STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 4 residents (R23) reviewed. R23 was left unattended while connected to mechanical lift equipment. This is evidenced by: The Food and Drug Administration (FDA) Safety Information guidance provided in Kwik points Patient Lifts Safety Guide, states in part: Do not leave patient unattended while in lift. Never keep patient suspended in sling for more than a few minutes. Facility policy titled, Lifting Machine, using a Portable, dated 2024, states in part: .#3. To transfer a resident from a bed to a chair, you should: v. Remain with the resident until he or she is comfortable and free of any adverse effects from the transfer . R23 was admitted to the facility on [DATE] with diagnoses including cerebral vascular accident with hemiplegia, atrial fibrillation, hypertension, arthritis, and depression. R23's most recent Minimum Data Set (MDS) assessment, dated 02/19/25, indicated that R23 has a Brief Interview for Mental Status (BIMS) score of 9/15, which means moderate cognitive impairment that requires cues and supervision and R23 is dependent with assist for chair to bed transfers. On 4/15/25 at 10:05 AM, Surveyor observed R23 in his room by himself in Hoyer lift sling connected to Hoyer lift, but it was not raised. R23 was covered up with towels. About 30 seconds after entering R23's room, CNA C came in and reported to R23 he is having a shower today. CNA C was just waiting for another CNA to help transfer R23. Surveyor asked CNA C what the normal process is for transferring R23 in the Hoyer lift. CNA C stated CNA C always uses 2 people to transfer via Hoyer Lift. (continued on next page)

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
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/17/25 at 7:51 AM, Surveyor observed Certified Nurse Assistant (CNA) G walking from R23's room. CNA G walked down 300 hall to nurses' station between 300 hall and 500 hall. CNA G stood around looking for assistance and then saw CNA C. CNA G asked CNA C for assistance transferring R23. Surveyor walked to the end of 300 hall where R23 is located, which is about 9 rooms down the hall away from the beginning of 300 hall. Surveyor observed R23 connected to the Hoyer lift lying in bed. Surveyor did not see any staff in R23's room. Surveyor waited outside R23's door. On 04/17/25 at 7:53 AM, Surveyor observed CNA G walk down hallway with CNA C and both CNAs went into R23's room to transfer R23. On 04/17/25 at 11:42 AM, Surveyor interviewed CNA G regarding observation. Surveyor asked CNA G why R23 was left unattended in his room while attached to the mechanical lift. CNA G indicated that CNA G only left R23 for a moment while CNA G went to get help to transfer R23 from bed to wheelchair. Surveyor asked CNA G if it is the normal process to keep R23 connected to the lift with the sling, walk out of R23's room and down the hallway leaving R23 unattended in a mechanical lift. CNA G indicated that CNA G should have just waited before connecting R23 to the mechanical lift until CNA G got help from another coworker. On 04/17/25 at 12:36 PM, Surveyor interviewed CNA C and asked if it is the normal process to keep R23 connected to the Hoyer lift with the sling and walk away, out of R23's room down the hallway leaving R23 unattended in a mechanical lift. CNA C indicated that CNA C should have just waited before connecting R23 to the mechanical lift until CNA C got help from another coworker. CNA C indicated it is not ok to leave residents unattended in mechanical lift. On 04/17/25 at 11:56 AM, Surveyor interviewed Director of Nursing (DON) B regarding observation and mechanical lift safety. Surveyor asked DON B if it would be an acceptable practice for staff to leave residents unattended while connected to lift equipment. DON B stated that other than an emergent situation, staff would be expected to stay with a resident while lift equipment is being used. Surveyor informed DON B of the two observations of R23 being left unattended while attached to the lift machine. DON B stated staff are to not leave any residents strapped in a mechanical lift alone.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure residents (R) with indwelling Foley catheters received care and treatment consistent with professional standards of practice to prevent complications or urinary tract infections from the catheter, for 1 of 2 residents (R28) reviewed with a Foley catheter. R28's Foley catheter was changed on a routine schedule without clinical indications and not following professional standards of practice. This is evidenced by: The Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), Guideline for prevention of catheter-associated urinary tract infections 2009, read in part: E. Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised. Facility policy titled, Catheter Care, Urinary, dated 2025, states in part: The purpose of this procedure is to prevent catheter-associated urinary tract infections .Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised. R28 was admitted to the facility on [DATE] with pertinent diagnoses of malignant neoplasm of the prostate and urinary retention. R28's physician orders: 02/15/24 change indwelling Foley catheter as needed 14 French coude catheter; fill with 10 cc of sterile water (can use 16 French with 10 cc balloon if needed) as needed. 