STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012042	A. BUILDING: _____ B. WING _____	C 12/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE RIDGE OF PLOVER	2831 MAPLE DRIVE PLOVER, WI 54467

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N 000	Initial Comments On 12/04/2023 with additional information gathered through 12/07/2023, Surveyor conducted an onsite investigation into one complaint. As a result 2 deficiencies were identified. The complaint was substantiated. Census: 16	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents or residents' legal representatives and/or case managers, signed the ISP (Individual Service Plan) for 1 of 1 resident record reviewed. Resident 1 had an APOA (Activated Power of Attorney) who was involved in her/his care at the facility. Resident 1's ISP dated 07/02/2023 was	N 389		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 389	Continued From page 1 signed by Director A. The ISP was not signed by the resident, the resident's legal representative or case manager acknowledging their involvement, understanding and agreement with the ISP. Findings include: On 12/04/2023, Surveyor reviewed Resident 1's record. The resident was admitted to the facility on 05/13/2019. Resident 1 had an ISP dated 07/02/2023 with one signature on the ISP by Director A. The ISP was not signed by the resident, the resident's legal representative or case manager acknowledging their involvement, understanding and agreement with the ISP. On 12/04/2023, Surveyor interviewed Director A regarding Resident 1. Director A indicated Resident 1 had an APOA who lived nearby and was involved in Resident 1's care. Surveyor asked about Resident 1's unsigned ISP dated 07/02/2023. Director A stated, "We did have a care conference set, and I was unable to attend at the last minute, I did have a staff set up to sit in and assist with the meeting and that wasn't favorable. At that time the care plan was available to Resident 1's APOA along with a copy, but it wasn't signed and returned..."	N 389		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication	N 415		

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N 415	Continued From page 2	N 415		

administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure at the time of medication administration, staff administering medication documented the date and time and initialed the medication administration record for 1 of 1 resident reviewed.

Resident 1's July 2023 eMAR (electronic Medication Administration Record) did not reflect documentation for prescribed medications to indicate any of the following:
-- If the resident received the medication,
-- If the resident refused the medication,
-- If the medication supply was unavailable,
-- If the resident was unavailable at the time medication administration was scheduled, and
-- If the medication was being held for some other reason.

Findings Include:

On 12/04/2023, Surveyor conducted a review of Resident 1's closed medical record which revealed the following physician's orders:

*Acetaminophen 500 mg tabs, take 2 tablets by mouth every 8 hours at 8 AM, 2 PM, and 10 PM
*Famotidine 20 mg tablet, take on by mouth twice daily at 8 AM and 4:30 PM
*Atorvastatin 40 mg one tablet daily at 8 PM
*Quetiapine 25 mg, take half tablet by mouth at 8

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N 415	Continued From page 3 PM *Melatonin 5 mg, take one tablet by mouth at 8 PM On 12/04/2023, Surveyor conducted a review of Resident 1's July 2023 eMAR. The following dates and times were not initialed by staff administering the medications: *07/03/2023- 2 PM dose of Acetaminophen *07/04/2023- 2 PM and 10 PM dose of Acetaminophen, 4:30 PM dose of Famotidine, 8 PM dose of Atorvastatin, 8 PM dose of Quetiapine and 8 PM dose of Melatonin *07/07/2023- 2 PM dose of Acetaminophen *07/10/2023- 2 PM dose of Acetaminophen *07/13/2023- 2 PM dose of Acetaminophen *07/14/2023- 2 PM dose of Acetaminophen *07/17/2023- 2 PM dose of Acetaminophen *07/20/2023- 2 PM and 10 PM dose of Acetaminophen, 4:30 PM dose of Famotidine, 8 PM dose of Atorvastatin, 8 PM dose of Quetiapine, and 8 PM dose of Melatonin *07/23/2023- 10 PM dose of Acetaminophen, 4:30 PM dose of Famotidine, 8 PM dose of Atorvastatin, 8 PM dose of Quetiapine, and 8 PM dose of Melatonin *07/25/2023- 2 PM and 10 PM dose of Acetaminophen, 4:30 PM dose of Famotidine, 8 PM dose of Atorvastatin, 8 PM dose of Quetiapine, and 8 PM dose of Melatonin *07/26/2023- 2 PM dose of Acetaminophen *07/28/2023- 2 PM dose of Acetaminophen *07/29/2023- 10 PM dose of Acetaminophen, 4:30 PM dose of Famotidine, 8 PM dose of Atorvastatin, 8 PM dose of Quetiapine, and 8 PM dose of Melatonin *07/30/2023- 10 PM dose of Acetaminophen, 4:30 PM dose of Famotidine, 8 PM dose of Atorvastatin, 8 PM dose of Quetiapine, and 8 PM	N 415		

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N 415	Continued From page 4 dose of Melatonin *07/31/2023- 2 PM and 10 PM dose of Acetaminophen, 4:30 PM dose of Famotidine, 8 PM dose of Atorvastatin, 8 PM dose of Quetiapine and 8 PM dose of Melatonin On 12/04/2023 at approximately 3 PM, Surveyor interviewed Director A regarding the above missing initials found on Resident 1's July 2023 eMAR. Director A stated, "The medications were administered... but staff must have forgot to sign out that the medications were administered in the eMAR."	N 415		