STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012891	A. BUILDING: _____ B. WING _____	C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MONONA CBRF	111 OWEN RD MONONA, WI 53716

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N 000	Initial Comments On 01/06/2026, the bureau of assisted living southern regional office conducted a complaint investigation at Heritage Monona a CBRF located in Monona, WI. As a result of this survey, 2 violations of DHS Chapter 83 were identified. One complaint was substantiated. Census: 27	N 000		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received prompt and adequate treatment that was appropriate to his/her needs. On 10/29/2025, Provider received Resident 1's physician orders. Which included Lantus (glargine) insulin injection at bedtime, Humalog (lispro) insulin injections twice daily, and twice daily blood glucose monitoring. From Resident 1's admission on 11/12/2025 until 11/29/2025. Provider didn't perform blood glucose checks as prescribed. While their Lantus and Humalog insulin injections were being administered as prescribed.	N 353		

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

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N 353	Continued From page 1 On 11/30/2025, Staff reported Resident 1 was barely responsive and were instructed to call EMS (emergency medical service). EMS assessed Resident 1 and his/her blood glucose level was 18 mg/dl. EMS transported Resident 1 to the ER (emergency room) and s/he was admitted to the hospital where s/he was diagnosed with acute encephalopathy and hypoglycemia. On 12/04/2025, Resident 1 was discharged back to Provider with a new order for twice daily blood glucose monitoring. Provider didn't perform blood glucose checks until Resident 1 reported feeling ill on 12/09/2025. Resident 1's blood glucose level was 245 mg/dl and was sent to the emergency room. This is a repeat violation from previous statement of deficiency (SOD) QW4M11 dated 06/17/2024. FINDINGS INCLUDE: Facility provided care to the following client groups: irreversible dementia and Alzheimer's disease. The Mayo Clinic Website described Hypoglycemia as, " ...a condition in which your blood sugar (glucose) level is lower than the standard range. Glucose is your body's main energy source. Hypoglycemia is often related to diabetes treatment. But other drugs and a variety of conditions - many rare - can cause low blood sugar in people who don't have diabetes. Hypoglycemia needs immediate treatment. For many people, a fasting blood sugar of 70 milligrams per deciliter (mg/dL), or 3.9 millimoles per liter (mmol/L), or below should serve as an	N 353		

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alert for hypoglycemia ... As hypoglycemia worsens, signs and symptoms can include Confusion, unusual behavior or both, such as the inability to complete routine tasks ...Severe hypoglycemia may cause: Unresponsiveness (loss of consciousness), Seizures ..." (Source: The Mayo Clinic Website, Hypoglycemia, 1998-2025, https://www.mayoclinic.org/diseases-conditions/hypoglycemia/symptoms-causes/syc-20373685 (retrieval date - January 13, 2026).)

On 12/10/2025, the Department received a complaint about insulin administration practices at facility.

On 01/06/2026, Surveyors arrived at facility for a complaint investigation.

RECORD REVIEW:

On 01/06/2026, Surveyor reviewed Resident 1's facesheet. Resident 1 was admitted to the facility on 11/12/2025. Resident 1 has an activated power of attorney. Resident 1 was diagnosed but not limited to: acute kidney failure, type 2 diabetes mellitus with diabetic polyneuropathy (identified 05/17/2028), and vascular dementia.

On 01/06/2026, Surveyor reviewed a fax from [Name of Hospital Provider] to facility dated 10/29/2025. The included a document titled, "Comprehensive Medical Provider Report," with the [Name of Hospital Provider's] discharge medication list. On page 4 of the hospital's discharge medication list there was a subsection labeled, "CONTINUE taking these medication which have NOT CHANGED," and documented the following orders, "ACCU-CHEK Guide test strip ...Quantity Dispensed: 200 strip ...Use