12/04/24 change indwelling Foley catheter 14 French coude catheter; fill with 10 cc of sterile water every 90 days. Record review did not identify physician rationale or clinical indications for the need to change the Foley catheter every 90 days. On 04/15/25 at 8:34 AM, Surveyor observed R28 with urinary catheter. Leg bag was secured to right lower leg. No concerns or signs/symptoms of infection observed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/17/25 at 2:25 PM, Surveyor interviewed Director of Nursing (DON) B regarding rationale for R28's scheduled Foley catheter change. DON B stated that R28's original order was to change the catheter every 30 days, and the provider was contacted to have the order changed to as needed. DON B stated the provider revised the order to have the Foley changed every 90 days. DON B stated recognition that this order did not follow facility policy nor current recommendations, but the provider wanted it scheduled anyway. DON B was unable to provide the provider's rationale for having this order in place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to adequately assess and provide necessary care and services to attain or maintain the highest practicable physical wellbeing for 1 of 12 residents (R28) reviewed for pain management. R28 did not have an individualized pain assessment completed to monitor, assess, and evaluate for efficacy for pain management. This is evidenced by: Facility policy titled, Pain Assessment and Management, dated 2019, states in part: The purpose of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain. General Guidelines 2. Pain management is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment goals. 3. Pain management is a multidisciplinary care process that includes the following: a. Assessing the potential for pain; b. Effectively recognizing the presence of pain; c. Identifying characteristics of pain; d. Addressing the underlying causes of pain; e. Developing and implementing approaches to pain management; f. Identifying and using specific strategies for different levels and sources of pain; g. Monitoring for the effectiveness of interventions; and h. Modifying approaches as necessary . 6. Assess the resident's pain and consequences of pain at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain. R28 was admitted to the facility on [DATE] with pertinent diagnoses of malignant neoplasm of the prostate, osteoarthritis, and rheumatoid arthritis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R28's most recent quarterly Minimum Data Set (MDS) assessment, dated 02/19/25, noted a Brief Interview for Mental Status (BIMS) score of 15/15, indicating cognition intact, makes self understood and understands others. MDS noted R28 received scheduled pain medications. R28's care plan, dated 02/19/25, with a target date of 05/19/25, states: R28 has rheumatoid arthritis with joint and shoulder pain. Interventions include asking if R28 hurts, reminding R28 to take medicine, and encourage R28 to walk. Goals include maintain R28's pain at an acceptable level. Surveyor was unable to locate R28's acceptable pain level noted in the care plan. R28's physician orders: 12/1/23 acetaminophen 500 mg; 2 tabs three times daily for pain 7/17/24 diclofenac sodium 1% gel topical apply 2 g to skin 4 times daily to left knee and left shoulder four times daily for arthritis 7/23/24 hydroxychloroquine sulfate 200 mg tab daily for arthritis 10/7/24 methotrexate sodium 2.5 mg tab 3 tab 1x/wk Monday for RA 11/25/24 Humira pen (adalimumab 40 mg/0.4 ml pen sub-Q for arthritis Surveyor reviewed R28's medication administration record (MAR) and noted that administration of pain medications did not include pain assessment prior to administration and did not include a pain assessment after administration to evaluate for efficacy. R28's most pain assessment, dated 04/15/25, noted 3/10 mild pain to left shoulder; worst pain experienced over last 5 days was 5/10. -Of note: pain assessment did not include characteristics of pain, underlying cause of pain, or acceptable level of pain. Surveyor was unable to locate documentation of pain assessments, monitoring for changes in R28's chronic pain. On 04/15/25 at 8:49 AM, Surveyor observed R28 seated in recliner in room, grimacing while repositioning self in seat. Surveyor asked R28 if he was having pain. R28 began to cry and stated he is in pain all of the time because of his rheumatoid arthritis. Surveyor asked R28 if the facility was helping with pain control. R28 stated the nurses give him his medications, but that they don't help much. Surveyor asked R28 to rate his current pain. R28 stated it was 8/10 and is that level most of the time in his joints with his hands and shoulders being the worst. R28 described the pain as achy and that it makes moving very difficult. