Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009074	A. BUILDING: _____ B. WING _____	C 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK MANOR II	2482 TERREBONNE DRIVE MOSINEE, WI 54455

(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 10/25/2023, Surveyor conducted a complaint investigation and standard survey at Cedar Creek Manor II. Information was reviewed through 11/02/2023. The complaint was unsubstantiated. One deficiency was identified. Census: 15	N 000		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by:	N 404		

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

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N 404	Continued From page 1 Based on record review and interview, the provider did not ensure an annual onsite review of the medication administration and medication storage was done by a medical professional. This had the potential to affect all of the residents receiving medications from a staff member. Findings include: On 10/25/23 at 12:30 PM, Surveyor requested the annual medication review of the provider's system of medication administration and storage. Surveyor was not given the information. On 10/25/2023 at approximately 4:00 PM, Surveyor interviewed Administrator A. Administrator A stated that none would be found as s/he no longer had anyone to do it. On 10/30/2023 at 10/26/2023 at 6:03 PM, Administrator A sent Surveyor an email. On 10/30/2023, Surveyor reviewed the information in the email. Administrator A indicated that an onsite review had not been done since 2020. On 10/30/2023 at 12:20 AM, Surveyor interviewed Administrator A. Administrator A stated this process review ended when s/he no longer had a medical professional to do them. Administrator A stated that arranging a review and report was put lower on the list of priorities after resident and staff needs but s/he had a call in to schedule a review.	N 404		