STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017358	A. BUILDING: _____ B. WING _____	R 11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ODANA ROAD HOUSE	4222 ODANA RD FITCHBURG, WI 53711

(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 11/25/2024, Surveyors conducted a verification visit at Odana Road House, an AFH in Madison. One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) YX8311, dated 08/19/2024 and 2KK911, dated 04/15/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	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 observation, record review and interview, the provider did not ensure accurate records were maintained of all medications administered by the provider's staff for 1 of 3 residents reviewed. Resident 1's administration of Acamprosate was not recorded accurately. This is a repeat deficiency. See Statement of Deficiency (SOD) Z73511, dated 08/20/2024 and	{M 466}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 466}	Continued From page 1 SOD YX8311, dated 08/19/2024. Findings include: On 11/25/2024 at approximately 11:00 a.m., Surveyors reviewed resident records, observed the provider's medication supply and interviewed staff to verify compliance with documentation of medication administration. On 11/25/2024 at approximately 11:05 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/31/2023. Resident 1's record included an order for Acamprosate 333 mg (Start Date: 04/24/2024) - Give 2 tablets by mouth 2 times daily. Resident 1's Medication Administration Record (MAR), dated 11/01/2024 to 11/25/2024 documented Resident 1's Acamprosate 333 mg 2 tablets given 1 time daily from 11/01/2024 to 11/11/2024 and then discontinued. On 11/25/2024 at approximately 11:05 a.m., Surveyor reviewed Resident 1's medications, which were packaged by date and time by pharmacy. The medications included 2 tablets of Acamprosate 333 mg in a package labeled for 8:00 a.m. and 2 tablets of Acamprosate 333 mg in a package labeled for 8:00 p.m. Manager A stated s/he and his/her staff administered all Resident 1's medications packaged by pharmacy at 8:00 p.m., regardless of noted administration time, rather than 2 times daily. On 11/25/2024 at approximately 11:10 a.m., Surveyor interviewed Representative F, with the provider's pharmacy. Representative F stated Resident 1's Acamprosate 333 mg 2 tablets 2 times daily was held from 10/29/2024 to 11/08/2024 due to supply shortages but resumed	{M 466}		

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{M 466}	Continued From page 2 on 11/08/2024. Representative F stated Resident 1 should receive Acamprosate 333 mg 2 tablets 2 times daily and that the pharmacy supplied the provider to do so. On 11/25/2024 at approximately 12:00 p.m., Surveyor reviewed concern that the provider's staff did not accurately document Resident 1's administration of Acamprosate 333 mg with Manager A. Surveyor shared that based on observation of current medications, interview with Manager A and interview with pharmacy, the provider's staff administered Acamprosate 333 mg 4 tablets daily; however, records documented that only 2 tablets were administered from 11/01/2024 to 11/10/2024 and 0 tablets were administered from 11/10/2024 to 11/24/2024. Manager A confirmed Surveyor's observation and voiced frustration that the pharmacy's MARs were not always updated.	{M 466}		