STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 08/14/2023, Surveyor conducted 2 complaint investigations at Bethel Ripon North. Two deficiencies were identified. Both complaints were substantiated. Census: 8	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 record review and interview, the provider did not ensure the resident right to receive medication as ordered by the physician. Two of 2 residents (Residents 1 and 2) reviewed did not receive all medications as ordered. Findings include: On 08/04/2023, Surveyor reviewed Resident 1's and Resident 2's record. The following was found: Example 1-Resident 1 Resident 1 was admitted on 09/16/2021 with diagnosis including schizoaffective disorder. Resident 1 had a guardian that made decisions	N 352		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 on his/her behalf. Resident 1's individual service plan (ISP) with an unknown date documented: "Medication Management-Assist-Needs assistance administering medications. To receive assistance from staff administering medications. Service Provider Responsibilities: Staff to monitor and observe and update manager/nurse with any changes." Resident 1's physician orders included the following: "Calcium 500 mg + D 200 Iu, to be taken 1 tablet by mouth 2x/daily, with a start date of 09/16/2021. Polyethylene Glycol (Miralax Powder) to be taken in 8 ounces in the morning, with a start date of 09/16/2021 for constipation. Senna Lax 8.6 mg tablet to be taken 2 tablets at bedtime, with a start date of 08/13/2022 for constipation. Ziprasidone 20 mg capsule to be taken 2x/daily, with a start date of 05/05/2023 for schizoaffective disorder. Mineral oil instill 4 drops every 72 hours with a start date of 04/01/2022." Resident 1's medication administration record (MAR) dated March 2023-August 2023 documented: "March 2023: Calcium 500 mg + D 200 Iu. The record documented "OTH" 22 of 31 days for 8 AM and "OTH" 24 of 31 days for 4 PM. The notations on the MAR indicated "not yet delivered" or "not on cart." Polyethylene Glycol (Miralax Powder). The record	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 documented "OTH" 9 of 31 days. The notations on the MAR indicated "not yet delivered" or "not on cart." Senna Lax 8.6 mg tablet. The record documented "OTH" 18 of 31 days. The notations on the MAR indicated "not yet delivered" or "not on cart." April 2023: Calcium 500 mg + D 200 Iu. The record documented "OTH" 22 of 30 days for 8 AM and "OTH" 18 of 30 days for 4 PM. The notations on the MAR indicated "not on cart." Polyethylene Glycol (Miralax Powder). The record documented "OTH" 4 of 30 days. The notations on the MAR indicated "not on cart." Senna Lax 8.6 mg tablet. The record documented "OTH" 16 of 30 days. The notations on the MAR indicated "not on cart." May 2023: Calcium 500 mg + D 200 Iu. The record documented "OTH" 10 of 31 days for 8am and "OTH" 10 of 31 days for 4 PM. The notations on the MAR indicated "not on cart." Senna Lax 8.6 mg tablet. The record documented "OTH" 20 of 31 days. The notations on the MAR indicated "not on cart." Ziprasidone 20 mg. The record documented "OTH" 3 of 25 days. The notations on the MAR indicated "Other problems." June 2023:	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 Senna Lax 8.6 mg tablet. The record documented "OTH" 3 of 7 days. The notations on the MAR indicated "not on cart." July 2023: Polyethylene Glycol (Miralax Powder). The record documented "OTH" 7 of 31 days. The notations on the MAR indicated "not on cart." Mineral oil. The record documented "OTH" 4 of 11 administrations. The notations on the MAR indicated "Other problems." August 2023: Mineral oil. The record documented "OTH" 1 of 3 administrations. The notations on the MAR indicated "Other problems." Example 2-Resident 2 Resident 2 was admitted on 05/18/2022 with diagnosis including developmentally disabled, post-traumatic stress disorder, borderline personality disorder, and anxiety. Resident 2 had a guardian that made decisions on his/her behalf. Resident 2's ISP with an unknown date documented: "Medication Management-Assist-Needs assistance administering medications. To receive assistance from staff administering medications. Service Provider Responsibilities: Staff to monitor and observe and update manager/nurse with any changes." Resident 2's physician orders included the following:	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 "Vitamin D3 to be taken 1x/daily with a start date of 09/02/2022. Clotrimazole 1% cream apply topically 2x/daily with a start date of 05/01/2023." Resident 2's MAR dated March 2023-August 2023 documented: "May 2023: Vitamin D3. The record documented "OTH" 18 of 31 days. The notations on the MAR indicated "Other problems." April 2023: Vitamin D3. The record documented "OTH" 8 of 30 days. The notations on the MAR indicated "Other problems." July 2023: Clotrimazole 1% cream. The record documented "OTH" 10 of 31 days for 8 AM and "OTH" 9 of 31 days for 4 PM. The notations on the MAR indicated "Other problems." August 2023: Clotrimazole 1% cream. The record documented "OTH" 1 of 4 administrations for 8 AM and "OTH" 1 of 4 administrations for 4 PM. The notations on the MAR indicated "Other problems." On 08/14/2023 at 3:00 PM, Surveyor interviewed Administrator A. Administrator A acknowledged Resident 1's and Resident 2's MARs had many notations of "OTH" where medications were not administered. Administrator A stated, "We had ongoing issues with getting over the counter	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 5 medications covered by the pharmacy and when seeking help from the managed care organizations it was a struggle."	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not update the individual service plan (ISP) for 2 of 2 residents when there was a change in needs. Resident 1's ISP did not address the use of adaptive equipment to aid in transferring in and out of bed. Resident 2's ISP did not address behavior needs. Findings include: On 05/04/2023 and 05/18/2023, the department received a complaint alleging concerns with a	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 389	Continued From page 6 peer-to-peer incident. Example 1-Resident 1 On 08/04/2023, Surveyor completed a complaint investigation. Surveyor reviewed Resident 1's and Resident 2's record and identified the following: Resident 1 was admitted on 09/16/2021 with diagnosis including schizoaffective disorder. Resident 1 had a guardian that made decisions on his/her behalf. On 08/04/2023 at 9:46 AM, Surveyor observed Resident 1's room. Surveyor observed a repositioning device attached to Resident 1's bed. The repositioning device was on the left side of the bed and was attached between the mattress and box spring. Surveyor reviewed Resident 1's ISP with an unknown date. The ISP did not address the use of the repositioning device. Example 2-Resident 2 Resident 2 was admitted on 05/18/2022 with diagnosis including developmentally disabled, post-traumatic stress disorder, borderline personality disorder, and anxiety. Resident 2 had a guardian that made decisions on his/her behalf. Resident 2's ISP with an unknown date documented: "Aggressive/Combative: Resident displays no aggressive/combative behaviors. Can be moody and irritated by another resident at times. [S/he] is bullying other residents by yelling at them and screaming at them, calling them names. Bosses them around. Service provider responsibilities: Staff to monitor and observe and update	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 389	Continued From page 7	N 389		

