



Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
SOUTHEASTERN REGIONAL OFFICE
819 N 6TH ST ROOM 609B
MILWAUKEE WI 53203-1606

Telephone: 414-227-2005
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TTY: 711 or 800-947-3529

June 17, 2024

ELECTRONIC MAIL
SOD #UJZS11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF IMPOSED FORFEITURE

NOTICE OF RIGHT TO APPEAL

Thomas Ostrom
230 W Monroe St Ste 710
Chicago, IL 60606

C/O Licensee: Encore Wisconsin LLC

Re: Parkside Manor, 0018350
6300 67th Street
Kenosha, WI 53142

Dear Thomas Ostrom:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Parkside Manor, located at 6300 67th Street, Kenosha, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On May 16, 2024, a standard survey and three complaint investigations were concluded for Parkside Manor by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) #UJZS11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #UJZS11 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.03(5g)(cm), the department may impose a \$200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

ADDITIONALLY:

WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Southeastern Regional Office, at DHSDQABALSERO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Parkside Manor**:

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., **WITHIN 7 DAYS** of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for Resident 2, Resident 7, and Resident 13 with a copy of Statement of Deficiency UJZS11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #1. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according to Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than \$10 or more than \$1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #UJZS11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$1,525.00 IS IMPOSED** for the following violations described in SOD #UJZS11.

<u>TAG</u>	<u>DHS Code</u>	<u>Forfeiture Amount</u>
N352	83.32(3)(h)	\$1,525.00

Total Forfeiture Due: \$1,525.00

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #UJZS11, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is \$991.25.

Please make the forfeiture payment payable to “DHS 639” and send it to:

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State’s School Fund.

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. § 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

POSTING OF NOTICES

According to Wis. Admin. Code DHS § 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

Page 5 of 5
Parkside Manor
June 17, 2024

If you have questions about this letter, please contact MaryBeth Hoffman, Assisted Living Regional Director, at (414) 227-2005.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", enclosed in a thin black rectangular border.

Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure
KB/ram

Kenosha County Eye

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018350	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/16/2024
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NAME OF PROVIDER OR SUPPLIER PARKSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 67TH STREET KENOSHA, WI 53142
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(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 05/16/2024, Surveyors completed a standard survey and 3 complaint investigations. As a result, 5 deficient practices were identified. Two complaints were unsubstantiated, and 1 complaint was substantiated. Census: 41	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 2, Resident 7, and Resident 13) reviewed received her/his medications in the dosage and at intervals prescribed by the practitioner. Resident 2 missed 18 doses of Novolog insulin between 02/14/2024-02/19/2024 and 3 doses Victoza between 02/20/2024-02/22/2024. Resident 13 missed 36 doses of a risperidone 1 milligram (mg) between 02/03/2024-03/11/2024. Resident 7 missed 9 doses metformin between 02/01/2024-02/05/2024 and 55 doses Brilinta between 12/11/2023-01/07/2024. Findings include:	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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N 352	<p>Continued From page 1</p> <p>On 10/17/2023, the department received a concern regarding residents not receiving medications.</p> <p>On 03/11/2024, at 1:30 PM, Surveyors reviewed resident's records and identified the following:</p> <p>Example 1</p> <p>Resident 2 was admitted on 09/11/2020 with diagnosis including diabetes. Resident 2's February 2024 Medication Administration Record (MAR) and physician's orders indicated Resident 2 was prescribed Novolog flex pen, to be administered 12 units at 8:00 AM, 12:00 PM, and 4:00 PM for diabetes and Victoza 0.6 mg injection at 8:00 AM for diabetes.</p> <p>Resident 2's MAR indicated Resident 2 did not receive her/his Novolog flexpen at 8:00 AM, 12:00 PM, or 4:00 PM from 02/14/2024-02/19/2024. Resident 2's MAR stated, "Refused - Med not available on cart." Resident 2 missed 18 doses of Novolog insulin in February 2024.</p> <p>Resident 2's MAR indicated Resident 2 did not receive her/his Victoza injection at 8:00 AM from 02/20/2024-02/22/2024. Resident 2's MAR stated, "Refused - Med not available on cart." Resident 2 missed 3 doses of her/his prescribed medications.</p> <p>Resident 2's MAR reported her/his blood sugar levels during the duration of missed medication for diabetes as follows:</p> <p>02/14/2024 at 7:53 AM: 92 02/14/2024 at 11:58 AM: 443 02/14/2024 at 5:05 PM: 382</p>	N 352		

