STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008949	A. BUILDING: _____ B. WING _____	R-C 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARITY CARE BERNARD ON HOFFMAN	898 E HOFFMAN RD ALLOUEZ, WI 54301

(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 09/24/2024, with information gathered through 09/30/2024, Surveyors conducted a verification visit and standard survey. Twelve of 12 previous deficiencies were corrected. As a result of the standard survey, one new deficiency was identified. Census 5	{N 000}		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents taking scheduled psychotropic medications were reassessed by a pharmacist, practitioner, or registered nurse, as needed, but at least quarterly for Resident 1. Findings include: On 09/25/2024 at 8:05AM, Surveyor reviewed a document titled, "CBRF Schedule Psychotropic Review," dated 03/05/2024. The document was	N 407		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 407	Continued From page 1 specific to Buspirone for Resident 1. The document was not completed by a pharmacist, practitioner, or registered nurse. Additionally, there were no other scheduled psychotropic medication reviews in the record. On 09/25/2024, at 2:52PM, Surveyor reviewed Resident 1's medication orders. Surveyor noted Resident 1 currently takes the following scheduled psychotropic medications: Bupropion HCL XL 300mg - take 1 tab by mouth daily in the morning (Prescribed on 12/11/2023 and updated on 06/27/2024) Citalopram HBR 40mg - Take 1 tab by mouth in the morning (Prescribed on 12/11/2023 and updated on 09/04/2024) Clonazepam 1mg - Take 1 tab twice daily at noon and 4PM (Prescribed on 04/19/2024 and updated on 08/30/2024) Gabapentin 300mg - Take 1 cap three times daily (Prescribed on 12/11/2023 and updated on 06/28/2024) Hydroxyzine HCL 10mg - Take 1 at bedtime (Prescribed on 08/05/2024 and updated on 08/29/2024) Lamotrigine 150mg - Take 1 tab twice daily (Prescribed on 12/11/2023 and updated on 06/28/2024) Risperidone 2mg - Take 1 tab twice daily (Prescribed on 12/11/2023 and updated on	N 407		

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N 407	Continued From page 2 06/27/2024) On 09/30/2024, at 11:11AM, Surveyor interviewed Division Administrator A regarding quarterly reviews for scheduled psychotropic medications. Division Administrator A confirmed the quarterly reviews have not been completed.	N 407		