STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017284	A. BUILDING: _____ B. WING _____	C 10/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CHOICE COMMUNITY LIVING	**8700 N 62ND ST BROWN DEER, WI 53223**

(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 10/26/2023, Surveyor completed a standard survey and complaint investigation at Best Choice Community Living. As a result, 4 deficiencies were identified and the complaint was unsubstantiated. Census: 2	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure there were two ramped exits from the facility for 2 of 2 residents who utilized a walker and wheelchair for mobility. The front exit and rear exit led to a	M 262		

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

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M 262	Continued From page 1 shared ramp for egress. Findings include: On 10/26/2023, at 12:50 PM, Surveyors toured the home and observed the following: The home had 2 exits from the facility. The 2 exits, located on the south side and north side of the facility, led to 1 ramp. Surveyors observed Resident 1 utilized a wheelchair for mobility and Resident 2 utilized a walker for mobility. On 10/26/2023, at 1:30 PM, Surveyors reviewed resident records and identified the following: -Resident 1 was admitted on 07/06/2023. Resident 1's individual service plan (ISP), dated 08/06/2023, indicated Resident 1 utilized a wheelchair for mobility. -Resident 2 was admitted on 05/24/2023. Resident 2's ISP, dated 06/24/2023, indicated Resident 2 utilized a walker and wheelchair for mobility. On 10/31/2023, at 12:00 PM, Surveyors interviewed Licensee D regarding the ramp. Licensee D confirmed the 2 exits led to 1 ramp for egress. Surveyor inquired how residents would evacuate the home if there was a fire near the front exit. Licensee D did not explain how residents would evacuate if the exit was obstructed and reported s/he would address the ramp.	M 262		

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M 458	Continued From page 2	M 458		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure prescription medications were securely stored for 2 of 2 residents. Resident 1's and Resident 2's medications were stored in an unlocked closet. The medications were unsecured for approximately 1 ¼ hour. Findings include: On 10/26/2023, at 12:45 PM, Surveyor observed the hallway closet, which contained residents' prescription medications, was unlocked. The padlock locking mechanism was not engaged. Surveyor opened the closet and observed resident's medications. Residents were moving freely throughout the home. The following medications were unsecured in the closet: lamotrigine, docusate sodium, amlodipine, carvedilol, renvela, ezetimibe, Eliquis, clopidogrel, atorvastatin, gabapentin, mirtazapine, melatonin,	M 458		

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M 458	Continued From page 3 paroxetine, Miralax powder, and tamsulosin. On 10/26/2023, at 1:00 PM, Surveyor interviewed Caregiver C. Caregiver C reported s/he had administered residents' medications at noon. On 10/26/2023, at 1:30 PM, Surveyor observed the medication closet was locked. On 10/31/2023, at 12:00 PM, Surveyors interviewed Administrator A regarding the medication closet. Administrator A confirmed s/he was aware of the code requirement to securely store medications. Administrator A reported s/he observed the medication closet was not locked on 10/26/2023, when s/he went to retrieve documentation located in the closet. Administrator A reported s/he locked the closet after retrieving records. Administrator A reported staff were taught to lock the closet when not in use. Administrator A stated, "I don't know why [Caregiver C] didn't lock it."	M 458		
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.	M 464		

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M 464	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed the medication, specifying who by name or position, was permitted to administer the medication prior to administration for 1 of 1 resident. Resident 3's written order to dispense medications was obtained on 08/02/2023, more than 4 months after Resident 3's admission. Findings include: On 10/26/2023, at 1:30 PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 03/20/2023. Resident 3's record indicated s/he received scheduled medications administered by staff since admission. There was no evidence of a written physician's order for staff to administer medications to Resident 1. On 10/31/2023, at 12:00 PM, Surveyor interviewed Administrator A. Licensee A confirmed staff administered medications to Resident 3 since admission. Administrator A reported s/he was aware of the requirement. Administrator A reported s/he was responsible to ensure admission paperwork was obtained. Administrator A reported 08/02/2023, was the date the actual written order was received. Licensee D reported prior to receipt of the written order, s/he had received a verbal order from the physician. Licensee D and Administrator A reported they were unaware a verbal order was not sufficient.	M 464		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS	Z 012		

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Z 012	Continued From page 5 If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence of making a good faith effort to obtain out of state background check information for 1 of 1 caregiver. Caregiver B indicated on the Background Information Disclosure (BID) form s/he had resided in the state of Texas within the previous 3 years. Findings include:	Z 012		

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Z 012	Continued From page 6 On 10/26/2023 at 1:45 PM, Surveyors reviewed Caregiver B's record. Caregiver B was hired on 03/20/2023. Caregiver B's completed BID form, dated 03/10/2023, indicated s/he resided in another state (Texas) in the previous 3 years. The employee record did not contain evidence the provider had made a good faith effort to obtain state of Texas background check. On 10/26/2023 at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A reported s/he did not complete the Texas background check. Administrator A reported s/he and Licensee D were unaware of the requirement for out of state background checks. Administrator A reported s/he would conduct the required out of state background checks moving forward, if applicable, and complete Caregiver B's out of state background check as soon as possible.	Z 012		