STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019165	A. BUILDING: _____ B. WING _____	C 04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY HEART GROUP HOME	8162 W KATHRYN AVE MILWAUKEE, WI 53218

(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 04/09/2024 with information gathered through 04/10/2024, Surveyor conducted a standard survey and complaint investigation at My Heart Group Home, an Adult Family Home (AFH) in Milwaukee, WI. Sixteen deficiencies identified. Complaint substantiated. Census: 4	M 000		
M 106	88.03(2)(b)2 PROGRAM STATEMENT A home's program statement shall describe the number and types of individuals the applicant is willing to accept into the home and whether the home is accessible to individuals with mobility problems. It shall also provide a brief description of the home, its location, the services available, who provides them and community resources available to residents who live within the home. A home shall follow its program statement. If a home makes any change in its program, the home shall revise its program statement and submit it to the licensing agency for approval 30 days before implementing the change. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not follow its program statement. The provider did not revise its program statement and submit to the licensing agency for approval 30 days before implementing the change. The provider is not licensed to serve	M 106		

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

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M 106	Continued From page 1	M 106		

non-ambulatory residents and the facility was not wheelchair accessible. One of 4 residents (Resident 1) required the use of a Hoyer lift for transfers and a motorized scooter for mobility.

Findings include:

The provider is licensed as an ambulatory Adult Family Home (AFH) able to serve up to 4 residents in the client groups advanced aged, pregnant woman/counseling, correctional clients, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent, physically disabled, developmentally disabled, traumatic brain injury, and terminally ill residents.

On 04/09/2024 at 8:30 AM, Surveyor observed the front door had a portable metal ramp that went up the deck and to the front door. The two metal tracks did not go the width of the doorway. The doorway was 36 inches wide.

On 04/09/2024 at 8:45 AM, Surveyor observed the kitchen table taking up the entire dining room. There was 24 inches from the side of the table to the back emergency door exit for residents to exit the facility.

On 04/09/2024, Surveyor reviewed the facility's program statement which reported the home was not wheelchair accessible (ambulatory residents only).

On 04/10/2024 at 8:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed areas of the home, including the only full bathroom, were not wheelchair accessible. Licensee A stated s/he was aware s/he was licensed to serve ambulatory residents, and s/he did take a non-ambulatory resident. Licensee A stated moving forward s/he

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M 106	Continued From page 2 knows that s/he cannot admit a non-ambulatory resident unless s/he changes his/her license and makes changes to the home.	M 106		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license.	M 114		

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M 114	Continued From page 3	M 114		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 3 staff members (Caregiver B and Caregiver C) reviewed had a background check. Caregiver B and Caregiver C did not have a background check. A complete background check consists of the following:

- A completed Background Information Disclosure (BID) form.
- A report of findings from the Department of Justice (DOJ).
- Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS).

Findings include:

On 04/09/2024, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 01/15/2024. Caregiver B's BID was dated 01/10/2025 [sic]. Caregiver B's DOJ and IBIS were dated 04/09/2024, the same day as the start of the survey.

On 04/09/2024, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 12/08/2023. Caregiver C's BID was dated 10/19/2023. Caregiver C's DOJ and IBIS were dated 04/09/2024, the same day as the start of the survey.

On 04/10/2024 at 8:45 AM, Surveyor interviewed Licensee A regarding the late DOJ and IBIS. Licensee A stated s/he was gathering the

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M 114	Continued From page 4 background checks to send to Surveyor, and s/he spilled water all over them, so s/he had to re-run the background checks that day to get the information to Surveyor. Licensee A stated s/he is aware of the requirements and will make sure backgrounds are completed upon hire.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees reviewed received baseline tuberculosis (TB) skin tests. Caregiver C and Caregiver D did not have evidence of a TB skin test within 90 days prior to hire. Findings include: On 04/09/2024 at approximately 2:00 PM, Surveyor reviewed staff records for Caregiver C and Caregiver D. Caregiver C's date of hire was 12/08/2023, and Caregiver D's date of hire was 03/24/2024. Surveyor could not locate evidence	M 232		

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M 232	Continued From page 5 of a TB skin test for Caregiver C and Caregiver D within 90 days of hire. On 04/10/2024 at 8:45 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have Caregiver C and Caregiver D receive his/her TB skin tests yet. Licensee A stated s/he was aware Caregiver B and Caregiver C needed to complete TB skin tests upon hire.	M 232		
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 1 of 1	M 262		

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M 262	Continued From page 6	M 262		

resident who utilized a motorized scooter for mobility. The back exit door did not have a pathway of at least 32 inches wide and had three steps to maneuver to get to the ground level sidewalk.

