STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016620	A. BUILDING: _____ B. WING _____	R-C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 VILLARD STREET MANOR	5277 N 29TH STREET APT 1 MILWAUKEE, WI 53208

(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 02/27/2024, Surveyor completed standard survey, verification visit and complaint investigation at 1 Villard Street Manor. As a result, 9 deficiencies were identified, 5 deficiencies were repeat cites. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch.50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. This is a repeat deficiency. See Statement of Deficiency (SOD) LWDS12, dated 10/20/2022. Findings include: On 02/02/2024, Surveyor conducted a verification visit and complaint investigation at 1 Villard Street Manor. As a result of the survey, the provider was	M 216		

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M 216	Continued From page 1	M 216		

issues 8 deficiencies. Five of the 8 were repeat deficiencies.

88.04(2)(a) Responsibilities - This is a repeat deficiency.
88.04(2)(g)(2) Communicable Disease - This is a repeat deficiency.
88.05(4)(b)1 Fire Safety - Smoke Detectors
88.05(4)(c)1 Exiting From the First Floor
88.06(3)(d) Individual Service Plan - This is a repeat deficiency.
88.07(1)(e) Overnight Supervision
88.07(3)(a) Prescription Medications - This is a repeat deficiency.
88.07(3)(e)1 Medication - Record Keeping - This is a repeat deficiency.
88.07(4)(a) Nutrition

On 02/19/2024, at 1:45 PM, Surveyor emailed Licensee A to set up an exit interview. On 02/20/2024 at 7:10 AM, Licensee A responded confirming a 02/22/2024 at 10:00 AM exit interview.

On 02/22/2024, at 9:22 AM, Licensee A emailed Surveyor requesting the exit to be rescheduled due to not having any phone service due to an outage.

On 02/22/2024, at 9:24 AM, Surveyor emailed back requesting Licensee A's availability for 02/26/2024 or 02/27/2024. Surveyor did not hear back from Licensee A.

On 02/26/2024, at 11:05 AM, Surveyor emailed Licensee A requesting an exit interview.

On 02/26/2024 at 11:32 AM, Licensee A emailed Surveyor and requested an exit interview on 02/27/2024 at 9:00 AM. Surveyor confirmed the

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M 216	Continued From page 2 scheduled exit interview by email. On 02/27/2024 at 8:57 AM, Surveyor called Licensee A and left a voicemail to return Surveyor's call regarding the scheduled exit interview which was scheduled for 9:00 AM. As of 02/27/2024 at 4:00 PM, Licensee A had not made any contact with Surveyor.	M 216		
{M 234}	88.04(2)(g)2 COMMUNICABLE DISEASE The licensee shall ensure that no one who has a communicable disease reportable under ch. HSS 145 may work in a position in the adult family home where the disease would present a significant risk to the health or safety of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider was screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service for 1 or 1 caregiver (Caregiver L). This requirement is being cited for a fourth time. See Statement of Deficiency (SOD) LWDS13, dated 04/24/2023, SOD LWDS12, dated 10/20/2022 and SOD LWDS11, dated 12/02/2021. Finding include: On 02/15/2024, at 7:05 AM, Surveyor reviewed	{M 234}		

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{M 234}	Continued From page 3 Caregiver L's employee record. Caregiver L was hired on 12/18/2023. Caregiver L had a communicable disease screening questionnaire in her/his file. The communicable disease screening questionnaire was not signed. There was no evidence a TB test was completed. On 02/19/2024, at 1:45 PM, Surveyor emailed Licensee A to set up an exit interview. On 02/20/2024 at 7:10 AM, Licensee A responded confirming a 02/22/2024 at 10:00 AM exit interview. On 02/22/2024, at 9:22 AM, Licensee A emailed Surveyor requesting the exit to be rescheduled due to not having any phone service due to an outage. On 02/22/2024, at 9:24 AM, Surveyor emailed back requesting Licensee A's availability for 02/26/2024 or 02/27/2024. Surveyor did not hear back from Licensee A. On 02/26/2024, at 11:05 AM, Surveyor emailed Licensee A requesting an exit interview. On 02/26/2024 at 11:32 AM, Licensee A emailed Surveyor and requested an exit interview on 02/27/2024 at 9:00 AM. Surveyor confirmed the scheduled exit interview by email. On 02/27/2024 at 8:57 AM, Surveyor called Licensee A and left a voicemail to return Surveyor's call regarding the scheduled exit interview which was scheduled for 9:00 AM. As of 02/27/2024 at 4:00 PM, Licensee A had not made any contact with Surveyor.	{M 234}		

