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 _____	R-C 12/03/2024

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 12/03/2024, Surveyors conducted a complaint investigation and verification visit at My Heart Group Home, an Adult Family Home (AFH) in Milwaukee, WI. Seven deficiencies identified. Five of 7 deficiencies are repeat deficiencies from Statement of Deficiency MC8211, dated 04/10/2024. Complaint substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{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	{M 106}		

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{M 106}	Continued From page 1	{M 106}		

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 non-ambulatory residents and the facility was not wheelchair accessible. One of 4 residents (Resident 5) required the use of a one person assist for transfers and a walker for mobility.

This is a repeat deficiency. See Statement of Deficiency MC8211 dated 04/10/2024.

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 12/03/2024 at 9:40 AM, Surveyors observed the front door had two steps that went to the front door.

On 12/03/2024 at 9:45 AM, Surveyors observed the back exit door had three steps.

On 12/03/2024, Surveyor reviewed the facility's program statement which reported the home was ambulatory residents only.

On 12/03/2024 at 10:14 AM, Surveyors interviewed Licensee A. Licensee A stated s/he was aware s/he was licensed to serve ambulatory residents, and s/he did take a resident who can not maneuver stairs because Resident 5 uses a

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{M 106}	Continued From page 2 walker for ambulating at all times. Licensee A stated moving forward s/he knows that s/he cannot admit a resident that uses a walker unless s/he changes his/her license and makes changes to the home.	{M 106}		
{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 2 employees (Caregiver E and Caregiver F) reviewed were screened for communicable disease, including tuberculosis (TB). Caregiver E and Caregiver F did not have a communicable disease screen completed within 90 days prior to start of providing service. This is a repeat deficiency. See Statement of Deficiency MC8211, dated 04/10/2024. Findings include:	{M 232}		

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{M 232}	Continued From page 3 On 12/03/2024 at approximately 10:30 AM, Surveyors reviewed staff records for Caregiver E and Caregiver F. Caregiver E's date of hire was 08/30/2024, and Caregiver F's date of hire was 11/10/2024. Surveyors could not locate evidence of Caregiver E and Caregiver F being screened for communicable disease, including TB. On 12/03/2024 at approximately 11:00 AM, Surveyors interviewed Licensee A. Licensee A stated s/he did not have Caregiver E and Caregiver F screened for communicable disease, including TB. Licensee A stated s/he was aware Caregiver E and Caregiver F needed to be screened for communicable disease.	{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.	{M 262}		

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{M 262}	Continued From page 4	{M 262}		

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 resident who utilized a walker for mobility. The back exit door had three steps to maneuver to get to the ground level sidewalk.

This is a repeat deficiency. See Statement of Deficiency MC8211 dated 04/10/2024.

Findings include:

On 12/03/2024, 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 entrance had two steps to the front door. The back exit door had three steps to maneuver to get to ground level sidewalk.

On 12/03/2024, at approximately 9:00 AM, Surveyor observed a walker in Resident 5's room. Surveyor interviewed Licensee A. Licensee A stated Resident 5 was a one person assist and used a walker for mobility. Licensee A stated upon his/her assessment of Resident 5, s/he was using a wheelchair when they moved in but is now using a walker.

On 12/03/2024, at 10:00 AM, Surveyors reviewed Resident 5's record. Resident 5 was admitted on 05/28/2024. Resident 5's most recent individual service plan (ISP), dated 05/28/2024, indicated Resident 5 utilized a walker for balance when transferring and walker for mobility. Resident 5's

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{M 262}	Continued From page 5 ISP stated [Resident 5] does not like to stand very long and is free to come and go but does not feel comfortable leaving due to not walking well. On 12/03/2024, at 10:14 AM, Surveyors 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 resident. Licensee A stated moving forward s/he knows that s/he cannot admit a non-ambulatory or semi ambulatory resident unless s/he changes his/her license and makes changes to the home.	{M 262}		
{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 1 of 2 residents (Resident 6) 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. This is a repeat deficiency. See Statement of Deficiency MC8211 dated 04/10/2024. Findings include: On 12/03/2024, Surveyors reviewed Resident 6's record and identified the following:	{M 402}		

