

By inserting the name of the facility in the space below and returning this form to the Bureau of Assisted Living Regional Office, the sender attests that all deficiencies have been or will be corrected **within 45 days of receipt of this notice.**

Name of Facility: Emerald Ridge of Neenah (0018450)	Completion Date:
Plan of Correction:	
89.23(2)(a)2.C: health monitoring, medication administration and medication management.	
A new resident care coordinator (RCC) has been hired to complete routine medication cart audits and follow up with PCP or pharmacy as needed. A medication cart audit form has been developed.	01/16/2025
All resident appointments have been reviewed to ensure no appointments are missed and all are scheduled as required by PCP or other doctors.	01/20/2025
Training on how to complete daily audits for medication administration related to the administration of sliding-scale insulin procedures and blood pressure parameters is scheduled and audits will be done daily by RCC or designee.	01/23/2025
Med passer retraining for sliding-scale and blood pressure parameters will be completed for all new employees and as needed for existing employees using the new training forms that have been developed.	01/24/2025
All missing prescribed medications for a resident have been identified and necessary follow-up will be completed.	01/24/2025
All care plans and risk agreement(s) updates and signatures will be completed.	02/03/2025
Training to all managers and medication passers, with responsibilities for medication administration and management, on the corrective actions taken to resolve the deficiencies identified in Statement of Deficiency has been scheduled and will include documentation as required.	02/12/2025
89.34(16): Tenant Rights- Medications	
Training to all managers and medication passers will be provided on this topic and will include documentation as required.	02/12/2025
Medication monitoring will be completed by the administrator and resident care coordinator.	03/02/2025 and ongoing.

ATTESTATION OF CORRECTION

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Name – Provider / Supplier	
Emerald Ridge Of Neenah	
Street Address / City / Zip Code	
130 Byrd Ave, Neenah WI 54956	
License / Certification No. (X1):	0018450
Survey Date (X3):	09/30/2024
Survey Event ID No.:	VODN12
ATTESTATION	
On behalf of the facility listed below, the facility attests that all deficiencies have been or will be corrected within 45 days of receipt of this notice.	