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N 353	Continued From page 3 1(one) strip 2 times daily ... Authorizing Provider [Advanced Nurse E] ...ACCU-CHEK Guide w/Device Kit ...Quantity Dispensed: 1 Each ...Instructions Use 1 Each as directed Reasons: Do NOT send Libre Freestyle, send Accu-Check glucometer with test strip and lancets and alcohol preps ...Authorizing Provider [Advanced Nurse E] ..." On the "Comprehensive Medical Provider Report," there was a subsection labeled, "DIABETIC PROTOCOL (strikeout & initial any components you wish to omit) For patients with diagnosis of diabetes ONLY ...glucometer ...Blood glucose parameters: physician will be notified for BG <70 or >400 unless otherwise noted by MD ... Medication Orders, Refills, and Administration Times ...These orders will supersede any previous standing orders for the resident ...Dispensed quantity will be determined by community medication administration protocol, payer guidance, and standards of practice ... [Doctor F] 11-05-2025." On 01/06/2026, Surveyor reviewed facility policy titled, "DIABETIC MANAGEMENT," The following procedure was documented, " ...8. Blood glucose levels will be tested as ordered and recorded in the resident's record. Any blood glucose readings outside the physician-ordered parameters must be communicated to the resident's physician. If the resident does not have physician ordered parameters, any blood glucose readings less than 60mg/dl or greater then 400mg/dl will be reported to physician ..." On 01/06/2026, Surveyor reviewed Resident 1's November 2025 medication administration record (MAR). The MAR did not have an order for twice daily blood glucose monitoring (Accu-Chek). The MAR did have the following insulin injection orders documented:	N 353		

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N 353	Continued From page 4 1.) "LANTUS SOLOS INJ (Insulin Glargine) INJECT AT BEDTIME 8 UNITS SUBCUTANEOUSLY ...-Start Date- 11/12/2025..." From 11/12/2025 to 11/29/2025, the Lantus injection was documented as "Administered." 2.) "HumaLOG KWIK (Insulin Lispro) INJECT TWICE DAILY 4 UNITS SUBCUTANEOUSLY ...-Start Date- 11/12/2025 ..." From 11/12/2025 to 11/29/2025, the Humalog injection was documented as "Administered." On 01/06/2025, Surveyor reviewed Resident 1's December 2025 MAR. The MAR documented the following: 1.) "Check blood twice daily, once in the morning before breakfast and once in the evening before dinner or bed. two times a day for Type II Diabetes - Start Date- 12/11/2025 ..." Zero, blood glucose levels were documented in the MAR. All administrations from 12/11/2025 to 12/17/2025 were documented as "Hospitalized." 2.) "LANTUS SOLOS INJ (Insulin Glargine) INJECT AT BEDTIME 8 UNITS SUBCUTANEOUSLY ...-Start Date- 11/12/2025..." From 12/01/2025 to 12/03/2025, all administrations were documented as, "Hospitalized." Zero, administrations were documented from 12/04/2025 to 12/31/2025. 3.) "HumaLOG KWIK (Insulin Lispro) INJECT TWICE DAILY 4 UNITS SUBCUTANEOUSLY ...-Start Date- 11/12/2025 ..." From 12/01/2025 to 12/03/2025, all administrations were documented as, "Hospitalized." Zero, administrations were documented from 12/04/2025 to 12/31/2025. 4.) "GLUTOSE 15 GEL 40% (Dextrose (Diabetic Use)) ADMINISTER AS NEEDED IF HYPOGLYCEMIC (BS<70) AND PATIENT IS ABLE TO SWALLOW. RECHECK BS IN 15MIN. MAY REPEAT AS NEEDED IF BS REMAINS <70. MUST NOTIFY PHYSICIAN IMMEDIATELY	N 353		

