STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012368	A. BUILDING: _____ B. WING _____	C 02/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOPHIES MANOR ASSISTED LIVING II INC	300 MICIGAN AVE CENTURIA, WI 54824

(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 02/14/2024, Surveyor conducted a compliant investigation and a standard licensure survey at Sophies Manor Assisted Living, Inc. Information was reviewed through 02/20/2024. Two deficiencies were identified. The complaint was unsubstantiated. Census: 18	N 000		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that every resident had an annual review of their ability to evacuate in an emergency. This was discovered for 2 of 2 residents. Findings include: On 02/14/2024 at approximately 1:00 PM, Surveyor reviewed the paper medical records of Resident 1 and Resident 2. Resident 1's binder contained the required department evacuation assessment upon admission. It was dated 06/12/2022. There was no subsequent evaluation in the record. Resident 2's binder contained the required departments evacuation assessment upon	N 394		

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

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N 394	Continued From page 1 admission. It was dated 01/21/2021. There were no subsequent evaluations in the record. On 02/14/2024 at 2:55, Surveyor requested the subsequent annual evacuation assessments. On 02/19/2024 at 1:34 PM, the provider submitted duplicates of the initial evaluation. On 02/20/2024 at 1:37 PM, Surveyor interviewed Licensee A, Administrator B, and Registered Nurse C. Licensee A indicated that the organization was unaware of the requirement to reevaluate every year and would now devise a system to complete them annually.	N 394		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need	N 404		

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N 404	Continued From page 2 physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a medical professional such as a physician, pharmacist, or registered nurse reviewed the provider's medication administration and medication storage on an annual basis. This had the potential to affect all the residents. Findings include: On 02/14/2024 at 10:30 AM, Surveyor interviewed Licensee A. Surveyor asked Licensee A to provide the annual on-site review of the provider's medication systems for the last 2 years as the last licensure survey was dated 02/10/2024. Surveyor reviewed a binder of information and the reviews were not in there. At approximately 12:00 PM, Licensee A stated s/he would call the pharmacy they work with and see if they had anything about the reviews, as they could not be located. At approximately 1:50 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had contacted the pharmacy and stated the pharmacist had indicated the reviews had not been done due to short staffing at the pharmacy. When asked if s/he had tried any other medical professional, Licensee A indicated the task had been overlooked.	N 404		