STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016780	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY RIDGE II	531 E CALUMET STREET CHILTON, WI 53014

(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 07/26/2024 with information gathered through 08/07/2024, Surveyor conducted a complaint investigation and standard survey at Century Ridge II. Two deficiencies were identified. The complaint was unsubstantiated. Census: 18	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed were developed with involvement from the resident and resident's legal	N 387		

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

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N 387	Continued From page 1 representative. Resident 1's and Resident 2's ISP was not developed or signed by his/her legal representative. Findings include: On 07/26/2024, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 05/12/2018. Resident 1 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 1's ISP dated 06/24/2024 did not contain a signature from his/her legal representative. Resident 2 was admitted on 06/17/2024. Resident 2 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 2's ISP dated 06/24/2024 did not contain a signature from his/her legal representative. On 07/26/2024 at 2:10 PM, Surveyor conducted an exit conference and shared findings with Administrator A. Administrator A stated s/he was responsible for updating ISPs and getting signatures. Administrator A acknowledged Resident 1's and Resident 2's ISPs were not signed. Administrator A stated s/he was still in the process updating resident ISPs since s/he came back to work at the end of March 2024.	N 387		
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	N 408		

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N 408	Continued From page 2 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 record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) included a detailed description of behaviors that warrant the use of a PRN (as needed) psychotropic medication and did not ensure completion of monthly PRN psychotropic reviews. Findings include: On 07/26/2024 with information gathered through 08/07/2024, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the facility on 05/12/2024 with diagnosis of fibromyalgia, type 2 diabetes, A-FIB, and hypertension. Resident 1's ISP dated 06/24/2024 documented: "Medications administered by CBRF staff."	N 408		

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N 408	Continued From page 3 A review of Resident 1's ISP dated 06/24/2024 did not include a detailed description of behaviors requiring the use of the PRN Lorazepam. The physician orders for Resident 1 included an order for Lorazepam 0.5 mg tablet with directions that specified to take 1 tablet orally once every 2 hours as needed for anxiety/restlessness. This medication was on Resident 1's regime since 04/29/2024. Resident 1's medication administration record (MAR) indicated administration of the PRN Lorazepam through the months reviewed of May 2024-July 2024. Resident 1's June 2024 MAR indicated the PRN Lorazepam was administered 4 times and his/her July 2024 MAR indicated the PRN Lorazepam was administered 4 times. The physician order, MAR, and ISP did not include a detailed description of behaviors warranting the use of the PRN Lorazepam. It was documented on Resident 1's MAR the PRN Lorazepam was being given for anxiety/restlessness. Resident 1's record did not contain monthly PRN psychotropic medication reviews for the following months in 2024: May, June, July. On 07/26/2024 at 2:10 PM, Surveyor conducted an exit conference and shared findings with Administrator A. Administrator A acknowledged the provider had not been conducting monthly PRN psych reviews. Administrator A stated s/he is working on finding a designated person to complete monthly PRN psychotropic medication reviews.	N 408		