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M 334	Continued From page 4	M 334		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were located in 1 of 3 resident bedrooms. Resident 5's bedroom did not contain a smoke detector. Findings include: On 02/02/2024, at 10:00 AM, Surveyor toured the facility. Surveyor toured Resident 5's bedroom. Surveyor observed the smoke detector was missing. The base was attached to the ceiling. On 02/02/2024, at 11:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed all resident rooms need to contain a smoke detector. Licensee A reported the smoke detector was removed by a previous resident.	M 334		

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M 338	Continued From page 5	M 338		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 exits provided unobstructed access to the outside. The path to the front exit, identified as an emergency exit, was blocked with boxes. Findings include: This facility was licensed on 06/26/2017 to provide services to 3 non-ambulatory residents with a diagnosis of developmental disability, advanced aged, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, traumatic brain injury, alcohol/drug dependent, terminally ill, and correctional clients. On 02/02/2024, at 10:00 AM, Surveyor toured the facility and observed 13 boxes in the front entrance way. Surveyor measured the pathway between the boxes and the doorframe to be 15 inches wide. Surveyor observed Resident 4 and Resident 5 had wheelchairs in their rooms. On 02/02/2024, at 10:15 AM, Surveyor interviewed Caregiver M. Caregiver M confirmed Resident 4 and Resident 5 utilized a wheelchair for mobility.	M 338		

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M 338	Continued From page 6 On 02/02/2024, at 11:00 AM, Surveyor interviewed Licensee A. Licensee A acknowledged placement of the boxes in the front entrance obstructed the front emergency exit. Licensee A reported s/he would educate staff on the importance of keeping the doorway clear.	M 338		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) were developed for 1 of 3 residents within 30 days after placement. Resident 4 did not have a written assessment or an ISP completed within 30 days. This requirement is being cited for the third time. See Statement of Deficiency (SOD) LWDS11, dated 12/02/2021, and SOD LWDS12, dated 10/20/2022. Findings include: On 12/22/2023, the department received a complaint regarding assistance in transfers needed for a resident. On 02/02/2024, at 11:00 AM, Surveyor reviewed Resident 4's record. Resident 4 was admitted on	M 410		

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M 410	Continued From page 7 12/11/2023, with diagnoses including schizophrenia and bipolar disorder. Surveyor requested Resident 4's written assessment and ISP. Licensee A reported s/he would email Surveyor Resident 4's record. On 02/05/2024, at 9:00 AM, Surveyor reviewed emails of records sent by Licensee A. Surveyor did not observe a written assessment or an ISP for Resident 4. On 02/05/2024, at 11:59 AM, Licensee A emailed Surveyor. Licensee A reported Resident 4 was a newer resident, and the ISP was not completed yet.	M 410		
M 434	88.07(1)(e) OVERNIGHT SUPERVISION The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not arrange for a service provider to be present in the home when a resident requires services or supervision. The licensee shared staff between 2 provider homes and did not ensure the provider's home was staffed when 3 of 3 residents required continuous care.	M 434		

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M 434	Continued From page 8 Findings include: On 02/02/2024, at 10:00 AM, upon entrance to the adult family home (AFH), Surveyor observed the building had 4 apartments, 2 on the upper level and 2 on the lower level. The apartment on the south side was labeled as apartment 1, the apartment on the north side was labeled as apartment 2. The front doors to the lower-level apartments were wide open. Surveyor followed Caregiver M into apartment 1. Caregiver M confirmed apartment 1 was the licensed AFH. During the tour, Surveyor observed the rear exit door for apartment 1. The rear exit door was wide open, which opened to a hallway. The rear exit door for apartment 2 was wide open. During the duration of the survey, Surveyor observed Caregiver M move between the 2 apartments. At approximately 10:50 AM, Surveyor observed Caregiver M walk over to apartment 2. Surveyor observed Caregiver M cooking at 11:15 AM in apartment 2. Caregiver M did not return to apartment 1 when Surveyor exited the facility at 11:34 AM. On 02/02/2024, at 10:15 AM, Surveyor interviewed Caregiver M. Caregiver M reported there were residents who resided in apartment 2. Caregiver M confirmed s/he was the only caregiver on duty due to the other staff did not show up. Caregiver M reported Resident 1, Resident 4, and Resident 5 lived in apartment 1, and Tenant N and Tenant O lived in apartment 2. Caregiver M reported Resident 4, Resident 5 and Tenant O required assistance with personal cares and supervision. When Surveyor inquired how often staff worked between the 2 apartments with only one staff, Caregiver M did not offer a response.	M 434		

