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 10/28/2025

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

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{N 000}	Initial Comments On 10/28/2025, Surveyor conducted a verification visit at Northport Group Home. Two deficiencies were identified. Two of 2 deficiencies were repeat violations (see Statement of Deficiency (SOD) WKZG12 and SOD WKZG13). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{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 6) had a completed comprehensive Individual Service Plan (ISP) within 30 days of admission, which included the resident's needs and desired	{N 386}		

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

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{N 386}	Continued From page 1 outcomes; and did not establish measurable goals with specific time limits for attainment. This is a repeat deficiency. See Statement of Deficiency (SOD) WKZG12, dated 04/11/2025, and SOD WKZG13, dated 07/08/2025. Findings include: The provider is licensed to care for a maximum of 8 residents from client group emotionally disturbed/mental illness. On 10/28/2025, Surveyor reviewed Resident 6's record. Resident 6 admitted to the facility 08/18/2025. Resident 6's record contained a temporary ISP dated 08/20/2025. Resident 6's record did not contain a comprehensive ISP. On 10/28/2025, at approximately 11:50 AM, Surveyor requested Resident 6's ISP from House Manager B. House Manager B stated s/he could not print off Resident 6's ISP. At approximately 12:10 PM, prior to Surveyor leaving the facility, Surveyor asked House Manager B for Resident 6's ISP. House Manager B stated it was not available.	{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	{N 408}		

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{N 408}	Continued From page 2 behaviors which indicate the need for 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 2 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. This is a repeat deficiency. See Statement of Deficiency (SOD) WKZG13, dated 07/08/2025. Resident 5's PRN Hydroxyzine was not administered as prescribed and was not monitored at least monthly. Resident 7's PRN Propranolol and Hydroxyzine	{N 408}		

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{N 408}	Continued From page 3 were administered with no rationale documented. Findings include: On 10/28/2025, Surveyor reviewed Resident 5's and Resident 7's record. Example 1: Resident 5 Resident 5 admitted into the facility, 07/21/2025. Resident 5's "Medication Authorization Form," dated 07/16/2025, documented: "Hydroxyzine 25 MG (milligram) for anxiety Resident 5's Medication Administration Record (MAR), dated 10/01/2025 to 10/28/2025, documented: "Hydroxyzine 50 MG Tablets - Take (1) Tablet by mouth 4 times daily as needed. 10/02 7:22 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/05 10:33 AM - Resident requested for sleep - (No documentation regarding effectiveness) 10/05 3:53 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/06 6:02 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/07 (No Time) - Resident requested for sleep - (No documentation regarding effectiveness) 10/08 6:23 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/09 6:25 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/10 12:45 - Resident requested for sleep - (No documentation regarding effectiveness) 10/11 3:52 PM - Resident requested for anxiety - (No documentation regarding effectiveness) 10/13 6:05 PM - Resident requested for sleep - (No documentation regarding effectiveness)	{N 408}		

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{N 408}	Continued From page 4 10/14 6:10 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/15 6:29 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/16 6:05 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/17 6:11 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/18 3:55 PM - Resident requested for anxiety - (No documentation regarding effectiveness) 10/18 6:36 PM - Resident requested for anxiety - (No documentation regarding effectiveness) 10/20 7:32 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/21 6:29 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/22 6:27 PM - Resident requested for sleep - (No documentation regarding effectiveness) 10/23 1:30 PM - Resident requested for anxiety - (No documentation regarding effectiveness) 10/23 5:22 PM - Resident requested for anxiety - (No documentation regarding effectiveness) 10/25 6:56 PM - Resident requested for anxiety - (No documentation regarding effectiveness) 10/26 4:41 PM - Resident requested for anxiety - (No documentation regarding effectiveness) 10/26 6:57 PM - Resident requested for anxiety - (No documentation regarding effectiveness) 10/27 6:40 PM - Resident requested for sleep - (No documentation regarding effectiveness) Resident 5's unsigned ISP, dated 08/25/2025, documented: "Medication - Staff Supervises medications." "[Resident 5] will use Hydroxyzine 50 MG tablets as PRN when they are experiencing symptoms of anxiety. Staff will monitor effectiveness of PRN after providing it and asking resident about effectiveness approx. (approximately) 30 mins (minutes) after taking it."	{N 408}		

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{N 408}	Continued From page 5 Resident 5's case notes, dated 10/01/2025 to 10/28/2025, did not document behaviors that corresponded with the administration of the PRN Hydroxyzine or the effectiveness of the medication. The common statement was that Resident 5 initiated meds and requested PRN Hydroxyzine and no side effects were observed. On 10/28/2025, at approximately 11:40 AM, Surveyor interviewed House Manager B. Surveyor asked for clarification on when Resident 5's PRN Hydroxyzine was to be administered. House Manager B stated Resident 5 would ask for his/her PRN Hydroxyzine and staff would write down the rationale Resident 5 stated. Surveyor asked for a physician order for Resident 5's PRN Hydroxyzine. House Manager B stated the provider did not have physician orders, the provider only had the "Medication Authorization Form" where the doctor had reviewed the prescribed medications and signed off on them. Surveyor commented the form stated the medication had been prescribed for anxiety and the form documented a different dosage, 25 MG versus 50 MG. Surveyor asked for clarification if House Manager B or a designated individual was monitoring Resident 5's PRN psychotropic usage. House Manager B stated the usage was being reviewed on a quarterly basis. Surveyor discussed with House Manager B that these concerns had been discussed during the previous survey. House Manager B stated s/he was aware of that. Example 2: Resident 7 Resident 7 admitted into the facility, 03/31/2025. Resident 7's MAR, dated 10/01/2025 to	{N 408}		

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{N 408}	Continued From page 6 10/28/2025, documented: "Propranolol 10 MG Tablet - Take (1 tablet by mouth daily as needed for panic." "Hydroxyzine 10 MG Tablets - Take (1 or 2) Tablet by mouth as needed for anxiety" The MAR documented on 10/26 at 8:29 PM both medications were administered. Resident 7's ISP, dated 05/07/2025, documented: "Medication - Staff Supervises medications." "[Resident 7] will use Propranolol and Hydroxyzine PRN when they are experiencing symptoms of anxiety. Staff will monitor effectiveness of PRN after providing it and asking resident about effectiveness approx. 30 mins after taking it." Resident 7's case note, dated 10/26/2025, documented: "[Resident 7' watched [football] at the house until halftime then [Resident 7] stated [s/he] wanted to take [his/her] meds and go to sleep because [s/he] was feeling anxious. [Resident 7] initiated [his/her] 8 PM meds and Writer administered [his/her] 8 PM meds and requested ... one tab Propanal [sic: Propranolol] for panic and two tabs Hydroxyzine for anxiety at 8:28 PM. No side effects were reported or observed." On 10/28/2025, at approximately 11:40 AM, Surveyor interviewed House Manager B. Surveyor asked for clarification on when Resident 7's PRN Propranolol and Hydroxyzine were to be administered as one was for panic and one was for anxiety. House Manager B stated Resident 7 would ask for his/her PRN medications and staff would write down the rationale Resident 7 stated.	{N 408}		