

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rennes Health and Rehab Center-West		STREET ADDRESS, CITY, STATE, ZIP CODE 501 N Lake St Peshtigo, WI 54157	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45942</p> <p>Based on observation, staff interview, and record review, the facility did not ensure stock medications, medical supplies, and medications for 2 residents (R) (R178 and R26) in 2 of 4 medication carts and 1 of 2 medication storage rooms were stored, labeled, and/or dated appropriately.</p> <p>A medication storage room contained expired medical supplies.</p> <p>Two medication carts contained open, unlabeled, and expired medications, including medications for R178 and R26.</p> <p>Findings include:</p> <p>The facility's Labeling of Medication Containers policy, revised April 2019, indicates: All medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations .2) Any medication packaging or containers that are inadequately or improperly labeled are returned to the issuing pharmacy. 3) Labels for individual resident medications include all necessary information, such as: a. The resident's name; b. The prescribing physician's name; c. The name, address and telephone number of the issuing pharmacy; d. The name, strength, and quantity of the drug; .f. The date that the medication was dispensed .</p> <p>The facility's Storage of Medications policy, revised April 2019, indicates: .2) Drugs and biologicals are stored in the packaging, containers, or other dispensing systems in which they are received .4) Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing; 5) Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed .</p> <p>On 10/1/24 at 1:09 PM, Surveyor observed the main medication storage room and noted the following:</p> <p>~ Surveyor confirmed with Licensed Practical Nurse (LPN)-C an open and undated plastic bag that contained 21 individual foil packs of Dukal petroleum adaptic gauze non-adherent dressing. LPN-C confirmed there were no expiration dates on the foil packs and the foil packs were not in their original packaging. LPN-C indicated if there were no expiration dates, the items should be discarded.</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>~ Surveyor confirmed with Registered Nurse (RN)-D one Zyno medical infusion administration set with an expiration date of 7/10/24 and 4 individual packs of [NAME] silicone superabsorbent dressing with expiration dates of 2/2/23. RN-D indicated if the items were expired, they should be thrown away.</p> <p>On 10/1/24 at 1:31 PM, Surveyor observed the 100 unit medication cart and noted the following:</p> <p>~ A vial of Lantus insulin injection 100/ml (milliliters) for R26 with an open date of 8/22/24 and an expiration date of 9/30/24 written on the label. The label indicated the insulin expired 28 days after opening. Surveyor confirmed with RN-E who indicated the insulin should have been discarded since it was past the expiration date.</p> <p>~ An open and undated fluticasone furoate/vilanterol ellipta inhalation powder 100 mcg (microgram)/25 mcg inhaler for R178. Surveyor confirmed with RN-E who indicated the inhaler should have been sent back since R178 was no longer in the facility.</p> <p>On 10/1/24 at 1:47 PM, Surveyor observed the 200 unit medication cart and noted the following:</p> <p>~ An open, unlabeled, and undated package of albuterol sulfate inhalation aerosol 90 mcg/actuation, 200 meters. Surveyor confirmed with RN-E who indicated the package should have an open date and should have been discarded due to the unknown length of time the package was open.</p> <p>On 10/2/24 at 9:05 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated medications and medical supplies that are open, unlabeled, undated, and/or expired should be discarded.</p>		