STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017755	A. BUILDING: _____ B. WING _____	R-C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV NORTH MARINETTE NORTH	875 UNIVERSITY DR MARINETTE, WI 54143

(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 03/29/2024, Surveyor conducted a complaint investigation and a verification visit at SV North Marinette North. Additional information was gathered through 04/05/2024. All previous deficiencies were corrected. As a result of the complaint investigation, 1 deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 12	{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 record review and interview, the provider did not ensure Resident 1 received medications as prescribed. Findings include: On 10/30/2023, the Department received a complaint alleging concerns with residents not receiving medications as prescribed. On 03/29/2024, at approximately 10:15 AM, Surveyor requested to review Resident 1's records and noted the following: Resident 1's date of admission was on	N 352		

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

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N 352	Continued From page 1 12/15/2022. Resident 1 had a fall on 06/14/2023. Resident 1 was in the hospital and Oconto Health and Rehab until 07/21/2023 when s/he was discharged back to the facility. On 03/29/2024, at approximately 10:25 AM, Surveyor reviewed Resident 1's physician's orders and July, August, September, and October 2023 medication administration records (MAR). Surveyor did not observe physician's orders for the nutrition supplement Ensure liquid or vitamin D tablets on the MAR for July 2023, August 2023, September 2023, or October 2023. On 03/29/2024, at approximately 12:25 PM, Surveyor interviewed Licensed Practical Nurse (LPN B). LPN B stated, "When [Resident 1] first came back we talked to management and the doctor about [his/her] Ensure because we thought it was causing diarrhea. We thought it was discontinued because it wasn't in the medication drawer anymore." On 04/01/2024, at approximately 11:15 AM, Surveyor received an email from Administrator A that stated, "When [Resident 1] came back to the facility on 7/21 [his/her] Medication Orders did not contain the Vit D [sic] or the Ensure, so I Discontinued [sic] it out of my system." On 04/04/2024, at approximately 11:30 AM, Surveyor received Resident 1's medical records from the Oscar C. Johnson Veterans Affairs (VA) Medical Center and interviewed Assistant C of the Medical Records Department, via telephone. Assistant C stated, "Upon reviewing [Resident 1's] medication history, physician orders for the Nutrition SupL Ensure Plus Liquid and the Vitamin D pills were never discontinued." Assistant C also stated Resident 1 used these 2	N 352		

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N 352	Continued From page 2	N 352		

particular medications for the past few years. Any time you may see 'Discontinued' for these 2 medications is only because the refills were out but another order and more refills would be added."

On 04/04/2024, at approximately 12:30 PM, Surveyor reviewed Resident 1's medication records from the VA and noted the following:

Physician orders:

The VA's "Health Summaries Current Meds [sic] & Allergies Summary", indicated:
Cholecalcif 25MCG (D3-1, 000UNIT) TAB TAKE TWO TABLETS BY MOUTH EVERY DAY (VITAMIN D)
Status: Active.

Nutrition Supl [sic] Ensure Plus/Vanilla Liq
Administer 1 carton by mouth every day as directed for nutrition, replaces chocolate
Status: Discontinued
Start Date: FEB 23, 2023
Stop Date: FEB 24, 2024
Refills remaining: 1
Days supply: 24
Quantity: 24

Nutrition Supl [sic] Ensure Plus HP/Choc Liq
Administer 1 carton by mouth every day as directed for nutrition
Status: Discontinued
Start Date: FEB 28, 2023
Stop Date: FEB 29, 2024
Refills remaining: 2
Days supply: 24
Quantity: 24

Based on Surveyor's review of Resident 1's 2023

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N 352	Continued From page 3 MARs, Resident 1 did not receive medication for physician ordered Cholecalcif 25MCG (D3-1, 000UNIT) tab for: July: 10 days August: 31 days September: 30 days October: 24 days Resident 1 did not receive medication for physician ordered Nutrition Supl [sic] Ensure for: July: 10 days August: 31 days September: 30 days October: 24 days On 04/05/2024, at approximately 10:00 AM, Surveyor interviewed Administrator A, via telephone. Administrator A stated, "When I got the discharge summary from Bay, the nursing facility in Oconto, the Ensure or the vitamin D was not on there. That's what I was going off of, so I discontinued them. I guess that was probably an error on my part. I should have looked into it a little further. I'm clear now on what I need to do in case something like this happens again."	N 352		