STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009539	A. BUILDING: _____ B. WING _____	C 06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAIN VIEW HOME	**3319 16TH ST SUPERIOR, WI 54880**

(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 06/18/2024, Surveyor conducted a standard survey and complaint investigation at Mountain View Home. Data was collected through 06/20/2024. The complaint was unsubstantiated. One deficiency was identified. Census: 5.	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 keep resident medication in a locked cabinet. Findings include: The provider is licensed to care for 6 residents in the client groups irreversible dementia/Alzheimer's disease and developmentally disabled. There were currently 5 residents residing in the home, with the following diagnoses: -Resident 1 was admitted on 05/16/2017 and diagnosed with intellectual disability, psychosis, depression, and anxiety disorder. -Resident 2 was admitted on 08/17/2020 and diagnosed with moderate mental retardation and cerebral palsy. -Resident 3 was admitted on 08/16/2005 and diagnosed with Downs syndrome, unspecified	N 419		

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

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N 419	Continued From page 1	N 419		

disturbance of conduct, depressive disorder, and intermittent explosive disorder.
-Resident 4 was admitted on 05/07/2024 and diagnosed with intellectual disability.
-Resident 5 was admitted on 09/01/2020 and diagnosed with mental retardation and schizophrenia.

On 06/18/2024 at approximately 3:00 PM, Surveyor observed Caregiver A complete a mock medication administration.

Surveyor observed the medications were kept in a locked closet behind a large bar/counter area where the staff completed paperwork. Surveyor observed that the area was accessible to the residents or visitors.

Surveyor asked Caregiver A if there were any medications that were required to be refrigerated. Caregiver A responded there was one and opened the small, unlocked refrigerator kept on the counter, removed a small black box, and opened the box. The box had a lock but the lock was not being used. The box contained 3 bottles containing white oblong capsules of medications. The labels read, in part, "[Resident 4] Acidophilus Cap ...take one tablet by mouth daily."

Surveyor reviewed the medications administration record (MAR) for Resident 4 that read, in part, "Acidophilus/Tab ...Take one tablet by mouth daily."

At approximately 3:15 PM, Surveyor interviewed House Manager (HM) B, who stated the black box where the medications were stored was locked up until approximately 2 weeks ago when the key went missing. HM B stated we should have moved the medications to a different lock

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N 419	Continued From page 2 box. The provider did not ensure Resident 4's refrigerated medications were stored in a locked container, leaving the medication accessible to the residents.	N 419		