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{M 402}	Continued From page 6 -Resident 6 was admitted to the provider on 11/04/2024 . Resident 6's record did not contain evidence of resident rights and grievance procedures explained with resident and/or resident's guardian. On 12/03/2024 at 10:14 AM, Surveyors interviewed Licensee A. Licensee A stated s/he did not have Resident 6 sign resident right and grievance procedures because of Resident 6's autism diagnosis. Licensee A stated Resident 6 is his/her own person and would be the person signing all of his/her paperwork.	{M 402}		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by:	M 424		

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M 424	Continued From page 7 Based on record review and interview, the provider did not update the Individual Service Plan (ISP) when there was a change of condition for 1 of 1 resident (Resident 5). Resident 5 received a catheter and his/her ISP was not updated to reflect the changes. Findings include: On 12/03/2024 at approximately 9:45 AM, Surveyors toured the facility. Surveyors observed Resident 5 in his/her bedroom and observed Resident 5 having a catheter bag hanging on his/her walker. On 12/03/2024 at approximately 10:00 AM, Surveyors reviewed Resident 5's record and identified the following: -Resident 5 was admitted to the provider's home on 05/28/2024 and was his/her own person. Resident 5's current ISP was dated for 05/28/2024. Resident 5's ISP stated the following: "[Resident 5] is full cares, need help wiping. Incontinence supplies used: guards, diapers. [Resident 5] needs help wiping after using the bathroom." On 12/03/2024 at approximately 10:45 AM, Surveyors interviewed Licensee A. Licensee A stated Resident 5 had a catheter and s/he is independent with it. Licensee A stated s/he will empty the catheter bag. Licensee A stated s/he was not sure when the catheter would get changed but s/he thought Resident 5's primary care doctor would be the one to do it. Licensee A stated s/he did not update the ISP to reflect the changes when Resident 5 had a catheter put in. Licensee A stated Resident 5 received the	M 424		

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M 424	Continued From page 8 catheter on 11/21/2024.	M 424		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an accurate record of medication administration for 1 of 1 resident (Resident 5). The Medication Administration Records (MARs) for Resident 5 contained omissions in October 2024, November 2024 and December 2024. This is a repeat deficiency. See Statement of Deficiency MC8211, dated 04/10/2024. Findings include: On 12/03/2024, at 9:58 AM, Surveyors reviewed Resident 5's record and identified the following: Resident 5 was admitted to the provider's home on 05/28/2024. Surveyors reviewed Resident 5's MAR for the months of October 2024, November 2024 and December 2024. The following entries in Resident 5's MARs were blank:	{M 466}		

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{M 466}	Continued From page 9 7:00 AM: - Levothyroxine sodium 200 MCG tablet by mouth daily - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/12/2024-11/13/2024 8:00 AM: - Aripiprazole 10 milligrams (mg) tablet by mouth daily in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/12/2024-11/13/2024 -Atorvastatin calcium 20 mg tablet daily in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/12/2024-11/13/2024 -Breo Ellipta 100-25 microgram (MCG) inhale 1 puff into the lungs in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/12/2024-11/13/2024 and 11/28/2024-11/29/2024 -Divalproex sodium 125 mg capsule by mouth 2 times a day in the morning and evening - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/12/2024-11/13/2024 -Fluticasone propionate 50 MCG use 1 spray in each nostril in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/12/2024-11/13/2024 -Folic acid 1 mg tablet by mouth in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/12/2024-11/13/2024 -Furosemide 80 mg tablet take 1/2 tablet (40 mg) by mouth 2 times daily in the morning and evening - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/12/2024-11/13/2024 and 11/27/2024-11/29/2024. - Gabapentin 300 mg capsule by mouth 3 times daily - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/11/2024-11/13/2024	{M 466}		

