STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018195	A. BUILDING: _____ B. WING _____	R 10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM KNIGHTSBRIDGE	5217 KNIGHTSBRIDGE ROAD MADISON, WI 53714

(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 10/10/2023, Surveyor conducted a verification visit at REM Knightsbridge, an AFH in Madison. Two deficiencies were identified. Both deficiencies are repeat deficiencies - See Statement of Deficiency (SOD) XDM111, dated 03/02/2023 and XDM112, dated 07/10/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 384}	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete a service agreement with the legal representatives for 2 of 2 residents reviewed. Resident 2 and Resident 3 did not have completed service agreements. This is a repeat deficiency. See Statement of Deficiency (SOD) XDM111, dated 03/02/2023 and	{M 384}		

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

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{M 384}	Continued From page 1 SOD XDM112, dated 07/10/2023. Findings include: On 10/10/2023 at approximately 10:30 a.m., Surveyor conducted a verification visit and reviewed resident records, which documented the following: - Resident 2 was admitted to the provider's home on 09/21/2021. Resident 2 had a legal guardian. Resident 2's record did not include a service agreement. - Resident 3 was admitted to the provider's home on 09/21/2021. Resident 3 had a legal guardian. Resident 3's record did not include a service agreement. On 10/04/2023 at approximately 10:45 a.m., Surveyor interviewed Regional Director D. Regional Director D stated the provider sent service agreements via certified mail to Resident 2 and Resident 3's legal guardians. Regional Director D stated s/he would obtain documentation from the office and follow up with Surveyor. On 10/04/2023 at approximately 2:30 p.m., Area Director G followed up with Surveyor. Area Director G stated s/he did send admission paperwork to Resident 2 and Resident 3's guardians; however, the paperwork was missing 3 pages of the admission agreement. Missing pages included information regarding the following: Person Being Served Rights and Grievance Procedure, Person Being Served Responsibilities, Services Covered by the Rate, Payment for Services, Services and Items Not Covered by Daily Rate, Rent Change or Changes in Services, Conditions for Transfer or Discharge,	{M 384}		

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{M 384}	Continued From page 2 Individual Finances and Privacy in Living.	{M 384}		
{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 ensure a record of all prescription medications controlled, dispensed, and administered by the provider's staff were recorded for 3 of 3 residents reviewed. The administration of Resident 1, Resident 2 and Resident 3's medications were not documented at times and documented as administered at times the medications were discontinued. This is a repeat deficiency. See Statement of Deficiency (SOD) XDM111, dated 03/02/2023 and XDM112, dated 07/10/2023. Findings include: On 10/10/2023 at approximately 10:30 a.m., Surveyor conducted a verification visit and reviewed resident records, which documented the following concerns:	{M 466}		

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{M 466}	Continued From page 3 Example 1 - Resident 1: Resident 1 was admitted to the provider's facility on 09/21/2021. Resident 1's Medication Administration Record (MAR), dated 09/04/2023 to 10/10/2023, had the following concerns: - Chlorhexidine Glucon for gum disease: Blank entries on 09/05/2023, 09/08/2023, 09/23/2023 and 10/01/2023. - Montelukast 10 mg for allergies/asthma: Blank entries on 09/05/2023, 09/08/2023, 09/23/2023 and 10/01/2023. - Budesonide 1 vial for asthma: Blank entries on 09/05/2023, 09/08/2023, 09/23/2023 and 10/01/2023. - Albuterol 1 vial for asthma: Blank entries on 09/05/2023, 09/08/2023, 09/23/2023 and 10/01/2023. - Naproxen 500 mg (Start Date: 02/08/2023) was ordered 2 times per day for 7 days, indicating the medication was complete in February 2023; however, caregivers continued to document the medication as administered for 67 of 79 entries reviewed. On 10/10/2023 at approximately 2:20 p.m., Pharmacy E confirmed the pharmacy had not provided the home with this medication since February 2023. Example 2 - Resident 2: Resident 2 was admitted to the provider's facility on 09/21/2021. Resident 2's MAR, dated 09/04/2023 to 10/10/2023, had the following concerns: - Metoprolol 50 mg for anxiety (Start Date: 03/24/2023): Blank entries on 09/05/2023, 09/08/2023 and 09/23/2023. - Olanzapine 20 mg for personality disorder (Start	{M 466}		

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{M 466}	Continued From page 4 Date: 10/04/2022): Blank entry on 06/29/2023. - Oxybutynin 15 mg for incontinence (Start Date: 12/23/2022): Blank entry on 06/29/2023. Example 3 - Resident 3: Resident 3 was admitted to the provider's facility on 09/21/2021. Resident 3's MAR, dated 09/04/2023 to 10/10/2023, had the following concerns: - Atorvastatin 20 mg for hyperlipidemia (Start Date: 06/21/2023): Blank entries on 09/23/2023 and 10/01/2023. - Metronidazole .75% for rosacea (Start Date: 10/11/2022): Blank entries on 09/23/2023 and 10/01/2023. - Nystatin cream for skin breakdown (Start Date: 10/11/2022): Blank entries on 09/23/2023 and 10/01/2023. - Tamsulosin .4 mg (Start Date: 02/24/2023): Blank entries for 26 of 39 days reviewed. On 10/04/2023 at approximately 11:00 a.m., Surveyor reviewed concern regarding blank entries in resident MARs with Program Supervisor F. Program Supervisor F stated s/he audited the medications routinely and could assure that residents received all medications as prescribed, but that caregivers needed additional training regarding electronic charting. Program Supervisor F stated there had been a lot of changes with the provider's staffing lately. On 10/04/2023 at approximately 2:30 p.m., Area Director G followed up with Surveyor. Area Director G stated Resident 3's Tamsulosin was not always documented as administered due to the time it was listed as due in the electronic charting program. Area Director G stated a "stop	{M 466}		

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{M 466}	Continued From page 5 date" should have been placed for Resident 1's Naproxen.	{M 466}		