STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016172	A. BUILDING: _____ B. WING _____	C 07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS OF FREDERIC 2	**105 OAK ST EAST FREDERIC, WI 54837**

(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 07/24/2025, Surveyors conducted an abbreviated survey and complaint investigation at Traditions of Frederic 2. Data was collected through 07/29/2025. The complaint was unsubstantiated. One violation was identified. Census: 17	N 000		
N 413	83.37(2)(b) Medication administration supervised by staff Medication administration supervised by a registered nurse, practitioner or pharmacist. When medication administration is supervised by a registered nurse, practitioner or pharmacist, the CBRF shall ensure all of the following: 1. The registered nurse, practitioner or pharmacist coordinates, directs and inspects the administration of medications and the medication administration system. 2. The registered nurse, practitioner or pharmacist participates in the resident ' s assessment under s. HFS 83.35(1) and development and review of the individual service plan under s. HFS 83.35 (3) regarding the resident ' s medical condition and the goals of the medication regimen. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure the registered nurse directed and inspected the administration of Resident 1's medications. Findings include:	N 413		

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

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N 413	Continued From page 1 The facility is licensed to provide care to 19 residents from the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 07/24/2025 at approximately 2:30 PM, Surveyors reviewed Resident 1's records. Resident 1's medication administration regimen (MAR) did not include a practitioner's order directing staff to crush medications. At approximately 4:00 PM, Surveyor interviewed Caregiver D, who stated s/he had been crushing Resident 1's medication for about a month. Surveyor asked to see the order for crushing medications on Resident 1's MAR. Caregiver D showed Surveyor Resident 1's MAR which did not include a crushed medication order. At approximately 4:20 PM, Surveyor interviewed Registered Nurse (RN) C, who stated caregivers were administering crushed medications to Resident 1. RN C stated there was no order which indicated Resident 1's medications could be crushed. RN C stated Caregiver D had been administering crushed medications to Resident 1 because Caregiver D said it was easier to administer them that way. RN C stated s/he discovered that staff were administering crushed medications to Resident 1, without an order, for approximately a month prior to date of survey, and that staff had stopped administering crushed medications since then. RN C stated staff had not had issues administering medications to Resident 1 in the past month after the issue had been addressed. On 07/28/2025, at approximately 3:00 PM, Surveyor interviewed Administrator A and Assistant Administrator (AA) B. AA B stated RN C	N 413		

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N 413	Continued From page 2 had started working at the facility around the end of March 2025 and that staff might have been crushing Resident 1's medications shortly after RN C started. The facility did not ensure that RN C, who started around the end of March, directed and inspected the administration of Resident 1's medications until approximately a month prior to the Survey date.	N 413		