator of any missing medications, refusals, or concerns related to medications." Resident 3's ISP did not identify what services facility staff were to provide Resident 3 after being enrolled in hospice services. On 03/07/2025 at approximately 1:56 PM, Surveyor interviewed Executive Director C. Executive Director C confirmed Resident 3's ISP did not address when s/he started receiving hospice services and what services hospice would provide or any change in services the facility staff would provide. Executive Director C stated moving forward s/he will monitor care plan reports to ensure they are up to date monthly.	N 389		

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	0014008	A. BUILDING: _____ B. WING _____	R-C 03/07/2025

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N 415	Continued From page 14	N 415		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have documentation of the time of medication administration, the person administering the medication or treatment and the name, dosage, date, and time of medication taken or treatments performed and initialed in the medication administration record (MAR) for 3 of 3 residents (Resident 2, Resident 3, and Resident 4). Findings include: On 02/25/2025, Surveyors reviewed Resident 2's record and identified the following: Resident 2 was admitted to the providers home on 04/24/2024. Resident 2 had diagnoses including hemorrhagic conversion, right putamen hemorrhage; acquired platelet dysfuntion 2/2 aspirin and plavix, urinary tract infection, history of prior strokes, right basal ganglia ischemic	N 415		

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stroke, history of anxiety/depression, history of current smoker, history of hyperlipidemia, history of irritable bowel syndrome and history of gastric ulcer. Resident 2 needed assistance with medication administration from staff.

Resident 2's January 2025 MAR stated Resident 2 was prescribed the following medication:

-Lidocaine 4 % apply 1 patch topically to affected area in the morning, remove at bedtime.

Resident 2's January 2025 MAR had a missing entry on the following date:

-Lidocaine 4 % apply 1 patch on 01/08/2025 at 8:00 AM (1 entry).

On 02/25/2025, Surveyors reviewed Resident 3's record and identified the following:

Resident 3 was admitted to the providers home on 11/01/2024. Resident 3 had diagnoses including osteorthritis of the knees, mixed incontinence urge and stress, carpal tunnel syndrome, cataract, idiopathic gout of left wrist, frozen shoulder-left, left wrist pain, persistent disorder of initiating or maintaining sleep, hypomagnesemia, edema of both legs, osteopenia, pure hypercholesterolemia, tachycardia, dumping syndrome, degenerative disc disease lumbar, hypertensive kidney disease with stage 4 chronic kidney disease, chronic bilateral low back pain without sciatica and constipation. Resident 3's Individualized Service Plan (ISP), dated 01/30/2025, identified Resident 3 needed assistance with medication administration from staff.

Resident 3's November 2024 MAR stated

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N 415	Continued From page 16 Resident 3 was prescribed the following medication: -Cephalexin 500 milligrams (mg) take 1 capsule by mouth 2 times a day in the morning and evening for 7 days (start date: 11/25/2024). -Predninsone 20 mg take 2 tablets by mouth in the morning for 3 days then take 1 1/2 tablets by mouth in the morning for 1 day then take 1 tablet by mouth in the morning for 1 day then take 1/2 tablet by mouth in the morning for 1 day. Resident 3's November 2024 MAR had a missing entry on the following date: -Cephalexin 500 mg capsule on 11/25/2024 at 8:00 AM (1 entry). -Predninsone 20 mg tablet on 11/25/2024 at 8:00 AM (1 entry). Resident 3's December 2024 MAR stated Resident 3 was prescribed the following medication: -Polyethylene Glycol 3350 17 gram (gm) / dose take 17 gm (1 capful) dissolved in 8-ounce liquid by mouth in the morning. -Nitrofurantoin 100 mg take 1 capsule by mouth 2 times daily for 5 days. -Ciprofloxacin HCL 250 mg take 1 tablet by mouth 2 times daily for 5 days. Resident 3's December 2024 MAR had missing entries on the following dates: -Polyethylene Glycol 3350 17 (gm) / dose on	N 415		

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N 415	Continued From page 17 12/27/2024 at 8:00 AM (1 entry). -Nitrofurantoin 100 mg capsule on 12/20/2024 at 8:00 AM (1 entry). -Nitrofurantoin 100 mg capsule on 12/20/2024 at 8:00 PM (1 entry). -Ciprofloxacin (HCL) 250 mg tablet on 12/23/2024 at 8:00 AM (1 entry). Resident 3's January 2025 MAR stated Resident 3 was prescribed the following medication: -Ipratropium-Albuterol 0.5 mg (2.5 mg base) / 3 milliliter inhale contents of 1 vital via hand held nebulizer into the lungs every 4 hours. -Paxlovid (Renal) 150-100 mg take 2 tablets by mouth 2 times daily for 5 days. -Tramadol HCL 50 mg take 1/2 tablet (25mg) by mouth 3 times daily. Resident 3's January 2025 MAR had missing entries on the following dates: -Ipratropium-Albuterol 0.5 mg (2.5 mg base) / 3 milliliter inhale on 01/01/2025 at 12:00 AM (1 entry). -Ipratropium-Albuterol 0.5 mg (2.5 mg base) / 3 milliliter inhale on 01/01/2025 at 4:00 AM (1 entry). -Ipratropium-Albuterol 0.5 mg (2.5 mg base) / 3 milliliter inhale on 01/01/2025 at 8:00 AM (1 entry). -Ipratropium-Albuterol 0.5 mg (2.5 mg base) / 3	N 415		

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milliliter inhale on 01/01/2025 at 12:00 PM (1 entry).

