STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019084	A. BUILDING: _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPIC HOME CARE LLC	1607 IMMANUEL CT MARSHFIELD, WI 54449

(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 05/04/2026, Surveyor conducted a standard survey at Epic Home Care LLC. Additional information was gathered through 05/06/2026. As a result of the survey, one (1) new deficiency was identified. Census: 4	M 000		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility did not ensure Resident 1 received services as specified per the Individual Service Plan (ISP) that are the licensee's responsibility. Findings include: "All insulins must be stored with care to ensure that they remain safe and effective. Improper storage could result in the breakdown of insulin, affecting its ability to effectively and predictably control your blood sugar level... Once you open a new vial (meaning once you stick a needle in the vial) or pen, use a Sharpie to note the date you opened it right on the packaging. This will help you remember when to stop using it ..." (Source: Harvard Health Blog, Safe and Effective Use of	M 436		

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

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 436	Continued From page 1 Insulin Requires Proper Storage, 12/04/2018, https://www.health.harvard.edu/blog/safe-and-effective-use-of-insulin-requires-proper-storage-2018120415486 , retrieved 05/07/2026.) Novolog FlexPen may be used for 28 days after opening and stored at room temperature or refrigerated. (Retrieved from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020986s096lbl.pdf) Novolin N FlexPen may be used for 28 days after opening and stored at room temperature. (Retrieved from: http://www.accessdata.fda.gov/drugsatfda_docs/label/2022/019959s085lbl.pdf) On 05/04/2026 at 11:05 A.M., Surveyor observed the medication storage room with Caregiver B. Caregiver B showed Surveyor Resident 1's current, opened and in use NovoLog FlexPen and Novolin N FlexPen. Surveyor observed a yellow sticker attached to both pens which prompted for a date opened, expiration date and initial of the individual filling it out. Neither pens were labeled with a date they were opened or when they could be used by. On 05/04/2026 at 12:00 P.M., Surveyor reviewed Resident 1's Mediation Administration Record (MAR) for April of 2026 and May 1st through the 4th of 2026 and noted the following: -- NovoLog FlexPen was administered approximately 17 times. -- Novolin N FlexPen was administered daily. On 05/04/2026 at 12:20 PM, Surveyor reviewed Resident 1's most recent ISP dated 02/04/2026. The ISP read in part, " ...Member requires	M 436		

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M 436	Continued From page 2 medication administration by AFH provider ...Staff prepare all of [Resident 1's] medications ... [Resident 1] also needs staff to administer long and short acting sliding scale insulin with blood sugar checks ...". On 05/04/2026 at 11:15 A.M., Surveyor interviewed Caregiver B regarding Resident 1's insulin pens. S/he acknowledged that both pens did not contain a date opened and could not recall when either of the insulin pens were first opened and used. When asked about the number of days Resident 1's insulin pens could be used for once opened, Caregiver B stated that s/he did not know. On 05/06/2026 at 12:00 P.M., Surveyor interviewed Owner A. S/he said that Caregiver B had shown him/her Resident 1's insulin pens following Surveyor's visit on 05/04/2026. Owner A stated s/he was unaware of the presence of the yellow stickers on Resident 1's insulin pens prompting for the date opened and date expired but that Caregiver B showed it to him/her following Surveyors visit on 05/04/2026. S/he acknowledged that the stickers were difficult to see on the insulin pens and that s/he would look into it further.	M 436		