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	110130	A. BUILDING: _____ B. WING _____	R-C 04/11/2025

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NORTHPORT GROUP HOME	1602 NORTHPORT DR MADISON, WI 53704

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{N 000}	Initial Comments On 04/04/2025, with information gathered through 04/11/2024, Surveyor conducted a standard licensure survey and a verification visit. Four deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on interview and record review, the provider did not notify the Department of a change in Administrator; Former Administrator A was no longer employed after 09/11/2024. Findings include: On 04/04/2025, at approximately 11:00 AM, House Manager B reviewed facility contact information with Surveyor. House Manager B stated former Administrator A was no longer employed with the provider. House Manager B stated Senior Group Home Manager H would be able to answer questions regarding who was fulfilling the role of administrator. On 04/04/2025, at approximately 12:00 PM, Surveyor interviewed Senior Group Home Manager H. Senior Group Home Manager H stated contact with human resources would need to be made, as s/he did not think s/he would be fulfilling the role as administrator.	N 200		

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

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N 200	Continued From page 1 On 04/04/2025 at 3:02 PM, Director of Human Resources Operations emailed Surveyor and stated: "Regarding [former Administrator A] name replacement for this location. [former Administrator A] last day of employment was September 3, 2024, and [Senior Group Home Manager H] was hired as the Senior Group Home Manager on September 11, 2024. During [former Administrator A] transition, a former employee of Goodwill SCWI was responsible for updating the Northport Group Home's name change. Unfortunately, we have now discovered that this task was not completed by the individual who was accountable for ensuring compliance with the Northport licensee. As our subject matter expert, [Senior Group Home Manager H] name should replace [former Administrator A] in all relevant records."	N 200		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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N 386	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 resident (Resident 2 and Resident 3) had a completed comprehensive Individual Service Plan (ISP) within 30 days of admission, which included the resident's needs and desired outcomes; and did not establish measurable goals with specific time limits for attainment. Findings include: The provider is licensed to care for a maximum of 8 residents from client group emotionally disturbed/mental illness. On 04/04/2025, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 admitted to the facility 01/28/2025. Resident 2's record contained a temporary ISP dated 01/29/2025. Resident 2's record did not contain a comprehensive ISP. Resident 3 admitted to the facility 01/26/2025. Resident 3's record contained a temporary ISP dated 01/27/2025. Resident 3's record did not contain a comprehensive ISP. On 04/04/2025, at approximately 12:30 PM, Surveyor interviewed House Manager B. House Manager B stated Resident 2's record did not contain a comprehensive ISP as s/he was to be a short-term placement, a couple of months. House Manager B stated s/he was scheduled to move out on 04/07/2025. House Manager B stated s/he was unable to locate Resident 2's	N 386		

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N 386	Continued From page 3 comprehensive ISP. House Manager B asked Senior Group Home Manager H if s/he had a copy of the ISP. On 04/04/2025 at 3:07 PM, Senior Group Home Manager H stated s/he had met with Resident 3's care manager in February and developed goals for him/her but did not incorporate it into a comprehensive ISP. Senior Group Home Manager H stated a meeting would be scheduled with Resident 3's care manager and new goals would be discussed, and an ISP would be developed.	N 386		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure proper documentation of the Medication Administration Record (MAR) for 2 of 2 residents. Resident 2's MARs contained blank marks where	N 415		

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N 415	Continued From page 4	N 415		

staff initials should have been recorded to document medication administration or a rationale as to why the medication was not administered.
Resident 2's as-needed (PRN) Gabapentin (pain medication) and Naproxen (anti-inflammatory drug) did not document if the medication was effective.
Resident 3's PRN Quetiapine (psychotropic) and PRN Tizanidine (pain medication) did not document if the medication was effective.

Findings include:

Example 1: Resident 2

On 04/04/2025, at approximately 10:30 AM, Surveyor and House Manager B observed Resident 2's medications in the med cabinet. Surveyor observed an opened bottle of Fluticasone nasal spray and a Fluticasone Propionate inhaler. House Manager B stated Resident 2 refused these medications often. Surveyor requested Resident 2's record.

Resident 2 admitted to the facility 01/28/2025.