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N 353	Continued From page 5 AFTER USE ...-Start Date- 12/04/2025 0000 -D/C (discharge) Date- 12/16/2025 1407." 5.) "GLUCAGON INJ 1MG ...INJECT 1MG INTRAMUSCULARLY AS NEEDED IF HYPOGLYCEMIC, UNRESPONSIVE, AND UNABLE TO TAKE BY MOUTH, RECHECK BS AND ASSESS CLINICAL STATUS IN 15 MIN AND REPEAT GLUCAGON AS NEEDED ...-Start Date- 12/04/2025 0000 -D/C (discharge) Date - 12/16/2025 1407 ..." On 01/06/2025, Surveyor reviewed Resident 1's progress notes from 11/01/2025 to 12/31/2025. The following entries were documented: 1.) On 11/13/2025 at 10:54 AM, Regional Nurse G documented, "Resident up eating breakfast this morning, socializing with peers and staff. Resident is pleasant and cooperative. [S/He] appears to be adjusting well to the unit." 2.) On 11/17/2025 at 4:20 PM, Practical Nurse H documented, " ...Incident type: unwitnessed fall ...Description: on 11/17/2025 the resident had a unwitnessed fall in the residents bedroom ...no injury ... [Dean Of Nursing (DON) C] notified ..." 3.) On 11/21/2025 at 9:50 PM, Practical Nurse H documented, "Incident type: unwitnessed fall ...Resident was trying to go to the bathroom when [s/he] fell bleeding on [his/her] hand and leg ... [DON C] notified ..." 4.) On 11/24/2025 at 9:48 AM, Practical Nurse H documented, "Incident type: Unwitnessed fall ...staff investigated and observed the resident on the floor on [his/her] back by [his/her] bed. Resident stated [s/he] was "trying to transfer [himself/herself]" ...[DON C] notified ..." 5.) On 11/30/2025 at 9:06 AM, Nurse I documented, "Facility staff notified on call nurse that resident had stroke like symptoms. Staff reported resident was barely responding and would only mumble words. Instructed staff to call	N 353		

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EMS (emergency medical service) and send to er (emergency room) ..."
6.) On 11/30/2025 at 4:54 PM, Regional Nurse G documented, "Resident was admitted to [Name Of Hospital] with hypoglycemia ..."
7.) On 11/30/2025 at 5:15 PM, Regional Nurse G documented, "Resident on sliding scale insulin while in the hospital."
8.) On 12/04/2025 at 3:27 PM, Practical Nurse K documented, "Resident returned to the facility from [Name of Hospital] via ambulance. Resident is A/O (alert and oriented) x 2-3 (person, place and time) and is siting (sic.) in the common area visiting with other residents. Resident denies and pain or discomfort at this time and is adjusting well."
9.) On 12/09/2025 at 4:56 PM, Practical Nurse K documented, "Resident c/o (complaint of) not feeling well, BS was checked and noted as 245. POA (power of attorney) was notified and requested that resident be sent to ER for eval ..."
10.) On 12/16/2025 at 11:40 AM, Practical Nurse K documented, "Writer received a call from [Name of Hospital] regarding resident from [Hospital Nurse L] who stated that resident family has elected for [him/her] to be on impatient (sic.) hospice. Per [Hospital Nurse L] resident will not be returning to the facility, the family has decided for [him/her] to stay hospice in the hospital ..."
11.) On 12/17/2025 at 9:35 AM, DON C documented, "Writer received a call from resident's MCO (managed care organization) that resident did in fact die at the hospital where [s/he] was placed on inpatient hospice."

On 01/02/2026, Surveyor reviewed Resident 1's hospital after care summary dated 12/04/2025. Resident 1 was admitted to the hospital on 11/30/2025. The following diagnoses were documented as acute encephalopathy and

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hypoglycemia. Under the subsection titled, "General Instructions," the following was documented, "Please check and record blood sugar twice daily: once in morning before breakfast and once in the evening before dinner or before bed ..."

On 01/06/2025, Surveyor reviewed Resident 1's MCO (managed care organization) records. Surveyor reviewed emails between MCO Nurse M to facility DON C. The following emails were reviewed:
1.) On 12/01/2025 at 12:13 PM, DON C emailed MCO Nurse M the following, "Hello, I just wanted you to know that [Resident 1] is in the hospital. When [s/he] went there, [s/he] had a BGL (blood glucose level) of 18 ..."
2.) On 12/01/2025 at 2:57 PM, MCO Nurse M emailed response to DON C was, "Good afternoon [DON C], Is it possible to get copies of the blood sugar checks and if insulin was given(MAR) ..."
3.) On 12/01/2025 at 4:03 PM, DON C emailed response to MCO Nurse M was, "[S/He] didn't come with blood sugar checks from the place [s/he] was last at. I am hoping when [s/he] comes back [s/he] has them. If not then I will put them in until I get an order ..."

INTERVIEW:

On 01/06/2025 at 11:30 AM, Surveyor interviewed Med Passer D. Med Passer D was able to accurately name the current residents receiving insulin injections. Med Passer D verified all current residents receiving insulin injections had blood glucose checks ordered prior to administration of the insulin. Med Passer D was able to accurately state blood glucose parameters which required further intervention, <70 or >350.

