STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018011	A. BUILDING: _____ B. WING _____	C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE ON THE PONDS	N4901 DAM ROAD DELAVAN, WI 53115

(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 12/03/2024, the Bureau of Assisted Living, Southern Regional Office conducted 2 complaint investigations at Vintage on the Ponds, located at N4901 Dam Road in Delavan, WI. One citation of noncompliance was issued. Neither complaint was substantiated. Census: 57	N 000		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on observation, interview, and record review, the provided did not ensure non-licensed caregivers administering injectable medications, nebulizer medications, and rectal medications received delegation by a registered nurse (RN), as required. The findings include: On 12/04/2024 at approximately 10:30 A.M., Surveyor was introduced to the facility's Director of Nursing (DON)/RN B. DON/RN B told Surveyor s/he started working at the facility as director of nursing in June 2024. On 12/04/2024 at 10:57 A.M., Surveyor	N 416		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018011	A. BUILDING: _____ B. WING _____	C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE ON THE PONDS	N4901 DAM ROAD DELAVAN, WI 53115

(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 416	Continued From page 1	N 416		

conducted an interview with Caregiver C. Caregiver C told Surveyor s/he was responsible for administering resident medications, including those requiring RN delegation. Caregiver C told Surveyor s/he received RN delegation from one of the facility's previous RNs, Former Facility RN D, not DON/RN B.

On 12/04/2024 at 12:06 P.M., Surveyor observed Caregiver E check Resident 1's blood glucose at the dining room table before Resident 1 was served his/her lunch meal. Resident 1's blood glucose was 160. Surveyor observed Caregiver E administer 2 units of humalog (Lispro) insulin, as prescribed, following blood glucose monitoring.

On 12/04/2024, Surveyor received and reviewed Resident 1's practitioner's orders and December 2024 medication administration record [MAR] from DON/RN B. Resident 1's practitioner's orders included, "Accu-check guide test strips...use to test blood sugars (glucose) before meals." Resident 1's practitioner orders included "Insulin Lispro...(Humalog)...inject 2 units subcutaneously with meals for diabetes. *Hold for [blood glucose] readings under 150*" and "Lantus Solostar (insulin)...inject 45 units subcutaneously at bedtime for diabetes." Resident 1's December 2024 MAR included Caregiver E's documentation of Resident 1's glucose monitoring and insulin injection, as observed at 12:06 A.M.

On 12/04/2024 at 1:20 P.M., Surveyor conducted an interview with Caregiver F. Caregiver F told Surveyor s/he was responsible for administering resident medications, including those requiring RN delegation. Caregiver F told Surveyor s/he received RN delegation from one of the facility's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018011	A. BUILDING: _____ B. WING _____	C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE ON THE PONDS	N4901 DAM ROAD DELAVAN, WI 53115

(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 416	Continued From page 2	N 416		

previous RNs, Former Facility RN G, not DON/RN B.
Caregiver F told Surveyor s/he administered Resident 2's insulin on this morning, 12/03/2024, after checking Resident 2's blood glucose.
Caregiver F told Surveyor s/he administered Resident 3's insulin on this morning, 12/03/2024, after checking Resident 3's blood glucose.
Caregiver F told Surveyor s/he administered Resident 4's nebulizer treatment on this morning, 12/03/2024.

On 12/04/2024, Surveyor received and reviewed Resident 2's practitioner's orders and December 2024 medication administration record [MAR], from DON/RN B. Resident 2's practitioner's orders included, "Check blood sugar three times daily ** call MD [if] < [less than] 60 or > [greater than] 300. Give juice/natural sugar if <60** Notify nurse on Friday to fax blood sugars." Resident 2's practitioner's orders included, "Novolog [insulin] flexpen syringe...inject sliding scale only subq [subcutaneously] once daily at lunch: <150 = hold; 150-200 = + [add/administer] 2 [units of insulin]; 201-250 = + 4; 251-300 = +6; 301-350 = +8; 351-400 = +10; 401-450 = +12; >450 = call MD [practitioner]" and "Novolog flexipen syringe...inject 10 units subq twice daily plus ss [sliding scale]: <150 = hold; 150-200 = + [add/administer] 2 [units of insulin]; 201-250 = + 4; 251-300 = +6; 301-350 = +8; 351-400 = +10; 401-450 = +12; >450 = call MD [practitioner]." Resident 2's December 2024 MAR included Caregiver F's documentation of Resident 2's glucose monitoring on 12/03/2024 at 7:59 A.M. to be 69. Caregiver F's documentation included administration of Resident 2's novolog insulin 10 units, as prescribed, at 8:06 A.M. Caregiver F documented injection location as Resident 2's "left upper & [and] outer arm."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018011	A. BUILDING: _____ B. WING _____	C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE ON THE PONDS	N4901 DAM ROAD DELAVAN, WI 53115

