STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016337	A. BUILDING: _____ B. WING _____	C 12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDINGS OF KAUKAUNA (THE)	**793 TARRAGON DRIVE KAUKAUNA, WI 54130**

(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 12/02/2025, Surveyor investigated 1 complaint at Landings of Kaukauna. The complaint was substantiated and 1 new deficiency was identified. Census 30	N 000		
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 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 the medication administration record was initiated at the time of administration. Additionally, the provider did not document the reason for administration of an as needed medication or the resident's response to the medication for Resident 1. Findings Include: On 11/07/2025, the department received a complaint regarding administration of an as needed medication.	N 415		

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

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N 415	Continued From page 1 On 12/02/2025, at approximately 2:00PM, Surveyor entered Resident 1's room. Resident 1 deferred interview questions to Family Member B (FM-B) and Family Member C (FM-C). FM-B and FM-C expressed concerns of administration of as needed morphine. FM-B and FM-C explained they felt morphine made Resident 1 anxious, jittery and agitated. On 12/02/2025, Surveyor reviewed Resident 1's record and noted s/he was prescribed Morphine 100mg/5ml - take 0.25ml (5mg) by mouth every 2 hours as needed for shortness of breath or pain. Surveyor reviewed the proof of use document for Resident 1's as needed morphine and the corresponding medication administration record (MAR). Surveyor noted there were instances when the proof of use record documented the medication was administered but the MAR was not initialed by the person administering. Additionally, the reason for administration of the as needed morphine or response to the medication was not documented. The documentation was as follows: The proof of use record documented 1 dose was given. The MAR was not initialed and the reason for administration or response to the medication was not documented on: 10/01/2025, 10/07/2025, 10/15/2025, 10/17/2025, 10/20/2025, 10/28/2025, 10/30/2025, 10/31/2025 and 11/03/2025. The proof of use record documented 1 dose was given. The MAR was initialed but did not document the reason for administration or the response to the medication on: 10/02/2025, 10/13/2025, 10/25/2025 and 10/26/2025.	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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LANDINGS OF KAUKAUNA (THE)	**793 TARRAGON DRIVE KAUKAUNA, WI 54130**

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N 415	Continued From page 2 The proof of use record documented 2 dose was given. The MAR was only initialed for 1 of 2 doses and did not document the reason for administration or the response to the medication on 10/06/2025. On 12/02/2025, at approximately 3:00PM, Surveyor interviewed Executive Director A (ED-A). ED-A advised the provider is under new management. Prior to the new management, an electronic system was used to document medication administration. ED-A explained new management will be changing to a different electronic system. ED-A reported until the new system is implemented, they are documenting on paper MARs from the pharmacy. ED-A explained the paper MARs do not have a section to document the need for the as needed medication or the response. ED-A stated s/he would ensure caregivers are documenting the administration on the MAR and the proof of use record. Additionally, ED-A advised caregivers will not administer the morphine until ED-A and the power of attorney of healthcare are notified.	N 415		