STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018068	A. BUILDING: _____ B. WING _____	R-C 06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE FRANKLIN	**7220 SOUTH BALLPARK DRIVE FRANKLIN, WI 53132**

(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 06/17/2025, with information gathered through 06/19/2025, Surveyor conducted a complaint investigation and a verification visit at New Perspective Franklin. Two deficiencies were identified. Two of 2 deficiencies were repeat violations. See Statement of Deficiency (SOD) 1AHE13. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 41	{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 1 of 3 residents (Resident 6) reviewed received her/his medications in the dosage and at intervals prescribed by the practitioner. Resident 6 did not receive 8 doses of bupropion extended release (XL), 3 doses of donepezil, 11 doses of Eliquis, 8 doses of loratadine, 11 doses of memantine, 12 doses of metoprolol and 8 doses of sertraline. This is a repeat deficiency. See Statement of	{N 352}		

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

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{N 352}	Continued From page 1 Deficiency 1AHE13, dated 01/22/2025 Findings include: On 06/17/2025, Surveyor reviewed the medication records for Resident 6. Resident 6 was admitted on 08/10/2020 with diagnoses including depression, hypertension, hyperlipidemia, and pacemaker. Resident 6's medication administration record (MAR) indicated Resident 6 was prescribed bupropion XL150 milligrams (mg) in the morning, donepezil 10 mg once at bedtime, Eliquis 5 mg twice a day, loratadine 10 mg in the morning, memantine 10 mg twice a day, metoprolol 25 mg twice a day, and sertraline 100 mg once daily. Resident 6's MAR indicated Resident 6 did not receive the following medications between May 25th, 2025, and June 17th, 2025: - bupropion XL on 8 of 24 scheduled administrations - donepezil on 3 of 23 scheduled administrations - Eliquis on 11 of 46 scheduled administrations - loratadine on 8 of 24 scheduled administrations - memantine on 11 of 47 scheduled administrations - metoprolol on 12 of 47 scheduled administrations - sertraline on 8 of 24 scheduled administrations On 06/17/2025, at approximately 2:20 PM, Surveyor interviewed Executive Director (ED) A regarding the missed medications. Surveyor and ED A reviewed the MAR together. ED A confirmed that medications were not given. ED A was not aware of the medications not being passed on the above days.	{N 352}		

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{N 481}	Continued From page 2	{N 481}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a homelike environment. The provider installed cameras in all resident bedrooms. This had the potential to affect 8 of 8 residents that were not assessed for or consented to the software. This is a repeat deficiency. See Statement of Deficiency 1AHE13, dated 01/22/2025 Findings include: On 06/17/2025, at approximately 2:00 PM, Surveyor toured the facility with Executive Director (ED) A. During the tour Surveyor noted the signs stating "SafelyYou in use" that were present during the previous survey were still outside each resident bedroom door. Cameras were also still present in all resident bedrooms. On 06/17/2025, at approximately 2:15 PM, Surveyor reviewed resident assessment and consent documentation for SafelyYou camera system. Resident 7 (admitted 08/10/2024), Resident 9 (admitted 10/31/2024), Resident 10 (admitted 03/24/2025), Resident 11 (admitted 10/04/2024), Resident 12 (admitted 10/19/2020),	{N 481}		

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{N 481}	Continued From page 3 Resident 13 (admitted 03/14/2024), Resident 14 (admitted 10/07/2024), and Resident 15 (admitted 11/21/2024) were not assessed for, or had signed consents for the SafelyYou system present in their rooms. On 06/17/2025, at approximately 2:30 PM, Surveyor interviewed ED A. ED A reported 8 residents were not assessed as needing the SafelyYou system and had not signed consents for the system. ED A reported the provider had considered putting covers over the cameras, but felt it did not look good. Surveyor asked ED A if there was any way of knowing by looking at them, if the cameras were on or not. ED A confirmed there was no way of knowing.	{N 481}		