Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017410	A. BUILDING: _____ B. WING _____	R-C 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRWAY KNOLL	N112W17500 MEQUON ROAD GERMANTOWN, WI 53022

(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 11/11/2024, Surveyor conducted a standard survey and verification visit at Fairway Knoll. Additional information gathered through 11/13/2024. As a result of the survey previous deficiencies have been corrected, 1 new deficiency identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 20	{N 000}		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents were reassessed by a pharmacist, practitioner, or registered nurse as needed, but at least quarterly for the desired response and possible side effects of scheduled psychotropic medications. Findings include:	N 407		

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

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N 407	Continued From page 1 On 11/11/2024, Surveyors reviewed resident records and identified the following: Resident 1 was admitted to the facility on 02/26/2024 with a diagnosis of Alzheimer's disease. Resident 1 had a physician order for QUEtiapine (Seroquel) 25 MG tablet dated 03/17/2024. Resident 1's record did not contain psychotropic medication review for 2nd or 3rd quarter of 2024. On 11/11/2024 at approximately 1:00 PM, Surveyors conducted an exit conference and shared findings with Administrator A. Administrator A confirmed Resident 1 did not have a quarterly review of psychotropic medications since Resident 1's admission. Administrator A acknowledged the RN on the unit is responsible for conducting the quarterly reviews. Administrator A stated s/he will talk to the staff responsible and ensure the psychotropic review is completed.	N 407		