STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017897	A. BUILDING: _____ B. WING _____	R-C 07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT PARK PLACE	1450 N PLEASANT ST RIPON, WI 54971

(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 07/14/2025, with additional information gathered through 07/15/2025, Surveyor conducted a verification visit and investigated 2 complaints at Pleasant Park Place. As a result of the verification visit, 3 of 4 previous deficiencies were corrected and 1 was a repeat violation. As a result of the complaint investigation, 2 of 2 complaints were substantiated and one new deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 33	{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 prescribed medications in the dosage and intervals for 3 of 3 residents reviewed (Resident 3, Resident 4 and Resident 5). This violation is being cited for the fouth time. See Statement of Deficiencies (SOD) 1MV111, dated 07/19/2022, 1MV113, dated 05/16/2023 and	N 352		

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

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N 352	Continued From page 1 K76R11, dated 02/28/2025. Findings include: On 07/08/2025 and 07/14/2025, the department received complaints alleging medications were not administered as prescribed. On 07/14/2025, at approximately 1:30PM, Surveyor requested Resident 3, Resident 4 and Resident 5's June and July 2025 medication administration records (MARs). Residential Care Coordinator E (RCC-E) explained the provider changed pharmacies in mid-June. During the change, the pharmacy experienced complications obtaining physician orders timely. Additionally, Executive Director H (ED-H) reported there was an issue with the pharmacy receiving the managed care organization's payment for supplements and prescribed over the counter medications. RCC-E and ED-H confirmed complications with the pharmacy change resulted in missed medication administration. On 07/14/2025, at approximately 4:45PM, Surveyor reviewed Resident 3, Resident 4 and Resident 5's June and July 2025 MAR. Surveyor noted caregivers initialed the MAR to indicate when medication was administered. Surveyor noted several administration dates did not include the caregivers' initials and were documented as "OTH." According to the key on the MAR, "OTH" means "other." RESIDENT 3 On 07/14/2025, at 4:45PM, Surveyor reviewed Resident 3's June and July MAR. The MAR reflected medications were documented with "OTH" indicating the medication was not	N 352		

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N 352	Continued From page 2 administered for the following: Guaifenesin DM SYP 100/10/5mL - Take 10mL three times daily. 1st Dose: 06/16, 07/07, 07/09, 07/10, 07/11, 07/12, 07/13 and 07/14 2nd Dose: 07/07, 07/09, 07/10, 07/11, 07/12 and 07/13 3rd Dose: 07/07, 07/09, 07/10, 07/11, 07/12 and 07/13 Humira pen 40mg/0.8ml - Inject 40mg subcutaneously every other week for psoriasis. ***Medication is weekly, but the MAR shows it has been unavailable since 06/16/2025. 06/16, 06/17, 06/18. 06/20, 06/21, 06/22, 06/23, 06/24, 06/25, 06/26, 06/27, 06/28, 06/29, 06/30, 07/01, 07/04, 07/05, 07/06, 07/08, 07/09, 07/11 and 07/14 RESIDENT 4 On 07/14/2025, at 4:45PM, Surveyor reviewed Resident 4's June and July MAR. The MAR reflected medications were documented with "OTH" indicating the medication was not administered for the following: Magnesium Oxide 400mg - Take 1 tab twice daily with meals. 1st Dose: 06/23, 06/24, 06/25, 06/27, 06/28, 06/29, 06/30, 07/03, 07/04, 07/06, 07/08 and 07/09 2nd Dose: 9:00PM - 06/23, 06/25, 06/28, 06/29, 06/30, 07/03 and 07/07 Mucinex ER 600mg - Take 1 tab twice daily. 1st Dose: 8:00AM - 07/03, 07/04, 07/06, 07/07, 07/08, 07/10, 07/11 and 07/12 2nd Dose: 8:00PM - 06/16, 06/17, 06/18, 06/20	N 352		

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N 352	Continued From page 3 06/22, 06/23, 06/25, 06/28, 06/29, 06/30, 07/03, 07/07, 07/08 and 07/10 Vitamin D3 50,000 unit - Take 1 cap every other week on Monday. 06/23, 06/30 and 07/07 Docusate SOD 100mg - Take 1 cap twice daily. 1st Dose: 8:00AM - 07/03, 07/04, 07/06, 07/07 and 07/08 2nd Dose: 8:00PM -07/02, 07/03 and 07/07 RESIDENT 5 Lorazepam 0.5mg - take 1 tab three times daily for anxiety. 1st Dose: 07/05, 07/06, 07/07, 07/08, 07/09, 07/10, 07/11, 07/12, 07/13 and 07/14 2nd Dose: 06/22, 06/23, 06/ 24, 06/ 28, 06/29, 06/30, 07/03, 07/04, 07/05, 07/06, 07/07, 07/08, 07/09, 07/10, 07/11, 07/12 and 07/13 3rd Dose: 07/01, 07/04, 07/05, 07/06, 07/07, 07/08, 07/09, 07/10, 07/11, 07/12 and 07/13 On 07/15/2025, at approximately 2:00PM, RCC-E confirmed "OTH" was documented for medications that were not administered due to the complications with the change in pharmacies. ED-H reported s/he began employment with the provider just as the switch was occurring. ED-H stated they are working with the pharmacy to get the situation resolved.	N 352		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual	{N 389}		

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{N 389}	Continued From page 4 service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure individual service plans (ISP) were signed by the resident or the resident's legal representative for 3 of 3 residents reviewed (Resident 3, Resident 4 and Resident 5). This is a repeat violation. See Statement of Deficiency (SOD) K76R12, dated 02/28/2025. Findings Include: RESIDENT 3 On 07/14/2025, at approximately 11:30AM, Surveyor reviewed Resident 3's ISP, with the print date 07/14/2025. Surveyor reviewed Resident 3's ISP and there was no signature from Resident 3 or his/her healthcare power of attorney. RESIDENT 4 On 07/14/2025 at approximately 11:35AM, Surveyor reviewed Resident 4's ISP dated 06/04/2025. The ISP noted Resident 4 does not have an activated power of attorney and directs	{N 389}		

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{N 389}	Continued From page 5 his/her own care. The ISP was not signed by Resident 4. RESIDENT 5 On 07/14/2025, at approximately 11:40AM, Surveyor reviewed Resident 5's ISP, dated 05/28/2025. The ISP was not signed by Resident 5 or his/her healthcare power of attorney. On 07/15/2025, at 2:00PM, Surveyor interviewed Director H (ED-H) and Residential Care Coordinator (E RCC-E). ED-H explained s/he was recently hired on 06/05/2025. ED-H reported ISPs have been updated, but confirmed there were no signatures obtained. RCC-E advised moving forward, when the managed care organization is onsite for the care conference, the provider will print the ISP and obtain signatures at the meeting. RCC-E reported the ISPs have been mailed out for signatures.	{N 389}		