

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2025
NAME OF PROVIDER OR SUPPLIER Lafayette Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 719 E Catherine St Box 167 Darlington, WI 53530	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, document review, and policy review, the facility failed to ensure unauthorized staff, two of two Certified Medication Aides ((CMA)1 and CMA2), did not have the keys to the locked narcotic box on the medication cart and to the medication storage room.</p> <p>Findings include:</p> <p>Review of the facility's Medication Technician/Aide job description provided by the Administrator dated 2023 indicated, Major Duties and Responsibilities.no narcotic pass allowed.</p> <p>Review of CMA1's Medication Technician/Aide job description provided by the Administrator was signed 11/02/23 and CMA2's Medication Technician/Aide job description was signed 10/15/25.</p> <p>Review of the facility's undated policy titled, Handling of Controlled Substances provided by the Administrator indicated, .Recommended Procedures, Schedule II Narcotic Medications: 5. The Nurse is responsible to keep the key.to the Schedule II medication storage areas.</p> <p>Review of the facility's undated policy titled, Administration of Medications by Staff provided by the Administrator indicated, 11. All drugs will be stored in a locked cabinet or cart. C-11 controlled substances must be stored under double lock.Keys.are limited to those who require them.</p> <p>Observation on 10/15/25 at 5:26 AM, CMA1 unlocked the medication cart and, with the key on the key ring, unlocked the locked narcotic box. CMA1 verified at this time the number of narcotics available in the narcotic box matched the quantity listed in the narcotic binder for each resident.</p> <p>During an interview on 10/15/25 at 5:26 AM, CMA1 confirmed that she is not allowed to distribute narcotic medications to residents at this facility. If a resident required a narcotic medication, she would have to contact the nurse on the other floor or the Director of Nursing (DON) to dispense the narcotic to the resident.</p> <p>During an interview on 10/15/25 at 5:37 AM, Licensed Practical Nurse (LPN)1 stated that CMAs at this facility are not allowed to dispense narcotic medications to the residents. She stated CMA1 would have to call her, and she would go up to her floor and give the resident's narcotic medication.</p> <p>During an interview on 10/15/25 at 6:44 AM, Registered Nurse (RN)1 stated that only nurses can dispense narcotic medications to the residents.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/15/25 at 2:41 PM, CMA2 stated that during her shift she has the keys to the medication cart and the key to the locked narcotic box. CMA2 stated that at the change of shift she does the verifying of the narcotics in the locked box with the narcotic binder with the oncoming nurse or CMA. CMA2 confirmed that she cannot give residents their narcotic medications.</p> <p>During an interview on 10/15/25 at 3:30PM, the Administrator and DON confirmed that the facility has only two CMAs and that although they use agency staff, they never accept an agency CMA for an assignment at this facility. After reviewing the facility's policies, the Administrator confirmed that the CMAs should not have the key to the locked narcotic box as indicated in the facility's policy.</p>		