STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525286	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Juliette Manor	482 Oak Street Berlin, WI 54923

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure a resident representative provided informed consent and was aware of the risks and benefits of prescribed psychotropic medication and monitored prescription medication for 1 resident (R) (R5) of 5 sampled residents.R5 had orders for Buspar (an antianxiety medication), gabapentin (an anticonvulsant medication/monitored prescription medication), venlafaxine (an antidepressant medication), and Rexulti (an atypical antipsychotic medication). The facility did not obtain written consent from R5's legal representative to administer the medications. Findings include:Wisconsin Statute 50.08(3)(fm)2 Informed consent for psychotropic medications indicates: Unless consent is withdrawn sooner, the informed consent is valid for the period specified on the informed consent form or for 15 months from the date on which the resident, or the person acting on behalf of the resident, signs the form, whichever is shorter.Between 4/6/26 and 4/8/26, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including depression, anxiety, and dementia with agitation. R5's Minimum Data Set (MDS) assessment, dated 1/5/26, had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated R5 had moderate cognitive impairment. R5 had an activated Power of Attorney for Healthcare (POAHC) who assisted R5 with healthcare decisions.R5's medical record contained the following physician orders:~ Buspar 10 milligrams (mg) by mouth three times daily for anxiety (ordered 1/1/26)~ Gabapentin 100 mg by mouth once daily for peripheral nerve disease (ordered 2/23/26)~ Venlafaxine 24 hour (Effexor ER) 37.5 mg by mouth daily for general anxiety (ordered 1/9/26)~ Rexulti (brexpiprazole) 3 mg by mouth daily for agitation associated with dementia (ordered 8/16/24)R5's medical record contained the following informed consent forms with the dates obtained:~ Buspar (10/9/24)~ Gabapentin (4/10/24)~ Venlafaxine (4/10/24)~ Rexulti (10/9/24)R5's medical record did not include current informed consent forms for the medications, including the risks and benefits of the medications, potential side effects, adverse reactions, or alternatives to treatment.On 4/7/26 at 12:38 PM, Surveyor interviewed Director of Nursing (DON)-B regarding informed consent for the above medications. DON-B verified consent forms for Buspar, gabapentin, venlafaxine, and Rexulti were overdue and indicated the facility was in the process of obtaining updated consents for the medications.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure the Office of the State Long Term Care Ombudsman was notified of hospital transfers for 1 resident (R) (R5) of 3 sampled residents.R5 was transferred to the hospital on [DATE] and [DATE]. Long Term Care Ombudsman (LTCO)-D was not notified of the hospital transfers. Findings include:The facility's Long Term Care (LTC) Discharge and Transfer Policy, revised [DATE], indicates: .7. The facility will forward a copy of all discharge/transfer notices to the Office of the State LTC Ombudsman.The facility provided Surveyor with the following forms:~ Department of Health Services (DHS) 132.53 Transfers & Discharges (no date indicated): This section shall apply to all resident transfers and discharges .(2) Conditions: (a) Prohibition & Exceptions: No resident may be discharged or transferred from a facility except .9. If the short-term care period for which the resident was admitted has expired. ~ Wisconsin DHS Division of Quality Assurance (DQA) Notifications & Updates [DATE]: Reminder Regarding Required Notification to the Office of the State Long Term Care Ombudsman of Transfers & Discharges of Residents in Nursing Homes: When a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer may be provided to the resident and resident representative as soon as practicable, according to 42 CFR 483.15(c)(4)(ii) .Copies of notices for emergency transfers must also still be sent to the Office of the State Long Term Care Ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis.Between [DATE] and [DATE], Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including dementia with agitation, anxiety, and frequent urinary tract infections (UTIs). R5's Minimum Data Set (MDS) assessment, dated [DATE], had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated R5 had moderate cognitive impairment. R5 had an activated Power of Attorney for Healthcare (POAHC) who assisted R5 with healthcare decisions.An emergency room (ER) admission note, dated [DATE], indicated R5 was sent to the ER for somnolence (a state of excessive sleepiness or drowsiness) and UTI with blood in the urine.An ER admission note, dated [DATE], indicated R5 was sent to the hospital for altered mental status and suspicion of a UTI. R5's medical record did not indicate LTCO-D was notified of the hospital transfers. On [DATE] at 10:50 AM, Surveyor interviewed Nursing Home Administrator (NHA) A who indicated it was not the facility's practice to notify the Ombudsman of hospital transfers for residents who returned to the facility the same day. NHA-A indicated NHA-A's interpretation of the Discharge Process Guideline is that the Ombudsman should only be notified if a resident transfers to the ER, is admitted to the hospital, and discharges from the facility. NHA-A stated NHA-A communicated with LTCO-D who asked the facility to reach out as LTCO-D did not require notification of emergent ER transfers. NHA-A indicated temporary transfers are considered an admission when an incident is escalated and stated the facility only notifies LTCO-D of a transfer if a resident is in the ER after midnight which affects the resident's payor status. On [DATE] at 11:39 AM, Surveyor interviewed Social Services Designee (SSD)-E who indicated notification to the Ombudsman is completed monthly if a resident discharges home, to an assisted living facility, to the hospital, or to another skilled nursing facility. SSD-E indicated LTCO-D only required notification of discharges. SSD-E stated it is not SSD-E's practice to notify LTCO-D if a resident goes to the ER and returns to the facility the same day. SSD-E indicated if a resident goes to the ER and is admitted to the hospital, the resident is considered discharged from the facility and LTCO-D is notified. SSD-E stated SSD-E spoke to LTCO-D on [DATE] and asked if all ER visits or just admissions to the hospital with discharge from the facility require Ombudsman notification. SSD-E indicated LTCO- D stated SSD-E was completing notifications correctly and that a resident transfer to the ER with admission would require notification; however, a resident transfer to the ER with return to the facility would not require notification On [DATE] at 1:19 PM, Surveyor interviewed (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	LTCO-D who indicated a facility is required to notify LTCO-D of voluntary and involuntary discharges which can be documented on a monthly report. Regarding hospital transfers when a resident goes to the ER and returns to the facility the same day, LTCO-D indicated LTCO-D was not authorized to interpret regulations. LTCO-D indicated if a facility has regulatory questions, they are encouraged to contact DQA. LTCO-D indicated the facility notifies LTCO-D of ER transfers; however, when the facility documents Hospital Bed Hold Returned in the report, LTCO-D interprets that to mean the resident went to the ER and returned to the facility the same day. LTCO-D stated LTCO-D thought the facility was informing LTCO-D of emergent ER transfers for residents who returned to the facility the same day, but indicated the monthly report did not contain dates of return. LTCO-D indicated the wording on the monthly Ombudsman notification form could be clearer and include separate columns for ER transfer with date, hospital transfer admission with date, discharge from the facility with date, and return to the facility with date with language that makes it clear if a resident went to the ER and returned to the facility the same day or went to the ER, was admitted to the hospital, and discharged from the facility. LTCO-D verified the facility's Ombudsman reports for [DATE] and [DATE] did not contain R5's hospital transfers.