STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	611026	A. BUILDING: _____ B. WING _____	C 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK MANOR	2480 TERREBONNE DR MOSINEE, WI 54455

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N 000	Initial Comments On 10/25/2023, Surveyor conducted a complaint investigation and a standard survey at Cedar Creek Manor I. Information was reviewed through 11/02/2023. The complaint was unsubstantiated. Four deficiencies were identified. Census: 11	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that each staff member had a caregiver background check done. This was discovered for 1 of 2 sampled staff members. Caregiver 2 did not have a background check on file. This had the potential to affect all the residents.	N 219		

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

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N 219	Continued From page 1 Findings include: On 10/25/2023 at 10:00 AM, Surveyor requested the completed background check for Caregiver B from Administrator A. Caregiver B was hired on 08/12/2021. On 10/25/2023 at approximately 11:30 PM, Surveyor was given the background check information from the Department of Justice and the Department of Health Services, dated 10/25/2023, of an individual with the wrong name. It was for an individual with the same first name and a different last name than Caregiver B. Administrator A stated the background check was done that on the day of survey and a staff member had mistakenly put the the wrong name into the system and a correct one with the correct name would would be redone. On 10/25/2023 at 4:00 PM, Surveyor returned the information. Adminstrator A indicated that the background check had been done that day as the information for Caregiver B's background check could not be found. Administrator A stated the staff would continue to look and submit it when it was found. On 10/26/2023 at 6:03 PM, Administrator A sent Surveyor an email. On 10/30/2023, Surveyor reviewed the email. Administrator A indicated the information must be misfiled as it could not be found and attached a new background check, dated 10/26/2023, with the correct name. On 10/30/2023 at 12:20 PM, Surveyor interviewed Administrator A. Administrator A stated the staff had looked through several files but could not locate it. Administrator A stated	N 219		

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N 219	Continued From page 2 there was already a process to ensure that all the hiring paperwork was done but it was still not located.	N 219		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an annual onsite review of the medication administration and medication storage was done by a medical professional. This had the potential to affect all of the residents receiving medications from a staff member.	N 404		

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N 404	Continued From page 3 Findings include: On 10/25/23 at 8:30 AM, Surveyor requested the annual medication review of the provider's system of medication administration and storage. Surveyor was not given the information. On 10/25/2023 at approximately 4:00 PM, Surveyor interviewed Administrator A. Administrator A stated that none would be found as s/he no longer had anyone to do it. On 10/30/2023 at 10/26/2023 at 6:03 PM, Administrator A sent Surveyor an email indicating that an onsite review had not been done since 2020. On 10/30/2023 at 12:20 AM, Surveyor interviewed Administrator A. Administrator A stated this process review ended when s/he no longer had a medical professional to do them. Administrator A stated that arranging a review and report was put lower on the list of priorities after resident and staff needs, but s/he had a call in to schedule one.	N 404		
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	N 407		

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N 407	Continued From page 4 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 that a medical professional reviewed, at least quarterly, the desired responses and possible side effects of any scheduled psychotropic and ensure that this was recorded in the resident's record. This was discovered for 1 of 2 residents reviewed that received psychotropic medication. Findings include: On 10/25/2023 at 8:30 AM, Surveyor asked Administrator A which residents received psychotropic medications, both scheduled and as needed The report was received at 10:55 AM. Resident 2 was identified as receiving 2 scheduled psychotropic medications. Resident 2 had an order for quetiapine 25 milligrams (mg) at 4:00 PM and 8:00 PM "for mood" since 09/20/2021. Resident 2 had an order for divalproex extended release at 8:00 AM every morning since 09/20/2021. On 10/25/2023, Surveyor reviewed Resident 1's individual service plan (ISP) The ISP had the medications noted that both drugs were an antipsychotic. On 10/25/2023 at 4:00 PM, Surveyor interviewed Administrator A. Surveyor asked Administrator A for Resident 2's reviews back to May of 2021. Administer A stated s/he did not have any review for Resident 2 as the professional s/he had to do the reviews was no longer available.	N 407		

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N 408	Continued From page 5	N 408		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure that each resident that had a prescription for an as needed (PRN) psychotropic medication had a detailed description of the behaviors that warranted giving the medication outlined in the service plan. The provider had no monthly reviews to see if the medication was used contrary to its intended use, used for staff convenience, or if used even though the resident had negative side effects. This was discovered for Resident 1. Finding include:	N 408		

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N 408	Continued From page 6 On 10/25/2023 at 8:30 AM, Surveyor asked Administrator A which residents received psychotropic medications both scheduled and PRN. The report was received at 10:55 AM. Resident 1 was not identified as receiving a PRN medication but she was had an order for PRN Lorazepam 0.5 milligram (mg) every 2 hours for anxiety or agitation. On 11/02/2023, Administrator A sent Surveyor a copy of the medication administration record (MAR). The medication had been increased to a scheduled dose but the PRN psychotropic was still being given. On 10/25/2023, Surveyor reviewed Resident 1's individual service plan (ISP) The ISP had no description of the kinds of behavior that would initiate giving the medication. On 10/26/2023 at 6:03 PM, Administrator A sent Surveyor an email. On 10/30/2023, Surveyor reviewed the information in the email. Administrator A indicated that s/he reviewed the MARs every month and initialed them. The initialed MAR did not underscore the inappropriate use of the medication, why it was given, and if Resident 1 had any negative side effects. .	N 408		