STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018352	A. BUILDING: _____ B. WING _____	C 08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY SIDE MANOR EAST	4221 KADLEC DRIVE SHEBOYGAN, WI 53083

(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 An investigation into 2 complaints was conducted on 08/06/2025 at Country Side Manor East. As a result of this investigation 2 complaints were substantiated and 3 deficiencies were identified. Census: 13	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 staff and family interviews, and record review the provider did not ensure 1 out of 1 residents reviewed for medication administration received medications as prescribed by a practitioner. Resident 1 did not receive some medications and blood sugar tests as ordered in May, June, and July of 2025. Findings include: On 08/06/2025, Surveyor reviewed Resident 1's MAR (Medication Administration Records) since May 2025 due to concerns of possible missed medications and blood sugars not consistently being tested. During an interview with Surveyor on 08/06/2025 at 08:00 a.m., FMBR (Family Member Resident 1) - K stated Resident 1 had frequently missed daily blood sugar testing that had been ordered in May as there were no test strips available. FMBR - K also indicated	N 352		

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N 352	Continued From page 1 Resident 1 had missed other medications in May, June, and July 2025. On 08/06/2025, Surveyor reviewed Resident 1's medical record and MAR (Medication Administration Record). Resident 1's record showed admission to the facility on 10/20/2022 with diagnoses of Type II diabetes mellitus, lipoprotein deficiency, hypertension, and Alzheimer's disease. Resident 1 had physician's orders to check blood sugars daily since 04/29/2025, Furosemide 40 mg 1 tablet daily since 04/08/2025, Lidocaine 4% since 05/15/2025, Buspirone HCL 10 mg since 10/18/2024, and Boost High Protein low sugar 04/10/2025. Resident 1's MAR for May showed the following missed medications and blood sugar tests: Blood sugar tests - no strips on cart 5/1, 5/2, 5/3, 5/4, 5/12. Blood sugar not tested on 05/05, 05/06, and 05/07 as Resident 1 ate breakfast before test could be done. Other missed medications in May 2025 were Lidocaine, not on cart 05/17, and 05/18, Furosemide 40 mg 05/21 not in strip for today and 05/27 not on cart. Missed medications for Resident 1 in June 2025 were blood sugar tests 06/05 as Resident 1 already ate breakfast. Furosemide 40 mg 06/12 not on cart. Lidocaine 4% 06/24, 06/25, 06/26, 06/27, 06/28, 06/29, 06/30 not on cart. Missed medications for Resident 1 in July 2025 were blood sugar checks 07/06 already ate breakfast, Lidocaine 4% - 07/01 not on cart, Boost High Protein low sugar 07/13 drink not available, Buspirone HCL 10 mg 07/24, not in new cycle strip.	N 352		

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N 352	Continued From page 2 On 08/06/2025 at approximately 1:30 p.m., AA (Associate Administrator) - B confirmed test strips and medications should always be available on the med cart. AA - B said sometimes it is a delay by the pharmacy who may contact a previous doctor for the order. AA - B confirmed Resident 1 had not changed doctors since May 2025.	N 352		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, staff and resident interviews, and record review, the provider did not ensure 1 (Resident 3) of 5 residents observed received medications appropriate to their needs. Resident 3 needed medications administered by staff. Observation showed Resident 3's medications were left unattended in front of Resident 3 at the dining room table in a cup. There were no staff present to monitor the taking of the medications for approximately 7 minutes. Findings include: On 08/06/2025 at 10:13 a.m. Surveyor noted	N 432		

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N 432	Continued From page 3	N 432		

Resident 3 seated at the dining room table finishing breakfast. There were 4 other residents in the dining room. Resident 1 was ambulating about the dining room, Resident 5 was seated on a chair off to the side, and Residents 6 and 7 were seated at other dining tables. All staff had left the dining room area from 10:13 a.m. to 10:20 a.m. to assist other residents.

