| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525579 | A. Building<br>B. Wing | 03/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Little Chute Health Services | 1201 Garfield Ave<br>Little Chute, WI 54140 |

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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>45943<br><br>Based on observation, staff interview, and record review, the facility did not ensure all medications were labeled appropriately for 2 Residents (R) (R138 and R8) of 5 residents observed during medication administration.<br><br>R138 was administered furosemide 40 mg (milligrams). The medication card was not labeled correctly.<br><br>R8 was administered metoprolol succinate ER (extended release) 50 mg. The medication card was not labeled correctly.<br><br>Findings include:<br><br>The facility's Medication Ordering and Receiving From Pharmacy Provider policy and procedure, dated 1/23, indicates: .Each prescription medication will be labeled to include specific directions for use .3. Improperly or inaccurately labeled medications are refused and returned to the dispensing pharmacy.<br><br>1. On 3/26/24 at 9:00 AM, Surveyor observed Licensed Practical Nurse (LPN)-F administer medication to R138. LPN-F retrieved a medication card for R138 from the medication cart and handed the card to Surveyor. The medication card label read furosemide 40 mg one tablet daily.<br><br>On 3/26/24, Surveyor reviewed R138's current physician order which stated furosemide 40 mg by mouth twice daily for edema.<br><br>On 3/26/24 at 11:17 AM, Surveyor interviewed LPN-F who verified the medication card for R138 stated furosemide 40 mg daily and R138's physician order stated furosemide 40 mg twice daily. LPN-F verified the medication card label was incorrect.<br><br>2. On 3/26/24 at 9:15 AM, Surveyor observed LPN-F administer medication to R8. LPN-F retrieved a medication card for R8 from the medication cart and handed the card to Surveyor. The medication card label read metoprolol succinate ER 25 mg by mouth one tablet twice daily.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 525579 | A. Building<br>B. Wing | 03/27/2024 |

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| Little Chute Health Services | 1201 Garfield Ave<br>Little Chute, WI 54140 |

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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/26/24, Surveyor reviewed R8's current physician order which stated metoprolol succinate ER tab 24 (hour) 50 mg. Give 1 tab (by mouth) one time a day for (atrial fibrillation) rate control, (congestive heart failure), (hypertension) = 75 mg dose. Of note, R138 also received metoprolol succinate ER 25 mg by mouth 1 tablet daily.<br><br>On 3/26/24 at 11:24 AM, Surveyor interviewed LPN-F who verified the medication card for R8 stated metoprolol succinate ER 25 mg twice daily and R8's physician order stated metoprolol succinateER on ce daily. LPN-F verified the medication card label was incorrect.<br><br>On 3/26/24 at 12:44 PM, Surveyor interviewed Director of Nursing (DON)-B who verified DON-B was aware of medication card label errors. DON-B stated DON-B expected medication cards to be labeled correctly. |