STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012345	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANNES HOME FOR THE ELDERLY CBRF	3800 N 92ND ST MILWAUKEE, WI 53222

(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
N 000	Initial Comments On 01/22/2024, Surveyors concluded a standard survey and 5 complaint investigations at St Annes Home for the Elderly. As a result, 2 deficiencies were identified. One of two was a repeat violation (see Statement of Deficiency 9BGI11, dated 11/27/2019.) Five complaints were unsubstantiated. Census: 33	N 000		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident's medications were securely stored in their room. Resident 2 had unsecured medications in her/his room. The provider also did not ensure 1 of 3 medication storage areas were locked and the key was available to only personnel who passed medications. The second-floor medication cart was unlocked and stored in an unsecured room. Findings include: On 10/11/2023, at 9:30 AM until 4:20 PM, Surveyor toured the facility and observed the following: -At 10:02 AM, Surveyor toured Resident 2's room. Surveyor observed Resident 2's dresser. On top of Resident 2's dresser were the following unsecured medications: a can of Icy Hot lidocaine dry spray, 2 tubes of clotrimazole 1% antifungal cream, a bottle of Equate bisacodyl 5 milligrams	N 419		

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N 419	Continued From page 1 (mg) laxative and a tube of hydrocortisone 1% cream. -At 4:12 PM, Surveyor observed the second-floor medication room. The door to the medication room was open. Inside the medication room was a medication cart. Surveyor observed a locking mechanism on the medication cart. The locking mechanism on the medication cart was not engaged. Surveyor was able to open the drawers of the medication cart. Surveyor observed resident prescription medications inside the medication cart. Surveyor observed residents moving freely throughout the facility. On 10/11/2023, at approximately 2:15 PM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 02/28/2020 with diagnoses including vascular dementia, psychotic disturbance, and anxiety. Resident 2's individual service plan (ISP), dated 08/29/2023, reported Resident 2 is not able to manage her/his medication. On 10/11/2023, at 4:30 PM, Surveyor interviewed Administrator D. Administrator D confirmed medications were to be securely stored at all times. Administrator D reported s/he was unsure why Resident 2 had medications in her/his room. Administrator D reported Resident 2 received hospice services, and the medications may have been from hospice. Administrator D reported the medication cart was unlocked possibly because staff may have been completing a medication pass at the time. Administrator D reported the medication room should have been locked when staff were not in the room.	N 419		

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N 499	Continued From page 2	N 499		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all toxic substances and cleaning compounds were securely stored in 3 of 3 areas. This is a repeat deficiency. See Statement of Deficiency (SOD) 9BGI11, dated 11/27/2019. Findings include: This facility was licensed on 03/31/2009 as a Class CNA (non-ambulatory) community based residential facility (CBRF) to serve up to 55 residents in the client groups of advanced aged and irreversible dementia/Alzheimer's. Residents were observed to be both ambulatory and non-ambulatory. On 10/11/2023, from 9:30 AM until 4:20 PM, Surveyor toured the facility and observed the following: Third floor janitor closet - the locking mechanism on the door was not engaged. The room contained toxic substances including 2 containers of 3M neutral cleaner, 3M disinfectant cleaner, 3M glass cleaner, Fast & Easy hard surface and glass cleaner, stainless steel cleaner, liquid enzyme, and 3M deodorizer fresh scent. First floor spa room - tub of Sani-cloth germicidal	N 499		

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N 499	Continued From page 3 disposable wipes on table. Third floor spa room - can of Febreze air freshener located in unsecured cabinet. Cleaning cart - can of Pledge, a spray bottle of 3M deodorizer fresh scent and a bottle of 3M disinfectant cleaner. The cleaning compounds were located on top of the cart and were unsecured. Surveyor observed residents moving freely throughout the facility. On 10/11/2023, at 4:30 PM, Surveyor interviewed Administrator D. Administrator D confirmed the code requirement to ensure all toxic substances and cleaning compounds were securely stored. Administrator D reported s/he would ensure staff locked all cleaning compounds.	N 499		