STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017434	A. BUILDING: _____ B. WING _____	C 04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PLACE AT HARTFORD	615 HILLDALE DRIVE HARTFORD, WI 53027

(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 03/27/2025, with information gathered through 04/10/2025, Surveyor conducted an abbreviated licensure survey and a complaint investigation. Five deficiencies were identified. Complaint was unsubstantiated. Census: 25	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 administer medications in the intervals prescribed by a practitioner for 2 of 5 residents. Resident 3 and Resident 4 did not receive their Fluticasone as prescribed. Findings Include: On 03/27/2025, at approximately 2:30 PM, Surveyor and Med Passer B reviewed the medication cart. Example 1: Resident 3 Surveyor observed Resident 3's open bottle of Fluticasone Propionate spray in a bag with a dispensed date of 11/24/2024 and directions that	N 352		

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

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N 352	Continued From page 1	N 352		

stated inhale 2 sprays into each nostril once daily. The bottle appeared to be approximately half full. Surveyor explained to Med Passer B that there were 120 actuations in a bottle of Fluticasone. Med Passer B stated the bottle should be empty. Surveyor asked if there were any additional bottles of Fluticasone for Resident 3. Med Passer B stated s/he was not aware of any other bottles available for administration. Med Passer B stated, "Perhaps someone put the new bottle of Fluticasone in the previous prescription package."

On 03/29/2025, Surveyor reviewed Resident 3's February and March Medication Administration Records (MARs), dated 02/01/2025 to 03/28/2025, which documented:
Fluticasone Propionate spray, 50 MCG (micrograms)/actuation. Inhale 2 sprays into each nostril for allergic rhinitis. Start Date: 02/15/2025.
The MARs documented that the medication had been administered as prescribed starting 02/15/2025. The MAR did not document administration 02/01/2025 to 02/14/2025.

Surveyor determined one bottle would last 30 days (120 actuations divided by 4 [2 sprays in each nostril once a day]). If the bottle had been started with the new order, 02/15/2025, the medication would have lasted until approximately 03/17/2025.

"Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source:

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N 352	Continued From page 2 National Institute of Health website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda Retrieval date - March 29, 2025). On 03/27/2025, at approximately 3:00 PM, Surveyor interviewed Administrator A and Unit Coordinator B. Surveyor addressed the concern regarding residents receiving their Fluticasone. Administrator A stated that re-education would be provided to the staff and frequent med audits would be performed. Administrator A stated s/he was not able to locate pharmacy reports that identified if Resident 3's Fluticasone had been delivered in 2025. Example 2: Resident 4 Surveyor and Med Passer B observed 2 opened bottles of Resident 4's Fluticasone Propionate spray. One bottle's label stated dispensed 03/11/2024, Quantity 1, and the other bottle's label stated dispensed 01/03/2024, Quantity 1. Med Passer B stated these bottles are a year old and appeared not to be administered. Surveyor asked if there were any other bottles of Fluticasone available to Resident 4. Med Passer B stated s/he was not aware of any other bottles available for administration. Surveyor and Med Passer B stated the bottles of Fluticasone appeared to be half full. Med Passer B was not able to determine when the bottles of Fluticasone had been opened. On 03/29/2025, Surveyor reviewed Resident 4's February and March MARs, dated 02/01/2025 to 03/28/2025, which documented: Fluticasone Propionate spray, 50 MCG /actuation. Inhale 2 sprays into each nostril for bilateral eustachian tube dysfunction. Start Date: 03/11/2024.	N 352		

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N 352	Continued From page 3 The MARs documented that the medication had been administered 52 of 56 opportunities as prescribed. Surveyor determined one bottle would last 30 days (120 actuations divided by 4 [2 sprays in each nostril once a day]). On 03/27/2025, at approximately 3:00 PM, Surveyor interviewed Administrator A and Unit Coordinator B. Surveyor addressed the concern regarding residents receiving their Fluticasone. Administrator A stated that re-education would be provided to the staff and frequent med audits would be performed. Administrator A stated s/he was not able to locate pharmacy reports that identified if Resident 4's Fluticasone had been delivered in 2025.	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	N 389		

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N 389	Continued From page 4	N 389		

interview, the provider did not update 1 of 1 resident's individual service plan (ISP) when there was a change in his/her needs and physical condition.

Resident 1's ISP was not updated to reflect his/her current use of oxygen.

Findings include:

On 03/27/2025, at approximately 12:20 AM., Surveyor observed 10 unsecured oxygen tanks in Resident 1's room.

On 03/27/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A and Unit Coordinator B. Surveyor discussed his/her observation with Administrator A who stated the tanks were empty, as 12 tanks are ordered at a time. Surveyor requested Resident 1's record.

Resident 1 was admitted to the facility, 09/18/2022, with diagnoses that included chronic obstructive pulmonary disease (COPD), dementia, Type 2 diabetes, and glaucoma..

