Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019548	A. BUILDING: _____ B. WING _____	R-C 10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD HAND CARE AFH 2	1308 MATHYS RD MONONA, WI 53716

(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 10/09/2025, Surveyor conducted a verification visit at Good Hand Care AFH 2. One deficiency was identified. One of 1 deficiency was a repeat (see Statement of Deficiency (SOD) TK6V11 and SOD TK6V12). Under statutory provisions of Wis. Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 462}	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 2 residents received prescribed medications in the proper dosage. This is a repeat deficiency. See Statement of Deficiency (SOD) TK6V12, dated 02/23/2025, and TK6V13, dated 07/07/2025. Resident 4 did not receive his/her Baclofen and Docusate Sodium as prescribed.	{M 462}		

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

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{M 462}	Continued From page 1 Findings include: On 10/09/2025, at approximately 12:45 PM, Surveyor and Co-Owner C observed Resident 4's medications in the med closet. Surveyor observed Resident 4's 10/03/2025 and 10/06/2025 12:00 PM blister packages of Baclofen and Docusate Sodium that had not been administered. Surveyor and Co-Owner C interviewed Caregiver D about why the medication had not been administered. Surveyor was unable to understand Caregiver D's response, due to English not being spoken. Co-Owner C stated Caregiver D was unsure why the medication had not been administered, but thought Resident 4 had been out of the home for an appointment. On 10/09/2025, Surveyor reviewed Resident 4's record. Resident 4 moved into the home 09/21/2024. Resident 4's Medication Administration Record (MAR), dated 10/01/2025 to 10/09/2025, documented: Baclofen Tab (tablet) 10 MG (milligram) - Take 1 tablet by mouth. Scheduled at 12:00 PM. Docusate Sodium Tab 100 MG - Take 1 tablet by mouth. Scheduled at 12:00 PM. The MAR documented that the medication had been administered as prescribed. Co-Owner C stated s/he would review medication administration and medication documentation with staff. Co-Owner C stated s/he would ensure staff send medications with residents, when possible, when they will be out of the home.	{M 462}		