STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019662	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN NORTH	N113 W16358 SYLVAN CIRCLE GERMANTOWN, WI 53022

(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 02/26/2025, Surveyor conducted 2 complaint investigations at High Point Residence Germantown North. As a result of the survey, 1 of 2 complaints was substantiated, resulting in 2 deficiencies, 1 deficiency was a repeat deficiency. Census: 16	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 (Resident 1) resident reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. This is a repeat deficiency. See SOD EWEE11, dated 03/01/2024. Findings Include: On 12/19/2024, the department received a complaint regarding medications not administered per physician's orders. On 02/26/2025, Surveyor requested Resident 1's record from Administrator A and Executive Director (ED) B. Resident 1 admitted to the facility on 11/20/2024, with orders dated	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019662	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN NORTH	N113 W16358 SYLVAN CIRCLE GERMANTOWN, WI 53022

(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 352	Continued From page 1	N 352		

11/19/2024 to include "Acetaminophen 500 MG Tablet - Take 2 tablets (1000 mg) by mouth 3 times a day, Florajen Acidophilus 460 mg (20 Billion Cell) Capsule - Take 1 capsule by mouth in the morning, Aspirin 325 MG Tablet - Take 1 tablet by mouth in the morning, Estradiol *HD* 0.01% (0.1 MG/Gram) Cream/Appl - Insert 1 gram vaginally at bedtime, Lisinopril 40 MG Tablet - Take 1 tablet by mouth in the morning, Melatonin 10 MG Capsule - Take 1 capsule by mouth at bedtime, Metoprolol Tartrate 25 mg Tablet - Take 3 tablets (75 MG) by mouth 2 times a day, Omeprazole 40 MG Capsule Dr - Take 1 capsule by mouth in the morning, Preservision Areds 2 250-200-40-1 MG Unit-MG-MG-Capsule - Take 1 capsule by mouth in the morning, Vitamin D3 1000 Unit Tablet - Take 1 tablet by mouth in the morning." "On 11/26/2024, Surveyor observed a Clinic Visit Record with order for tubigrips for edema. Order was added to medication administration record (MAR) with a start date of 11/28/2024, stating "Medigrip Size F 3.9 Put on in the morning, remove at bedtime."

Surveyor reviewed the MAR for 11/2024 and 12/2024. The MAR reflected "5" on several days, chart code states 5=Hold/See Progress Notes.
Review of the MAR for 11/2024:
Medigrip Size F 3.9 - MAR documented 5 on: 11/28/2024, 11/29/2024, 11/30/2024. Review of progress notes reflected:
11/28/2024 - reason not documented
11/29/2024 - "Med not available"
11/30/2024 - "Med not available"

Surveyor reviewed the MAR for 12/2024. The MAR reflected:
Acetaminophen 500 MG Tablet - MAR documented 5 on: 12/07/2024, 12/08/2024, 12/09/2024, 12/10/2024, 12/11/2024, 12/12/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019662	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN NORTH	N113 W16358 SYLVAN CIRCLE GERMANTOWN, WI 53022

(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 352	Continued From page 2	N 352		

for the 1600 med pass, and 12/07/2024, 12/08/2024, 12/09/2024 for the 2000 med pass. Review of the progress notes reflected:
1600 Med Pass
12/07/2024 - on order
12/08/2024 - Not available
12/09/2024 - on order
12/10/2024 - Med not available
12/11/2024 - Med not available
12/12/2024 - Med not available

2000 Med Pass
12/07/2024 - no documentation
12/08/2024 - Not available
12/09/2024 - Not available

Aspirin 325 MG Tablet - MAR documented 5 on: 12/07/2024, 12/08/2024, 12/09/2024 and 12/10/204 for the 0800-med pass. Review of progress notes reflected:
12/07/2024 - on order
12/08/2024 - medication not in stock-waiting for MD to fill
12/09/2024 - medication out of refills-waiting on MD to refill
12/10/2024 - Med not available

Florajen Acidophilus 460 mg (20 Billion Cell) Capsule - MAR documented 5 on 12/12/2024, 12/14/2024, 12/15/2024 and 12/16/2024 for 0800-med pass. Review of progress notes reflected:
12/12/2024 - In MAR twice
12/14/2024 - Med not available
12/15/2024 - Med not available
12/16/2024 - Med not available

Estradiol *HD* 0.01% (0.1 MG/Gram) Cream/Appl -MAR document 5 on: 12/08/2024 for the 2000 med pass. Review of progress notes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019662	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN NORTH	N113 W16358 SYLVAN CIRCLE GERMANTOWN, WI 53022

(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 352	Continued From page 3	N 352		

reflected:
12/08/2024 - not available

Lisinopril 40 MG Tablet - MAR document 5 on: 12/07/2024, 12/08/2024, 12/09/2024 and 12/10/2024 for the 0800-med pass. Review of progress notes reflected:
12/07/2024 - on order
12/08/2024 - medication not in stock-waiting for MD to fill
12/09/2024 - medication out of refills-waiting on MD to refill
12/10/2024 - Med not available

Melatonin 10 MG Capsule - MAR documented 5 on: 12/07/2024, 12/08/2024 and 12/09/2024 for the 2000 med pass. Review of progress notes reflected:
12/07/2024 - no documentation
12/08/2024 - Not Available
12/09/2024 - Not Available