(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 416	Continued From page 3 Resident 2's December 2024 MAR included Caregiver F's documentation of Resident 2's glucose monitoring on 12/03/2024 at 11:58 A.M. to be 66. Caregiver F's documentation included Resident 2 was not administered insulin related to Resident 2's blood glucose being less than 150 per the sliding scale, as prescribed. On 12/04/2024, Surveyor received and reviewed Resident 3's practitioner's orders and December 2024 medication administration record [MAR], from DON/RN B. Resident 3's practitioner's orders included, "Test strips...use as directed to test blood glucose three times daily..." Resident 3's practitioner's orders included, "Humalog mix...inject 5 units sq [subcutaneously] 2 x [times] daily (before AM [morning] + [and] PM [evening] meals" and "Humalog mix...inject ss [sliding scale] 2 x before AM + PM meals: 150-199 +2; 200-249 = +4; 250-299 = +6; 300-349 = +8, > 350 = +10 [and] call MD." Resident 3's practitioner's orders included, "Lantus Solostar [insulin]...inject 20 units subcutaneously at bedtime." Resident 3's December 2024 MAR included Caregiver F's documentation of Resident 3's glucose monitoring on 12/03/2024 at 7:48 A.M. to be 79. Caregiver F's documentation included administration of Resident 2's humalog insulin 5 units, as prescribed, at 7:48 A.M. Caregiver F documented injection location as Resident 2's "left lower abdomen." Resident 3's December 2024 MAR included Caregiver F's documentation of Resident 3's glucose monitoring on 12/03/2024 at 12:13 P.M. to be 79. Caregiver F's documentation included Resident 3 was not administered insulin related to Resident 3's blood glucose being less than 150 per the sliding scale, as prescribed. On 12/04/2024, Surveyor received and reviewed	N 416		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018011	A. BUILDING: _____ B. WING _____	C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE ON THE PONDS	N4901 DAM ROAD DELAVAN, WI 53115

(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 416	Continued From page 4	N 416		

Resident 4's practitioner's orders and December 2024 medication administration record [MAR], from DON/RN B. Resident 4's practitioner's orders included, "Iprat [ipratropium] - Albut [albuterol]...(Duoneb 2.5 mg [milligrams] - 0.5 mg / [per] 3 ml [milliliters] soln [solution]...inhale 3 ml (1 vial) via nebulizer twice a day."
Resident 4's December 2024 MAR included Caregiver F's documentation of Resident 4's Duoneb nebulizer administration on 12/03/2024 at 8:00 A.M., as prescribed, at approximately 8:00 A.M.

On 12/03/2024 at 12:56 P.M., DON/RN B provided and reviewed a list of the facility's current caregivers, including those caregivers responsible for administering medications requiring RN delegation, with Surveyor. DON/RN B told Surveyor s/he had completed providing RN delegation for Caregiver H and Caregiver I, but not for Caregiver C, Caregiver E, Caregiver F, Caregiver J, Caregiver K, Licensed Practical Nurse (LPN) L, Caregiver M, Caregiver N, Caregiver O, Caregiver P, Caregiver Q, LPN R, Caregiver S, and Caregiver T.
DON/RN B told Surveyor there were residents currently prescribed injectable insulin, nebulizer medications, and recatl suppository medications. DON/RN B told Surveyor s/he believed all rectal suppository medications were prescribed on an 'as needed' basis and had not been administered since s/he began employment at the facility in June 2024.

On 12/03/2024 at approximately 2:30 P.M., Surveyor conducted an interview with Vice President (VP)/Assistant Administrator A. VP A told Surveyor Former Facility RN D left employment at the facility before Former Facility RN G was hired and left employment in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018011	A. BUILDING: _____ B. WING _____	C 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE ON THE PONDS	N4901 DAM ROAD DELAVAN, WI 53115

(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 416	Continued From page 5 approximately April 2024 after approximately less than 1 year of employment. VP A told Surveyor RN U, a family member, provided RN delegation during the transition period between Former RN G and DON/RN B. Surveyor discussed interviews conducted on this day with Caregiver C and Caregiver F about their most recent/current RN delegation and neither stated receiving RN delegation from RN U. VP A told Surveyor s/he did not know when RN U was last at the facility and DON/RN B was currently responsible for RN delegation for all non-licensed caregivers, as required. VP A told Surveyor s/he would ensure DON/RN B would complete RN delegation, as required, as soon as possible.	N 416		