Findings include:

On 04/09/2024, at 8:45 AM, Surveyor toured the home and observed the following:

The home had 2 exits from the facility. The 2 exits, located in the front and back of the facility, were identified as emergency exits. The front door had a portable metal ramp that went up the deck and to the front door. The two metal tracks did not go the width of the doorway. The back exit door did not have a pathway of 32 inches wide around the dining room table and had three steps to maneuver to get to ground level sidewalk.

On 04/09/2024, at approximately 9:00 AM, Surveyor observed a Hoyer lift in Resident 1's room. Surveyor interviewed Caregiver B. Caregiver B stated Resident 1 had quadriplegia and used a Hoyer lift for transfers and a motorized scooter for mobility.

On 04/09/2024, at 2:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/01/2023. Resident 1's individual service plan (ISP), dated 04/01/2024, indicated Resident 1 utilized a motorized scooter for mobility and a Hoyer lift for transfers.

On 04/10/2024, at 08:45 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was aware s/he was only licensed for ambulatory residents and s/he did take a non-ambulatory

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M 262	Continued From page 7 resident. Licensee A stated moving forward s/he knows that s/he cannot admit a non-ambulatory resident unless s/he changes his/her license and makes changes to the home.	M 262		
M 310	88.05(3)(h)5 SPACE IN BEDROOMS A resident bedroom may accommodate no more than 2 persons. A resident bedroom shall have a floor area of at least 60 square feet per resident in shared bedrooms and 80 square feet in single occupancy rooms. For a person requiring a wheelchair, the bedroom space shall be 100 square feet for that resident. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure each bedroom was 100 square feet for non-ambulatory residents for 1 of 3 bedrooms. Resident 1 was non-ambulatory and uses a motorized scooter and his/her room measured 93.5 square feet. Findings include: The provider was licensed by the Department, effective 12/21/2022, as an ambulatory Adult Family Home (AFH) able to serve up to 4 residents in the client groups advanced aged, pregnant woman/counseling, correctional clients, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent, physically disabled, developmentally disabled, traumatic brain injury, and terminally ill residents.	M 310		

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M 310	Continued From page 8 On 04/09/2024, at approximately 9:00 AM, Surveyors observed a Hoyer lift in Resident 1's room. Surveyor interviewed Caregiver B. Caregiver B stated Resident 1 is a quadriplegic and uses a Hoyer lift for transfers and a motorized scooter for mobility. On 04/09/2024, at 9:00 AM, Surveyor observed Resident 1's bedroom which was also a shared room and measured the square footage. Resident 1's bedroom was 8.5 feet by 11 feet, totaling 93.5 square feet. On 04/10/2024, Surveyor reviewed the facility floor plan, received by the Department on 11/14/2022, and identified Resident 1's bedroom was named "Resident Bedroom 3." Resident Bedroom 3 had measurements of 9 feet by 11 feet totaling 108 square feet. On 04/10/2024, at 08:45 AM, Surveyor interviewed Licensee A regarding Resident 1's room size. Licensee A confirmed Resident 1 needed a motorized scooter for ambulation. Licensee A confirmed Resident 1's bedroom was not at least 100 square feet. Licensee A stated moving forward s/he knows that s/he cannot admit a non-ambulatory resident unless s/he changes his/her license and makes changes to the home.	M 310		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A,	M 332		

