STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310378	A. BUILDING: _____ B. WING _____	01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRHAVEN	435 STARIN RD WHITEWATER, WI 53190

(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 From 01/03/2024 to 01/05/2024, Surveyor conducted a standard survey and self-report review at Fairhaven, a CBRF in Whitewater. Two deficiencies were identified. The self-report review resulted in 0 deficiencies. Census: 96	N 000		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement was completed before or at the time of admission for 1 of 1 residents reviewed. Findings include: On 01/03/2024 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 09/07/2023. Resident 1's record included an activated Health Care Power of Attorney document. Resident 1's record did not include a signed admission agreement. On 01/03/2024 at approximately 12:00 p.m., Surveyor reviewed concern with Administrator A, Director of Nursing B and RN C that Resident 1's record did not include an admission agreement. RN C stated s/he was still checking records.	N 301		

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

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N 301	Continued From page 1 On 01/04/2024 at approximately 2:25 p.m., Surveyor followed up with RN C. RN C stated s/he was unable to locate an admission agreement for Resident 1. RN C stated after reviewing records s/he learned that admission agreements were not done when residents transferred from the facility's skilled nursing facility to the assisted living.	N 301		
N 407	83.37(1)(h) Scheduled psychotropic medications. 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 Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed, that received a scheduled psychotropic for greater than 3 months, was reassessed by a pharmacist, practitioner, or registered nurse at least quarterly for the desired responses and possible side effects of the medication. Findings include: On 01/03/2024 at approximately 10:00 a.m.,	N 407		

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N 407	Continued From page 2 Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 09/07/2023. Resident 1's physician orders included the following: - Lorazepam 5 mg (Start Date: 09/07/2023): 1 tablet every evening for anxiety. - Mirtazapine 15 mg (Start Date: 09/07/2023): 1 tablet every evening for depression. - Sertraline 100 mg (Start Date: 09/07/2023): 1 tablet every morning for depression. On 01/03/2024 at approximately 11:00 a.m., Surveyor asked RN C if Resident 1's scheduled psychotropic medications had been reassessed by a pharmacist, practitioner or registered nurse since his/her admission. RN C reviewed records and stated Resident 1's scheduled psychotropic medications had not been reassessed. RN C stated s/he would make arrangements for the facility's pharmacy to review psychotropic medications in the future.	N 407		