

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/02/2024
NAME OF PROVIDER OR SUPPLIER COTTAGES AT LAKE PARK (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 2006 LAKE PARK DRIVE 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 07/31/2024, with information gathered through 08/02/2024, Surveyors investigated 3 complaints and conducted a verification visit. As a result 1 of 3 complaints was substantiated and one new deficiency was identified. Two out of 2 previous deficiencies were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census 28	{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 residents received medications in the doses and intervals prescribed by a practitioner for Resident 1. Resident 1 did not receive Abilify injections in November 2023 and January 2024 as ordered by the physician. Findings Include: On 02/15/2024, the department received a complaint alleging medications were not received as prescribed.	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/02/2024
NAME OF PROVIDER OR SUPPLIER COTTAGES AT LAKE PARK (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 2006 LAKE PARK DRIVE 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 352	Continued From page 1 On 07/31/2024, at approximately 11:15AM, Surveyor reviewed Resident 1's physician's orders and November 2023 through February 2024 medication administration records (MAR). According to the physician's order dated 10/20/2023, Resident 1 was to receive Abilify 300mg suspension - extended release every four weeks by intramuscular injection. The order noted there were 12 additional refills. Review of the MARs revealed the medication was not listed on the MARs for the following months: November 2023, December 2023, January 2024 and February 2024. On 07/31/2024, at 10:47AM, Surveyors interviewed Director A. Director A explained when Resident 1 was admitted in August of 2023, s/he was receiving the Abilify injection at the Health and Human Services (HHS) outpatient psychiatric clinic. Resident 1's HHS case manager transported him/her to the appointment each month. Director A stated Resident 1 was resistive to attending the appointments. Director C advised s/he is a registered nurse and the HHS caseworker asked if s/he could administer the injection so Resident 1 would not have to commute. Director A confirmed s/he began administering the injection in October 2023. Director A reported s/he was not informed of the process to receive the injection. Director A explained ValuCare Pharmacy delivers all ordered medications to the facility, but in this instance, the Abilify was not sent automatically. Director A did not know s/he needed to request the injection monthly for it to be delivered. Director A further explained the Abilify was entered into the October 2023 MAR with the correct dosage and administration information, but reflected caregivers needed to initial the MAR daily. To fix the need for daily initials from	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/02/2024
NAME OF PROVIDER OR SUPPLIER COTTAGES AT LAKE PARK (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 2006 LAKE PARK DRIVE 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 352	Continued From page 2 caregivers, Director A removed the medication from the MAR and assumed it would be delivered the following month. Director A confirmed the Abilify injection was administered in October and December 2023, but was not administered in November 2023 or January 2024. On 07/31/2024, at approximately 9:45AM, Surveyor reviewed the billing statement from ValuCare Pharmacy. The statement reflected no charges for the Abilify injection for November 2023 and January 2024.	N 352		