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M 434	Continued From page 9 On 02/02/2024, at 11:00 AM, Surveyor interviewed Licensee A. Licensee A reported the caregiver who was to work the certified apartment side, "no called, no showed". When Surveyor inquired about one staff working both apartments, Licensee A stated, "Yeah that doesn't happen often s/he just didn't show up." On 02/05/2024 at 12:30 PM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 09/18/2020, with diagnoses including Alzheimer's disease. Resident 1's assessment, dated 09/12/2021, indicated Resident 1 had "Predatory sexual behaviors which s/he seeks vulnerable or unwilling partners." -Resident 4 was admitted on 12/11/2023, with diagnoses including schizophrenia and bipolar disorder. Resident 4's member centered plan, dated 06/06/2023, Resident 4 required supervision at all times due to the physical impairments of amputation of all her/his limbs. Resident 4 required assistance with dressing, grooming, bathing, toileting, meals, and emergency exiting. -Resident 5 was admitted on 03/16/2023, with diagnoses including traumatic brain injury and epilepsy. Resident 5's behavior support plan (BSP), dated 03/16/2023, indicated Resident 5 has episodes of agitation which can lead to self-injurious behaviors. Resident 5's BSP reported Resident 5 will punch/hit her/his wheelchair or bedrail with her/his hands, Resident 5 will unbuckle safety belts and attempt to slide out of the wheelchair, Resident 5 will attempt to remove her/his peg tube. Resident 5's BSP	M 434		

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M 434	Continued From page 10 reported interventions are awake 24-hour staffing, and staff to keep Resident 5 in "line of sight at all times."	M 434		
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 1 of 3 resident's (Resident 5) prescription medication was securely stored. Resident 5's prescription medications were located in a common refrigerator and on a bedside table in Resident 5's bedroom. This is a repeat deficiency. See Statement of Deficiency (SOD) LWDS12, dated 10/20/2022. Findings include: On 02/02/2024, at 10:00 AM, Surveyor toured the facility and observed the following: - The common refrigerator contained 4 bottles of	M 458		

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M 458	Continued From page 11 Resident 5's gabapentin 250 milligrams (mg)/5 milliliter (mL) solution - A basket of medications on a bedside table in Resident 5's room. The medications remained in Resident 5's room for an hour and a half. Surveyor observed Resident 1 ambulating around the facility freely. On 02/02/2024, at 11:10 AM, Surveyor reviewed Resident 5's medication administration record (MAR), dated 01/17/2024 through 02/16/2024. Resident 5's MAR indicated s/he received the following medication: acetaminophen 500 mg tablet, baclofen 5 mg tablet, buspirone hydrochloride (HCL) 30 mg tablet, fluoxetine 20 mg/5 mL, folic acid 1 mg tablet, levothyroxine 100 mg tablet, loratadine 10 mg tablet, midodrine 10 mg tablet, pantoprazole 40 mg suspension mix, risperidone 0.5 mg tablet, vitamin B-1 100 mg tablet, vitamin C 500 mg tablet, and ziprasidone HCL mg capsule. On 02/02/2024, at 11:20 AM, Surveyor interviewed Licensee A. Licensee A confirmed all prescription medications were to be securely stored. Licensee A confirmed Resident 5 needed staff assistance with medication administration. Licensee A reported s/he did not know why Resident 5's prescription medications were in her/his room. When Surveyor inquired about the medications stored in the refrigerator, Licensee A stated, "I didn't know those meds should be locked up."	M 458		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING	{M 466}		

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{M 466}	Continued From page 12 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 ensure an accurate record of medication administration for 3 of 3 residents (Resident 1, Resident 4, and Resident 5). The Medication Administration Records (MARs) for Resident 1, Resident 4, and Resident 5 contained omissions in January 2024. This requirement is being cited for a third time. See Statement of Deficiency (SOD) LWDS13, dated 04/24/2023, and SOD LWDS12, dated 10/20/2022. Findings include: On 02/02/2024, at 11:10 AM, Surveyor reviewed resident records and identified the following: Example 1-Resident 1 -Resident 1 was admitted on 09/18/2020, with diagnoses including Alzheimer's disease. Surveyor reviewed Resident 1's MAR for the month of January 2024. The following entries in Resident 1's MAR were blank:	{M 466}		

