STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017877	A. BUILDING: _____ B. WING _____	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWICK	2240 CRANSTON RD BELOIT, WI 53511

(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 08/27/2025, Surveyor conducted a standard survey at Willowick, a CBRF in Beloit. One deficiency was identified. Census: 15	N 000		
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 record review and interview, the provider did not include the rationale for use and description of the behaviors which indicate the need for administration in the Individual Service Plan (ISP) of 1 of 2 resident reviewed receiving psychotropic medications as needed. The rational	N 408		

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

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N 408	Continued From page 1 for administration of Lorazepam .5 mg and a description of Resident 1's behaviors was not included in Resident 1's ISP. Findings include: On 08/27/2025 at approximately 2:30 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/01/2025 with a diagnosis including anxiety and depression. Resident 1's physician order included Lorazepam .5mg - Give 1 tablet by mouth every (sic) 2 times a day as needed for anxiety. Surveyor reviewed Resident 1's ISP, dated 07/29/2025. The ISP did not include the rationale for use and description of behaviors that would warrant administration of Resident 1's Lorazepam. The medication management section in the ISP stated that the resident needed assistance. There is no category for behaviors or psychotropic medications as needed. The ISP gave no description of the behaviors or list Resident 1's use of Lorazepam .5 mg as needed. Surveyor reviewed Resident 1's Medication Administration Record (MAR). The MAR indicated Resident 1's Lorazepam as needed was administered on 07/31/2025. The MAR did not include a detailed description of behaviors that would warrant administration of Resident 1's Lorazepam. On 08/27/2025 at approximately 4:00 p.m., Surveyor interviewed Nurse Manager A and Executive Director B. Nurse Manager A confirmed that the rational for use and behavior description for the Lorazepam .5 mg was not documented in the ISP. Executive Director B stated that the	N 408		

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WILLOWICK	**2240 CRANSTON RD BELOIT, WI 53511**

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N 408	Continued From page 2 Lorazepam will be added to the ISP.	N 408		