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{M 466}	Continued From page 10 and 11/24/2024 -Jardiance 10 mg tablet by mouth in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/11/2024-11/13/2024 and 11/24/2024 - Metamucil smooth packets dissolve contents of 1 packet in a liquid and drink by mouth in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/11/2024-11/16/2024, 11/18/2024-11/30/2024 and 12/01/2024-12/03/2024 -Metformin hydrochloride (HCL) extended release (ER) 500 mg take 3 tablets (1500 mg) by mouth in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/11/2024-11/13/2024 -Metoprolol succinate 100 mg tablet by mouth in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/11/2024-11/13/2024 -Nystatin 100,000 unit/gram cream apply topically to affected area every 12 hours - 10/30/2024-10/31/2024, 11/01/2024-11/16/2024, 11/18/2024-11/30/2024 and 12/01/2024-12/03/2024 -Olopatadine HCL 0.1% drops instill 1 drop in both eyes 3 times a day - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/11/2024-11/13/2024, 11/24/2024 and 11/30/2024 -Nystatin 100,000 unit/gram power apply topically to affected area 3 times a day - 11/08/2024-11/30/2024 and 12/02/2024-12/03/2024 -Pantoprazole sodium 40 mg tablet by mouth in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/11/2024-11/13/2024 and 11/30/2024 -Primidone 250 mg take 1/2 tablet (125 mg) by mouth 2 times a day in the morning and evening - 10/30/2024-10/31/2024, 11/01/2024-11/30/2024 and 12/01/2024-12/03/2024	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 11 -Refresh Liquigel 1% instill 1 drop in both eyes 2 times a day - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/11/2024-11/13/2024 and 11/29/2024-11/30/2024 -Sertraline HCL 100 mg take 2 tablets (200 mg) by mouth in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/11/2024-11/13/2024 and 11/23/2024 -Spironolactone 25 mg take 1 tablet by mouth in the morning - 11/08/2024-11/13/2024, 11/17/2024, 11/24/2024, 11/27/2024-11/30/2024 and 12/01/2024-12/03/2024 -Tradjenta 5 mg tablet by mouth daily in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/16/2024, 11/18/2024-11/30/2024 and 12/01/2024-12/03/2024 -Vitamin D3 2,000 unit capsule by mouth in the morning - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024 and 11/12/2024-11/13/2024 4:00 PM: -Divalproex sodium 125 mg capsule by mouth 2 times a day in the morning and evening - 10/30/2024-10/31/2024 and 11/01/2024-11/07/2024 -Furosemide 80 mg take 1/2 tablet (40 mg) by mouth 2 times a day in the morning and evening - 10/30/2024-10/31/2024 and 11/01/2024-11/07/2024 -Gabapentin 300 mg capsule by mouth 3 times a day - 10/30/2024-10/31/2024, 11/01/2024-11/07/2024, -Nystatin 100,000 unit/gram power apply topically to affected area 3 times a day - 11/08/2024-11/30/2024 and 12/01/2024-12/02/2024 -Olopatadine HCL 0.1 % drops instill 1 drop in both eyes 3 times a day - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/12/2024-11/29/2024	{M 466}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 12	{M 466}		

and 12/01/2024-12/02/2024
-Primidone 250 mg take 1/2 tablet (125 mg) by mouth 2 times a day in the morning and evening - 10/30/2024-10/31/2024, 11/01/2024-11/07/2024, 11/09/2024-11/10/2024, 11/12/2024-11/17/2024, 11/20/2024, 11/24/2024-11/28/2024 and 12/01/2024-12/02/2024

8:00 PM:
-Entresto 24-26 mg take 1/2 tablet by mouth 2 times a day - 11/08/2024-11/17/2024, 11/23/2024, 11/28/2024 and 11/30/2024
-Gabapentin 300 mg capsule by mouth 3 times a day - 11/08/2024-11/17/2024, 11/23/2024, 11/28/2024 and 11/30/2024
-Melatonin 10 mg capsule by mouth at bedtime - 11/08/2024-11/17/2024, 11/23/2024, 11/28/2024 and 11/30/2024
-Nystatin 100,000 unit/gram cream - 11/08/2024-11/10/2024, 11/13/2024-11/30/2024 and 12/01/2024-12/02/2024
-Olopatadine HCL 0.1% drops instill 1 drop in both eyes 3 times a day - 10/30/2024-10/31/2024, 11/01/2024-11/07/2024, 11/08/2024, 11/10/2024, 11/13/2024, 11/15/2024-11/30/2024 and 12/01/2024-12/02/2024
-Refresh Liquigel 1% instill 1 drop in both eyes 2 times a day - 10/30/2024-10/31/2024, 11/01/2024-11/08/2024, 11/10/2024, 11/13/2024-11/30/2024 and 12/01/2024-12/02/2024
-Tamsulosin HCL 0.4 mg capsule by mouth at bedtime - 10/30/2024-10/31/2024, 11/01/2024-11/07/2024, 11/23/2024 and 11/28/2024