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M 332	Continued From page 9 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 fire extinguishers were inspected annually by an authorized dealer or the local fire department for 1 of 1 year reviewed (2023). Findings include: On 04/09/2024 at approximately 09:15 AM, Surveyor conducted an onsite tour. Surveyor observed fire extinguishers in the kitchen, top of staircase and in the basement dated December 2022. On 04/09/2024, at approximately 10:00 AM, Surveyor interviewed Caregiver B. Caregiver B stated s/he texted Licensee A and s/he was aware that the fire extinguishers were not up to date.	M 332		

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M 338	Continued From page 10	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 the home had at least 2 means of exiting which provided unobstructed access to the outside. One of 2 emergency exits was obstructed with the dining room table and had stairs to exit which would not allow Resident 1 who utilized a powered scooter for mobility to exit from the back emergency door. Findings include: The adult family home was licensed on 12/21/2022 as an ambulatory Adult Family Home (AFH) able to serve up to 4 residents in the client groups advanced aged, pregnant woman/counseling, correctional clients, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, alcohol/drug dependent, physically disabled, developmentally disabled, traumatic brain injury, and terminally ill residents. On 04/09/2024 at approximately 9:15 AM, Surveyor toured the provider's home with Caregiver B and asked Caregiver B to identify the emergency exits. Caregiver B identified the front door with a portable metal ramp that was not the width of the doorway and the back door off the kitchen were the two exits from the home.	M 338		

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M 338	Continued From page 11 Surveyor asked Caregiver B how Resident 1, who used a powered scooter for mobility, would exit from the back emergency door since the pathway around the dining room table was not at least 32 inches wide and the back door had three steps to maneuver. Caregiver B stated Resident 1 did not exit out of the back doorway. They can only use the front door. Surveyor asked Caregiver B what they would do to evacuate Resident 1 if there was a fire by the front door and they needed to exit out of the back door emergency exit. Caregiver B stated s/he was not sure since Resident 1 had a diagnosis of quadriplegia and used a powered scooter for mobility. On 04/10/2024, at approximately 8:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was aware s/he was licensed for ambulatory residents and s/he did take a non-ambulatory resident. Licensee A stated moving forward s/he knows that s/he cannot admit a non-ambulatory resident unless s/he changed his/her license and made changes to the home.	M 338		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the	M 346		

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M 346	Continued From page 12 provider did not ensure 3 of 4 residents reviewed (Resident 1, Resident 3, and Resident 4) was evaluated within 3 days of admission for evacuation time, using the Department's form. Resident 1, Resident 3, and Resident 4 had not been evaluated, using the Department's form, for evacuation. Findings include: On 04/09/2024 at approximately 2:00 PM., Surveyor reviewed Resident 1's record. Resident 1, Resident 3, and Resident 4's record indicated the following: -Resident 1 was admitted to the facility on 04/01/2023. Resident 1's record did not contain evidence of an evacuation assessment, using the Department's form within 3 days of admission. -Resident 3 was admitted to the facility on 01/26/2023. Resident 3's record did not contain evidence of an evacuation assessment, using the Department's form within 3 days of admission. -Resident 4 was admitted to the facility on 12/20/2023. Resident 4's record did not contain evidence of an evacuation assessment, using the Department's form within 3 days of admission. On 04/10/2023 at approximately 9:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not complete an evacuation assessment for Resident 1, Resident 3, and Resident 4 within 3 days of admission. Licensee A stated s/he would update the evacuation assessments immediately.	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual	M 348		

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M 348	Continued From page 13 fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record of semi-annual fire drills conducted with all household members. The provider had 1 of 2 fire drills completed for calendar year 2023. Findings include: On 04/09/2024 at approximately 2:30 PM, Surveyor reviewed the provider's records. Surveyor located 1 of 2 fire drills being conducted for calendar year 2023 on 12/15/2023. There was no record of another fire drill conducted. On 04/10/2024, at approximately 9:00 AM, Surveyor interviewed Licensee A about fire drills. Licensee A confirmed the only fire drill on record for calendar year 2023 was on 12/15/2023. Licensee A stated moving forward s/he will conduct semi-annual fire drills. Cross Reference 0332 DHS 88.05(4)(b) Fire Safety-Fire Extinguishers Cross Reference 0338 DHS 88.05(4)(c)1 Exiting from the First Floor Cross Reference 0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation	M 348		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home	M 380		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY HEART GROUP HOME	8162 W KATHRYN AVE MILWAUKEE, WI 53218

(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 380	Continued From page 14	M 380		

receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission.