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/17/25 at 1:27 PM, Surveyor interviewed Director of Nursing (DON) B regarding pain management. DON B stated each resident should be assessed for pain to include characteristics of pain, location, duration, number rating of pain (if able) before and after pain medication administration, and resident's tolerable level of pain. Surveyor asked DON B why these assessments were not documented for R28. DON B stated DON B is aware this is not being completed and is in the process of auditing residents' pain assessments. DON B stated plans of re-educating staff on pain management assessments once audits are completed. DON B did not provide Surveyor documentation of this process currently in place at time of survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 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 observation, interview and record review, the facility did not ensure a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation. Facility did not determine that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This has the potential to affect all 44 residents in the facility. Findings include: Facility policy titled, Storage of Medications, dated 2012 reviewed on, states in part, .#7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others . Facility policy titled, Controlled Substance policy and procedure, dated 03/27/25, states in part, .Shift count: #3. D. If the controlled substance count does not match, then: i. The oncoming nurse does NOT co-sign the count until the reconciliation has been completed. ii. The outgoing nurse does NOT leave the facility until the medication is accounted for and the reconciliation is completed . Reconciliation 4. If the controlled substance is not found or accounted for, the nurses must immediately notify Director of Nursing or designee . On 04/17/25 at 8:05 AM, Surveyor toured medication storage room with Registered Nurse (RN) F. Surveyor observed Tramadol, located in a metal box on top of counter in medication storage room, which was unlocked and opened. Surveyor asked RN F what the metal box was located on counter. RN F indicated the metal box is full of medications that we can sign out if we need to utilize the medications for residents, if they run out of their supply of medications. Surveyor reviewed list and noted Alprazolam 0.5mg, Clonazepam 0. 5mg, Lorazepam 0.5mg, and Tramadol 50mg was in the metal box opened and not locked. Surveyor asked RN F if the controlled medications located in the metal box should be locked. RN F indicated that if there are any controlled medications in the metal box those are to be locked separately. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/17/25 at 11:25 AM, Surveyor interviewed Licensed Practical Nurse (LPN) D and asked if LPN D could open metal contingency box and let Surveyor count how many controlled substance tabs are in the unlocked metal box. LPN D confirmed that Alprazolam 0.5mg had 5 tabs, Clonazepam 0.5mg had 4 tabs, Lorazepam 0.5mg had 7 tabs, and Tramadol 50mg had 4 tabs located in the unlocked metal box in medication storage room. LPN D indicated that Alprazolam 0.5mg, Clonazepam 0.5mg, Lorazepam 0.5mg, and Tramadol 50mg should not be in the contingency metal box. LPN D indicated that all controlled medications are to be placed in a lock box somewhere in the medication storage room. Surveyor asked LPN D how the facility monitors the supply coming in and going out for controlled medications. Surveyor asked LPN D if staff sign out the controlled substance and what the supply amount is left in the metal box. LPN D indicated that if staff need to use a medication for a resident out of the contingency metal box, staff will fill out a slip of the medication and who it is being administered to. LPN D indicated that staff do not track what the supply was when the medication came into building from pharmacy and how many are remaining after taking a medication out for administration. On 04/17/25 at 11:53 AM, Surveyor interviewed Director of Nursing (DON) B and asked expectation for the facility to monitor the supply coming in and going out for the contingency controlled medications in the metal box. DON B indicated staff do not track what the supply is for the controlled medication coming in and how many are remaining after taking a medication out for administration in the contingency metal box. DON B indicated that DON B was unaware that controlled substances were being stored in the unlocked contingency metal box in the medication storage room. On 04/17/25 at 1:58 PM, Surveyor interviewed DON B once again and asked for DON B to explain the process for reconciliation of controlled medications. DON B admitted to the process not working well. DON B indicated that RN E gets flags in the computer system when there is a discrepancy. DON B indicated that an email chimes to RN E and then RN E will investigate and correct the discrepancy. DON B showed Surveyor examples of the medication reconciliation process that's currently being used. Surveyor indicated to DON B that Surveyor found multiple discrepancies on the reconciliation log for R7's Lorazepam that does not have a correction attached to the count. DON B indicated that Surveyor would need to speak with RN E for additional information. On 04/17/25 at 2:09 PM, Surveyor interviewed RN E and asked about reconciliation of controlled medications. RN E indicated the process starts