Wisconsin Department of Health Services

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N 352	<p>Continued From page 2</p> <p>02/15/2024 at 4:45 PM: 275 02/16/2024 at 8:55 AM: 343 02/16/2024 at 12:05 PM: 445 02/16/2024 at 4:41 PM: 353 02/17/2024 at 3:58 PM: 364 02/18/2024 at 3:06 PM: 406 02/19/2024 at 8:43 AM: 200 02/19/2024 at 11:44 AM: 389 02/19/2024 at 5:16 PM: 343 02/20/2024 at 8:51 AM: 445 02/20/2024 at 11:16 AM: 348 02/20/2024 at 3:31 PM: 341 02/21/2024 at 8:11 AM: 321 02/21/2024 at 11:43 AM: 88 02/21/2024 at 5:22 PM: 357 02/22/2024 at 7:37 AM: 73 02/22/2024 at 12:05 PM: 320 02/22/2024 at 4:26 PM: 212</p> <p>Example 2</p> <p>Resident 7 was admitted on 06/12/2023 with diagnoses including type 2 diabetes and hypertension. Resident 7's December 2023, January 2024, and February 2024 MARs and physician's orders indicated Resident 7 was prescribed metformin 500 mg for diabetes at 8:00 AM and 4:00 PM and Brilinta 90 mg for stroke and heart attack prevention at 8:00 AM and 8:00 PM.</p> <p>Resident 7's MAR indicated Resident 7 did not receive her/his 8:00 AM dose of metformin 500 mg from 02/01/2024-02/05/2024 and her/his 4:00 PM dose of metformin 500 mg from 02/04/2024. Resident 7's MAR stated, "Refused - Med not available on cart." Resident 7 missed a total of 7 doses of metformin.</p> <p>Resident 7's MARs indicated Resident 7 did not</p>	N 352		
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N 352	<p>Continued From page 3</p> <p>receive her/his 8:00 AM Brilinta 90 mg dose from 12/11/2023-01/07/2024 and her/his 8:00 PM dose from 12/12/2023-01/07/2024. Resident 7's MAR stated, "Refused - Med not available on cart." Resident 7 missed a total of 55 doses of Brilinta.</p> <p>Example 3</p> <p>Resident 13 was admitted on 11/27/2023 with a diagnosis of Huntington's disease. Resident 13's February 2024 and March 2024 MARs and physician's orders indicated Resident 13 was prescribed risperidone 1 mg twice daily for agitation.</p> <p>Resident 13's MAR indicated Resident 13 did not receive her/his 8:00 AM and 8:00 PM dose of risperidone 1 mg from 02/03/2024-03/11/2024. Resident 13's MAR stated, "Refused - Med not available on cart." Resident 13 missed 72 doses of risperidone.</p> <p>On 05/16/2024, at 11:00 AM, Surveyors interviewed Administrator A and Regional Clinical Director (RCD) F. Administrator A and RCD F confirmed Surveyors concerns with medication administration. Administrator A and RCD F reported if a resident misses a medication, they were to report it to Director of Wellness D. Administrator A reported s/he was unsure if the previous Director of Wellness was informed of the concerns with medications not in the cart.</p>	N 352		
N 401	<p>83.37(1)(b) Medication label permanently attached.</p> <p>Medications. Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to</p>	N 401		

Wisconsin Department of Health Services

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N 401	<p>Continued From page 4</p> <p>the outside of the container. Over-the-counter medications maintained in the manufacturer ' s container shall be labeled with the resident ' s name. Over-the-counter medications not maintained in the manufacturer ' s container shall be labeled by a pharmacist.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications were labeled to ensure proper and safe usage in 2 of 2 medication carts. Resident insulin pens and inhalers were found without a pharmacy label.</p> <p>Findings include:</p> <p>On 04/05/2024, at 11:15 AM, Surveyors observed the medication carts. Surveyors observed the following medications located in the medication carts without labels:</p> <p>Memory Care medication cart:</p> <p>Resident 3 - Advair diskus (fluticasone propionate and salmeterol inhalation powder) 250 micrograms (mcg)/50 mcg</p> <p>Assisted Living Medication Cart:</p> <p>Resident 6 - Humalog insulin pen - Lantus insulin pen - Lispro insulin pen - Trelegy ellipta inhaler - Breo ellipta inhaler</p> <p>Resident 7 - Levemir insulin pen</p>	N 401		

