STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012947	A. BUILDING: _____ B. WING _____	C 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTONE SENIOR LIVING CBRF	**950 BEAR PAW AVE RICE LAKE, WI 54868**

(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 07/17/2025, Surveyors conducted a complaint investigation and a standard licensure survey at Woodstone Senior Living CBRF. Data was collected through 07/22/2025. The complaint was unsubstantiated. Two deficiencies were identified. Census: 28	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents sampled had a completed pre-admission assessment in their record. Findings include: The provider is licensed to care for 39 residents in the client groups advanced aged and	N 381		

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

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N 381	Continued From page 1 irreversible dementia/Alzheimer's disease. On 07/17/2025 at approximately 11:00 AM, Surveyors reviewed the records for Resident 1, Resident 2, and Resident 3. None of the residents' records contained a completed pre-admission assessment. At approximately 11:25 AM, Director of Health Services (DOHS) B stated that s/he did not realize s/he had to complete a formal pre-admission assessment and had never completed a pre-admission process. DOHS B and Administrator A stated they would typically meet informally with residents prior to admission, but did not complete pre-admission assessments with them. On 07/18/2025, at approximately 10:36 AM, DOHS B emailed surveyors, stating that s/he was not aware of the DHS 83 regulations due to the owners of the facility being based out of Minnesota, which has different regulations. The provider did not complete an assessment of each resident's needs, abilities, and physical and mental condition before admission.	N 381		
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	N 404		

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N 404	Continued From page 2 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a physician, pharmacist, or registered nurse (RN) conducted an annual onsite review of the provider's medication administration and medication storage systems. Findings include: The provider is licensed to care for 39 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 07/17/2025, at approximately 10:30 AM, Surveyors requested the annual medication regimen reviews for 2023 and 2024. Director of Health Services (DOHS) B stated s/he was not aware that an annual medication regimen review was required. DOHS B stated s/he would look for any documentation and send it via email if the provider had any on file. On 07/18/2025 at approximately 10:36 AM, DOHS B emailed Surveyors stating, "I do go	N 404		

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N 404	Continued From page 3 through carts once monthly [sic] and we do watch meds being passed and work closely with my staff, and also have details in each care plan on med storage, etc., but I have not been aware of a formal form being needed, so [sic] will implement that going forward." DOHS B did not provide any documentation of annual medication administration reports. The provider did not ensure annual medication administration, regimen, and storage reviews were completed.	N 404		