STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525546	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Homestead Health Services	1712 Monroe St New Holstein, WI 53061

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. (continued on next page)

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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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on staff and resident interview and record review, the facility did not ensure 1 resident (R) (R1) of 2 sampled residents or their legal representative was informed in advance of the risks and benefits of prescribed medication or consented to receive the medication. R1 was prescribed naltrexone (an opioid antagonist medication used to treat compulsive behaviors). The facility did not obtain consent prior to administering the medication to R1.Findings include:The facility's Use of Psychotropic Medications policy, dated 4/27/25, indicates: It is the intent of this policy to ensure residents only receive psychotropic medication when other non-pharmacological interventions are clinically contraindicated. Additionally, these medications should be used to treat the resident's medical symptoms and not be used for discipline or staff convenience .When a medication is used that can affect brain activity .and the documented use appears to be a substitution for another psychotropic medication rather than for the original or approved indications, the medication is subject to the requirements pertaining to psychotropic medications .Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the risks, benefits, and alternatives for the medication .The resident has the right to accept or decline the initiation or increase of a psychotropic medication .The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, treatment alternatives or other options, and the preferred option to accept or decline in a format the facility deems to use (e.g., written consent form, narrative note, etc,.) .On 9/12/25, Surveyor reviewed R1's medical record. R1 had diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, type 2 diabetes mellitus with neuropathy, obstructive sleep apnea, mild neurocognitive disorder with behavioral disturbance, bilateral hearing loss, and cataracts. R1's Minimum Data Set (MDS) assessment, dated 7/31/25 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 had intact cognition. R1's medical record indicated R1 had an activated Power of Attorney for Healthcare (POAHC). R1's medical record indicated R1 was prescribed naltrexone 50 milligrams (mg) for sexualized behaviors on 7/8/25. The medication was discontinued on 7/24/25. On 9/12/25 at 8:55 AM, Surveyor requested a Statement of Incapacity (SOI) for R1 from Director of Nursing (DON)-B since R1 had an activated POAHC. Surveyor also requested consent for the administration of naltrexone from R1 or R1's representative.On 9/12/25 at 9:45 AM, DON-B approached Surveyor and indicated DON-B reviewed R1's POAHC paperwork, called the medical records department at the hospital that initiated the paperwork, and received confirmation that R1 was R1's own person and able to consent to medication and treatment. DON-B indicated DON-B obtained consent for naltrexone from R1's representative on 7/24/25, however, R1's representative revoked consent after reviewing the adverse effects. The medication was discontinued. DON-B indicated DON-B would look for consent or a narrative for naltrexone prior to 7/24/25.Surveyor reviewed a Consent to Medication form for naltrexone that was signed by R1's representative and dated 7/24/25. A handwritten note on the bottom of the form indicated R1's representative was informed and gave consent for the medication but called DON-B an hour later to revoke consent and discontinue the medication after reviewing the side effects.On 9/12/25 at 1:15 PM, Surveyor interviewed R1 who was not aware R1 was prescribed and administered naltrexone until R1's representative was informed and asked to give consent. R1 verified R1's representative consents to medications and treatments per R1's request. R1 indicated R1 was upset that the facility administered naltrexone without informing R1 or R1's representative which was against R1's rights. On 9/12/25 at 3:25 PM, DON-B approached Surveyor and indicated the facility did not obtain consent to administer naltrexone prior to 7/24/25 and confirmed naltrexone was administered to R1 without consent or knowledge of the medication, its intended use, and the risks and benefits.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on staff and resident representative interview and record review, the facility did not ensure the accurate administration of medication for 1 resident (R) (R1) of 3 sampled residents.R1 had an order for gabapentin (an anticonvulsant medication used to treat nerve pain and control seizures) four times daily. R1 did not receive the scheduled medication timely as ordered.The facility's Medication Administration policy, dated 1/2025, indicates: .14. Medications are administered within 60 minutes of the scheduled time .Unless otherwise specified by the prescriber, routine medications are administered according to the established medication administration schedule for the nursing care center .On 9/12/25, Surveyor reviewed R1's medical record. R1 had diagnoses including type 2 diabetes with neuropathy and mild neurocognitive disorder with behavioral disturbance. R1's Minimum Data Set (MDS) assessment, dated 7/31/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 had intact cognition. R1 was R1's own decision maker.Surveyor reviewed R1's Medication Administration Record (MAR) which contained the following order:~ Gabapentin oral capsule 300 milligrams (mg), give 2 capsules by mouth four times daily, please give at specific scheduled time, do not give early, related to hereditary and idiopathic neuropathy. The scheduled times were: 7:30 AM, 12:00 PM, 4:00 PM, and 8:30 PM. Surveyor reviewed R1's August and September 2025 MARs (audit time stamped record) and noted the following administration times:~ On 8/27/25, R1's 4:00 PM gabapentin dose was administered at 5:42 PM.~ On 9/1/25, R1's 7:30 AM gabapentin dose was administered at 9:03 AM.~ On 9/2/25, R1's 7:30 AM gabapentin dose was administered at 9:42 AM.~ On 9/4/25, R1's 8:30 PM gabapentin dose was administered at 11:03 PM.On 9/12/25 at 11:38 AM, Surveyor interviewed Family Representative (FR)-D who indicated there were concerns that R1's gabapentin was not administered timely. On 9/12/25 at 2:50 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated the facility's medication administration times are as follow: 6:00 AM to 10:00 AM, 10:00 AM to 2:00 PM, 2:00 PM to 6:00 PM, and 6:00 PM to 10:00 PM. DON-B verified R1's gabapentin had specific administration times of 7:30 AM, 12:00 PM, 4:00 PM, and 8:30 PM. DON-B indicated the times were requested by FR-D and ordered by the physician. DON-B indicated if medications have specific times, nurses can administer them up to one hour before or after the specific times.On 9/12/25 at 4:20 PM, Surveyor interviewed [NAME] President of Success (VPS)-C who confirmed R1's gabapentin should be administered at the specific scheduled times and verified the medication was administered late on 8/27/25, 9/1/25, 9/2/25, and 9/4/25.