Metoprolol Tartrate 25 mg Tablet - MAR documented 5 on: 12/07/2024, 12/08/2024, 12/09/2024 and 12/10/2024 for the 0800 med pass, and 12/07/2024, 12/08/2024 and 12/09/2024 for the 2000 med pass. Review of the progress notes reflected:
0800 Med Pass
12/07/2024 - on order
12/08/2024 - medication not in stock-waiting for MD to fill
12/09/2024 - medication out of refills-waiting on MD to refill
12/10/2024 - Med not available

2000 Med Pass
12/07/2024 - no documentation
12/08/2024 - not available
12/09/2024 - Not Available

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019662	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN NORTH	N113 W16358 SYLVAN CIRCLE GERMANTOWN, WI 53022

(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 352	Continued From page 4 Omeprazole 40 MG Capsule Dr - MAR documented 5 on: 12/07/2024, 12/08/2024, 12/09/2024 and 12/10/2024 for the 0800-med pass. Review of the progress notes reflected: 12/07/2024 - no documentation 12/08/2024 - medication not in stock-waiting for MD to fill 12/09/2024 - medication out of refills-waiting on MD to refill 12/10/2024 - Med not available Vitamin D3 1000 Unit Tablet - MAR documented 5 on: 12/07/2024, 12/08/2024, 12/09/2024 and 12/10/2024. Review of the progress notes reflected: 12/07/2024 - on order 12/08/2024 - medication not in stock-waiting for MD to fill 12/09/2024 - medication out of refills-waiting on MD to refill 12/10/2024 - Med not available Medigrip Size F 3.9 - MAR documented 5 on: 12/01/2024, 12/02/2024, 12/03/2024, 12/04/2024, 12/05/2024, 12/06/2024, 12/07/2024, 12/09/2024, 12/10/2024, 12/11/2024, 12/12/2024, 12/13/2024, 12/14/2024, 12/15/2024 and 12/16/2024. Review of progress notes reflected: 12/01/2024 - Med not available 12/02/2024 - Med not available 12/03/2024 - Not available 12/04/2024 - Med not available 12/05/2024 - no documentation 12/06/2024 - Med not available 12/07/2024 - on order 12/09/2024 - medication out of refills-waiting on MD to refill 12/10/2024 - Med not available 12/11/2024 - not in stock	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019662	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN NORTH	N113 W16358 SYLVAN CIRCLE GERMANTOWN, WI 53022

(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 352	Continued From page 5 12/12/2024 - Med not available 12/13/2024 - not in stocvk [sic] 12/14/2024 - Med no available 12/15/2024 - Med not available 12/16/2024 - Med not available MAR documented 2 "Drug Refused" on: 12/08/2024. Review of progress notes reflected: 12/08/2024 - resident refused to let staff assist with getting [him/her] dressed stated "I dont [sic] feel good and dont [sic] feel like it leave me alone" On 02/26/2025, Surveyor interviewed Administrator A and Executive Director B. Surveyor asked about the meds not available for Resident 1. Executive Director B provided Surveyor with fax transmission status for reorder of meds. On 12/08/2024, fax failed at 8:51 AM. On 12/10/2024 fax was sent successful at 10:44 AM. ED B provided Surveyor with Resident 1's notes reflecting: 11/26/2024 - "resident had clinic visit w/PCP [Dr. C]. No medication changes, tubigrip order included." 12/07/2024 - "spoke to [Family D] re: meds missing refills." 12/07/2024 - "resident out of scheduled medication, awaiting PCP refill authorization. PCP contacted for refill authorization." 12/08/2024 - "Faxed [Dr. C] requesting refills of all [his/her] scheduled medications." 12/10/2024 - "re-faxed [Dr. C] about needing refills on all scheduled medications." There was no note or documentation regarding the 12/08/2024 fax not going through. Medications did arrive in the facility after the 12/10/2024 fax was successfully sent. ED B stated s/he was unsure if Resident 1 had ever received his/her Medigrips.	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019662	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN NORTH	N113 W16358 SYLVAN CIRCLE GERMANTOWN, WI 53022

(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 352	Continued From page 6 The provider did not ensure resident reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner and Medigrips were put on in the AM and off in PM per doctor orders.	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not review and revise the individual service plan (ISP) annually or on change of condition for one (1) of 1 resident reviewed. Findings include: On 02/26/2025, Surveyor requested Resident 1's ISP from Administrator A and Executive Director (ED) B. Resident 1 admitted to the facility on 11/20/2024. Resident 1's ISP was dated 11/18/2024. Resident 1's ISP was not updated	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019662	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGH POINT RESIDENCE GERMANTOWN NORTH	N113 W16358 SYLVAN CIRCLE GERMANTOWN, WI 53022

(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 389	Continued From page 7 after Resident 1's Clinic visit, where Dr. C ordered tubigrips for edema. Review of Resident 1's record reflected Resident 1 did not receive tubigrips on in the AM and off in the PM, per doctors orders. On 02/26/2025 at 1:30 PM, Surveyor interviewed ED B. ED B stated s/he believed Resident 1 was never measured for the tubigrips. ED B acknowledged s/he did not have any documentation for why Resident 1 did not have the tubigrips, or why the ISP was not updated to include the order for tubigrips. The provider did not review, and revise ISP after Dr. C ordered tubigrips.	N 389		