On 12/03/2024 at approximately 10:00 AM, Surveyors interviewed Licensee A. Licensee A confirmed Resident 5 required assistance with medication administration for all of his/her

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 _____	R-C 12/03/2024

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 466}	Continued From page 13 medications listed. Licensee A confirmed the MARs should have been documented accurately. Licensee A stated the blank entries were due to Resident 5 being in the hospital and staff were to indicate that the resident was in the hospital by still documenting on the MAR regarding why the medication was not administered.	{M 466}		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 1 of 1 resident (Resident 6) received his/her divalproex sodium, gemfibrozil, lamotrigine, topiramate, and Rosuvastatin calcium tablets as prescribed. The provider did not obtain Resident 6's medications for 13 days after admission to the facility. Findings include: On 12/03/2024, Surveyors reviewed Resident 6's record. Resident 6 was admitted to the provider's home on 11/14/2024. Resident 6 had diagnoses including seizures, anxiety and bipolar disorder. Resident 6's Medication Administration Record	M 582		

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 _____	R-C 12/03/2024

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MY HEART GROUP HOME	8162 W KATHRYN AVE MILWAUKEE, WI 53218

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M 582	Continued From page 14	M 582		

(MAR) included divalproex sodium 500 milligrams (mg) tablet by mouth in the morning and take 3 tablets (1500 mg) at bedtime, gemfibrozil 600 mg tablet by mouth in the morning, lamotrigine 150 mg take 2 tablets (300 mg) by mouth in the morning, topiramate 50 mg tablet by mouth 4 times a day and rosuvastatin calcium 10 mg tablet by mouth at bedtime.

On 12/03/2024 at approximately 9:58 AM, Surveyors reviewed Resident 6's MAR for the month of November 2024. The following entries in Resident 6's MARs were blank:

8:00 AM:
-Divalproex sodium 500 mg tablet by mouth in the morning and take 3 tablets (1500 mg) at bedtime - 11/20/2024-11/26/2024 (A total of 7 doses).
-Gemfibrozil 600 mg tablet by mouth in the morning - 11/14/2024-11/26/2024 (A total of 13 doses).
-Lamotrigine 150 mg take 2 tablets by mouth in the morning - 11/14/2024-11/26/2024 (A total of 26 doses).
-Topiramate 50 mg tablet by mouth 4 times a day - 11/20/2024-11/26/2024 (A total of 7 doses).

12:00 PM:
-Topiramate 50 mg tablet by mouth 4 times a day - 11/20/2024-11/27/2024 (A total of 8 doses).

4:00 PM:
-Topiramate 50 mg tablet by mouth 4 times a day - 11/20/2024 and 11/23/2024 (A total of 2 doses).

8:00 PM:
-Divalproex sodium 500 mg tablet by mouth in the morning and take 3 tablets (1500 mg) at bedtime - 11/20/2024 and 11/23/2024 (A total of 6 doses).
-Rosuvastatin calcium 10 mg tablet by mouth at

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 _____	R-C 12/03/2024

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M 582	Continued From page 15 bedtime - 11/14/2024-11/20/2024 and 11/23/2024 (A total of 8 doses). -Topiramate 50 mg tablet by mouth 4 times a day - 11/20/2024 and 11/22/2024-11/23/2024 (A total of 3 doses). Resident 6 had a total of 80 medications not administered between 11/14/2024 and 11/27/2024. On 12/03/2024 at approximately 10:00 AM, Surveyors interviewed Licensee A. Licensee A stated Resident 6 needed staff assistance with medication administration. Licensee A stated Resident 6 did not receive his/her medications as prescribed because s/he did not have Resident 6's medications to administer. Licensee A stated s/he did not receive all of Resident 6's medications from the previous facility. Cross Reference 0466 DHS 88.07(3)(e)1 Medication - Record Keeping	M 582		