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N 401	<p>Continued From page 5</p> <p>Resident 8 - Lispro insulin pen - Lantus insulin pen</p> <p>Resident 9 - Trelegy ellipta inhaler</p> <p>Unknown - Trelegy ellipta inhaler with only a resident's initials - Trelegy ellipta inhaler with no identifiers on the inhaler</p> <p>On 05/16/2024, at 11:00 AM, Surveyors interviewed Administrator A and Regional Clinical Director (RCD) F. RCD F confirmed medications should have contained prescriptive information. RCD F reported the policy was to complete an audit on medications quarterly. RCD F reported Director of Wellness D or designee would have been responsible to complete the audits. RCD F reported s/he and Director of Wellness D completed an audit within the last month. RCD F reported s/he removed the medications without labels and reordered the medication to ensure compliance.</p>	N 401		
N 406	<p>83.37(1)(g) Disposition of medications.</p> <p>Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or</p>	N 406		

Wisconsin Department of Health Services

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N 406	<p>Continued From page 6</p> <p>recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the provider did not establish an effective procedure for proper destruction and disposal of expired medications. The facility did not establish an effective procedure the handling medications when a resident is discharged from the facility. Expired medications were observed stored with residents' non-expired medications, inside 2 of 2 medication storage areas. Two of 2 residents (Resident 14 and Resident 15) had medications left in the medication cart after they discharged.</p> <p>Findings include:</p> <p>The provider is licensed to care for up to 74 residents in the client groups of terminally ill, physically disabled, irreversible dementia/Alzheimer's and advanced aged.</p> <p>On 03/05/2023, at 9:15 AM, Surveyors toured the facility and observed the following:</p> <p>Resident 4</p>	N 406		

Wisconsin Department of Health Services

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N 406	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Lorazepam 0.5 mg (milligram) tablet, discard after 08/2023 - Albuterol sulfate HFA (hydrofluoroalkane) inhalation aerosol 90 mcg (microgram) per actuation, discard after 08/2023 - Albuterol sulfate HFA (hydrofluoroalkane) inhalation aerosol 90 mcg (microgram) per actuation, discard after 01/2024 <p>Resident 5</p> <ul style="list-style-type: none"> - Acetaminophen-codeine 300-30 mg tablets, discard after 09/2023 <p>Resident 3</p> <ul style="list-style-type: none"> - Albuterol sulfate inhalation aerosol 90 mcg, dispensed on 12/12/2022, use before manufacturer labeled date <p>Unknown:</p> <ul style="list-style-type: none"> - Advair diskus (fluticasone propionate and salmeterol inhalation powder) 250 mcg/50 mcg, expiration date 02/2024 <p>Resident 6</p> <ul style="list-style-type: none"> - Humalog KwikPen insulin pen, with a handwritten date of 11/13/2023 <p>Resident 10</p> <ul style="list-style-type: none"> - 3 Tresiba FlexTouch insulin pen with an expiration date 01/2024 <p>Resident 11</p> <ul style="list-style-type: none"> - 5 Lantus insulin pens with an expiration date of 01/2024 <p>Resident 14</p> <ul style="list-style-type: none"> - 5 Humalog KwikPens <p>Resident 15</p> <ul style="list-style-type: none"> - 45 vials of ipratropium/albuterol with a discard 	N 406		

