STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019709	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPASSIONATE ADULT FAMILY HOME LLC	6935 W PIONEER RD MEQUON, WI 53097

(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 06/10/2025, Surveyor conducted a verification visit at Compassionate Adult Family Home LLC. As a result of the survey one (1) of 3 previous deficiencies remained uncorrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{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 keep a record of 1 of 1 resident's prescription medications controlled, dispensed, or administered by the provider. This is a repeat deficiency. See Statement of Deficiency (SOD) VOSA11, dated 01/09/2025. Findings include: The provider is licensed to provide care for up to 4 ambulatory residents that may be alcohol/drug dependent, emotionally disturbed/mental illness,	{M 466}		

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

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{M 466}	Continued From page 1 correctional clients, pregnant women/counseling, traumatic brain injury, developmentally disabled, terminally ill, advanced age, physically disabled and/or irreversible dementia/Alzheimer's. On 06/10/2025 at approximately 9:00 AM, Surveyor reviewed Resident 2's medication administration record (MAR). Resident 2's MAR was blank for the following medications: Acyclovir 5% ointment - Apply Topically 5 Times Daily: 6:00 AM - 06/01/2025, 06/03/2025 10:00 AM - 06/01/2025, 06/02/2025, 06/03/2025, 06/04/2025, 06/05/2025, 06/06/2025, 06/07/2025, 06/08/2025, 06/09/2025 2:00 PM - 05/30/2025, 05/31/2025, 06/01/2025, 06/02/2025, 06/03/2025, 06/04/2025, 06/05/2025, 06/06/2025, 06/07/2025, 06/08/2025, 06/09/2025 6:00 PM - 05/30/2025, 05/31/2025, 06/01/2025, 06/02/2025, 06/03/2025, 06/04/2025, 06/05/2025, 06/06/2025, 06/07/2025, 06/08/2025, 06/09/2025 10:00 PM - 06/02/2025, 06/03/2025 Levothyroxine Tab 25 MCG - Take 1 Tablet by Mouth Once a Day: 7:00 AM - 05/30/2025, 06/01/2025, 06/02/2025 Benzoyl Peroxide 5% Gel - Apply Topically to Affected Area Once a Day: 8:00 AM - 06/04/2025, 06/05/2025 Lamotrigine 150 MG Tab - Take 1 Tablet by Mouth Twice Daily: 8:00 AM - 6/01/2025, 06/02/2025, 06/03/2025, 06/04/2025 8:00 PM - 06/03/2025	{M 466}		

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{M 466}	Continued From page 2	{M 466}		

Multivitamin with Minerals Tab - Take 1 Tablet by Mouth Twice Daily:
8:00 AM - 06/01/2025, 06/02/2025, 06/04/2025
8:00 PM - 06/1/2025, 06/03/2025

Mupirocin 2% Ointment - Apply Topically 3 Times Daily:
8:00 AM - 06/02/2025, 06/04/2025
4:00 PM - 06/01/2025, 06/02/2025, 06/03/2025, 06/04/2025, 06/05/2025, 06/06/2025, 06/07/2025, 06/08/2025, 06/09/2025
8:00 PM - 05/31/2025, 06/01/2025, 06/03/2025

Topiramate 50 MG Tab - Take 1 Tablet by Mouth Twice Daily:
8:00 AM - 06/04/2025
8:00 PM - 06/01/2025, 06/03/2025

Vit D2 50,000 Cap - Take 1 Capsule by Mouth One Time Weekly:
06/02/2025

Gabapentin 300 MG Cap - Take 1 Capsule by Mouth Once Daily at Bedtime:
06/01/2025

Quetiapine 100 MG Tab - Take 1 Tablet by Mouth Once Daily at Bedtime:
8:00 PM - 06/03/2025

Trazodone 100 MG Tab - Take 1 Tablet by Mouth Once Daily at Bedtime:
8:00 PM - 06/01/2023, 06/03/2025

On 06/10/2025 at approximately 9:40 AM, Surveyor interviewed Licensee B. Licensee B stated s/he has talked with staff and re-educated them on signing out the medications when administering. Licensee B stated residents are receiving the medication, staff just don't sign

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{M 466}	Continued From page 3 them out after they administer the medications. The provider did not keep a record of 1 of 1 resident's prescription medications controlled, dispensed, or administered by the provider.	{M 466}		