STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011378	A. BUILDING: _____ B. WING _____	R 12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLOGG	1947 DUPONT DR JANESVILLE, WI 53546

(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 12/01/2025, with information gathered through 12/02/2025, Surveyor conducted a verification visit at Kellogg. One deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{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 observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 2 did not receive his/her Erythromycin eye ointment as prescribed. Findings include: On 12/01/2025, at approximately 4:40 PM, Surveyor observed Resident 2's tube of Erythromycin eye ointment in the unlocked med cabinet. The tube had not been opened and had a dispensed date of 09/04/2025. When Resident Assistant C returned to the med cart, Surveyor asked why Resident 2's Erythromycin eye ointment had not been opened and administered.	N 352		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 352	Continued From page 1 Resident Assistant C stated the medication was not listed on the Medication Administration Record (MAR). On 12/02/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility 04/2010. Resident 2's MARs, dated 11/01/2025 to 12/02/2025, documented: "Erythromycin 0.5% Eye Ointment - If eye is red, apply ribbon to lower lid(s) at bedtime." On 12/02/2025 at 8:11 AM, Surveyor emailed Program Director A and requested clarification on the prescription for Resident 2's Erythromycin eye ointment. On 12/02/2025 at 9:46 AM, Program Director A emailed Surveyor and stated, "Here is the order and I have already updated the order in our system." The order, dated 09/04/2025, stated, "Instill into both eyes once daily at bedtime. Apply thin ribbon to both lower lids at bedtime."	N 352		