Surveyor interviewed Resident 3 at 10:15 a.m. and noted there were 6 and 1/2 pills in the medication cup next to Resident 3's breakfast. Resident 3 said, "I always have them like that (pointing to the cup). I eat my food and then I take them."

At 10:20 a.m. MA (Med Aide) - C came out to the dining room and verified to Surveyor s/he had passed medications that morning and had put the cup of pills next to Resident 3's breakfast. MA - C verified knowledge that s/he should have stayed with Resident 3 until all medications were taken and that medications should not be left unattended with a resident. MA - C said the medications would show up on the electronic system as given at 8 a.m. but that there was a window to give Resident 3 medications later in the morning as Resident 3 does not like to get up until 9 or 10. MA - C indicated s/he had left the area to assist another resident who was needing assistance in a room. Another CG (Caregiver) - D was also not present in the dining room area during this time frame of 10:13 a.m. to 10:20 a.m.. MA - C then stayed with Resident 3 until s/he consumed the medications from the cup at 10:25 a.m..

Review of Resident 3's medical record by Surveyor on 08/06/2025 showed admission to the facility on 01/16/2023 with diagnoses of basal cell

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N 432	Continued From page 4 carcinoma, hyperlipidemia, dementia, anxiety, and heart failure. Resident 3's current ISP (Individual Service Plan) dated 01/14/2025 indicated Resident 3's DPOA - HC (Durable Power of Attorney for Health Care) had been activated and s/he required medications to be administered by staff, and required 24 hour supervision. On 08/06/2025 Surveyor reviewed Resident 3's MAR (Medication Administration Record) for August 2025. The medications noted signed out at 8 a.m. on 08/06/2025 were Namenda 1/2 tablet (5 mg), Metoprolol Succinate 25 mg 1 tablet, Pantoprazole Sodium 40 mg 1 tablet, Venlafaxine HCL ER 150 mg 1 capsule, Vitamin D3 5,000 unit 1 capsule, Amlodipine Desylate 10 mg 1 tablet, and Divalproex Sodium HD 125 mg 1 tablet . On 08/06/2025 at approximately 1:30 p.m. AA (Associate Administrator) - B provided Surveyor with the medication administration policy from 09/2022. The policy indicated under #15 - Remain with resident until all medications are completely administered and under #16 - Never leave medications that have not been administered with resident. AA - B confirmed MA - C should have stayed with Resident 3 until all medications were taken and not have left them on the table.	N 432		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of	N 433		

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N 433	Continued From page 5 the residents in all of the following areas: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on observation, staff, resident, and family interviews, and record review, the provider did not provide services to manage 1 (Resident 2) of 1 resident's behaviors that may be harmful to themselves or others. Resident 2 had 4 documented episodes of anger and aggression towards staff and residents resulting in harm to them from 07/19/2025 through 08/01/2025. Findings include: Surveyor was at the facility on 08/06/2025 to conduct an investigation into two complaints. Review of Resident 2's medical record showed admission to the facility on 08/30/2024 with diagnoses of dementia with severe psychotic disturbance, delusional disorders, and Alzheimer's disease. Resident 2's current ISP (Individual Service Plan) dated 04/22/2025 indicated under Behaviors, Resident 2 has occasional outbursts with staff/residents with verbally raising his/her voice, swearing and/or becoming agitated. Resident 2 has occasional agitation and fluctuates emotionally. Staff will speak in a calm, quiet manner and redirect as needed. Offer coffee/snack and/or an activity. On 08/06/2025, Surveyor asked AA (Associate Administrator) - B for incident reports involving staff and residents and Resident 2. The following incident reports were given to Surveyor by AA - B. 1. 07/19/2025 at 12:00 p.m., Resident MA (Med	N 433		