manager/nurse with any changes.
Interaction: Resident displays positive interaction with others independently and without incident.
Service provider responsibilities: Staff to monitor and observe and update manager/nurse with any changes."

Resident 2's reassessment dated 03/22/2023 documented the following interventions: "Put on 30-minute checks when [s/he] has behaviors, [s/he] will not egg on other residents, [s/he] will do crafts to keep busy, no yell or scream or go into other resident rooms."

Resident 2's progress note dated 03/22/2023 documented: "Resident had a incident this am with another resident. Staff stated that resident woke up [Resident 1] early this am. [S/he] told [him/her] to leave [him/her] alone. [S/he] kept badgering [him/her]. So [s/he] was crabby already in the am. Then [s/he] came down to the dining room and asked for a snack and [s/he] told [him/her] no you can't have a snack, you can have a snack only at snack time, which got [Resident 1] more upset. Resident shoved a box in [his/her] face and yelled at [Resident 1]. [S/he] went down to [his/her] room with an attitude and [Resident 1] got all upset, Residents door was open then [s/he] closet it in [Resident 1's] face, [s/he] pushed open [Resident 2's] door and went after Resident. [Resident 2] put [his/her] arm up in [Resident 1's] face and [Resident 1] thought that [s/he] was going to hit [him/her] so [s/he] bit [him/her] in 2 spots. Resident pushed [Resident 1] out of [his/her] room and [s/he] went back to [his/her] room. Resident was told multi times not to badger [Resident 1] or [s/he] may get hit. Resident didn't listen."

Further review of Resident 2's progress notes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017977	A. BUILDING: _____ B. WING _____	C 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON NORTH	530 NORTH UNION STREET RIPON, WI 54971

(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 389	Continued From page 8 dated 03/01/2023-07/27/2023 documented 17 incidents of Resident 2 bullying other residents and verbal aggression with staff. Resident 2's ISP was not updated to include the above interventions after the peer-to-peer incident with Resident 1 and ongoing bullying behaviors towards other residents. On 08/04/2023 at 9:25 AM, Surveyor interviewed Caregiver B. Caregiver B stated Resident 2 likes to act like a staff member and often bullies other residents. Caregiver B stated that the peer-to-peer incident between Resident 1 and Resident 2 was a result of Resident 2 bullying another resident. On 08/14/2023 at 3:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed s/he forgot to update Resident 2's ISP after the peer-to-peer incident in March 2023. Administrator A stated Resident 2 continued to have bullying behavior towards other residents until his/her discharge on 08/05/2023.	N 389		