STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110130	A. BUILDING: _____ B. WING _____	R-C 07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHPORT GROUP HOME	1602 NORTHPORT DR MADISON, WI 53704

(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 07/08/2025, Surveyor conducted a verification visit at Northport Group Home. Two deficiencies were identified. One of 2 deficiencies were repeat violations (see Statement of Deficiency (SOD) WKZG12). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 6	{N 000}		
{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 resident (Resident 4) 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	{N 386}		

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

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{N 386}	Continued From page 1 goals with specific time limits for attainment. This is a repeat deficiency. See Statement of Deficiency (SOD) WKZG12, dated 04/11/2025. Findings include: The provider is licensed to care for a maximum of 8 residents from client group emotionally disturbed/mental illness. On 07/08/2025, Surveyor and House Manager B reviewed Resident 4's record. Resident 4 admitted to the facility 04/28/2025. Resident 4's record contained a temporary ISP dated 04/28/2025. Resident 4's record did not contain a comprehensive ISP. On 07/08/2025, at approximately 12:45 PM, Surveyor interviewed House Manager B. House Manager B stated Resident 4's record did not contain a comprehensive ISP as it had been difficult to coordinator with his/her care team. Surveyor asked if s/he had a template of Resident 4's comprehensive ISP that would be shared with the care team. House Manager B stated it had not been developed.	{N 386}		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for	N 408		

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N 408	Continued From page 2	N 408		

administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 1 of 2 resident's prescribed PRN (as needed) psychotropic medications were documented on the Individualized Service Plan (ISP) with a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration. The administration of the PRN psychotropic was not monitored to determine if the medication had been effective. The provider did not ensure the PRN psychotropic medications were monitored at least monthly for the inappropriate use of the PRN psychotropic medication.

Resident 3's rationale for his/her PRN Quetiapine was not documented in his/her ISP and was not monitored at least monthly.
Resident 3's doses of PRN Quetiapine were not monitored to determine if the medication had been effective.

Findings include:

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N 408	Continued From page 3 On 07/08/2025, Surveyor reviewed Resident 3's record. Resident 3 moved into the facility, 01/27/2025, with diagnoses including the use of alcohol, illegal drugs and substances, excessive use of nicotine. Resident 3's MARs, dated 06/01/2025 to 07/08/2025, documented: "Quetiapine Fumarate - Take (1) tablet three times daily as needed." 06/14 - Resident requested for anxiety - (No documentation regarding effectiveness) 06/16 - Resident requested for anxiety - (No documentation regarding effectiveness) 06/22 - Resident requested for anxiety - (No documentation regarding effectiveness) 06/24 - Resident requested for anxiety - (No documentation regarding effectiveness) 06/28 - Resident requested for anxiety - (No documentation regarding effectiveness) 07/01 - Requested for anxiety - (No documentation regarding effectiveness) 07/03 - Requested for anxiety - (No documentation regarding effectiveness) 07/07 - Resident requested for anxiety - (No documentation regarding effectiveness) Resident 3's ISP, dated 04/09/2025, documented: "Medication - Staff Supervises medications." "[Resident 3] typically takes [his/her] medication on time but has missed doses." "Resident will use Quetiapine Fumarate PRN when they are experiencing symptoms of anxiety. Staff will encourage resident to utilize their self-identified coping strategies to reduce need for PRN. Staff will monitor effective of PRN after providing it and ask resident about effectiveness approximately 30 minutes after taking it."	N 408		

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N 408	Continued From page 4 "Medication Management: Staff is supervising medications, Use of PRN, education of uses of meds and side effects. EACH PRN MUST BE listed with suggestions to recommend to do instead of PRN." On 07/08/2025, at approximately 12:45 PM, Surveyor interviewed House Manager B. Surveyor asked for clarification on what behaviors Resident 3 exhibited that resulted in him/her requesting a PRN Quetiapine or if there was documentation where staff have noted Resident 3's behaviors prior to the administration of his/her PRN Quetiapine. House Manager B stated there could be some documentation in Resident 3's case notes. Surveyor requested the case notes for June and July 2025. House Manager B stated staff were to document the effectiveness of Resident 3's PRN Quetiapine on the MAR. Surveyor asked for clarification on who was responsible for the monthly monitoring of the resident's PRN psychotropics. House Manager B stated the pharmacy representative came in quarterly to review the psychotropic medications. Surveyor asked if the PRN psychotropics were being monitored on a monthly basis. House Manager B stated, "We talk about the resident's meds but there isn't a specific form that is filled out." Surveyor requested the case notes again for June and July 2025. Surveyor did not receive any additional documentation.	N 408		