STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	R-C 06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

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{N 000}	Initial Comments A verification visit and a standard survey were conducted at Bethel Ripon North on 06/18/2024 with information gathered through 06/24/2024. As a result of this survey 1 citation was corrected and 1 is being re-cited from the verification visit. In addition 3 deficiencies were identified with this survey. Per state statutes a $200.00 revisit fee was assessed. Census: 8	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure residents right to receive all medications as prescribed by their physician. On 05/10/2024, Resident 1 was given Resident 2's four (4) PM medication, which included Quetiapine (an antipsychotic) and Lorazepam (a sedative). Resident 1 was sent to the ED (Emergency Department), monitored for several hours, and had labs and imaging tests completed before returning to the facility. On 06/18/2024, during the survey visit, Resident	{N 352}		

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

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{N 352}	Continued From page 1 3 requested hydroxyzine a PRN (as needed) medication to "Help [her/him] calm down." Resident 3's hydroxyzine PRN medication was not available for staff to administer because staff failed to reorder the medication timely. Additionally, Resident 3 did not receive all prescribed medications as ordered due to a pharmacy hold. This is a repeat deficiency. See Statement of Deficiency R4XS11, dated 08/14/2023. Findings include: Resident 1 On 06/18/2024, Surveyor reviewed Resident 1's medical record. The record indicated Resident 1 was admitted to the facility on 05/17/2021 with diagnoses of diabetes mellitus, cerebral palsy and anemia. Resident 1 had a guardian and required staff to administer all his/her medications. Review of Resident 1's incident report dated 05/10/2024 indicated, "Staff accidentally gave the wrong medication to [Resident 1], Quetiapine 300 mg (milligrams) three tablets and Lorazepam 1 mg one tablet. [Resident 1] was sent to the ED to be evaluated per poison control direction to be evaluated for at least 6 hours then vitals every hour for 12 hours." The Supervisor/RN follow Up instructions on the report noted, "It was an accident and staff was suspended for three days and has to redo medication class with staff nurse before being able to do meds again." Review of Resident 1's ED After Visit Summary dated 05/10/2024 indicated, "[Resident 1] was seen for medication administered in error	{N 352}		

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{N 352}	Continued From page 2	{N 352}		

accidental or unintentional. Lab test and imaging tests were completed. The medications should be mostly out of your system at this time. Rest and drink plenty of fluids...Follow up with doctor in 3 days..."

On 06/20/2024, Surveyor requested all information regarding the 05/10/2024 medication error for [Resident 1] from Administrator A. Administrator A indicated Staff D was involved in the med error for Resident 1 and was retrained following the incident. Administrator A verified Resident 1 received Resident 2's 4:00 PM medications on 05/10/2024.

On 06/20/2024, Surveyor reviewed Resident 2's 4:00 PM medication list which indicated, "Quetiapine 200 mg tablet. Take 3 tablets (600 mg) by mouth for schizoaffective disorder and Lorazepam 1 mg tablet. Take 1 tablet by mouth three times daily for anxiety disorder."

On 06/20/2024, Surveyor received a typed report regarding the above medication error for Resident 1. The report was undated and signed by Administrator A. The report noted, "I was informed about a medication error that happened at 4:42 PM regarding [Resident 1] getting the wrong medication by [Staff D]. [Resident 1] was at the hospital having labs done so [s/he] was sent to the ED to be evaluated due to medication error. [Resident 1] was seen, had labs, EKG done and per poison control was to be watched there for 6 hours. When [Resident 1] came back to the facility [s/he] was to be evaluated as needed. Was instructed to push fluids and take [her/his] normal meds. [Staff D] was taken off meds for 3 days and was retrained by [Administrator A] on 05/14 with 8 PM meds. Was told if [s/he] had another medication error, [s/he]

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{N 352}	Continued From page 3 would have to take the class over with our nurse. [Staff D] agreed." Resident 3 On 06/18/2024, Surveyor reviewed Resident 3's medical record. The record indicated Resident 3 was admitted to the facility on 09/26/2023 with diagnoses of diabetes mellitus, insomnia, and depression. Resident 3 required staff to administer all his/her medications. Resident 3's current physician medication orders indicated, "Hydroxyzine 25 mg tablet. Take one tablet by mouth three times daily as needed for anxiety and itching." Resident 3's June 2024 eMAR (electronic Medication Administration Record) indicated the last time Resident 3 had her/his Hydroxyzine PRN medication was on 06/17/2024 at 1:21 PM, for anxiety. On 06/18/2024 at 11:30 AM, Surveyor observed Resident 3 approach the medication room and request [her/his] Hydroxyzine PRN medication from Staff B. Resident 3 stated, "I need the medication to help me calm down. I've tried watching TV and smoking..." Staff B was unable to administer Resident 3's Hydroxyzine PRN medication because the medication was not available. Staff B confirmed Resident 3 had a current order for Hydroxyzine PRN and stated, "The Hydroxyzine PRN medication should've been re-ordered when 3 tablets were left...It was overlooked, and I will re-order it now." On 06/20/2024 at 12:40 PM, Surveyor interviewed Pharmacy Technician E. Pharmacy Technician E stated, "We received an electronic	{N 352}		