Findings include:

On 04/09/2024 at approximately 2:00 PM, Surveyor reviewed Resident 1's, 2's, 3's, and 4's records, including their communicable disease screens.

-Resident 1 was admitted to the facility on 04/01/2023. Resident 1's record did not include evidence of a communicable disease screening, including a TB skin test.
-Resident 2 was admitted to the facility on 11/28/2023. Resident 2's record did not include evidence of a communicable disease screening, including a TB skin test.
-Resident 3 was admitted to the facility on 01/26/2023. Resident 3's record did not include evidence of a communicable disease screening, including a TB skin test.

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M 380	Continued From page 15 -Resident 4 was admitted to the facility on 12/20/2023. Resident 4's record did not include evidence of a communicable disease screening, including a TB skin test. On 04/10/2024 at approximately 8:45 AM, Surveyor interviewed Licensee A. Licensee A reported s/he did not get a screening completed or TB skin test for Resident 1, Resident 2, Resident 3, and Resident 4. Licensee A stated s/he was aware of the requirement and moving forward s/he would ensure all residents had TB skin tests completed upon admission.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 residents (Resident 3 and Resident 4) reviewed had a service agreement completed prior to admission that was signed. Findings include:	M 384		

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M 384	Continued From page 16 On 04/09/2024, Surveyor reviewed Resident 3's and Resident 4's record and identified the following: -Resident 3 was admitted to the provider on 01/26/2023. Resident 3's record did not contain evidence of a service agreement. -Resident 4 was admitted to the provider on 12/20/2023. Resident 4's record did not contain evidence of a service agreement. On 04/10/2024 at 09:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was able to complete service agreements with Resident 1 and Resident 2, but Resident 3 and Resident 4's move ins were so quick that s/he did not complete the service agreements for them.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 residents (Resident 3 and Resident 4) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the resident and resident's guardian or designated representative, if any.	M 402		

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M 402	Continued From page 17 Findings include: On 04/09/2024, Surveyor reviewed Resident 3's and Resident 4's record and identified the following: -Resident 3 was admitted to the provider on 01/26/2023. Resident 3's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian. -Resident 4 was admitted to the provider on 12/20/2023. Resident 4's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian. On 04/10/2024 at 09:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was able to complete resident rights and grievance procedures explained with Resident 1 and Resident 2, but Resident 3 and Resident 4's move ins were so quick that s/he did not complete resident rights and grievance procedures with them.	M 402		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by:	M 404		

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M 404	Continued From page 18 Based on record review and interview, the licensee did not ensure a written assessment and individual service plan (ISP) was completed for 2 of 4 residents (Resident 1 and Resident 3) within 30 days of placement. Findings include: On 04/09/2024, Surveyor reviewed Resident 1's and Resident 3's record and identified the following: -Resident 1 was admitted to the facility on 04/01/2023. Resident 1's record did not contain a written assessment. Resident 1's record only contained an ISP from 04/01/2024. -Resident 3 was admitted to the facility on 01/26/2024. Resident 3's record did not contain a written assessment. Resident 3's record did not contain an ISP. On 04/10/2024 at 9:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not complete assessments and care plans for all of the residents. Licensee A stated moving forward s/he would complete them upon admission.	M 404		
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.	M 458		

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M 458	Continued From page 19	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the facility did not keep all prescription medications in the original container as received from the pharmacy and be stored as specified by the pharmacist.

Findings include:

On 04/09/2024 at 9:15 AM, Surveyor toured facility and observed the following:

-Resident 1's medication container had a weekly pill pack with no medication labels on it except for day and time. Resident 1's pill pack was filled for that week from the bottles of medications stored in the medication closet.
-Resident 3's medication container had a weekly pill pack with no medication labels no it except for day and time. Resident 3's pill pack was filled for that week from the bottles of medications stored in the medication closet.