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N 433	Continued From page 6 Aide) I called to the next building for help. The report indicated MA - I saw Resident 2 pulling MA - C's hair and hitting and scratching MA - C. MA - I told Resident 2 to stop who then turned and hit (Resident 4) and then pushed (Resident 6) almost knocking him/her down. Resident 4 tried to stop Resident 2 from hitting staff. MA - I and MA - C were able to separate residents. MA - C attempted to calm Resident 2 by giving chocolate milk which s/he threw, then bit staff and scratched their face. MA - A tried to guide Resident 2 to his/her room, bit and scratched staff arm. DRP (Director of Resident Programming) - F arrived to help. Resident 2 punched DRP - F who was able to eventually calm Resident 2 down. Staff were left with scratch and bite marks. 2. 07/21/2025 at 09:00 p.m., staff on duty were MA - G and H. Resident 2 very agitated charging toward other residents and cussing at them. Hit staff and threw objects, refused PRN Lorazepam. Due to previous concerns for staff safety, staff were instructed to contact the police for assistance. WD (Wellness Director) - J was able to calm Resident 2 down and get him/her to take PRN Lorazepam. 3. 07/31/2025 at 09:02 a.m., staff on duty were MA - G. Resident 2 began to cuss at staff and residents and charging at residents. Staff told resident to go to their rooms. Resident 2 refused PRN Lorazepam and pushed MA - G down and pushed Resident 5 into the wall. Resident 5 had a reddened area where their back hit the railing. 4. 08/01/2025 at 10:00 a.m., staff on duty was MA - C. Resident 2 walked up to Resident 1 and punched him/her in the shoulder.	N 433		

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N 433	Continued From page 7 Interviews by Surveyor on 08/06/2025 with staff, residents, and family showed the following concerns regarding Resident 2's aggression towards residents and staff. 08:00 a.m. FMBR (Family Member Resident 1) - K told Surveyor that Resident 1 said s/he had been hit on the shoulder by another resident at the facility. 10:30 a.m. AA (Associate Administrator) - B confirmed to Surveyor that Resident 2 can be aggressive to staff and other residents. 10:45 a.m. CG (Caregiver) - D confirmed to Surveyor that Resident 2 gets aggressive to staff and pushes residents. CG - D said a week ago Resident 2 pushed Resident 5 into the wall but luckily had no injury but a red mark. CG - D indicated staff are trained to deal with aggressive residents but Resident 2 doesn't calm down. 11:00 a.m. Resident 4 told Surveyor Resident 2 gets mad and attacked the nurse (MA - C) when s/he was giving Resident 4 noon medications. Resident 4 said s/he tried to get Resident 2 away from MA - C because s/he was pulling MA - C's hair out so I had my reacher and tried to shove Resident 2 away but Resident 2 grabbed my reacher and bent it. Resident 4 indicated Resident 2 gets like a Super Human strength when s/he gets mad. Resident 4 said staff got everyone separated but not before Resident 2 swiped all the medications off the cart onto the floor. Resident 4 said no other residents are like that and indicated s/he was not injured during the altercation. 11:38 a.m. AA - B told Surveyor a meeting was held last week regarding Resident 2's behaviors	N 433		

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N 433	Continued From page 8 and a decision was made to initiate a 30 day notice to look for alternate placement as the provider does not have 1 to 1 staff available and Community Care will not pay for 1 to 1 staff. AA - B indicated they have tried medication adjustments and a psychiatrist evaluation but the behaviors continue. Staff keep the walkie available to call to other building for help if needed. Resident 2 mostly responds to DRP (Director of Resident Programming) - F but s/he is not always available. 12:15 p.m. Surveyor observed CG - E monitoring residents at noon meal. Resident 2 calm and eating at a table with peers. CG - E said staff have walkies available to call to the West Building next door for help if needed. 02:00 p.m. ADM (Administrator) - A and AA - B confirmed they cannot provide 1 to 1 staff to monitor Resident 2 and will be working with family and Community Care to seek alternate placement.	N 433		