STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015326	A. BUILDING: _____ B. WING _____	R-C 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF HASMER LAKE	N168 W22026 MAIN ST JACKSON, WI 53037

(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 09/17/2025, Surveyor conducted a verification visit at Charter Senior Living of Hasmer Lake, a Residential Care Apartment Complex (RCAC) in Jackson, WI. One deficiency was identified. This deficiency is a repeat deficiency. See Statement of Deficiency (SOD) 0H1N12, dated 02/27/2023 and SOD 562W13, dated 06/27/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 40	{U 000}		
{U 118}	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on record review and interview, the	{U 118}		

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

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{U 118}	Continued From page 1	{U 118}		

provider did not ensure 1 of 2 tenants reviewed were provided with nursing services, including medication administration and management. Tenant 1 did not receive his/her Metoprolol as prescribed and medication administration was not accurately documented in his/her record.

This is a repeat deficiency. See Statement of Deficiency (SOD) 0H1N12, dated 02/27/2023 and SOD 562W13, dated 06/27/2025.

Findings include:

On 09/17/2025 at 11:00 AM, Surveyor reviewed Tenant 1's Medication Administration Record (MAR) for 09/01/2025-09/17/2025. Surveyor identified the following:

Resident 1 was prescribed Metoprolol (extended release) ER 50 milligrams (MG) tab three times a day at 8:00 AM, 2:00 PM and 8:00 PM.

-On 09/01/2025 at 2:00 PM stated medication not available
-On 09/02/2025 at 2:00 PM stated medication not available
-On 09/02/2025 at 1:03 PM administration notes stated resident is out of this med
-On 09/03/2025 at 8:00 AM stated other-waiting on doc
-On 09/03/2025 at 2:00 PM stated medication not available

On 09/17/2025 at 11:30 AM, Surveyor interviewed LPN A. LPN A stated s/he can not say if Tenant 1 received his/her Metoprolol as prescribed because based on the documentation from staff, it was not here so it was not given. LPN A stated staff will sometimes not be able to find the medication and then will just document it is not

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{U 118}	Continued From page 2 available because they can not find it in the cart. LPN A stated based on the documentation from the staff, Tenant 1 most likely did not receive his/her Metoprolol five times from 09/01/2025-09/03/2025.	{U 118}		