Resident 2's January, February, March and April MARs, dated 01/29/2025 to 04/04/2025, documented:
-Fluticasone Propionate - Take 1 puff by mouth twice a day. Scheduled at 8:00 AM and 8:00 PM. Start Date: 01/29/2025.
The MARs contained blanks at 8:00 PM on 02/06, 02/07, 02/10, 02/11, 02/13 to 02/28, 03/02, 03/03, 03/05 to 03/09, 03/12 to 04/03
-Fluticasone 50 MCG (micrograms) - Shake and do 2 sprays into each nostril once daily. Scheduled at 8:00 AM. Start Date: 01/29/2025.
The MARs contained blanks on 02/03, 03/08,

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N 415	Continued From page 5 03/09 -Gabapentin 300 MG (milligram) - Take 1 capsule by mouth 3 times a day as needed. The MARS documented administration on 01/30, 01/31 (twice), 02/01 The MARs did not document if the medication was effective. -Naproxen 500 MG tablet - Take 1 tablet by mouth twice daily with food as needed. The MARS documented administration on 02/2, 02/15, 02/16, 02/17, 02/24, 03/01,03/02, 03/12, 03/20, 03/21 The MARs did not document if the medication was effective. Example 2: Resident 3 On 04/04/2025, at approximately 10:30 AM, Surveyor and House Manager B observed Resident 3's medications in the med cabinet. Surveyor observed a bottle of Quetiapine (psychotropic medication) tablets. Surveyor requested Resident 3's record. Resident 3 admitted to the facility 01/26/2025. Resident 3's January, February, March and April MARs, dated 01/26/2025 to 04/04/2025, documented: -Quetiapine Fumarate 50 MG tablet - Take 1 tablet 3 times daily as needed. Start Date: 01/29/2025. The MARs documented "resident requested for anxiety" on 01/28 (twice), 01/29, 01/30 (twice), 02/02 (twice), 02/03, 02/04 (twice), 02/05 (twice), 02/06, 02/07, 02/08 (twice), 02/09 (twice), 2/12, 02/15, 02/16, 02/17, 02/19, 02/20, 02/22, 02/23, 03/01, 03/02, 03/05, 03/08 (twice), 03/12, 03/14, 03/15, 03/17, 03/22, 03/25, 03/26, 03/28, 03/30, 04/01	N 415		

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N 415	Continued From page 6 The MARs did not document if the medication was effective. -Tizanidine 4 MG - Take 1 tablet by mouth daily as needed. Start Date: 01/29/2025. Handwritten note documented "May take twice a day." The MARs documented "resident requested for back/hip pain" on 02/04, 02/06, 02/08, 02/09, 02/12, 02/14, 02/15, 02/16 (twice), 02/17, 02/18 (twice), 02/19, 02/20, 02/22, 02/23, 03/01, 03/02 (twice), 03/05, 03/07 (twice), 03/08 (twice), 03/09, 03/10, 03/11, 03/14, 03/15 (twice), 03/16, 03/17, 03/19, 03/20, 03/21, 03/22 (three times), 03/23, 03/24 (three times), 03/29, 03/30, 03/31, 04/01, 04/03 The MARs did not document if the medication was effective. On 04/08/2025 at 3:29 PM, Surveyor emailed House Manager B, Director of Human Resources G, President K, Direction of Mission J and Director of Asset Protection I and identified the concern. On 04/08/2025 at 4:57 PM, President K emailed Surveyor and stated, "Thank you for providing the summary of findings and the technical assistance guidance from the recent survey. We appreciate the detailed feedback and please know that we take these matters seriously. We are committed to making the necessary improvements and will respond accordingly once the statement of deficiency is received."	N 415		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time.	N 525		

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N 525	Continued From page 7 Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct quarterly fire drills, including at least one fire evacuation drill simulating the conditions during usual sleeping hours, with both employees and residents in 2023 and 2024. Findings include: The provider is licensed to care for a maximum of 8 residents from client group emotionally disturbed/mental illness. On 04/04/2025, at approximately 12:00 PM, Surveyor and House Manager B reviewed the provider's 2023 and 2024 fire drill reports which documented: 02/2024 07/01/2024 - 2:30 PM 09/05/2024 - 10:30 PM 02/28/2023	N 525		

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N 525	Continued From page 8 House Manager B stated they had to follow the outlined "Evacuation Drill Schedule for Group Homes," which documented: January: PM (second shift) - Medical Emergency, Third Shift - Violent Situation February: AM (first shift) - Fire Drill March: PM - Bomb Threat, Third Shift - Utility Failure April: AM - Tornado Drill May: PM - Violent Situation, Third Shift - Tornado Drill June: AM - Utility Failure July: PM - Fire Drill, Third Shift - Medical Emergency August: AM - Bomb Threat September: PM - Tornado Drill, Third Shift - Fire Drill October: AM - Medical Emergency November: PM - Utility Failure, Third Shift - Bomb Threat December: AM - Violent Situation The evacuation drill schedule identified 3 fire drills which were not quarterly. On 04/08/2025 at 3:29 PM, Surveyor emailed House Manager B, Director of Human Resources G, President K, Direction of Mission J and Director of Asset Protection I and identified the concern. On 04/08/2025 at 4:57 PM, President K emailed Surveyor and stated, "Thank you for providing the summary of findings and the technical assistance guidance from the recent survey. We appreciate the detailed feedback and please know that we take these matters seriously. We are committed to making the necessary improvements and will respond accordingly once the statement of deficiency is received."	N 525		

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