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{N 352}	Continued From page 4 refill request from the facility for [Resident 3's] Hydroxyzine PRN medication on 06/19/2024 at 6:45 PM. Resident 3's Hydroxyzine PRN mediation will be delivered today." Additionally, Resident 3's current physician orders included the following medications: *Acidophilus capsule- Take one capsule twice daily (probiotic) *Magnesium Oxide 400 mg tablet- Take one tablet twice daily (hypomagnesemia) *Vitamin B-1 50 mg- Take one capsule daily *Culturelle capsule- Take one capsule by mouth daily Resident 3's eMAR for May 2024 and June 2024 revealed the following: *Acidophilus- The May 2024 eMAR documented "OTH" 30 of 31 days for 8 AM and "OTH" 31 of 31 days for 8 PM. The June 2024 eMAR documented "OTH" 14 of 18 days for 8 AM and "OTH" 13 of 17 days for 8 PM. The notations on the May and June 2024 eMAR indicated "Other problems." *Magnesium Oxide- The May 2024 eMAR documented "OTH" 29 of 31 days for 8 AM and "OTH" 31 of 31 days for 8 PM. The June 2024 eMAR documented "OTH" 14 of 18 days for 8 AM and "OTH" 13 of 17 days for 8 PM. The notations on the May and June 2024 eMAR indicated "Other problems." *Vitamin B-1- The May 2024 eMAR documented "OTH" 29 of 31 days for 8 AM and the June 2024 eMAR documented "OTH" 14 of 18 days for 8 AM. The notations on the May and June 2024 eMAR indicated "Other problems."	{N 352}		

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{N 352}	Continued From page 5 *Culturelle- The May 2024 eMAR documented "OTH" 29 of 31 days for 8 AM and the June 2024 eMAR documented "OTH" 13 of 18 days for 8 AM. The notations on the May and June 2024 eMAR indicated "Other problems." On 06/18/2024 at 10:30 AM, Surveyor and Staff B observed the medication room and cart. Surveyor and Staff B did not locate Resident 3's Acidophilus, Magnesium Oxide, Vitamin B-1, or Culturelle medication. Staff B confirmed the medications were not in the medication room or cart. Staff B stated, "The meds haven't been given for a while because the meds haven't been coming from the pharmacy. When I document "OTH" on [Resident 3's] eMAR it means the medication was not available to give." On 06/20/2024 at 11:30 AM, Surveyor interviewed Pharmacy Technician E regarding Resident 3's medications. Pharmacy Technician E stated, "[Resident 3's] Acidophilus, Magnesium Oxide, Vitamin B-1 and Culturelle medications have been on hold due to nonpayment. The pharmacy has not dispensed or delivered any of the mentioned medications since February 2024." On 06/20/2024 Surveyor interviewed Administrator A regarding Resident 3's Acidophilus, Magnesium Oxide, Vitamin B-1 and Culturelle medications. Administrator A indicated Resident 3's scheduled over the counter meds (Acidophilus, Magnesium Oxide, Vitamin B-1 and Culturelle) have been on hold by the pharmacy due to nonpayment by Resident 3's insurance and/or MCO (Managed Care Organization). Surveyor pointed out Resident 3 has a current physician's order for the medications and asked what was being done to ensure Resident 3	{N 352}		

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{N 352}	Continued From page 6 receives all medications as prescribed by the physician. Administrator A stated, "[Resident 3's] physician is going to discontinue all [her/his] scheduled over the counter medications as of today."	{N 352}		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on staff interview and record review the provider did not ensure the gas furnace had been inspected once every 3 years having the potential to affect all 8 residents in this facility. Findings include: On 06/18/2024, Surveyor reviewed the provider's fire safety documents at this facility. There was no evidence of a gas furnace inspection in the last 3 years. Surveyor requested this inspection from ADM (Administrator) - A on 06/18/2024 at approximately 12:00 PM. ADM - A was unable to provide documentation of the inspection on	N 504		

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N 504	Continued From page 7 06/18/2024 but s/he said it would be sent to Surveyor by 06/20/2024. A second email request was sent to ADM -A by Surveyor on 06/20/2024 to provide this inspection report. As of 06/24/2024, Surveyor had not received any evidence of a furnace inspection in the last 3 years.	N 504		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure an annual inspection had been completed by a local fire authority having the potential to affect all 8 residents in this facility. This facility is licensed at a CS (Semi-ambulatory) facility and serves residents with physical disability, developmental disability, and emotionally disturbed/mental illness. Findings include: On 06/18/2024, Surveyor reviewed the provider's records for fire safety. There was no evidence of a fire department inspection for this facility. Surveyor requested this information from ADM (Administrator) - A on 06/18/2024 at approximately 12:00 PM who said it would be sent to the Surveyor by 06/20/2024. A second request email was sent by Surveyor to ADM - A	N 530		

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N 530	Continued From page 8 on 06/20/2024. As of 06/24/2024 no fire department inspection for this facility had been sent to Surveyor.	N 530		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure that 2 out of 4 employees reviewed had a completed updated criminal background check every 4 years as required. Findings include: On 06/18/2024 Surveyor reviewed facility records for employees. CG (Caregiver) - B was hired on 12/12/2019 and CG - C was hired on 12/14/2019 as caregivers. On 06/18/2024 at approximately 11:30 AM, Surveyor requested documentation of current criminal background checks for CG - B and C from ADM (Administrator) - A who confirmed all employees worked both in the	Z 022		

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Z 022	Continued From page 9 facility's North and South buildings. ADM - A indicated employee files were kept in an off-site office and would be emailed to Surveyor by 06/20/2024. On 06/20/2024, Surveyor received and reviewed employee records from ADM - A. CG - B's record showed a criminal background check had been completed on 12/12/2019 upon hire, however, there was no evidence of an updated criminal background check being done within 4 years since that date. CG - C's record showed a criminal background check showed a criminal background check had been completed on 01/08/2020, however, there was no evidence of an updated criminal background check being done within 4 years since that date.	Z 022		