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 05/01/2025

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 05/01/2025, Surveyor conducted a verification visit at Evergreen Manor III Inc. One deficiency was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
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 observation, record review, and interview, the provider did not ensure proper documentation of the Medication Administration Record (MAR) for 1 of 1 resident reviewed. Resident 6's 'as needed' (PRN) Hydroxyzine was not documented administered as prescribed. Findings include: On 05/01/2025, at approximately 1:40 PM,	N 415		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 415	Continued From page 1	N 415		

Surveyor and Manager A observed Resident 6's blister card of PRN Hydroxyzine. The blister card documented: "Hydroxyz (Hydroxyzine) Pam (Pamoate) Cap (capsule) 50 MG (milligram) - Take 2 capsules by mouth three times a day as needed - anxiety. Start Date: 01/09/2025. Dispensed Date: 01/09/2025." Fourteen of 60 capsules had been dispensed.

On 05/01/2025, Surveyor reviewed Resident 6's record.

Resident 6 moved into the facility 01/09/2025.

Resident 6's Medication Administration Records, dated 01/09/2025 to 05/01/2025, documented: "Hydroxyz Pam Cap 50 MG - Take 2 capsules by mouth three times a day as needed - Anxiety." The MARS documented administration on:
02/07 - 8:00 PM - Rationale: Sleep
02/13 - 3:00 PM - Rationale: Hyper
02/21 - 6:25 PM - Rationale: Anxiety
02/27 - 7:00 PM - Rationale: Anxiety
03/01 - 9:10 PM - Rationale: Sleep
03/04 - 7:00 PM - Rationale: Sleep
03/05 - 7:10 PM - Rationale: Sleep
03/06 - 7:05 PM - Rationale: Sleep
03/07 - 10:39 - Rationale: Sleep
03/13 - 12:20 - Rationale: Anxiety
03/19 - 7:10 PM - Rationale: Anxiety
03/21 - 7:15 PM - Rationale: Anxiety
03/24 - 9:00 - Rationale: Anxiety
03/20 - 7:20 - Rationale: Anxiety
03/29 - 11:10 PM - Rationale: Anxiety
03/30 - 9:25 PM - Rationale: Anxiety
04/01 - 7:30 PM - Rationale: Sleep
04/02 - 10:25 PM - Rationale: Sleep
04/03 - 9:30 - Rationale: Sleep
04/07 - 9:30 - Rationale: Sleep
04/08 - 8:35 PM - Rationale: Sleep

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 415	Continued From page 2 04/11 - 7:00 PM - Rationale: Anxiety 04/20 - 7:30 - Rationale: Anxiety The MARs documented 23 administrations equaling 46 capsules administered leaving 14 capsules remaining. Surveyor and Manager A counted the number of capsules remaining in Resident 6's blister card of Hydroxyzine, which contained 46 capsules. Surveyor asked if another blister card had been utilized during the timeframe. Manager A was unable to determine if another blister card of Hydroxyzine had been utilized prior to the 01/09/2025 dispensed card. Manager A stated s/he was going to re-educate staff to date the blister card next to the bubble of medication as to when it was dispensed, along with writing the dispensed date on the MAR. Manager A stated s/he would re-educate staff on documenting a detailed rationale as to why a PRN psychotropic medication had been administered and ensuring the medication is only administered as prescribed.	N 415		