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{M 466}	Continued From page 13	{M 466}		

acetaminophen 325 mg tablet 8:00 AM - 01/31/2024
acetaminophen 325 mg tablet 4:00 PM - 01/23/2024 and 01/27/2024
aspirin 81 mg tablet 8:00 AM - 01/31/2024
atorvastatin 80 mg tablet 4:00 PM - 01/23/2024 and 01/27/2024
buspirone hydrochloride (HCL) 10 mg tablet 8:00 AM - 01/31/2024
buspirone HCL 10 mg tablet 4:00 PM - 01/23/2024 and 01/27/2024
carvedilol 3.125 mg tablet 8:00 AM - 01/22/2024 and 1/31/2024
carvedilol 3.125 mg tablet 4:00 PM - 01/23/2024 and 01/27/2024
donepezil HCL 5 mg tablet 8:00 PM - 01/23/2024, 01/27/2024, and 01/28/2024
losartan 50 mg tablet 8:00 AM - 01/31/2024
omeprazole 20 mg capsule 8:00 AM - 01/31/2024
tamsulosin 0.4 mg capsule 8:00 AM - 01/31/2024
vitamin D2 1.25 mg capsule 8:00 AM - 01/19/2024

Example 2-Resident 4

-Resident 4 was admitted on 12/11/2023, with diagnoses including schizophrenia and bipolar disorder. Surveyor reviewed Resident 4's MAR for the month of January 2024. The following entries in Resident 4's MAR were blank:

aripiprazole 30 mg tablet 8:00 AM - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024
diltiazem HCL extended release (ER) capsule 8:00 AM - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024
duloxetine HCL 30 mg capsule 8:00 AM - 01/13/2024 - 01/16/2024, 01/20/2024 -

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016620	A. BUILDING: _____ B. WING _____	R-C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 VILLARD STREET MANOR	5277 N 29TH STREET APT 1 MILWAUKEE, WI 53208

(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 14 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024 haloperidol 2 mg tablet 8:00 AM - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024 haloperidol 2 mg tablet 4:00 PM - 01/15/2024, 01/18/2024, 01/20/2024 - 01/23/2024, 01/27/2024, and 01/29/2024 haloperidol 2 mg tablet 8:00 PM - 01/15/2024, 01/18/2024, 01/19/2024, 01/21/2024 - 01/23/2024, 01/27/2024 and 01/28/2024 loratadine 10 mg tablet 8:00 AM - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024 melatonin 3 mg tablet 8:00 PM - 01/15/2024, 01/18/2024, 01/19/2024, 01/21/2024 - 01/23/2024, 01/27/2024 and 01/28/2024 metoprolol succinate 100 mg tablet 8:00 AM - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024 mirtazapine 15 mg tablet 8:00 PM - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024 nystatin cream 8:00 AM - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/26/2024, and 01/31/2024 omeprazole 20 mg 8:00 AM - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024 oxybutynin 15 mg tablet - 01/13/2024 - 01/16/2024, 01/20/2024 - 01/23/2024, 01/25/2024, 01/26/2024, and 01/31/2024 Example 3-Resident 5 -Resident 5 was admitted on 03/16/2023, with diagnoses including traumatic brain injury and epilepsy. Surveyor reviewed Resident 5's MAR for the month of January 2024. The following	{M 466}		

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{M 466}	Continued From page 15 entries in Resident 5's MAR were blank: acetaminophen 500 mg tablet 8:00 AM - 01/17/2024, 01/22/2024, and 01/31/2024 acetaminophen 500 mg tablet 4:00 PM - 01/18/2024, 01/23/2024, and 01/27/2024 acetaminophen 500 mg tablet 8:00 PM - 01/18/2024, 01/19/2024, 01/27/2024, and 01/28/2024 baclofen 5 mg tablet 8:00 AM - 01/17/2024, 01/22/2024, and 01/31/2024 baclofen 5 mg tablet 4:00 PM - 01/18/2024, 01/23/2024, and 01/27/2024 fluoxetine 20 mg solution 8:00 AM - 01/17/2024, 01/22/2024, and 01/31/2024 folic acid 1 mg tablet 8:00 AM - 01/17/2024, 01/22/2024, 01/25/2024 and 01/31/2024 gabapentin 250 mg solution 8:00 AM - 01/17/2024, 01/22/2024, 01/25/2024, 01/26/2024 and 01/31/2024 gabapentin 250 mg solution 4:00 PM - 01/17/2024, 01/18/2024, 01/20/2024, 01/22/2024 -1/24/2024, 01/27/2024 - 02/01/2024 gabapentin 250 mg solution 8:00 PM - 01/17/2024 - 01/20/2024, 01/22/2024 - 01/24/2024, 01/27/2024 - 02/01/2024 levothyroxine 100 mg tablet 8:00 AM - 01/17/2024, 01/22/2024, 01/25/2024 and 01/31/2024 loratadine 5 mg tablet 8:00 AM - 01/17/2024, 01/22/2024, 01/25/2024, 01/26/2024 and 01/31/2024 loratadine 5 mg tablet 4:00 PM - 01/18/2024 and 01/23/2024 midodrine HCL 10 mg tablet 8:00 AM - 01/17/2024, 01/22/2024, 01/25/2024, 01/26/2024 and 01/31/2024 midodrine HCL10 mg tablet 4:00 PM - 01/18/2024, 01/23/2024 and 01/27/2024 midodrine HCL 10 mg tablet 8:00 PM -	{M 466}		