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N 406	<p>Continued From page 8 date of 01/2024</p> <p>Division of Quality Assurance Insulin Storage Guide publication dated 11/2016 indicated, "...Insulin is available from the drug manufacturers in two basic packages-vials and pens. General insulin storage requirements are as follows: ...5. Check Storage guideline specific to the insulin formulation. This is usually in the product package insert...The following tables address specific expiration or beyond-use dating guidelines that apply to insulin products...Pens...Humalog KwikPen: label expiration date 28 days when seal is punctured... ...Lantus Pen: label expiration date 28 days when seal is punctured..."</p> <p>On 03/05/2024, at 2:30 PM, Surveyor reviewed the resident roster. The resident roster identified Resident 14, and Resident 15 were not living at the facility.</p> <p>On 05/16/2024, at 11:00 AM, Surveyors interviewed Administrator A and Regional Clinical Director (RCD) F. RCD F confirmed medications should contain prescriptive information. RCD F reported the policy is to complete an audit on medications quarterly. RCD F reported Director of Wellness D or designee would be responsible to complete the audits. RCD F reported her/him, and Director of Wellness D completed an audit within the last month and identified the concerns of the Surveyors. Administrator A reported the previous Director of Wellness did not complete her/his duties as appropriate.</p>	N 406		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep	N 419		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018350	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/16/2024
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NAME OF PROVIDER OR SUPPLIER PARKSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 6300 67TH STREET KENOSHA, WI 53142
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(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 419	<p>Continued From page 9</p> <p>medicine cabinets locked and the key available only to personnel identified by the CBRF.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 medication rooms were locked at all times. The medication closet on the secured memory care side, was unlocked, and contained resident medications on a shelf. The medication closet on the assisted living side was unlocked. The medication closet contained a refrigerator, which was not locked and contained resident stored medications. This had the potential to affect 41 of 41 residents residing in the facility.</p> <p>Findings include:</p> <p>The provider is licensed to care for up to 74 residents in the client groups of terminally ill, physically disabled, irreversible dementia/Alzheimer's and advanced aged.</p> <p>On 03/05/2023, at 9:15 AM, Surveyor toured the facility and observed the following:</p> <p>Memory Care side:</p> <p>The medication closet was unsecured. The doors to the medication closet had a key locking mechanism, which was not engaged. The closet contained shelving, a medication cart, and 2 medication refrigerators. The refrigerators contained locking mechanisms, which were not engaged.</p> <p>Located in the refrigerator:</p> <p>Resident 1 - Latanoprost ophthalmic solution 0.005% 125</p>	N 419		

Wisconsin Department of Health Services

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N 419	<p>Continued From page 10</p> <p>microgram (mcg)/2.5 milliliter (mL)</p> <p>Resident 2</p> <ul style="list-style-type: none"> - Glucagon Emergency Kit 1 mcg vial - Victoza 2-pack 0.6 milligram (mg)/0.1 mL (18 mg/3 mL) - Novolog Flexpen 100 unit/mL insulin pen - Lantus Solostar 100 unit/mL (3 mL) insulin <p>House Account:</p> <ul style="list-style-type: none"> - Tubersol 5 tuberculin Unit/0.1 mL vial <p>Located on top of shelf in a box:</p> <p>Resident 3</p> <ul style="list-style-type: none"> - Aspirin 81 mg tablet (tab) chew - PreserVision AREDS 2 250-200-40-1 milligram (mg) - Amlodipine besylate 5 mg tablet - Docusate sodium 100 mg capsule - Sertraline HCL (hydrochloride) 100 mg tablet - Aspirin 81 mg tab chew - PreserVision AREDS 2 250-200-40-1 mg-u - Furosemide 20 mg tablet - Valsartan 160 mg tablet - Docusate sodium 100 mg capsule - Amlodipine besylate 5 mg tablet - Memantine HCL 10 mg tablet - Glipizide ER (extended release) 5 mg tab ER 24 - Aspirin 81 mg tab chew - PreserVision AREDS 250-200-40-1 mg-u - Valsartan 160 mg tablet - Furosemide 20 mg tablet - Amlodipine besylate 5 mg tablet - Glipizide ER 5 mg tab ER 24 - Memantine HCL 10 mg tablet - Docusate sodium 100 mg capsule - PreserVision AREDS 2 250-200-40-1 mg-u - PreserVision AREDS 2 250-200-40-1 mg-u - PreserVision AREDS 2 250-200-40-1 mg-u 	N 419		

