STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018942	A. BUILDING: _____ B. WING _____	C 12/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP TERRACE LLC	6735 NORTH 55TH STREET MILWAUKEE, 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 12/22/2023, Surveyor completed a compliant investigation at Hilltop Terrace LLC. Two deficiencies were identified. One complaint was unsubstantiated. Census: 3	M 000		
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 maintain a complete record of medications administered for 1 of 1 resident. Resident 1's medication administration documentation contained omissions for multiple administration times for her/his medications from December 5, 2023, to December 20, 2023. Findings include: On 12/20/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 11/09/2023, with diagnoses including stroke, multiple sclerosis, type 2 diabetes, neurogenic bladder	M 466		

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

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M 466	Continued From page 1	M 466		

and bowel, and tobacco use.
-Resident 1's assessment, dated 10/04/2023, indicated Resident 1 required staff administration of medications.
-Resident 1's medication administration record (MAR) included the following: columns listing the names of the prescribed medications; times/dates the medication was to be taken; and initials of the person who administered the medication.

December 5, 2023- December 19, 2023, MAR

Staff initials were documented on 12/5, 12/6, 12/7, 12/8, 12/13, 12/15 and 12/17 at 8:00 a.m.
The medication with 8 days of missing initials was insulin Lispro Kwikpen U-100 unit/milliliter (ML) Insulin pen. General for HUMALOG KWIKPEN U-100 UNIT/ML (milliliters) INSULIN PEN. Inject 7 units subcutaneously 3 times a day in the morning, noon and evening with meals using based insulin dosing chart: breakfast = 7+2u; lunch+ 7+2u; dinner= 7+2u; bedtime= dosing chart only with a maximum 40 units daily.

Staff initials were documented on 12/5, 12/6, 12/7, 12/13, and 12/15 at 12:00 p.m.
The medication with 11 days of missing initials was insulin Lispro Kwikpen U-100 unit/ML Insulin pen. General for HUMALOG KWIKPEN U-100 UNIT/ML (milliliters) INSULIN PEN. Inject 7 units subcutaneously 3 times a day in the morning, noon and evening with meals using based insulin dosing chart: breakfast = 7+2 units (u); lunch+ 7+2u; dinner= 7+2u; bedtime= dosing chart only with a maximum 40 units daily.

Staff initials were documented on 12/5, 12/6, 12/7, 12/13, and 12/15 at 4:00 p.m.
The medication with 9 days of missing initials was

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M 466	Continued From page 2	M 466		

insulin Lispro Kwikpen U-100 unit/ML Insulin pen. General for HUMALOG KWIKPEN U-100 UNIT/ML (milliliters) INSULIN PEN. Inject 7 units subcutaneously 3 times a day in the morning, noon and evening with meals using based insulin dosing chart: breakfast = 7+2u; lunch+ 7+2u; dinner= 7+2u; bedtime= dosing chart only with a maximum 40 units daily.

Staff initials were documented on 12/8, 12/12, 12/13, 12/15, 12/17 and 12/18 at 9:00 p.m.
The medication with 8 days of missing initials was insulin Lispro Kwikpen U-100 unit/ML Insulin pen. General for HUMALOG KWIKPEN U-100 UNIT/ML INSULIN PEN. Inject 7 units subcutaneously 3 times a day in the morning, noon and evening with meals using based insulin dosing chart: breakfast = 7+2u; lunch+ 7+2u; dinner= 7+2u; bedtime= dosing chart only with a maximum 40 units daily.

On 12/19/2023, at 1:10 p.m., Surveyor interviewed Caregiver B who reported when Resident 1 refused his/her medications, and stated, "We are supposed to write it in the book." Surveyor clarified which book. Caregiver B stated, "The caregiver notebook. The one [Licensee A] rips pages out of all the time." Caregiver B confirmed s/he did not document medication refusals anywhere else.

On 12/19/2023, at 1:00 p.m., Surveyor interviewed Caregiver C who reported Resident 1 refused medication often. When Surveyor asked Caregiver B how s/he documented Resident 1's medication refusals, s/he stated, "I don't document it."

On 12/21/2023, at 3:00 p.m., Surveyor interviewed Licensee A regarding the medication

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M 466	Continued From page 3 documentation. Licensee A confirmed s/he oversaw auditing the MARs but had not done it in a couple of weeks. Licensee A explained when s/he saw a medication omission on the MARs, s/he checked if the medication was given and then went back to the caregiver to sign the MARs later. Licensee A did not offer an explanation why December 2023 MAR was missing documentation of medication administration.	M 466		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared and stored in a sanitary manner for 3 of 3 residents in the home. Food in storage containers in the refrigerator were outdated, not dated/labeled, or sealed properly. There was an uncovered bowl of what appeared to be cake with a spoon. Findings include: On 12/19/2023, at approximately 10:50 a.m., Surveyor toured facility accompanied by Caregiver B. Surveyor observed multiple food items in the refrigerator that were outdated, not dated/labeled, or not sealed properly. Observations of opened items in the refrigerator: -Open bagged lettuce- expiration date October 1,	M 474		

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M 474	Continued From page 4	M 474		

2023. Lettuce was brown-moldy, oozing green water and had bad odor.
-Open 3-pound bag of gala apples. One apple appeared to be rotten, moldy, and oozing white, green water. Two apples showed signs of discoloration, had soft spots, and had bad odor.
-Open 7-ounce plastic container of green leaf lettuce with best by date of October 26, 2023. Lettuce was brown-moldy, oozing green water, and had bad odor.
-Total of 6 tangerines. Five tangerines were hard and shriveled to the touch. One tangerine appeared to be rotten, moldy, and oozing white and green fluid.
-Open hotdogs with two left; no open date.
-Open bologna lunchmeat with 3 slices left in package. No open date.
-Open smoked sausage, cut in packaging. Not sealed or dated.
-Uncovered bowl with cake and spoon.
-Open 48-ounce apple sauce in refrigerator door. Half of the apple sauce was gone. No open date.
-Open 32-ounce strawberry yogurt in refrigerator door. Half of the yogurt was gone. No open date.

The "Servsafe Coursebook - 7th Edition" documents ready-to-eat foods that need Temperate Control for Safety (TCS) food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower-higher." (Servsafe Coursebook, 7th Ed., 2017, p. 5-11)

According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and

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M 474	Continued From page 5 time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (Servsafe Coursebook, 7th Ed., 2017, p. 5-23) On 12/19/2023, at approximately 11:05 a.m., Surveyor interviewed Caregiver B and asked him/her to identify how old the open item, in the bowl on the top shelf of the refrigerator was. Caregiver B told Surveyor, "I don't know. It's not labeled. Without the label, we don't know how old it is. It should be dated. Whoever is on shift should be dating the food. You can tell people things, but they don't always listen. Clearly, they are not doing their jobs." On 12/21/2023, at approximately 4:14 p.m., Surveyor interviewed Licensee A who stated caregivers had storage bags and markers next to the refrigerator to properly store food. Licensee A confirmed Caregiver B is responsible for auditing the dates and the condition of the food. "I will check in with [Caregiver B] and find out why the refrigerator is not getting cleaned out."	M 474		