Resident 1's "Individual Service Plan (ISP)," dated 02/21/2025, documented:
"ADLs (activities of daily living) Functional Status: Staff to ensure resident has his/her oxygen on at all times."
"Transfers/Walking/Locomotive/Balance: Uses a 4 wheeled walker for ambulation in room. Using his/her wheelchair out of room due to oxygen levels dropping with activity."

On 03/27/2025, at approximately 3:00 PM, Surveyor interviewed Administrator A. Surveyor stated Resident 1's ISP did not identify what oxygen level Resident 1's oxygen concentration

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N 389	Continued From page 5 should be set at when in use. Administrator A stated, "It must be documented on [his/her] medication administration record (MAR)." Administrator A reviewed Resident 1's MAR and commented that the MAR also did not document Resident 1's oxygen levels. Administrator A stated s/he would review his/her oxygen physician order and update his/her record accordingly. On 03/29/2025, Surveyor reviewed Resident 1's oxygen order that Administrator A had provided which documented: "06/19/2024 - [Resident 1's] oxygen levels drop to mid 80s with activity. [S/he] does have shortness of breath at times. [S/he] is walking with wheelchair to follow at this time per therapy. ... 2 Liter nasal canula oxygen with activity."	N 389		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not maintain an accurate proof-of-use record for 1 of 1 resident's (Resident 6) schedule II medication, Hydrocodone-Acetaminophen. The proof-of-use	N 409		

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record did not consistently align with the number of available narcotics.

Findings Include:

On 03/27/2025, at approximately 12:30 PM, Surveyor and Med Passer C observed Resident 6's blister card of as-needed (PRN) Hydrocodone-Acetaminophen which had 3 of 20 remaining tablets and were dispensed on 01/24/2025.

On 03/29/2025, Surveyor reviewed Resident 6's record.

Resident 6 moved into the facility 04/20/2024.

Resident 6's January, February, and March Medication Administration Records (MAR), dated 01/31/2025 to 03/28/2025, documented:
Hydrocodone-Acetaminophen 5-325 MG (milligram)- Take 1 tablet by mouth once daily as needed for pain. Start Date: 01/24/2025.
Administered:
01/28 at 12:30 PM
02/14 at 4:15 PM
02/21 at 6:07 PM
02/28 at 5:28 PM
03/01 at 4:04 PM
03/05 at 1:18 PM
03/16 at 9:11 AM
7 tablets total

Hydrocodone-Acetaminophen 5-325 MG (milligram) - Take 2 tablets by mouth once daily as needed for pain. Start Date: 01/24/2025.
Administered:
02/05 at 8:52 AM
02/22 at 12:49 PM
02/26 at 5:11 PM

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N 409	Continued From page 7 03/03 at 5:23 PM 03/06 at 9:22 AM 03/14 at 2:31 PM 03/27 at 12:33 PM 14 tablets total The MARs documented that 21 of 20 tablets had been administered. Resident 6's "Controlled Substance Report" for his/her Hydrocodone-Acetaminophen documented: 01/25/2025 - 20 Tablets 01/28 at 12:30 PM - 1 Tablet 02/05 at 8:52 AM - 1 Tablet 02/14 at 4:15 PM - 1 Tablet 02/21 at 6:07 PM - 1 Tablet 02/22 at 12:49 PM - 1 Tablet 02/26 at 5:11 PM - 1 Tablet 02/28 at 5:28 PM - 1 Tablet 03/01 at 4:04 PM - 1 Tablet 03/03 at 5:23 PM - 1 Tablet 03/05 at 1:18 PM - 1 Tablet 03/06 at 9:22 AM - 1 Tablet 03/14 at 2:31 PM - 1 Tablet 03/16 at 9:11 AM - 1 Tablet 03/27 at 12:33 PM - 1 Tablet - Total Remaining 6 Surveyor noted there were 13 out of 27 entries that were coded as corrections. On 04/01/2025 at 4:59 PM, Surveyor emailed Administrator A and Unit Coordinator B. Surveyor stated that based on the documentation received and the number of tablets remaining in Resident 6's blister card, the MARs and the narcotic count sheet did not align with the number of tablets remaining.	N 409		

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N 409	Continued From page 8 On 04/02/2025 at 10:38 AM, Administrator A emailed Surveyor and stated they acknowledged the concern. Cross Reference: N0432 DHS 83.38(1)(h) Medication Administration	N 409		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure proper documentation within the Medication Administration Record (MAR) for 1 of 3 residents reviewed. Resident 7's documented refusals of medications did not line up with the number of available tablets. Findings include: On 03/27/2025, at approximately 2:20 PM,	N 415		

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Surveyor and Med Passer C observed Resident 7's medications in the med cart. Surveyor observed Resident 7's AM medications, all with 9 tablets remaining.

On 03/29/2025, Surveyor reviewed Resident 7's record.

Resident 7 moved into the facility 09/01/2023.

