

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015942	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/04/2026
NAME OF PROVIDER OR SUPPLIER WILLOWICK CLINTON		STREET ADDRESS, CITY, STATE, ZIP CODE 306 OGDEN AVE CLINTON, WI 53525		
(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 08/04/2026, Surveyors conducted a verification visit and complaint investigation at Willowick Clinton, a CBRF in Clinton. One deficiency was identified. The deficiency was a repeat violation. See Statement of Deficiency (SOD) 9I6I12, dated 02/26/2026 and 9I6I11, dated 02/25/2025. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. The complaint was unsubstantiated. Census: 20	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 observation, record review and interview, the provider did not ensure 2 of 2 residents reviewed received their medications as prescribed. Resident 1 did not receive his/her brimonidine eye drops or his/her timolol eye drops as prescribed. Resident 6 did not receive his/her polyethylene glycol powder as prescribed.	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015942	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/04/2026
NAME OF PROVIDER OR SUPPLIER WILLOWICK CLINTON		STREET ADDRESS, CITY, STATE, ZIP CODE 306 OGDEN AVE CLINTON, WI 53525		
(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 352	Continued From page 1 This is a repeat violation. See Statement of Deficiency (SOD) 9I6I12, dated 02/26/2026, and 9I6I11, dated 02/25/2025. Findings include: On 08/04/2026 at approximately 1:45 PM, Surveyors arrived at the facility to conduct a verification visit. Example 1- Resident 1 On 08/04/2026 at approximately 2:35 PM, Surveyors reviewed the medication cart with Clinical Coordinator E. Surveyor observed 2 bottles of eye drops labeled for Resident 1. One bottle was of Brimonidine and appeared less than half full. It had a fill date of 03/14/2026. The 2nd bottle was of Timolol and appeared to be half full. The fill date on that bottle was 05/19/2026. On 08/04/2026, Surveyor reviewed Resident 1's record which documented the following: Resident 1 admitted to the facility on 07/20/2023 with diagnosis that included open angle glaucoma. Resident 1's physician orders included the following: Brimonidine Sol 0.2% OP- Instill 1 drop into each eye twice daily for primary open angle glaucoma **wait 1 min between drops and 5 min between different drops**. Timolol Mal Sol 0.5% OP- Instill 1 drop into each eye twice daily for primary open angle glaucoma **wait 1 min between drops and 5 min between different drops**. Surveyor reviewed Resident 1's MAR, dated	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015942	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/04/2026
NAME OF PROVIDER OR SUPPLIER WILLOWICK CLINTON		STREET ADDRESS, CITY, STATE, ZIP CODE 306 OGDEN AVE CLINTON, WI 53525		
(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 352	Continued From page 2 06/01/2026 - 08/03/2026 and noted the following: Brimonidine and Timolol were noted to be administered 250 times out of 256 possible doses. On 08/04/2026 at approximately 3:55 PM, Surveyor interviewed Pharmacy Tech I. Surveyor asked about delivery dates for Resident 1's eye drops. Pharmacy Tech I reported the dates the Brimonidine was last filled were 03/14/2026 and 12/30/2025. Pharmacy Tech I stated the bottle contained roughly 100 drops. Pharmacy Tech I reported the dates the Timolol was last filled were 03/19/2026 and 01/02/2026. S/he stated the bottle contained roughly 100 drops. On 08/04/2026 at approximately 4:10 PM, Surveyor interviewed Clinical Coordinator E. Surveyor shared the calculation that each bottle should have at least 4 drops each day being used, based on the physician orders. A bottle with 100 drops would only last about 25 days, if being administered as ordered. Clinical Coordinator E stated when Resident 1 was on hospice s/he was refusing the eye drops frequently and that they attempted to have them discontinued, but Resident 1's POA wanted to keep them in place. Clinical Coordinator E stated s/he believes the provider's med passers are attempting to administer the eye drops, and that each time, Resident 1 is squeezing his/her eyes shut, so staff are then not squeezing the bottle to release any drops. Clinical Coordinator E acknowledged the MAR did not reflect refusals or any other charting exceptions that would explain why the older bottles were still not emptied. Clinical Coordinator E stated the provider would revisit the appropriateness of the eye drops and review charting expectations with the med passers.	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015942	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/04/2026
NAME OF PROVIDER OR SUPPLIER WILLOWICK CLINTON		STREET ADDRESS, CITY, STATE, ZIP CODE 306 OGDEN AVE CLINTON, WI 53525		
(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 352	Continued From page 3 Example 2 - Resident 6 On 08/04/2026 at approximately 2:40 PM, Surveyors completed a medication cart audit with Clinical Coordinator E. Surveyors observed 1 bottle of polyethylene glycol powder in the medication cart dated 01/08/2026 for Resident 6. Each bottle of polyethylene glycol powder contained 30 days of dosing. At approximately 3:30 PM, Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider's facility on 10/30/2024 with a diagnosis of type II diabetes and kidney disease. Resident 6's physician order included the following: -polyethylene glycol Powder (Start Date: 03/10/2026) - Mix 17gm in adequate liquid every day. Hold for diarrhea. Surveyor reviewed the Medication Administration Record (MAR), dated 06/01/2026 through 08/04/2026 and the MAR indicated that the polyethylene glycol powder had been administered daily. Resident 6 missed 3 days total from 06/01/2026 through 08/04/2026 for diarrhea. On 08/04/2026 at 3:56 PM, Surveyor interviewed Pharmacy Tech I. Pharmacy Tech I confirmed that 1 bottle of the polyethylene glycol powder contained a 30-day dose. Pharmacy Tech I confirmed that the last order date for the medication was 01/08/2026. On 08/04/2026, at approximately 4:10 PM, Surveyor interviewed Clinical Coordinator E. Clinical Coordinator E acknowledged that the date on the bottle of polyethylene glycol powder	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015942	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 08/04/2026
NAME OF PROVIDER OR SUPPLIER WILLOWICK CLINTON			STREET ADDRESS, CITY, STATE, ZIP CODE 306 OGDEN AVE CLINTON, WI 53525		
(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 352	Continued From page 4 was from 01/08/2026 and the bottle was over half gone. Clinical Coordinator E stated that the bottle should be gone by now but was checking to see if Resident 6 had been changed to the pill form of polyethylene glycol. Clinical Coordinator E confirmed that Resident 6 was not using the pill form of polyethylene glycol.	N 352			