Wisconsin Department of Health Services

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N 419	<p>Continued From page 11</p> <ul style="list-style-type: none"> - Olanzapine 5 mg tablet - Memantine HCL 10 mg tablet - Donepezil HCL 10 mg tablet - Docusate sodium 100 mg capsule - Memantine HCL 10 mg tablet - Docusate sodium 100 mg capsule - Donepezil HCL 10 mg tablet - Donepezil HCL 10 mg tablet - Docusate sodium 100 mg capsule - Memantine HCL 10 mg tablet <p>Assisted Living side:</p> <p>Surveyor observed the medication closet. The door to the medication door contained a locking mechanism which was not engaged. Inside the medication closet, there was a refrigerator with resident medications. The unlocked refrigerator contained 57 insulin pens, 9 expired insulin pens, 45 vials of ipratropium albuterol which included the following:</p> <p>Resident 8</p> <ul style="list-style-type: none"> - 8 Lantus insulin pens - 3 Lispro insulin pens - 5 Humalog insulin pens <p>Resident 6</p> <ul style="list-style-type: none"> - 6 Lantus pens <p>Resident 10</p> <ul style="list-style-type: none"> - 5 Novolog insulin pens - 1 expired Novolog insulin pen - 5 Tresiba pens - 3 expired Tresiba pens <p>Resident 7</p> <ul style="list-style-type: none"> - 3 Levemir insulin pens <p>Resident 6</p>	N 419		

Wisconsin Department of Health Services

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N 419	<p>Continued From page 12</p> <p>- 9 Lispro insulin pens</p> <p>Resident 11</p> <p>- 4 Lantus insulin pens</p> <p>- 4 Humalog insulin pens</p> <p>- 5 expired Lantus insulin pens</p> <p>Resident 14</p> <p>- 45 vials of ipratropium/Albuterol</p> <p>Resident 15</p> <p>- 5 Humalog insulin pens</p> <p>Surveyors observed residents moving freely throughout the facility.</p> <p>On 05/16/2024, at 11:00 AM, Surveyors interviewed Administrator A and Regional Clinical Director (RCD) F. Administrator A and RCD F confirmed the medication cart and closet should have been locked at all times.</p>	N 419		
N 452	<p>83.41(3)(b) Food safety.</p> <p>Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.</p>	N 452		

Wisconsin Department of Health Services

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N 452	<p>Continued From page 13</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure hot food was held at 140° F or above and cold temperatures were held at 40° F or below until serving. Styrofoam containers containing resident meals were kept warm until serving. This had the potential to affect 41 of 41 residents residing in the facility.</p> <p>Findings include:</p> <p>On 03/05/2024 at 9:15 AM, Surveyors toured the facility and observed a cart with disposable Styrofoam type to go container. At 9:45 AM, Surveyors observed Caregiver C pushing the cart around to resident rooms delivering the to go containers.</p> <p>On 03/05/2024, at 9:45 AM, Surveyor interviewed Caregiver C. Caregiver C reported the meals were for the residents who ate their meals in their bedrooms. Caregiver C reported they tried to get the meals delivered right away, but they needed to assist with the meals to the residents in the dining room as well.</p> <p>On 03/05/2024, at 10:00 AM, Surveyor interviewed Resident 12. Resident 12 reported s/he enjoyed eating her/his breakfast in her/his room. Resident 12 reported the food was good but often cold. Resident 12 stated, "There just isn't enough staff to do it all."</p> <p>On 03/11/2024, at 10:20 AM, Surveyors interviewed Kitchen Staff E. Kitchen Staff E</p>	N 452		
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Wisconsin Department of Health Services

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N 452	<p>Continued From page 14</p> <p>reported the caregivers were responsible for delivering the meals to the residents. Kitchen Staff E reported they put the food into the disposable containers and put the cart into the dining room for the caregivers to deliver. Kitchen Staff E reported the caregivers were supposed to deliver the food right away, but they also had to assist the residents in the dining room. When Surveyors inquired if the kitchen staff helped with food delivery, Kitchen Staff E reported there was not enough staff to assist 2 different sides with food delivery and ensure all meals were on time.</p> <p>On 05/16/2024, at 11:00 AM, Surveyors interviewed Administrator A and Regional Clinical Director (RCD) F. Administrator A confirmed the food safety guideline. Administrator A reported staff typically dished up and delivered the room trays after the residents in the dining room had completed breakfast. Administrator A reported s/he would talk with staff.</p>	N 452		