STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015198	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE SUN PRAIRIE	222 S BRISTOL STREET SUN PRAIRIE, WI 53590

(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
U 000	INITIAL COMMENTS On 04/07/2026, the bureau of assisted living southern regional office conducted a complaint investigation at New Perspective Sun Prairie a certified RCAC located in Sun Prairie, WI. As a result of this survey, 1 violation of DHS Chapter 89 was issued. The complaint was substantiated. Census: 67	U 000		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order.	U 267		

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

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U 267	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 1 received all prescribed medications in dosage and intervals prescribed by his/her physician. From 12/17/2025 to 12/25/2025, Tenant 1 wasn't administered 6 doses of Bumetanide (Bumex) 1 mg tablet. Afterwards, Tenant 1 suffered increased bilateral lower extremity edema and shortness of breath. This is a repeat violation from previous statement of deficiency (SOD) 7SJ611 dated 07/20/2023 and SOD Z91811 dated 12/20/2024. FINDINGS INCLUDE: On 02/06/2026, the Department received a complaint related to medication management at facility. On 04/07/2026, Surveyor arrived at facility for a complaint investigation. On 04/07/2026, Surveyor reviewed Tenant 1's hospice record: 1.) On 12/21/2025 at 4:19 PM, Hospice Nurse C documented the following, "RN performed comprehensive assessment, medication reconciliation, and plan of care review. Symptoms/needs addressed and recommendations: Writer called [Family Member D] about visit ...Writer arrived [Tenant 1] in rocking chair. Had been sleeping for most of afternoon. [Tenant 1] shared [s/he] had no pain. Feeling more weak. [Tenant 1's] legs having increased edema and patient able to stand but weak to have pants down to have legs assessed.	U 267		

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U 267	Continued From page 2 [Tenant 1] +1 pitting edema from ankles to knees edema ... Staff taking care of pills 3 x/day and taking [him/her] to meals ...." 2.) On 01/10/2026 at 4:57 PM, Hospice Nurse D documented the following, "[Family Member D] reported [s/he] was informed that [Tenant 1] missed [his/her] afternoon dose of Bumex on Thursday and Friday. [Family Member D] noted increased swelling Thursday and Friday night, which has worsened today ...During skin assessment, [Tenant 1] became dyspneic (short of breath) when turning onto [his/her] side and required 1-2 minutes to recover [his/her] breath. 3+ pitting edema noted to BLE (bilateral lower extremity) ... A telephone call was placed to [Hospice Nurse Practitioner F], who recommended increasing Bumex to 1 mg three times daily for two days, then resuming 1 mg twice daily on 1/12/26. RN to reassess swelling and shortness of breath ...Epic was updated, and it was confirmed that [Tenant 1] has extra Bumex 1 mg available at the facility to use for the next two days per [Family Member D]. New orders were faxed to the facility. [Family Member D] accompanied writer to the nursing station on the other side of the unit; no staff were present. While walking toward the receptionist area, [Caregiver G] was encountered and assisted by calling on-call nurse [Facility Nurse H]. [Facility Nurse H] stated that orders can only be formally updated by [Name Of Pharmacy] on Monday; however, staff may utilize the extra 1 mg PRN Bumex currently on the MAR to satisfy the new dosing plan. [Family Member D] stated [s/he] visits the facility daily and will request the third Bumex dose in the afternoon tomorrow. [Caregiver G] proceeded upstairs to administer the additional Bumex dose for tonight. Staff and [Family Member D] were encouraged to contact [Name	U 267		

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U 267	Continued From page 3 Of Hospice] if symptoms worsen or with any concerns ..." 3.) On 01/12/2026 at 4:03 PM, Hospice Nurse I documented the following, "RN performed comprehensive assessment, medication reconciliation, and plan of care review. Joint visit with [Social Worker J], also present is the [Family Member D]. [Tenant 1] in bed, restless, visibly SOB. legs have increased edema and per [Family Member D] [Tenant 1] did not get Bumex Thursday (sic.) and Friday then were not able to make changes to bumex over the weekend due to facility (sic.) triage telling them changes will not happen on the weekends. [Family Member D] [s/he] gave [Tenant 1] PRN because [s/he] has some still at [his/her] home. Writer reviewed with [Family Member D] the 7 days of bumex [s/he] missed last month and [s/he] planned to have meeting with the facility later today ...[Family Member D] okay with [Tenant 1] going to [Name Of Hospice] IPU (inpatient unit) if needed. TC (telephone call) placed to [Hospice Nurse Practitioner K] to disucss as [Tenant 1] is not getting scheduled bumex how can they expect to get PRN, [Tenant 1] not able to make all needs known and doe (sic.) snot (sic.) have cognition to ask for PRN. [Tenant 1] wished to stay at [his/her] apt through EOL (end of life). Facility pharmacy not able to make delivery same day and RN staff need to be rpesent (sic.) and agreeable to package medicaitons (sic.) as staff not able to take out of bottles ..." On 01/14/2026 at 10:07 AM, Hospice Nurse I documented the following, " ...Communication with (name/role): RN staff with [Doctor L] Situation Concern/reason for communication: Calling to update on [Tenant 1] missing at least 9 doses of Bumex over the past 2-3 weeks	U 267		