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N 353	Continued From page 8 Med Passer D was able to accurately describe signs and symptoms of hypoglycemia and hyperglycemia. Med Passer D recalled Resident 1 had daily insulin injections. Med Passer D stated s/he was not able to find an order for blood glucose monitoring on Resident 1's MAR. Med Passer D stated s/he didn't have a glucometer or test strips made available to them in the medication cart for Resident 1. Med Passer D stated s/he questioned DON C about administering Resident 1 insulin injections without assessment of his/her blood glucose level. Med Passer D reported DON C reported Resident 1's doctor had not ordered blood glucose monitoring and to proceed with insulin administrations. On 01/06/2025 at 2:25 PM, Surveyor discussed the above concerns with Administrator A, DON C, and Regional Nurse N. DON C acknowledged Resident 1 had been admitted to the facility with physician's order for twice daily blood glucose monitoring. DON C reported s/he had been confused by the structure of the pre-admission order set and hadn't transcribed the order to Resident 1's MAR. DON C acknowledged from 11/12/2025 to 11/30/2025, Resident 1's blood glucose levels were not monitored per their physician's order. Administrator A, DON C and Regional Nurse N acknowledged Resident 1 being administered multiple insulin injections daily without blood glucose monitoring per physician's order was against standards of practice as described in the facility policy. Administrator A, DON C and Regional N acknowledged Resident 1 suffered an episode of hypoglycemia which required EMS intervention followed by hospitalization. On 01/09/2025 at 8:30 AM, Surveyor interviewed	N 353		

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N 353	Continued From page 9 MCO Nurse M. MCO Nurse M reported s/he didn't receive any blood glucose levels from facility. MCO Nurse M verified all blood glucose monitoring orders were present prior to Resident 1's admission to the facility. MCO Nurse M reported Resident 1's 12/09/2025 hospitalization was due to complications related to heart failure and s/he opted out of curative treatment and was admitted to inpatient hospice service.	N 353		
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 safe, clean and comfortable environment for residents. There was a strong urine smell and obvious water damage in common restrooms. This is a repeat violation from previous Statement of Deficiency (SOD) 4G9011 dated 12/13/2022. Findings include: On 01/06/2026 at 9:15 AM, Surveyors were escorted on to the living unit by Administrator A. There was a strong smell of urine upon entering the living unit including the common area where residents were sitting. Surveyors were escorted to a private dining room where the smell of urine	N 481		

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could also be detected. Administrator A did not mention the smell and did not direct any employee to begin cleaning the area at that time.

On 01/06/2026 at 10:15 AM, Surveyors advised Administrator A that the smell of urine was still present. Administrator A called housekeeping and directed them to clean the common areas and other areas if necessary.

On 01/06/2026 at 10:15 AM, Surveyor interviewed Caregiver B. Caregiver B stated that Resident 2 is known to be incontinent of urine at times and is uncooperative when told to go change his/her clothes. Caregiver B stated that Resident 2 will sit in chairs in common areas while in soiled clothing which contributes to the smell of urine.

On 01/06/2026 at 10:25 AM, Surveyors observed housekeeping staff mopping the common areas.

On 01/06/2026 at 10:30 AM, Surveyors observed that both bathrooms in the common area had water damage. One bathroom had water damage on the floor that was seeping into the trim and floor boards of the bathroom. The other bathroom had obvious water damage on the ceiling (1 area was approximately 4 inches wide by 3 feet long, another area was 5 inches wide by 1 foot long, and there was an area where paint was coming off the wall approximately 3 inches wide and 8 inches long.

The floor in the private dining room was very dirty. The white tiles on the floor where almost gray/black due to dirt build up.

On 01/06/2026 at 12:30 PM, Surveyors interviewed Administrator A. Administrator A

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N 481	Continued From page 11 acknowledged that Resident 2 is sometimes incontinent of urine and will walk around in soiled clothing and sit in furniture in the common areas. Administrator A acknowledged that it is not a pleasant smell and can contribute to illnesses in other residents if not cleaned up in a timely manner. Administrator A acknowledged the water damage in the bathrooms and stated that it would be addressed and taken care of as soon as possible. Administrator A contacted housekeeping about the floor in the private dining room and stated that it would be cleaned within 30 minutes.	N 481		