STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017960	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POINT MANOR ASSISTED LIVING	**1800 SHERMAN AVE STEVENS POINT, WI 54481**

(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 01/24/2025-01/30/2025, Surveyor conducted 3 complaint investigations and a standard survey at Point Manor Assisted Living. Five deficiencies were identified. One of 5 deficiencies was a repeat violation. See Statement of Deficiency (SOD) ZVSY11, dated 09/15/2022. Three complaints were unsubstantiated. Census: 22	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 that Resident 2 received his/her medications as prescribed by his/her practitioner. From 12/01/2024-01/23/2025, staff administered Resident 2's blood pressure medication on 4 occurrences even though his/her blood pressure fell within parameters to hold his/her metoprolol. This is a repeat violation. See Statement of Deficiency (SOD) ZVSY11, dated 09/15/2022.	N 352		

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

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N 352	Continued From page 1 Findings include: On 03/05/2024, the Department received a complaint alleging concerns with resident medications. On 01/24/2025, Surveyor reviewed resident records and identified the following: Example 1: Resident 2 Resident 2 was admitted to the provider on 04/26/2024 with diagnosis including major depressive disorder and hypertension. Resident 2's most recent ISP dated 05/08/2024 and 09/18/2024 indicated staff administer his/her medications. Resident 2's physician orders included metoprolol 25 mg tablet with instructions to "Take 1 tablet by mouth two times a day for hypertension hold if SBP <110." Start date 04/26/2024. Resident 2's medication administration record (MARs) from 12/01/2024-01/23/2025 documented the following: -12/04/2024 (evening administration): Blood pressure documented as 105/70, metoprolol administered -01/13/2025 (morning administration): Blood pressure documented as 106/81, metoprolol administered -01/16/2025 (morning administration): Blood pressure documented as 106/63, metoprolol administered -01/17/2025 (evening administration) Blood pressure documented as 109/65, metoprolol administered On 01/30/2025 at 2:00 PM, Surveyor interviewed Administrator A and VP of Success B.	N 352		

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N 352	Continued From page 2 Administrator A acknowledged an understanding of the concern that staff were not consistently holding Resident 2's metoprolol. Administrator A reported being unaware of the above concerns and stated s/he would look over their MARs.	N 352		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 individual service plans (ISP) reviewed were developed with involvement from the resident and resident's legal representative. Resident 1's, Resident 2's, Resident 3's, and Resident 4's ISPs were not developed or signed by him/herself or his/her legal representative.	N 387		

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N 387	Continued From page 3 Findings include: On 01/24/2025, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 04/10/2024. Resident 1 was their own legal decision maker. Resident 1's most recent ISP dated 05/08/2024 did not contain a signature from him/herself. Resident 2 was admitted to the facility on 04/26/2024. Resident 2 had an activated healthcare power of attorney. Resident 2's most recent ISP dated 05/08/2024 and 09/18/2024 did not contain a signature from his/her legal representative. Resident 3 was admitted to the facility on 10/27/2023. Resident 3 had an activated healthcare power of attorney. Resident 3's most recent ISP dated 01/08/2024 did not contain a signature from his/her legal representative. Resident 4 was admitted to the facility on 12/12/2024. Resident 4 had an activated healthcare power of attorney. Resident 4's most recent ISP dated 12/15/2024 did not contain a signature from his/her legal representative. On 01/24/2025 at 12:48 PM, Surveyor interviewed Administrator A. Administrator A reported after looking through records, the provider did not evidence resident care plans were reviewed and signed at care conferences. Administrator A stated Resident 1 and Resident 2 were admitted with the previous administrator and signed ISP's could not be found. On 01/30/2025 at 2:00 PM, Surveyor interviewed Administrator A and VP of Success B.	N 387		

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N 387	Continued From page 4 Administrator A acknowledged resident ISPs were not being reviewed or signed. Administrator A reported Resident 4's legal representative was difficult to reach at times. Administrator A stated s/he would work on capturing required signatures going forward.	N 387		
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. 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 on-site review of the CBRF's	N 404		