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U 267	Continued From page 4 ...Changes reported from prior assessment: Pt had increased edema and SOB but improving with [Family Member D] now managing [his/her] medications ..." According to the book, "Pearson Nurse's Drug Guide 2015," the medication Bumetanide (Bumex) to described as, " ...Classification: FLUID AND WATER BALANCE AGENT; LOOP DIURETIC ...USES Edema, heart failure ..." (PEARSON NURSE'S DRUG GUIDE, 2015, p.211) On 04/07/2026, Surveyor reviewed Tenant 1's facility record. Tenant 1 was admitted to the facility on 04/25/2022. Tenant 1 was diagnosed with but not limited to: hypertension, thoracic aortic ectasia, chronic systolic heart failure, atherosclerotic heart disease, left bundle branch block, mixed hyperlipidemia, prediabetes and mild cognitive impairment of uncertain or unknown etiology. On 04/07/2026, Surveyor reviewed Tenant 1's service agreement signed on 10/30/2025. The subsection titled, "Med and Treatment Plan," documented that facility was to manage Tenant 1's medications. On 04/07/2026, Surveyor reviewed Tenant 1's progress notes: 1.) On 12/25/2025 at 2:22 PM, Facility Nurse M documented the following, "...Resident did not receive the following medication on dates/times listed below: 12/23/25 & 12/24/25 afternoon dose of Bumetadine (Bumex) 1 mg tablet ..." 2.) On 12/30/2025 at 1:51 PM, Facility Nurse M documented the following, "PCP (primary care provider) notified of missed/held meds for time frame of 12/15/25-12/29/25 ..."	U 267		

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U 267	Continued From page 5 On 04/07/2026, Surveyor reviewed Tenant 1's December 2025 medication administration record (MAR). The order for Bumex was documented as follows,"BUMETANIDE TAB 1 MG (BUMEX) TAKE 1 TABLE BY MOUTH ONCE DAILY W/ QTY PREVIOUSLY SENT FOR TWICE DAILY DOSING ...Effective 12/09/25 ...End 12/27/25 ...Afternoon ...". The following afternoon doses of Bumex were documented as , "Outside Of Parameters:" 12/14 3PM, 12/17 3PM, 12/18 3PM, 12/19 3PM, 12/23 3PM, 12/24 3PM, 12/25 3PM, and 12/29 3PM ..." On 04/07/2026 at 11:30 AM, Surveyor showed Facility Nurse A Tenant 1's December 2025 MAR and asked about the 8 dose of Bumex documented as, "Outside Of Parameters." Facility Nurse A stated staff were to fill out further documentation detailing the exact reasoning behind documenting "Outside Of Parameters," on the MAR. Facility Nurse A retrieved his/her laptop and showed Surveyor Tenant 1's "MEDICATIONS PASSING DETAIL." Facility Nurse A reviewed the document with Surveyor and found the following doses documented as "Held:" 12/17, 12/18, 12/19, 12/23, 12/24, and 12/25. Facility Nurse A acknowledged Tenant 1 had an active order for an afternoon dose of Bumex from 12/09/25 to 12/27/25. Facility Nurse A acknowledge Tenant 1 wasn't administered 6 doses of Bumex 1 mg as ordered by their practitioner. On 04/07/2026 at 12:30 PM, Surveyors discussed the above concerns with Facility Nurse A and Administration B. Facility Nurse A and Administrator B acknowledged that Tenant 1 didn't receive 6 doses of Bumex 1 mg as prescribed by their practitioner. Facility Nurse A and Administrator B reported they were not	U 267		

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U 267	Continued From page 6 involved directly with Tenant 1's care. Facility Nurse A reported s/he would review signs and symptoms of worsening heart failure/edema with clinical staff.	U 267		