STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111073	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIENNA CREST OREGON	981 PARK ST , OREGON, Wisconsin, 53575

(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 10/13/2026, Surveyor conducted a standard licensure survey and a complaint investigation. Three deficiencies were identified. Complaint was unsubstantiated. Census: 21	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 1 of 2 residents reviewed for psychotropic medications were reassessed by a pharmacist, practitioner or registered nurse at least quarterly for the desired responses and possible side effects of the medication. Resident 1 was prescribed Mirtazapine and quarterly assessments by a pharmacist, practitioner or registered nurse were not completed. Findings include: On 10/13/2026, Surveyor requested and reviewed Resident 1's and Resident 2's record.	N0407		

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

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N0407	Continued from page 1 Resident 1's October 2026 MAR (Medication Administration Record) documented the following prescribed psychotropic medications: Mirtazapine 30 MG (milligram) - Take 1 tablet by mouth every night at bedtime at 6 PM for depression. Start Date: 01/14/2021. Resident 1's record contained psychotropic reviews for these scheduled psychotropic medications dated 02/12/2025 and 05/21/2025. Resident 1's record did not contain any psychotropic reviews after 05/2025. On 10/13/2026, at approximately 3:30 PM, Surveyor interviewed Licensee A and Manager B. Manager B stated s/he was unable to locate the quarterly psychotropic reviews, and she was unable to contact the pharmacy, as the pharmacy had closed. Manager B stated s/he would review his/her process for filing these reviews.	N0407		
N0415	Documentation of medication administration. CFR(s): 83.37(2)(d) 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, record review and interview, the provider did not ensure proper documentation of the Medication Administration Record (MAR) for 1 of 2 residents reviewed. Resident 2's scheduled Trelegy Ellipta inhaler was documented as administered when it had not been. Findings Include:	N0415		

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N0415	Continued from page 2 On 10/13/2026, at approximately 1:45 PM, Surveyor observed Resident 2's Trelegy Ellipta inhaler in the med cart. The box had an open date of 09/15/2026 handwritten on it and there were 3 doses remaining. On 10/13/2026, Surveyor requested and reviewed Resident 2's record from Manager B. Resident 2's Medication Administration Records (MARs), dated 09/15/2026 to 10/13/2026, documented: "Trelegy Ellipta – Inhale (1) puff orally once daily. Scheduled at 8:00 AM." The MARS documented that the medication had been administered as scheduled. Surveyor noted that between 09/15/2026 and 10/13/2026, 29 doses would have been administered, leaving 1 dose remaining. On 10/13/2026, at approximately 3:30 PM, Surveyor interviewed Licensee A and Manager B. Manager B stated s/he would provide continued education to the med passers. "Use TRELEGY exactly as your healthcare provider tells you to use it. Do not use TRELEGY more often than prescribed. Use 1 inhalation of TRELEGY 1 time each day. Use TRELEGY at the same time each day. If you miss a dose of TRELEGY, take it as soon as you remember. Do not take more than 1 inhalation per day. Take your next dose at your usual time. Do not take 2 doses at 1 time. If you take too much TRELEGY, call your healthcare provider or go to the nearest hospital emergency room right away if you have any unusual symptoms, such as worsening shortness of breath, chest pain, increased heart rate, or shakiness." "Your inhaler contains 30 doses (14 doses if you have a sample or institutional pack). Write the "Tray opened" and "Discard" dates on the inhaler label. The "Discard" date is 6 weeks from the date you open the tray. Before the inhaler is used for the first time, the counter should show the number 30 (14 if you have a sample or institutional pack). This is the number of doses in the inhaler." (Source: Trelegy website, Things to know about Trelegy, July 2023, https://www.trelegyhcp.com), (retrieval date - July 23, 2025).)	N0415		

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N0499	Toxic substances. CFR(s): 83.45(3) Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secure area. Surveyor observed cleaning compounds unsecure in the laundry room. Findings include: The facility is licensed as a Class CNA (non-ambulatory) CBRF (community based residential facility) able to serve up to 24 residents within the client groups of advanced age and irreversible dementia/Alzheimer's. On 10/13/2026, at approximately 1:00 PM, Surveyor conducted a tour of the facility and observed the following unsecured cleaning compounds in the laundry room: -Gallon jug of Bioenzymatic drain cleaner maintainer -Gallon jug of bleach -(6) 23 ounce bottles of window cleaner with vinegar -(8) 32 ounce bottles of toilet bowl cleaner -(2) 32 ounce bottles of urine remover for stains and odors -(2) 32 ounce bottles of disinfectant cleaner with bleach -32 ounce bottle of multi-surface vinegar cleaner	N0499		

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N0499	Continued from page 4 -Gallon jug of carpet extraction cleaner -Gallon jug of glass clean concentrate On 10/13/2026, at approximately 3:30 PM, Surveyor interviewed Licensee A and Manager B. Manager B stated that the cleaning compounds would be placed in a secure location. Licensee A stated s/he thought only memory care units were required to secure cleaning compounds.	N0499		