Wisconsin Department of Health Services

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 04/23/2026

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 04/23/2026, Surveyor conducted a standard survey and verification visit at Hyland Crossings. Two deficiencies were identified. One of 2 deficiencies was a repeat violation. See Statements of Deficiencies (SOD) X9YQ11, dated 10/04/2024 and SOD 4N3U12, dated 07/20/2023. Two of 2 deficiencies from SOD 5D8011, dated 10/06/2025 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 23	{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, interview, and record review, the provider did not ensure Resident 5 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. From 03/16/2026 to 04/23/2026, Resident 5 did not receive his/her Polyethylene glycol as prescribed. This is a repeat deficiency. See Statement of	N 352		

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

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N 352	Continued From page 1 Deficiency (SOD) X9YQ11, dated 10/04/2024 and SOD 4N3U12, dated 07/20/2023. Findings include: On 04/23/2026 at 9:54 AM, Surveyor observed the provider's long hall medication cart with Clinical Supervisor G and identified the following: Resident 5's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily dose of 17 grams. The container included a pharmacy label including Resident 5's practitioner's prescription for polyethylene glycol including, "Mix (1) capful (17 Grams) into eight ounces of water or juice and drink once daily for constipation." An additional pharmacy label was included on the container that read "Mix (1) capful (17 Grams) into eight ounces of water or juice and drink once daily as needed for constipation." The pharmacy label included a delivery date to the facility of 03/16/2026. Surveyor observed approximately 1/4 of the medication remained within the container. Clinical Supervisor G observed and stated there was 4-5 days' worth of medication remaining in the container. No other containers of poly glycol for Resident 5 were observed within the cart and Clinical Supervisor G verbally agreed. On 04/23/2026 at 10:36 AM, Surveyor interviewed RN Manager E. RN Manager E reported s/he called the pharmacy and the last 2 delivery dates of Resident 5's poly glycol were 01/20/2026 and 03/16/2026. RN Manager E stated staff were to use the PRN dose out of the scheduled container if needed. RN Manager E shared after reviewing Resident 5's record s/he did not see refusals for his/her poly glycol and acknowledged there was a concern related to this	N 352		

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N 352	Continued From page 2	N 352		

medication.

On 04/23/2026 at 11:03 AM, Surveyor asked RN Manager E to measure the remaining medication in Resident 5's poly glycol container. At 11:08 AM, RN Manager E confirmed that ¼ of the medication remained within the container.

Resident 5 was admitted to the provider on 03/30/2021 with diagnoses including type 2 diabetes, dementia, and hypertension. Resident 5's most recent individual service plan (ISP) dated 04/06/2026 indicated medications were administered by staff.

Surveyor reviewed Resident 5's March to April medication administration records (MARs) and identified the following: Resident 5 was administered 38 doses of polyethylene glycol between 03/16/2026 to 04/23/2026 from a 30-dose container, based on Resident 5's practitioner's order, with ¼ of the medication remaining in the container. The MAR did not document any administrations of Resident 5's poly glycol PRN order.

On 04/23/2026 at 2:55 PM, Surveyor interviewed and shared findings with Administrator A, RN Manager E, Assistant Executive Director F, and Clinical Supervisor G. The management team confirmed the above-mentioned delivery dates for Resident 5's poly glycol were the most recent deliveries and acknowledged if the above medications were administered as prescribed the container would have been emptied earlier and a request for a refill would have been sent to the pharmacy. Surveyor expressed concern with the amount still left in the container and staff continuing to document as administered. The management team acknowledged an

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N 352	Continued From page 3 understanding of the concern and noted retraining would be completed.	N 352		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence of making a good	Z 012		

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Z 012	Continued From page 4 faith effort to obtain out of state background check information for Caregiver H. Caregiver H indicated on the Background Information Disclosure (BID) form s/he had resided in the state of Illinois within the previous 3 years. Findings include: On 04/23/2026, Surveyor conducted a standard survey and reviewed employee records. The following was found: -Caregiver H was hired 12/08/2025. Caregiver H's completed BID form, dated 12/04/2025, indicated s/he resided in another state (Illinois) in the previous 3 years (2021-2023). The employee record did not contain evidence the provider had made a good faith effort to obtain state of Illinois background check. On 04/23/2026 at 11:30 AM, Surveyor interviewed Administrator A regarding Caregiver H's missing out of state background check. Administrator A acknowledged s/he did not run an out of state background check for Caregiver H due to him/her misunderstanding Caregiver H's response to a question on the BID form. Administrator A reported after speaking to their human resources (HR) director recently, s/he learned Caregiver H's response still indicated s/he lived out of state in the last 3 years, which would have required an out of state background check. Administrator A stated s/he would ensure an out of state background check was completed for Caregiver H.	Z 012		