STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017132	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAMSEY WOODS RESIDENCE	3210 E RAMSEY AVE CUDAHY, WI 53110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 06/20/2023, Surveyor conducted a complaint investigation at Ramsey Woods Residence. One deficiency was identified. One complaint was substantiated. Census: 20	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not ensure 1 of 1 resident reviewed (Resident 1) received all prescribed medications in the dosages and at intervals prescribed by a practitioner. Resident 1 missed 1 dose of lorazepam 0.5 milligram (mg) tablet on 06/17/2023. Findings Include: On 04/21/2023, the Department received a complaint indicating medication documentation was not accurate. On 06/20/2023 at approximately 12:15 p.m., Surveyor reviewed the record for Resident 1. The record indicated Resident 1 was admitted to the facility on 04/22/2023. Additionally, the	N 352		

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
	0017132	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAMSEY WOODS RESIDENCE	3210 E RAMSEY AVE CUDAHY, WI 53110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 352	Continued From page 1 provider managed and administered all of Resident 1's medication. Resident 1's medical record contained orders for Lorazepam 0.5 tablet two times a day. The order indicated, "Lorazepam tablet 0.5 mg. Give 1 tablet by mouth, two times a day, for anxiety and mood, with start date of 12/19/2022." On 06/20/2023 at approximately 10:15 a.m., Surveyor reviewed Resident 1's June 2023 electronic Medication Administration Record (MAR), and identified the following: Lorazepam 0.5 tablet was not initialed as given on 06/17/2023 at bedtime. On 06/20/2023 at approximately 10:20 a.m., Surveyor identified Resident 1's individual count sheet to read, "2 tablets remaining". Surveyor observed Resident 1's lorazepam tablet 0.5 mg medication card with 3 remaining tablets. Surveyor interviewed Medication Technician (Med Tech) C. Surveyor asked Med Tech C why there would be a discrepancy in the count. Med Tech C verified Resident 1 missed her/his medications on 06/17/2023 at bedtime. Med Tech C stated, "Caregivers don't do narcotics counts at the end of every shift. The policy is that you count at the end of each shift. Both caregivers are supposed to initial the counts." On 06/20/2023 at approximately 2:50 p.m., Surveyor informed Administrator A of the above findings. Administrator A stated, "We are investigating your findings. I have a call out to the caregiver who worked the night shift on 06/17/2023 to find out what happened."	N 352		