-Ipratropium-Albuterol 0.5 mg (2.5 mg base) / 3 milliliter inhale on 01/02/2025 at 4:00 PM (1 entry).

-Paxlovid (Renal) 150-100 mg tablet on 01/01/2025 at 8:00 AM (1 entry).

-Tramadol HCL 50 mg tablet on 01/10/20258-01/12/2005 at 8:00 AM (3 entries).

-Tramadol HCL 50 mg tablet on 01/10/20258-01/12/2005 at 4:00 PM (3 entries).

-Tramadol HCL 50 mg tablet on 01/10/20258-01/12/2005 at 8:00 PM (3 entries).

Resident 3's February 2025 MAR stated Resident 3 was prescribed the following medication:

-Furosemide 40 mg take 1 tablet by mouth in the morning.

-Quetiapine Fumarate 25 mg take 1 tablet by mouth at bedtime with current dose (50 mg at bedtime total).

-Tramadol HCL 50 mg take 1/2 tablet by mouth 2 times a daily in the morning and evening and take 1 tablet at bedtime.

-Lorazepam 0.5 mg take 1 tablet by mouth every 4 hours.

-Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) take 0.25 ml (5 mg) by mouth every 4 hours.

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N 415	Continued From page 19 -Lorazepam 1 mg take 1 tablet by mouth every 4 hours. -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) take 0.5 ml by mouth every 4 hours. Resident 3's February 2025 MAR had missing entries on the following dates: -Furosemide 40 mg tablet on 02/01/2025-02/02/2025 at 8:00 AM (2 entries). -Quetiapine Fumarate 25 mg tablet on 02/01/2025-02/02/2025 at 8:00 PM (2 entries). -Tramadol HCL 50 mg tablet on 02/01/2025-02/02/2025 at 8:00 AM (2 entries). -Tramadol HCL 50 mg tablet on 02/01/2025-02/02/2025 at 4:00 PM (2 entries). -Tramadol HCL 50 mg tablet on 02/01/2025-02/02/2025 at 8:00 PM (2 entries). -Lorazepam 0.5 mg tablet on 02/04/2025 at 4:00 AM (1 entry). -Lorazepam 0.5 mg tablet on 02/04/2025 at 8:00 AM (1 entry). -Lorazepam 0.5 mg tablet on 02/04/2025 at 12:00 PM (1 entry). -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) 0.25 ml on 02/04/2025 at 4:00 AM (1 entry). -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) 0.25 ml on 02/04/2025 at 8:00 AM (1 entry).	N 415		

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N 415	Continued From page 20 -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) 0.25 ml on 02/04/2025 at 12:00 PM (1 entry). -Lorazepam 1 mg tablet on 02/05/2025 at 4:00 AM (1 entry). -Lorazepam 1 mg tablet on 02/05/2025 at 8:00 AM (1 entry). -Lorazepam 1 mg tablet on 02/05/2025 at 12:00 PM (1 entry). -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) 0.5 ml on 02/05/2025 at 4:00 AM (1 entry). -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) 0.5 ml on 02/05/2025 at 8:00 AM (1 entry). -Morphine sulfate 100 mg/5 milliliter (ml) (20 mg/ml) 0.5 ml on 02/05/2025 at 12:00 PM (1 entry). On 02/25/2025, Surveyors reviewed Resident 4's record and identified the following: Resident 4 was admitted to the providers home on 11/26/2024. Resident 4 had diagnoses including malignant melanoma of skin, hyperlipidemia, Alzheimer's disease with late onset, mild cognitive impairment, glaucoma, conductive hearing loss, essential (primary) hypertension, parapsoriasis, pain in left knee, benign prostatic hyperplasia with lower urinary tract symptoms and personal history of colonic polyps. Resident 4 needed assistance with medication administration from staff.	N 415		

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N 415	Continued From page 21 Resident 4's February 2025 MAR stated Resident 4 was prescribed the following medication: -Latanoprost 0.005 % instill 1 drop in both eyes at bedtime. Resident 4's February 2025 MAR had a missing entry on the following date: -Latanoprost 0.005 % instill 1 drop on 02/24/2025 at 8:00 PM (1 entry). On 03/07/2025 at approximately 1:38 PM, Surveyor interviewed Care Coordinator I. Care Coordinator I stated the medications were given and staff did not document that medications were given. Care Coordinator I stated training with all medication passers explaining different codes on MARs is scheduled for 03/18/2025.	N 415		