STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016995	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF MONDOVI (THE)	**158 E MAIN ST , MONDOVI, Wisconsin, 54755**

(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 10/05/2026, Surveyor conducted a standard survey at Homeplace of Mondovi (The). One deficiency was identified. Census: 9	N0000		
N0407	Scheduled psychotropic medications. 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 10 of 10 residents were assessed at least quarterly for the desired responses and possible side effects for scheduled psychotropic medications. Findings include: On 10/05/2026, Surveyor requested a sample of resident records to review from Administrator A, including Resident 1. Resident 1 had an admission date of 04/21/2025. The record contained two psychotropic reviews in 2026, dated 05/03/2026 and 02/13/2026 for the following medications:	N0407		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016995	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/05/2026

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HOMEPLACE OF MONDOVI (THE)	**158 E MAIN ST , MONDOVI, Wisconsin, 54755**

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N0407	Continued from page 1 -Venlafaxine: Take 1 capsule (150mg) along with 75mg capsule for a total of 225mg daily for anxiety disorder. -Citalopram: Take 1 tablet (20mg) daily for anxiety. -Buspar: Give 1 tablet (5mg) by mouth at 8am, 12pm, and 8pm for anxiety disorder. -Aripiprazole: Take 1 tablet by mouth daily. -Amitriptyline: Take 1 tablet (10mg) by mouth every day at bedtime for headaches and depression. Surveyor reviewed Resident 1's current medication administration record (MAR) and confirmed Resident 1 was currently prescribed the above medications. A review of the above medications had not been completed for Resident 1 for the third quarter of 2026. On 10/05/2026 at approximately 2:30 PM, Surveyor interviewed Administrator A and requested to review additional resident records with prescribed scheduled psychotropic medications. Administrator A reviewed the other 9 resident records and informed Surveyor all residents were currently prescribed at least one psychotropic medication and had no assessments documented for the third quarter for 2026. Administrator A stated the last review for all residents prescribed scheduled psychotropics was documented in May of 2026. Administrator A informed Surveyor the provider's registered nurse was responsible for completing the quarterly assessments and follow-up would be completed with him/her for the missing quarterly assessments.	N0407		