

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15406</p> <p>Based on observation, interview, record review, and policy review, the facility failed to ensure medications were available in the facility to administer as ordered for 1 (Resident (R) 2 out of a total sample of 10 residents reviewed.</p> <p>R2 did not receive Folic acid at the prescribed strength as the facility did not have R2's prescription in the facility and administered stock medication which was at a different dose than ordered. Additionally, the facility did not ensure R2's Disulfram was available to administer as ordered.</p> <p>Findings include:</p> <p>Review of the facility's Preparation and General Guidelines medication policy, dated January 2018 and provided by the facility, revealed, . Medications are administered as prescribed . Five Rights - Right resident, right drug, right dose, right route and right time are applied for each medication being administered .</p> <p>Review of the undated Admission Record in the Electronic Medical Record (EMR) under the Profile tab, revealed R2 was admitted to the facility on [DATE] with diagnoses including dementia.</p> <p>Review of the Clinical Physician's Orders, in the EMR under the Orders tab, revealed on 09/04/24, R2 was prescribed folic acid (Vitamin B9) one milligram (mg), by mouth once a day and on 09/11/24, R2 was prescribed Disulfram tablet 250 mg once a day by mouth for alcohol abuse disorder.</p> <p>During observation of medication administration on 11/25/24 at 9:22 AM, Medication Technician (Med Tech)1 pulled out a stock pill bottle of folic acid from the medication cart and stated the dose was 400 micrograms (mcg) and administered one tablet to R2. The label on the folic acid was observed to read 400 mcg. Med Tech 1 did not administer Disulfram tablet 250 mg prescribed once a day for alcohol abuse disorder. Med Tech 1 made no comment related to the Disulfram.</p> <p>Review of the Medication Administration Record (MAR), from 11/01/24 through 11/25/24 and located in the EMR under the Orders tab, revealed under morning medications for 11/25/24, folic acid, one mg was administered, not the 400 mcg that was observed. A code of 10 was recorded on the MAR for Disulfram tab 250 mg once a day. The MAR documented a code of 10 for other/see progress notes. The MAR indicated the Disulfram was to be administered on the day shift.</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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NAME OF PROVIDER OR SUPPLIER Aria at Mitchell Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5301 W Lincoln Ave West Allis, WI 53219	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nurse's Progress Note on 11/25/24 in the EMR under the Progress Notes tab for Disulfram read, Give 1 tablet by mouth one time a day for Alcohol Abuse Disorder. Awaiting pharmacy.</p> <p>During an interview on 11/25/24 at 4:07 PM, Licensed Practical Nurse (LPN)1 looked in the medication cart for R2's Disulfram and stated the medication was not in the medication cart and verified the Progress Note on 11/25/24 that indicated the facility was awaiting delivery of the medication from the pharmacy. LPN1 verified the medication would not be administered on 11/25/24 since there was no supply in the facility. LPN1 looked in the medication cart for folic acid one mg per R2's order. LPN1 stated the stock medication of folic acid was at a strength of 400 mcg, and there was none in stock in the medication cart at a strength of one mg.</p> <p>During an interview on 11/25/24 at 3:15 PM, the Pharmacist stated Disulfram was an unusual drug not prescribed much and a supply was not kept in the facility's emergency kit. The Pharmacist stated he did not see any notes about Disulfram indicating the pharmacy had been contacted to fill the prescription. The Pharmacist stated if a medication was administered at a different dose than what was prescribed, it was considered an error.</p> <p>During an interview on 11/25/24 at 5:52 PM, the Director of Nursing (DON) stated R2's Disulfram medication should have automatically been refilled, further stating the bubble packs of medications came on the 16th of the month. The DON stated the AM shift nurse on 11/25/24 should have contacted the pharmacist to get the Disulfram filled. The DON verified 400 mcg was not the same dose as one mg for the folic acid, and that was an error. The DON stated the folic acid was prescribed as a supplement for R2 related to a history of alcohol abuse.</p> <p>During an interview on 11/25/24 at 6:17 PM, the Administrator verified R2's Disulfram medication was not administered to R2 on 11/25/24.</p>		