Wisconsin Department of Health Services

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 05/10/2024

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 05/10/2024 with information collected thru 05/13/2024, Surveyor conducted a complaint investigation at Point Manor Assisted Living. Complaint was substantiated. One deficiency was identified. Census 26	N 000		
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 record review and interview the provider did not ensure all medications at the time of medication administration was documented in the resident record including the name, dosage, and date and time the medication/s were given. Findings include: On 05/10/2024 at approximately 12:30 PM, Surveyor reviewed Resident 1's medication	N 415		

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

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N 415	Continued From page 1 administration record (MAR). Resident 1's MAR indicates the following: Resident 1's MAR for April 2024 indicates 12 occurrences of medications that were not documented as administered. Resident 2's MAR for 02/2024 has 14 missing occurrences of medications and treatments that were not documented as administered. Resident 2's MAR for 03/2024 has 9 missing occurrences of medications and treatments that were not documented as administered. Resident 2's MAR for 04/2024 has 9 missing occurrences of medications and treatments that were not documented as administered. Resident 3's MAR for 02/2024 has 5 missing occurrences of medications and treatments that were not documented as administered. Resident 3's MAR for 03/2024 has 4 missing occurrences of treatments that were not documented as administered. Resident 3's MAR for 02/2024 has 7 missing occurrences of treatments that were not documented as administered. On 05/10/2024 at approximately 4:30 PM, Surveyor interviewed Administrator A. Administrator A stated that the facility is in the process of hiring a full time registered nurse to have more oversight over medication administration and medication systems.	N 415		