On 04/09/2024 at 9:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated s/he kind of knows what medications Resident 1 and Resident 3 so s/he gives the medications based on the weekday indicated on the pill pack. Caregiver B stated Licensee A is the one who would fill the weekly pill pack for Resident 1 and Resident 3.

On 04/10/2024 at 9:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was unaware that the medications needed to stay in the pill bottles with the medication labels on them.

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M 458	Continued From page 20 Licensee A stated s/he had just switched over Resident 2 and Resident 4 to a different pharmacy and they are strip packaging all the medications for each med pass. Licensee A stated the strip packaging has all the medication information on it to match it with the Medication Administration Record (MAR). Licensee A stated s/he plans to do the same for Resident 1 and Resident 3.	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. 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 for 4 of 4 residents reviewed who required staff to administer their medications. Resident 1, Resident 2, Resident 3, and Resident 4 did not have a written order permitting the provider staff to administer medications. Findings include: On 04/09/2024 at 2:00 PM, Surveyor reviewed Resident 1's, Resident 2's, Resident 3's and	M 464		

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M 464	Continued From page 21 Resident 4's record and identified the following: -Resident 1 was admitted to the facility on 04/01/2023. Resident 1 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. -Resident 2 was admitted to the facility on 11/28/2023. Resident 2 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. -Resident 3 was admitted to the facility on 01/26/2023. Resident 3 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. -Resident 4 was admitted to the facility on 12/20/2023. Resident 4 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. On 04/10/2024 at 9:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not get the written order from the physician to administer medications. Licensee A stated moving forward, s/he would ensure each resident in the home had a written order from his/her physician permitting the provider staff to administer the medications.	M 464		
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	M 466		

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M 466	Continued From page 22	M 466		

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 all prescription medications controlled, dispensed and administered by the licensee to 1 of 1 resident reviewed were recorded. Resident 1 had medications administered without being documented.

Findings include:

On 04/09/2024 at approximately 9:21 AM, Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the provider's home on 04/01/2023. The home's staff administered Resident 1's medications. Resident 1's Medication Administration Record (MAR), dated 03/01/2024 to 03/30/2024, listed the following medications:

8:00 AM:
-Duloxetine hydrochloride (HCL) 60 milligrams (mg) capsule by mouth daily, blank MAR entries from 03/02/2024-03/07/2024, 03/19/2024-03/20/2024, 03/22/2024-03/24/2024, 03/27/2024-03/30/2024)
-Ergocalciferol 50000 units capsule tablet daily by mouth once per week (Sunday's), blank MAR entries for 03/17/2024 and 03/24/2024
-Famotidine 20 mg tablet by mouth daily, blank MAR entries for 03/02/2024-03/30/2024
-Fluticasone 44 mg/act inhaler 2 puffs, blank

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M 466	Continued From page 23 MAR entries for 03/02/2024-03/30/2024 -Gabapentin 500 mg tablet, take 2 tablets by mouth, blank MAR entries 03/02/2024-03/07/2024, 03/19/2024-03/20/2024, 03/22/2024-03/24/2024, 03/27/2024-03/30/2024. 12:00 PM: -Gabapentin 500 mg tablet, take 2 tablets by mouth, blank MAR entries 03/01/2024, 03/06/2024-03/07/2024, 03/23/2024-03/24/2024, 03/30/2024. 8:00 PM: -Fluticasone 44mg/act inhaler 2 puffs, blank MAR entries 03/01/2024, 03/12/2024-03/30/2024 -Gabapentin 500 mg tablet, take 2 tablets by mouth, blank MAR entries 03/01/2024, 03/06/2024-03/09/2024, 03/15/2024-03/17/2024, 03/19/2024-03/27/2024. On 04/10/2024 at 9:00 AM, Surveyor interviewed Licensee A. Licensee A stated caregivers administered medications on the dates with blank entries but must have forgotten to document the administration. Licensee A stated s/he would make sure moving forward each caregiver filled out the MAR correctly when administering medications.	M 466		