STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020724	A. BUILDING: _____ B. WING _____	C 06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY SPRING SENIOR LIVING AT SCAND	2311 MEADOW WOOD DRIVE SISTER BAY, WI 54234

(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 06/20/2025, Surveyor conducted 1 complaint investigation at Serenity Spring Senior Living at Scandia Village in Sister Bay. One (1) of 1 complaint will be substantiated. As a result of the survey, 2 deficiencies will be issued. Census: 21	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 1 of 1 (Resident 1) resident reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 1 had an order for Loperamide (Imodium) 2mg (milligram) tablet to take 2 tablets after 1st loose stool as needed, then 1 tablet thereafter as needed not to exceed 16mg daily. On 04/15/2025, Resident 1 requested Loperamide for diarrhea. Resident 1 did not receive the medication. Findings Include:	N 352		

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

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N 352	Continued From page 1 On 04/28/2025, the department received a complaint regarding medication administration. On 06/20/2025, Surveyor made an onsite visit to the facility. A sample of residents was selected including the resident record of Resident 1. Resident 1 was admitted to the facility on 09/25/2023 with diagnoses to include mild cognitive impairment and diverticulitis of large intestine. Resident 1's individual service plan (ISP) with a reviewed date of 09/17/2024, noted "MEDICATION ADMINISTRATION: Medication-trained staff to administer medications per provider order...staff to document and track medication administration...staff to manage medication storage and security...staff to monitor medication use to prevent possible complications or adverse reactions." Surveyor reviewed Resident 1's progress notes, the following was noted: -On 04/15/2025, Manager A wrote, "Resident came out into common area following breakfast stating [s/he] needed a pill for diarrhea, resident had soft stool on the back of [his/her] pants and was ambulating without walker. Resident stated [s/he] was just confused." Resident 1's April MAR (Medication Administration Record) did not note an Imodium administered to Resident 1 on 04/15/2025. On 06/20/2025 at 9:50 AM, Surveyor interviewed Family Member C. Family Member C verified s/he was the health care power of attorney for Resident 1. Family Member C stated s/he had received a call from Resident 1 a few months ago (unsure of exact date) and Resident 1 was upset that s/he had requested an Imodium and staff would not bring it for Resident 1.	N 352		

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N 352	Continued From page 2 On 06/20/2025 at 10:15 AM, Surveyor interviewed Resident 1. Resident 1 had indicated s/he had requested a medication for diarrhea but the manager would not bring one for him/her. Resident 1 had indicated Manager A said, "It [diarrhea] wasn't that bad." Resident 1 stated s/he called family member and family member picked medication up at the drug store and brought it to Resident 1. Surveyor then observed Resident 1 to go his/her bathroom and show Surveyor a plastic bag with a box in it. The box contained "Imodium 24 tablets." On 06/20/2025 at approximately 10:45 AM, Surveyor interviewed Manager A and Nurse Manager B. Manager A verified s/he wrote the progress note on 04/15/2025. Manager A stated, "I saw the stool on [Resident 1's] back, it was soft." Manager A had indicated s/he did not feel Resident 1 needed an Imodium. Manager A stated Resident 1 has a history of bowel obstruction as well and was concerned with giving Imodium and another bowel obstruction happening again. Manager A verified s/he did not give Resident 1 an Imodium when Resident 1 requested one.	N 352		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer	N 383		

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N 383	Continued From page 3 medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 (Resident 1) resident reviewed was assessed to ensure his/her needs were met. Resident 1 was identified as requiring assistance with medication administration and management. Surveyor observed an over-the-counter anti-diarrheal oral medication in his/her room. Findings include: On 04/28/2025, the department received a complaint regarding medication administration.	N 383		

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N 383	Continued From page 4 On 06/20/2025, Surveyor made an onsite visit to the facility. A sample of residents was selected including the resident record of Resident 1. Resident 1 was admitted to the facility on 09/25/2023 with diagnoses to include mild cognitive impairment and diverticulitis of large intestine. Resident 1 was noted to have an activated health care power of attorney to help with decision making related to care and environment. Resident 1's most recent assessment dated 09/04/2024 noted, "Does the resident choose to independently manage or partially manage (order, store, setup and administer) their own medications? No - Staff will manage medications." Resident 1's individual service plan (ISP) with a reviewed date of 09/17/2024, noted "MEDICATION ADMINISTRATION: Medication-trained staff to administer medications per provider order...staff to document and track medication administration...staff to manage medication storage and security...staff to monitor medication use to prevent possible complications or adverse reactions." On 06/20/2025 at approximately 10:15 AM, Surveyor interviewed Resident 1 and observed the following in Resident 1's bathroom drawer: -a plastic bag with a box containing "Imodium 24 tablets" Resident 1 indicated his/her family member purchased the over the counter medication when staff refused to give Resident 1 the medication when s/he asked for it. Resident 1 had indicated staff were aware the medication was in his/her bathroom drawer.	N 383		

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N 383	Continued From page 5 Resident 1's record did not contain any self-medication administration assessments or physician orders that reflected his/her ability to control and self-administer his/her medications.	N 383		