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
	0010835	A. BUILDING: _____ B. WING _____	C 01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE CARE CENTER	204 HALL STREET MAUSTON, WI 53948

(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 01/04/2024, Surveyor conducted a complaint investigation at Cottage Care Center. Information for this survey was received and reviewed through 01/05/2024. The complaint was substantiated. One deficiency was identified. Census: 5	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.	N 404		

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

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N 404	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the provider did not arrange on an annual basis for a physician, pharmacist, or registered nurse to conduct an onsite review of the provider's medication administration and medication storage systems in 2023. Findings include: On 11/20/2023, the department received a complaint regarding medication errors and medication storage systems. On 01/03/2024 at approximately 10:00 AM, Surveyor conducted a complaint investigation. Surveyor shared the complainant's concerns with Assistant Administrator (AA) A. At approximtely 10:45 AM, Surveyor reviewed the medication cart and observed it was locked but not tethered to the wall. Surveyor then requested the onsite review of the provider's medication administration and medication storage systems for 2023. AA A and Licensee B stated there was no recorded documentation of the review but the facility's registered nurse was constantly in the medication cart and would know any concerns if there were any. Surveyor reviewed the requirements with AA A and Licensee B. AA B and Licensee B stated they would have the facility's registered nurse complete the review and document it annually going forward.	N 404		