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{M 466}	Continued From page 16 01/18/2024, 01/19/2024, 01/23/2024, 01/27/2024, and 01/28/2024 pantoprazole 40 mg suspension mix - 01/17/2024 - 01/22/2024, 01/24/2024 - 01/28/2024, and 01/31/2024 risperidone 0.5 mg tablet 8:00 PM - 01/18/2024, 01/19/2024, 01/23/2024, and 01/27/2024 vitamin B-1 100 mg tablet 8:00 AM - 01/17/2024, 01/22/2024, 01/25/2024, 01/26/2024 and 01/31/2024 vitamin C 500 mg tablet 8:00 AM - 01/17/2024, 01/22/2024, and 01/31/2024 vitamin C 500 mg tablet 4:00 PM - 01/18/2024, 01/19/2024, 01/23/2024, and 01/27/2024 vitamin C 500 mg tablet 8:00 PM - 01/18/2024, 01/19/2024, 01/23/2024, 01/27/2024, and 01/28/2024 ziprasidone HCL 20 mg capsule 8:00 AM - 01/17/2024, 01/18/2024, 01/21/2024, 01/22/2024, 01/25/2024, and 01/31/2024 ziprasidone HCL 20 mg capsule 12:00 PM - 01/17/2024, 01/18/2024, 01/20/2024 - 01/26/2024, 01/29/2024, and 01/31/2024 ziprasidone HCL 20 mg capsule 4:00 PM - 01/17/2024 - 01/20/2024, 01/23/2024, 01/24/2024, and 01/27/2024 - 02/01/2024 ziprasidone HCL20 mg capsule 8:00 PM - 01/17/2024 - 01/20/2024, 01/23/2024, 01/24/2024, and 01/27/2024 - 02/01/2024 On 02/02/2024, at 11:15 AM, Surveyor interviewed Licensee A. Licensee A confirmed the MAR should be documented accurately. Licensee A reported s/he needed to ensure all staff were documenting the medication administration properly. Licensee A stated, "We need to get better at this."	{M 466}		

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M 470	Continued From page 17	M 470		
M 470	88.07(4)(a) NUTRITION A licensee shall provide each resident with a quantity and variety of foods sufficient to meet the resident's nutritional needs and preferences and to maintain the resident's health. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident received a variety of food which met their individual preferences and maintained resident health for 2 of 2 residents (Resident 1 and Resident 4). There was a limited amount of food readily available in the refrigerator, freezer, and cabinets. Findings include: On 02/02/2024, at 10:00 AM, Surveyor observed the refrigerator, which contained 3 bottles of ketchup, a jar of mayonnaise, jar of grape jelly and a jar of salsa. The freezer contained a box of Salisbury steaks, 3 popsicles and a bag of mixed vegetables. The cupboards contained 1 can of creamed soup, a container of ground coffee, 3 boxes of noodles, 3 boxes of instant mashed potatoes, a jar of applesauce, a can of baking powder, a bag of flour, and some onion soup mix spice packets. On 02/02/2024, at 10:15 AM, Surveyor interviewed Caregiver M. Caregiver M reported all the food was kept in apartment 2 so staff only had to clean 1 kitchen instead of 2. On 02/02/2024, at 11:00 AM, Surveyor interviewed Licensee A. Licensee A reported	M 470		

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M 470	Continued From page 18 apartment 2 was a certified home. Licensee A reported there was a chest freezer in the basement as well Surveyor inquired about food for the cupboards and the refrigerator. Licensee A confirmed food should be kept in the on the adult family home side.	M 470		