STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	R-C 10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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 10/30/2024, Surveyor conducted a verification visit at Evergreen Manor III Inc. Two deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not follow the resident's Individual Service Plan (ISP) as written. Resident 5 was documented on his/her ISP that staff were to encourage Resident 5 to assist with cooking/baking and when Resident 5 asked to assist, Caregiver C stated s/he didn't need assistance. Findings include: On 10/30/2024, at approximately 10:45 AM, Surveyor observed Resident 5 ask Caregiver C if s/he could assist him/her with cooking, as Caregiver C was prepping food for the meals. Caregiver C stated s/he did not need his/her assistance. Resident 5 went to his/her room. On 10/30/2024, Surveyor reviewed Resident 5's record. Resident 5 moved into the facility 09/14/2023.	N 388		

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

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N 388	Continued From page 1 Resident 5's ISP, dated 10/14/2024, documented: "Leisure Time Activities: Staff encourage [Resident 5] to participate in the activities that the house provides. ... Staff have encouraged [Resident 5] to assist with cooking/baking and this far [s/he] has enjoyed assisting with this. ... The goal is for [Resident 5] to remain active and to choose what [s/he] likes to do with [his/her] leisure time." On 10/30/2024, at approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 5 was allowed to assist staff with cooking, but Caregiver C was using a sharp knife to cut up the potatoes. Administrator A continued to state that Resident 5 could use a knife. Administrator A stated staff encouraged activities to teach activities of daily living.	N 388		
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	N 408		

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N 408	Continued From page 2	N 408		

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 that 1 of 1 resident prescribed PRN (as needed) psychotropic medication was documented in their Individualized Service Plan (ISP). The ISP did not include a rationale for use, nor a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication.

This is a repeat deficiency. See Statement of Deficiency (SOD) YK8613, dated 10/24/2022.

Resident 1's ISP did not identify s/he was on PRN Clonazepam or include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration.

Findings include:

On 10/30/2024, Surveyor reviewed Resident 1's record.

Resident 1 moved into the facility 08/03/2023.

Resident 1's October 2024 Medication Administration Record (MAR) documented:
Clonazepam Tab 2MG (milligram) - Take 1 tablet by mouth twice daily as needed - minimum of 4 hours between doses.
"10/24 7:15 - Anxiety"
"10/25 7:45 - Anxiety"

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N 408	Continued From page 3	N 408		

"10/26 8:50 PM - Anxiety"
"10/27 8:35 PM - Anxiety"
"10/28 6:42 PM - Anxiety"
"10/29 7:20 - Anxiety"

Resident 1's daily notes documented:
"10/24/2024 - [Resident 1] was out at 7:15 was given a PRN (as needed) Clonazepam then went back to [his/her] room for the night. Symptoms/Status: NONE"
"10/25/2024 - [Resident 1] came out at 7:45 and requested PRN for anxiety and returned to room for the night. Symptoms/Status: NONE"
"10/26/2024 - Symptoms/Status: NONE"
"10/27/2024 - Symptoms/Status: NONE"
"10/28/2024 - Symptoms/Status: NONE"
"10/29/2024 - [Resident 1] came out around 8:30 and requested a PRN of Clonazepam which was given, went out for a smoke and returned back to [his/her] room."

Resident 1's "Individual Service Plan," dated 09/03/2024, documented:
"Self Abusive Behavior: Has a history of self abuse by using elicit drugs. Since living at [provider], we have not seen any acts of self harm."
"Suicidal Tendencies: Has a history of suicidal ideations when [s/he] is really struggling, and years ago would present to ER (emergency room) for help. There have been no suicide attempts or suicidal ideation since moving into at [provider]."
"Destruction of Property, Self, Physically or Mentally Abusive: Started an accidental fire in [his/her] apartment 3 years ago. Has a history of self abuse of using elicit drugs. Doesn't have a history of being mentally abusive. ... There have been no acts of aggression, physically or mentally, since [his/her] arrival to [provider]."

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N 408	Continued From page 4 "Attitude: States [his/her] attitude is good for the most part. Staff are to offer 1:1 time with [Resident 1] when feeling down." "Interaction With Others: Is social and gets along with others." "Aggressive/Combative: Had a domestic years ago. Since [Resident 1's] arrival to [provider], [s/he] has been cordial to staff and other residents." "Other Concerns: Still having issues will getting frustrated [sic] with [social media] and will take a PRN Olanzapine. Staff talks with [Resident 1] at these times, and it seems to help [him/her] calm down." Surveyor noted the ISP documented Olanzapine versus Clonazepam and did not document behaviors that identified when a PRN psychotropic medication should be administered. On 10/30/2024, at approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated s/he would update Resident 1's ISP.	N 408		