STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	609 BROADWAY STREET BERLIN, WI 54923

(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 07/31/2023, Surveyor conducted a complaint investigation at Patriot Place, a CBRF located in Berlin, WI. As a result of the investigation, 3 deficiencies were identified. The complaint was unsubstantiated. Census: 20	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 proper medication documentation in Resident 2's Medication Administration Record (MAR) for the months of June and July 2023. Findings incude: On 07/31/2023, Surveyor reviewed Resident 2's	N 415		

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
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	609 BROADWAY STREET BERLIN, WI 54923

(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 415	Continued From page 1	N 415		

medical record.
Resident 2 was admitted 08/24/2022 with diagnoses of : hypothyroidism, Diabetes type II, vitamin B deficiency, hyperlipidemia, dementia without behavioral disturbance, anxiety, restless legs syndrome, mild cognitive impairment, essential hypertension, COPD, and chronic kidney disease stage 3.

On 07/31/2023 at 10:15 AM, Surveyor interviewed Resident 2. Resident 2 stated, "They don't always give me my meds on time, sometimes not at all."

On 07/31/2023 at 11:30 AM, Surveyor reviewed Resident 2's MAR for the months of June 2023 and July 2023. There were numerous omissions in Resident 2's MAR for the months of June 2023 and July 2023.

The following dates were not documented as medications administered for the month of June 2023.

06/01/2023
Levothyroxine 100 mcg tab

06/03/2023
Ciprofloxacin HCL 250 mg tab
Levothyroxine 100 mcg tab
Oyster Shell Calcium Vitamin D
Ropinirole .5 mg tab
Simvistatin 40 mg tab

06/05/2023
Ciprofloxacin HCL 250 mg tab
Levothyroxine 100 mcg tab
Oyster Shell Calcium Vitamin D
Ropinirole .5 mg tab
Simvistatin 40 mg tab

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	609 BROADWAY STREET BERLIN, WI 54923

(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 415	Continued From page 2 06/08/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab blood pressure check 06/09/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab 06/12/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab blood sugar check 06/14/2023 Ciprofloxacin HCL 250 mg tab Levothyroxine 100 mcg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab blood sugar check 06/15/2023 Levothyroxine 100 mcg tab blood sugar check 06/16/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab 06/17/2023	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	609 BROADWAY STREET BERLIN, WI 54923

(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 415	Continued From page 3 Ciprofloxacin HCL 250 mg tab Levothyroxine 100 mcg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab 06/18/2023 Ropinirole .5 mg tab blood pressure check 06/20/2023 blood sugar check 06/21/2023 Ciprofloxacin HCL 250 mg tab Levothyroxine 100 mcg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab blood sugar check 06/22/2023 Levothyroxine 100 mcg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab 06/23/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab 06/26/2023 Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab 06/27/2023 Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	609 BROADWAY STREET BERLIN, WI 54923

(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 415	Continued From page 4 Simvistatin 40 mg tab blood sugar check 06/28/2023 blood sugar check 06/29/2023 blood sugar check 06/30/2023 Oyster Shell Calcium Vitamin D Simvistatin 40 mg tab The following dates were not documented as medications administered for the month of July 2023. 07/02/2023 Amlodipine Besylate 5 mg tab Metoprolol tartrate 50 mg tab Oyster shell Calcium VItamin D Ropinirole .5 mg tab Sertraline HCL 50mg tab Simvistatin 40 mg tab Spiriva 18 mg tab blood pressure check 07/03/2023 Levothyroxine 100 mcg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab blood sugar check 07/04/2023 blood sugar check 07/05/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	**609 BROADWAY STREET BERLIN, WI 54923**

(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 415	Continued From page 5 Ropinirole .5 mg tab Simvistatin 40 mg tab blood sugar check 07/06/2023 blood sugar check 07/07/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab blood sugar check 07/17/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab blood sugar check 07/20/2023 Levothyroxine 100 mcg tab blood pressure check 07/21/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab 07/25/2023 Ciprofloxacin HCL 250 mg tab Oyster Shell Calcium Vitamin D Ropinirole .5 mg tab Simvistatin 40 mg tab blood pressure check 07/26/2023 Levothyroxine 100 mcg tab	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	609 BROADWAY STREET BERLIN, WI 54923

