STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0010325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CASA	**E8509 N REEDSBURG RD , REEDSBURG, Wisconsin, 53959**

(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) COMPLETION DATE
N0000	Initial Comments On 10/20/2026, Surveyor conducted 2 verification visits at Country Casa, a CBRF in Reedsburg. Two deficiencies were identified. Both deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 24F411, dated 06/09/2026. SOD 1WPG11, dated 04/22/2026, was corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 6	N0000		
N0407	Scheduled psychotropic medications. CFR(s): 83.37(1)(h) 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 residents reviewed, that received a scheduled psychotropic medication and had resided at the facility greater than 3 months, had their use of scheduled psychotropic medications reassessed by a pharmacist, practitioner or registered nurse for the desired responses and possible side effects at least quarterly. Resident 3's use of Aristada and Sertraline was not reassessed quarterly.	N0407		

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

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N0407	Continued from page 1 Resident 2's use of Divalproex was not reassessed quarterly. Resident 5's use of Clozapine and Olanzapine was not reassessed quarterly. Resident 4's use of Divalproex Sodium, Lorazepam and Risperidone was not reassessed quarterly. This is a repeat deficiency. See Statement of Deficiency (SOD) 24F411, dated 06/09/2026. Findings include: On 10/20/2026 at approximately 10:30 a.m., Surveyor reviewed resident records provided by Caregiver D and Caregiver F, who were delegated by License A to work with Surveyor. The following concerns were identified: - Resident 3 was admitted to the provider's facility on 06/03/2021. Resident 3's physician orders included an order for Aristada 3.2 ml (Start Date: 08/30/2021) injection every 3 weeks and Sertraline Hcl 100 mg (Start Date: 06/25/2021) 2 tablets daily. Resident 3's record did not include documentation of scheduled psychotropic reviews. - Resident 2 was admitted to the provider's facility on 08/25/2025 with an order for Divalproex 250 mg 3 times daily (no diagnosis listed). Resident 2's record did not include documentation of scheduled psychotropic reviews. - Resident 5 admitted to the provider's facility on 02/28/2023. Resident 's physician orders included Clozapine 100 mg (Start Date: 10/29/2025) 2 tablets nightly, Clozapine 25 mg (Start Date: 04/06/2026) 1 tablet nightly and Olanzapine 10 mg (Start Date: 09/10/2025) nightly. Resident 5's record did not include documentation of scheduled psychotropic reviews. - Resident 4 admitted to the provider's facility in May 2026 with physician orders, dated 05/13/2026, for Divalproex Sodium Er 500 mg 4 tablets nightly, Lorazepam 2 mg nightly and Risperidone 2 mg every morning. Resident 4's record did not include documentation of scheduled psychotropic reviews. On 10/20/2026 at 10:55 a.m., Surveyor interviewed	N0407		

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N0407	Continued from page 2 Caregiver F and asked if the provider had documentation of completed psychotropic reviews. Caregiver F asked Caregiver D if s/he was aware of psychotropic reviews. Caregiver D stated the provider used to do them, but s/he was unaware if the reviews were currently being done. Caregiver F then called Caregiver B, who stated psychotropic reviews were not done.	N0407		
N0408	PRN psychotropic medication. CFR(s): 83.37(1)(i) 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 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed that received a PRN psychotropic medication had the rationale for use and detailed description of behaviors which indicated the need for administration of the PRN medication documented in their individual service plan (ISP) and that the PRN medication was monitored at least monthly for inappropriate use. Resident 5's ISP did not include the use of his/her Lorazepam PRN and the use of his/her Lorazepam PRN was not monitored monthly. This is a repeat deficiency. See Statement of Deficiency (SOD) 24F411, dated 06/09/2026.	N0408		

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N0408	Continued from page 3 Findings include: On 10/20/2026 at approximately 10:30 a.m., Surveyor reviewed resident records provided by Caregiver D and Caregiver F, who were delegated by License A to work with Surveyor. Resident 5's record documented s/he was admitted to the provider's facility on 02/28/2023. Resident 5 had a physician order for Lorazepam 1 mg (Start Date: 02/14/2023) 1-2 tablets as needed. Resident 5's ISP, dated April 2026, did not include the rationale for use and detailed description of behaviors which indicated the need for Lorazepam PRN administration. Resident 5's record did not include a monthly review of Resident 5's Lorazepam PRN use. On 10/20/2026 at 10:55 a.m., Surveyor interviewed Caregiver D and Caregiver F, who confirmed the provider had not completed monthly assessments of PRN psychotropic use. Caregiver F stated the assessments would be easy to do and stated, "[Resident 5] only uses [Lorazepam PRN] 4-5 times per month." Caregiver F confirmed Lorazepam PRN use was not included in Resident 5's ISP and made a note to update the ISP. Caregiver D stated Resident 5 paced and fidgeted with his/her hands when s/he needed a Lorazepam PRN.	N0408		