with two nurses counting medications when they come on shift. Ultimately, nurses are verifying that medication count is correct from the previous shift. Then, if there is a discrepancy it is the obligation of the nurses on the floor to figure out the discrepancy and fix the count before leaving nurse's shifts. Once there is a reconciliation of narcotics entered in the computer system, a message will populate to RN E and RN E then reviews it and signs if the discrepancy was fixed accurately. Messages are also forwarded to DON B for review. Surveyor asked RN E if RN E physically reviews the controlled medications count that was off to confirm the issue was fixed and accurate. RN E indicated that RN E does not do that for every single discrepancy that nurses reconcile, but RN E does fill out a paper for those said items. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor asked RN E to review the discrepancies for R7 with Lorazepam that was last filled and delivered to facility on 01/06/25. Surveyor noted to RN E that on the reconciliation log: On 01/06/25, the amount to start was 30ml. On 01/07/25, 0.25ml was given, with amount ending 29.75ml. On 01/07/25, another dose of 0. 25ml was given, with amount ending 29.50ml. On 01/08/25, 0.25ml was given, with amount ending 29.25ml. On 01/08/25, another 0.25ml was given, with amount ending 29 ml. On 01/11/25, no amount was given, but amount ending in 14.75 ml was counted and signed off. On 01/13/25, no amount was given, but amount ending in 30 ml was counted and signed off. RN E indicated that those discrepancies were not noticed or reviewed and unsure why it occurred. Surveyor asked RN E if any of those discrepancies chimed an email in the computer system for RN E to review and correct. RN E indicated those discrepancies did not come across as a notification. Surveyor asked if RN E's process is accurate in depicting possible discrepancies in controlled medication use. RN E indicated the system is not working for the facility at this time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525624	A. Building B. Wing	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand View Care Ctr	620 Grandview Ave Blair, WI 54616

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 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility did not ensure drugs and biologicals were stored and labeled in accordance with currently accepted professional principles, for 4 of 5 residents (R) reviewed (R1, R24, R27, R7). -Facility did not have open date labels on controlled medications that had been opened and were located in the medication storage room refrigerator for 3 of 4 residents (R) reviewed. (R1, R24, and R27) -Observation of R7's Lorazepam, which expired on [DATE], still located in medication storage room in unlocked refrigerator. Findings include: Facility policy titled, Storage of Medications, dated 2012, states in part, .#7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others . On [DATE] at 8:05 AM, Surveyor toured medication storage room with Registered Nurse (RN) F. RN F opened refrigerator located in the medication storage room, and Surveyor observed Lorazepam 2mg/ml bottles for (R24, R1, R7, and R27) sitting on first shelf in refrigerator. Surveyor did not observe the Lorazepam locked in fridge. Surveyor asked RN F if the refrigerator is lockable or if there is a box located in the refrigerator that Lorazepam is locked in. RN F indicated the refrigerator does not lock and there is not a locked box in the refrigerator. Surveyor observed R1, R24, and R27 did not have labels of date opened or resident identifier on Lorazepam bottles that were opened. Surveyor observed R7's Lorazepam expired on [DATE] and was located in the refrigerator in the medication storage room. Surveyor asked RN F if R7's Lorazepam is still being used and what is the process for destructing an expired medication. RN F indicated that R7's Lorazepam probably should have been discarded by now and that RN F can destruct the appropriate way with two licensed personnel. On [DATE] at 9:31 AM, Surveyor interviewed Director of Nursing (DON) B and asked expectation of storage of controlled substances referring to Lorazepam being stored in the refrigerator in the medication storage room. DON B indicated that Lorazepam is in the refrigerator in medication storage room. Surveyor asked DON B if the refrigerator was locked in the medication storage room or if there was a locked box in the refrigerator. DON B indicated the refrigerator is not locked and did not realize Lorazepam needed to be double locked. Surveyor asked DON B what the expectation is for labeling resident identifiers and open date for R1, R24, and R27's bottles of Lorazepam once opened. DON B indicated expectation is that an open label is applied once Lorazepam is opened to have the date opened and expired date on label. DON B indicated that all medications are to have resident identifier on the bottle as well. Surveyor asked DON B's expectation of destruction of R7's Lorazepam expired on [DATE] still located in the refrigerator in the medication storage room. DON B indicated that R7's expired Lorazepam should have been discarded right away by two licensed personnel.