STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017238	A. BUILDING: _____ B. WING _____	R-C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HYLAND CROSSINGS	1249 SCHOOL ST 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
{N 000}	Initial Comments On 07/19/2023, Surveyor conducted a verification visit and 1 complaint investigation at Hyland Crossings. One deficiency was identified. The complaint was substantiated. Seven of 7 violations from Statement of Deficiency (SOD) 4N3U11, dated 03/17/2023 were corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 21	{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 observation, record review and interview, the provider did not ensure the resident right to receive all medications as ordered. One of 4 residents reviewed did not receive all medications as ordered by physician. Findings include: The facility is licensed as a Class CNA	N 352		

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

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N 352	Continued From page 1 (nonambulatory) CBRF able to serve up to 28 residents within the client groups of physically disabled, irreversible dementia/Alzheimer's, terminally ill, and advanced age. On 07/05/2023 the Department received a complaint regarding medication administration. On 07/19/2023 at 9:50 AM, Surveyor inspected 2 of 2 medication carts with Caregiver J. Surveyor observed the following medications remaining in Resident 1's bubble packs: Bubble pack pharmacy label identified: Morning Duloxetine HCL DR 40 MGC 1 capsule twice daily. Dispensed by pharmacy on 06/21/2023. 1 tablet remained in 07/07/2023 slot (Photo 1). Bubble pack pharmacy label identified: Morning Gabapentin 100 MG 1 capsule 3 times daily. Dispensed by pharmacy on 06/21/2023. 1 tablet remained in the 07/11/2023 slot (Photo 2). Bubble pack pharmacy label identified: Morning Reguloid (dosage not identified) 2 capsules twice daily. There were 2 bubble pack cards for morning Reguloid. Each bubble pack contained 1 capsule in each slot, to equal 2 capsules. Both bubble packs were dispensed by pharmacy on 06/29/2023. Bubble pack 1 of 2- 1 capsule remained in 07/10/2023 and 07/11/2023 slots (Photo 3). Bubble pack 2 of 2- 1 capsule remained in 07/10/2023 and 07/11/2023 slots (Photo 4).	N 352		

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N 352	Continued From page 2 Bubble pack pharmacy label identified: Afternoon Gabapentin 100 MG 1 capsule 3 times daily. Dispensed by pharmacy on 06/21/2023. 1 capsule remained in the 07/11/2023 slot (Photo 5). Bubble pack pharmacy label identified: Bedtime Gabapentin 300 MG 3 capsules 3 times daily. Dispensed by pharmacy on 06/21/2023. 3 capsules remained in the 07/07/2023 slot (Photo 6). On 07/19/2023, Surveyor reviewed Resident 1's record. S/he was admitted 09/22/2002. Diagnoses included: unspecified dementia without behavioral disturbance, lumbar spinal stenosis, fibromyalgia, and depression. MD orders included: Duloxetine HCL DR 40 MG C 1 capsule twice daily for depression (start date 04/17/2023, stop date 07/05/2023, start date 07/06/2023); Gabapentin 100 MG 1 capsule 3 times daily for pain (start date 03/21/2023, stop date 07/05/2023, start date 07/10/2023); Gabapentin 300 MG 3 capsules 3 times daily for fibromyalgia (start date 06/21/2023, stop date 07/05/2023, start date 07/06/2023); and Reguloid (Metamucil) 2 capsules twice daily (start date 06/29/23, stop date 07/05/2023, start date 07/06/2023). Order date 07/06/2023- "PATIENT ALERT THIS AM REQUESTING SCHEDULED MEDICATIONS BE REACTIVATED ..." Order date 07/12/2023-"PLEASE HOLD MORPHINE CONCENTRATE UNTIL PATIENT IS EOL [end of life] ..." Order date 07/13/2023- " ...DC CLONAZEPAM, START LORAZEPAM ..."	N 352		

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N 352	Continued From page 3 Staff documented on Resident 1's July 2023 Medication Administration Record (MAR): Morning Duloxetine HCL DR 40 MGC- administered 07/07/2023. Morning Gabapentin 100 MG- administered 07/10/2023; and "other" and "order not changed" on 07/11/2023. Morning Reguloid- administered on 07/10/2023; and "other" and "not on hand" on 07/11/2023. Afternoon Gabapentin 100 MG- "other" and "not available" on 07/10/2023; and "other" and "not on hand" on 07/11/2023. Bedtime Gabapentin 300 MG- administered on 07/07/2023. July 2023 Observation Notes: 07/05/2023 7:15 PM- "New order to discontinue all scheduled meds, comfort medication only." 07/06/2023 5:15 PM- "[Hospice name] has restarted all resident's medication due to resident feeling better and resident request." 07/12/2023 3:00 PM- "New order from [name of hospice] to place all scheduled meds on hold due to resident decline ..." 07/13/2023 2:15 PM- "Two hospice nurses from [hospice name] did an assessment on resident and stated [s/he] is back at [his/her] baseline and to restart all scheduled medication ..." Individual Service Plan (no effective date and not signed/dated). In the area of Medication Management- " ...Staff set up and administer medications to the resident ...Goal ...to receive proper medication management ..." On 07/19/2023 at 3:12 PM, Surveyor discussed concern regarding Resident 1's medications left in bubble packs but documented as administered	N 352		

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N 352	Continued From page 4 or not available with Facility Nurse B, Lead Caregiver E, Administrator H, and Assistant Executive Director K. Facility Nurse B stated the hospice nurse missed some orders when s/he reinstated Resident 1's medications on 07/06/2023. Facility Nurse B stated on 07/12/2023, Resident 1's morning and afternoon medications were administered, and evening medications were held. Facility Nurse B stated 07/13/2023 Resident 1's morning medications were held and afternoon and evening medications were administered.	N 352		