STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017955	A. BUILDING: _____ B. WING _____	R-C 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL MENASHA I	1645 CENTURY OAKS COURT MENASHA, WI 54952

(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 04/23/2025, Surveyor conducted a verification visit at Bethel Menasha I. Information was collected through 04/24/2025. Four (4) of 5 previous deficiencies were corrected. One (1) repeat deficiency was identified. Census: 8 Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed.	{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 interview, the provider did not ensure each resident received all prescribed medications in the dosages and intervals prescribed by their practitioner. Resident 1 did not receive prescribed brinzolamide eye drops between 04/11/2025 and 04/15/2025. This is a repeat deficiency. See Statement of Deficiency (SOD) 2EPW11, dated 10/28/2024. Findings include: On 04/23/2025 at 10:37 AM, Surveyor, Caregiver B and Manager C reviewed Resident 1's	{N 352}		

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

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{N 352}	Continued From page 1 medication administration records (MAR) and observed medications present in the medication cart. Resident 1's April 2025 MAR documented the following; Brinzolamide 1% suspension eye drops - place 1 drop into left eye 3 times a day for glaucoma; scheduled 8:00 AM, 4:00 PM and 8:00 PM. The medication was routinely administered 04/01 through the AM dose on 04/11. Beginning with the 4:00 PM dose on 4/11 and continuing through the 4:00 PM dose on 04/15, the medication was routinely not administered with notations it was on order. 04/11 - 4:00 PM: not administered. No reason documented. 04/11 - 8:00 PM, not administered. No reason documented. 04/12 - 8:00 AM, not administered. Reason, "on order." 04/12 - 4:00 PM, not administered. No reason documented. 04/12 - 8:00 PM, not administered. Reason, "on order." 04/13 - 8:00 AM and 4:00 PM, administered 04/13 - 8:00 PM, not administered. No reason documented. 04/14 - 8:00 AM, administered 04/14 - 4:00 PM, not administered. No reason documented. 04/14 - 8:00 PM, not administered. Reason, "on order." 04/15 - 8:00 AM, administered 04/15 - 4:00 PM, not administered. No reason documented. Beginning 4/15 at 8:00 AM and through 04/23, the medication was documented as administered 3 times daily	{N 352}		

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{N 352}	Continued From page 2 The medication was present in the medication cart with a label affixed from the pharmacy. The pharmacy label mirrored the dosage and intervals identified on the MAR and indicated the medication was dispensed on 04/14/2025. On 04/23/2025 at 11:00 AM, Caregiver B and Manager C confirmed Surveyor's observation and record review. They did not have an explanation as to why the medication was intermittently documented as administered when there were notations it was not available and on order from the pharmacy. Manager C acknowledged it was likely caregivers were documenting it was administered in error. Manager C described Resident 1 as being incapable of managing his/her own medications due to his/her diagnoses and said s/he was unsure why the medication was not available for approximately 5 days. Manager C said Administrator A is responsible for managing medications and referred Surveyor to him/her for more information. On 04/23/2025 at 1:00 PM, Surveyor observed portions of Resident 1's record. S/he was admitted 10/01/2020 and had an activated power of attorney for health care. Resident 1's listed diagnoses included dementia, "blind in right eye" and "Glaucoma in left eye." On 04/23/2025 at 1:44 PM, Surveyor interviewed Administrator A. Administrator A acknowledged the provider manages Resident 1's medications and did not have any recall or insight into the reasons Resident 1 did not receive brinzolamide eye drops for 5 days. Administrator A stated s/he "tries to audit the medications every 2 weeks" but s/he did not notice the concern with the medication. Administrator A said s/he would look into the situation and provide more information to	{N 352}		

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{N 352}	Continued From page 3 Surveyor. On 04/24/2025, Administrator A emailed Surveyor the signed physician's order for the medication; on 06/17/2024, the prescriber signed a refill request for brinzolamide and authorized an additional 11 refills. Administrator A did not offer an explanation as to why the medication was not available between 04/11-04/15/2025.	{N 352}		