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N 404	Continued From page 5 medication administration and medication storage systems for 2024. Findings include: On 01/24/2025, Surveyor conducted a standard survey and asked Administrator A for the annual reviews of the medication administration and storage review for 2024. On 01/24/2025 at 12:48 PM, Surveyor interviewed Administrator. Administrator A stated s/he needed to call the pharmacy for the documentation. Surveyor stated documentation would need to be submitted no later than 01/29/2025 at 12:00 PM. On 01/28/2025 at 6:19 PM, Surveyor received an email from Administrator A. Administrator A reported the previous administrator switched pharmacies in December 2023 and opted to complete the annual medication administration and storage inspections internally. On 01/30/2025 at 2:00 PM, Surveyor interviewed Administrator A regarding the above concern. Administrator A stated the provider's current pharmacy was signed up to complete their 2025 medication administration and storage inspection. The provider did not have evidence of the medication administration and storage review for 2024.	N 404		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1.	N 407		

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N 407	Continued From page 6 Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 residents reviewed were reassessed by a pharmacist, practitioner, or registered nurse as needed, but at least quarterly during the year 2024 for the desired response and possible side effects of scheduled psychotropic medications. Findings include: On 01/24/2025, Surveyor reviewed resident records and identified the following: Resident 1 admitted to the facility on 04/10/2024. Resident 1's individual service plan (ISP) dated 05/08/2024 indicated staff administer his/her medications. Resident 1' physician orders included the following: Desvenlafaxine 100mg tablet to be taken daily with a start date of 06/24/2024, Risperidone 0.5 mg tablet to be taken daily with a start date of 09/25/2024, Risperidone 1mg tablet to be taken daily with a start date of 05/02/2024, Trazadone 50mg tablet to be taken daily with a start date of 05/02/2024, and Lorazepam 0.5mg tablet to be taken daily 2x/day with a start date of 06/23/2024. Resident 1's record did not contain psychotropic	N 407		

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N 407	Continued From page 7 medication reviews for the 2nd, 3rd, and 4th quarters of 2024. Resident 2 was admitted to the facility on 04/26/2024. Resident 2's most recent ISP dated 05/08/2024 and 09/18/2024 indicated staff administer his/her medications. Resident 2's physician orders included the following: Venlafaxine 150mg tablet to be taken daily with a start date of 06/29/2024, Venlafaxine 75mg tablet to be taken daily with a start date of 10/26/2024, Lamotrigine 25mg tablet to be taken 2x daily with a start date of 04/26/2024. Resident 2's record did not contain psychotropic medication reviews for the 2nd, 3rd, and 4th quarters of 2024. On 01/24/2025 at 12:48 PM, Surveyor interviewed Administrator A and requested copies of Resident 1's and Resident 2's quarterly psychotropic medications reviews for year 2024. Administrator A reported s/he waiting to hear back from the pharmacy. Administrator A stated documentation would need to be submitted no later than 01/29/2025 at 12:00 PM. On 01/28/2025 at 6:19 PM, Surveyor received an email from Administrator A. Administrator A reported s/he could not locate any quarterly psychotropic reviews for 2024 after searching records and following up with the pharmacy. Administrator A stated the provider is now signed up with their current pharmacy to conduct quarterly psych reviews.	N 407		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following:	N 454		

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N 454	Continued From page 8 (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of	N 454		

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N 454	Continued From page 9	N 454		

medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider did not maintain a resident record for 2 of 2 residents reviewed.

The provider did not maintain the pre-admission assessment for Resident 1 and Resident 2.

Findings include:

On 01/24/2025, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted to the facility on 04/10/2024. Resident 1's record did not contain a pre-admission assessment.

Resident 2 was admitted to the facility on

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N 454	Continued From page 10 04/26/2024. Resident 2's record did not contain a pre-admission assessment. On 01/24/2025 at 12:48 PM, Surveyor interviewed Administrator A and requested copies of Resident 1's and Resident 2's pre-admission assessments. Administrator A reported Resident 1 and Resident 2 were admitted under the previous administrator, so additional time was needed to review the record. Surveyor stated documentation would need to be submitted no later than 01/29/2025 at 12:00 PM. On 01/28/2025 at 6:19 PM, Surveyor received an email from Administrator A. Administrator A reported s/he could not find pre-admission assessments for Resident 1 and Resident 2. Administrator A stated both Resident 1 and Resident 2 were admitted under the previous administrator. Administrator A acknowledged Resident 2's pre-admission assessment form was found, but it was blank.	N 454		