Resident 7's March 2025 MAR documented:
-Aspirin tablet, delayed release 81 MG (milligram) - Scheduled at 8:00 AM. Start Date: 09/27/2024.
Documented as refused 03/09 and 03/14
-Clopidogrel tablet 75 MG - Take 1 tablet by mouth once a day for heart disease. Scheduled at 8:00 AM. Start Date: 09/27/2024.
Documented as refused 03/09 and 03/14
-Ezetimibe 10 MG - Take 1 tablet by mouth once a day for heart disease. Scheduled at 8:00 AM. Start Date: 09/27/2024.
Documented as refused 03/09 and 03/14
-Fenofibrate tablet 54 MG - Take 1 tablet by mouth two times a day for heart disease. Scheduled at 8:00 AM. Start Date: 09/27/2024.
Documented as refused 03/09 and 03/14
-Metformin tablet 1000 MG - Take 1 tablet by mouth twice a day for heart disease. Scheduled at 8:00 AM. Start Date: 09/27/2024.
Documented as refused 03/09, 03/14, and 03/26
-Metoprolol Tartrate tablet 25 MG - Take 1 tablet by mouth once a day for heart disease. Scheduled at 8:00 AM. Start Date: 09/27/2024.
Documented as refused 03/09 and 03/14
-Omeprazole capsule 40 MG - Take 1 capsule by mouth two times a day. Scheduled at 8:00 AM. Start Date: 09/27/2024.
Documented as refused 03/09 and 03/14

On 04/01/2025 at 4:59 PM, Surveyor emailed

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N 415	Continued From page 10 Administrator A and Unit Coordinator B. Surveyor stated that based on the documentation received and the number of tablets remaining in Resident 7's blister card, the MARs documented refusals did not align with the number of tablets remaining. On 04/02/2025 at 10:38 AM, Administrator A emailed Surveyor and stated they acknowledged the concern.	N 415		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure medication administration services, including procedures to assure the accurate administering of all medications, were provided to meet the needs of 1 of 1 resident. Resident 6 was prescribed Hydrocodone - Acetaminophen, take 1 to 2 tablets as needed for pain, and acetaminophen, take 2 tablets for pain. The provider did not have guidelines for staff when to administer the pain medication and what	N 432		

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doses should be administered.

Findings include:

On 03/27/2025, at approximately 12:30 PM, Surveyor and Med Passer C observed Resident 6's blister card of as-needed (PRN) Hydrocodone-Acetaminophen which had 3 of 20 remaining tablets. The blister card documented: "Hydrocodone-Acetaminophen 5-325 MG - Take 1 tablet by mouth once daily as needed for pain." and "Hydrocodone-Acetaminophen 5-325 MG - Take 2 tablets (650 MG) by mouth once daily as needed for pain."

On 03/27/2025, at approximately 3:00 PM, Surveyor interviewed Administrator A and Unit Coordinator B. Surveyor explained that Resident 6's blister card of Hydrocodone-Acetaminophen documented two physician orders. Administrator A reviewed the picture of the Hydrocodone-Acetaminophen, provided by the Surveyor, and stated s/he would need to follow up with Resident 6's prescribing physician.

On 03/29/2025, Surveyor reviewed Resident 6's record.

Resident 6 moved into the facility 04/20/2024.

Resident 6's January, February, and March Medication Administration Records (MAR), dated 01/31/2025 to 03/28/2025, documented:
Acetaminophen 325 MG (milligram) - Take 2 tablets (650 MG) by mouth every 4 hours as needed for pain. Start Date: 04/22/2024. (Consider all sources).
Administered: 03/03 at 7:04 PM
Hydrocodone-Acetaminophen 5-325 MG - Take 1 tablet by mouth once daily as needed for pain.

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N 432	Continued From page 12 Start Date: 01/24/2025. (Consider all sources). Administered: 01/28 at 12:30 PM 02/14 at 4:15 PM 02/21 at 6:07 PM 02/28 at 5:28 PM 03/01 at 4:04 PM 03/05 at 1:18 PM 03/16 at 9:11 AM The MARs did not document pain levels. Hydrocodone-Acetaminophen 5-325 MG - Take 2 tablets (650 MG) by mouth once daily as needed for pain. Start Date: 01/24/2025. (Consider all sources). Administered: 02/05 at 8:52 AM 02/22 at 12:49 PM 02/26 at 5:11 PM 03/03 at 5:23 PM 03/06 at 9:22 AM 03/14 at 2:31 PM 03/27 at 12:33 PM The MARs did not document pain levels. Resident 6's physician order for his/her Hydrocodone-Acetaminophen, dated 01/24/2025, documented: Take 1-2 tablets by mouth daily as needed for pain. Maximum of 20 tablets per 30 days. On 04/01/2025 at 4:59 PM, Surveyor emailed Administrator A and Unit Coordinator B. Surveyor stated that based on the documentation received and interview from 03/27/2025, med passers were not provided guidelines on when to administer Resident 6's Hydrocodone-Acetaminophen and acetaminophen.	N 432		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PLACE AT HARTFORD	**615 HILLDALE DRIVE HARTFORD, WI 53027**

(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 432	Continued From page 13 On 04/02/2025 at 10:38 AM, Administrator A emailed Surveyor and stated they acknowledged the concern. Cross Reference: N0409 DHS 83.37(1)(j) Proof-Of-Use Record	N 432		