STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016033	A. BUILDING: _____ B. WING _____	C 08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT WISCONSIN RAPIDS-MEMOR	**2440 BAKER ST WISCONSIN RAPIDS, WI 54494**

(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 08/05/2024, Surveyor conducted a complaint investigation at The Waterford At Wisconsin Rapids - Memory Care. Three deficiencies were identified. Complaint was substantiated. Census: 18	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 administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 1's prescription of scheduled Promacta (platelet booster medication) was not reordered to ensure consistent medication administration. Findings include: On 08/05/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility, 02/17/2021, with diagnosis including Thrombocytopenia (low platelet count in your blood).	N 352		

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

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N 352	Continued From page 1 Resident 1's May, June, and July 2024 Medication Administration Record (MAR) documented: "Promacta - Give 1 tablet by mouth once daily ** refill on Demand **" The medication was not administered on the following dates: 05/04 - none in med cart 05/06 - waiting on order 05/07 - waiting on order 06/01 - bottle empty 06/03 - bottle empty 06/05 - other 06/06 - waiting for pharmacy to fill 06/07 - bottle empty 06/08 - other 06/09 - other 06/14 - reaching out to pharmacy 06/15 - waiting on order 06/16 - waiting on delivery 06/17 - waiting on pharmacy 06/18 - out of stock 07/09 - on order 07/10 - calling pharmacy today 07/11 - on order 07/12 - on order 07/13 - other 07/14 - on order 07/15 - calling pharmacy today 07/16 - on order 07/17 - other 07/18 - other On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A. Interim Director A stated Resident 1's Promacta was often out of stock on the pharmacy side causing a delay in Resident 1 receiving the prescribed medication. Interim Director A stated s/he would review the medication order process to ensure	N 352		

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N 352	Continued From page 2 availability of the medication.	N 352		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure proper documentation on the Medication Administration Record (MAR) for 1 of 1 resident reviewed. Resident 1's MARs documented medication administration or resident refusal when his/her prescribed Promacta (platelet booster medication) was not available. Findings include: On 08/05/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility, 02/17/2021, with diagnosis including Thrombocytopenia (low platelet count in your blood).	N 415		

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N 415	Continued From page 3 Resident 1's May, June, and July 2024 Medication Administration Record (MAR) documented: "Promacta - Give 1 tablet by mouth once daily ** refill on Demand **" The medication was documented as unavailable 05/04/2024 to 05/07/2024 but the MAR documented administration on 05/05/2024. The medication was documented as unavailable 06/01 to 06/09 and 06/14 to 06/18 but the MAR documented med administration on 06/02 and 06/04 and that the resident refused on 06/16. On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A. Interim Director A stated s/he would review the med administration and determine if staff needed to be re-educated.	N 415		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure that all rooms are clean and free from odor. Findings include: On 04/25/2024, the Department received a concern alleging that resident rooms were not clean and free from odor. On 08/05/2024, at approximately 1:50 PM, Surveyor toured Resident 1's room. Surveyor	N 489		

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N 489	Continued From page 4 detected what appeared to be a urine like scent as s/he entered Resident 1's room. Resident 1's laundry basket was full of soiled clothing. Resident 1's bathroom floor had the appearance of dirt build up. On 08/05/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility on 02/17/2021. Resident 1's "Service Plan Detail," dated 05/09/2024, documented: "Toileting: Level of Assistance - Total; Total: History of frequent incontinence. Needs reminders, assistance with products, check if dry." On 08/05/2024, at approximately 3:00 PM, Surveyor interviewed Interim Director A. Interim Director A stated s/he was in the process of hiring additional housekeeping staff to address these types of concerns.	N 489		