(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 415	Continued From page 6 07/27/2023 blood pressure check 07/29/2023 Levothyroxine 100 mcg tab	N 415		
N 426	83.38(1)(b) Supervision. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure proper supervision appropriate to meet Resident 1's needs. Surveyor observed Resident 1 entering a supply closet and multiple bedrooms that were not his/hers. Findings include: On 07/23/2023 at 10:00 AM, Surveyor observed Resident 1 wandering throughout the facility, attempting to open doors. Resident 1 entered several resident bedrooms as well as the facility supply closet. Resident 1 entered the unlocked supply closet, removed some items and then	N 426		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	609 BROADWAY STREET BERLIN, WI 54923

(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 426	Continued From page 7	N 426		

wandered away. Caregiver B and Caregiver C were sitting in the office area while this occurred and Resident 1 was in sight of both. Neither Caregiver B or Caregiver C attempted to redirect Resident 1 from the supply closet or from entering other resident rooms.

On 07/23/2023, Surveyor reviewed Resident 1's facility record.
Resident 1 was admitted 06/15/2023 with diagnoses of: dementia with behavioral disturbance, Alzheimer's, major depressive disorder, and insomnia. Resident 1's Individual Service Plan (ISP) dated 06/15/2023, indicated Resident 1 was an elopement/wander risk. The ISP also stated Resident 1 was on a wander guard system to help minimize his/her risk of elopement. Resident 1's ISP stated Resident was to be monitored closely by staff at all times.

On 07/31/2023 at 10:30 AM, Surveyor interviewed Resident 2. Resident 2 stated Resident 1 had entered his/her room about a month ago. Resident 2 stated, "I tried to shoo [him/her] out of my room, but [s/he] pushed me and I fell. I hit my head and had to go to the hospital." Surveyor asked Resident 2 if the staff intervene when Resident 1 goes into other residents' rooms. Resident 2 stated, "No, [Resident 1] has free reign, [s/he] can go wherever and take what [s/he] wants."

On 07/31/2023 at 11:15 AM, Surveyor reviewed an incident report dated 07/02/2023. The incident report indicated Resident 1 entered Resident 2's room and pushed Resident 2. Resident 2 fell and hit his/her head. Resident 2 was sent to the hospital and was diagnosed with a minor concussion.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016752	A. BUILDING: _____ B. WING _____	C 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATRIOT PLACE CBRF	609 BROADWAY STREET BERLIN, WI 54923

(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 426	Continued From page 8 On 07/31/2023 at 11:25 AM, Surveyor interviewed Resident 3. Resident 3 stated, "[Resident 1] has gotten into my room before and tried to take things out of my room. I told [him/her] to get out. I always lock my door now so [s/he] won't get in my room anymore." Surveyor asked Resident 3 if staff intervene when Resident 1 enters Resident 3's room. Resident 3 stated, "Oh no, they just let [Resident 1] take whatever [s/he] wants and try to get it back later. It's like they don't even try." On 07/31/2023 at 11:45 AM, Surveyor interviewed Resident 4. Resident 4 stated, "[Resident 1] tries to get into my room all the time. I don't know what [s/he] wants, but I know [s/he] has taken things from other peoples' rooms, so I keep my door locked. You can't put anything down out in the common area or dining room or [Resident 1] will take it and run off with it." Surveyor asked Resident 4 if staff are available to watch and intervene when Resident 1 enters Resident 4's room. Resident 4 stated, "They don't do anything, they let [Resident 1] do whatever [s/he] wants." On 07/31/2023 at 12:30 PM, Surveyor discussed the above concern with Director A. Director A acknowledged Resident 1 wandered and entered other residents' rooms at times. Director A acknowledged caregivers should have done a better job of supervising and redirecting Resident 1 when s/he had tried to enter other residents' rooms.	N 426		