

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0018327</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C</b><br><b>10/03/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RIVERS-WISCONSIN (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>621 LATTON LANE</b><br><b>PORTAGE, WI 53901</b> |                                                                                                                          |                                                                      |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                             |
| {N 000}                                                           | <p>Initial Comments</p> <p>On 10/03/2024, Surveyors conducted a standard survey and verification visit at Rivers-Wisconsin (The).</p> <p>One deficiency was identified.</p> <p>One of 1 deficiency was a repeat violation. See Statement of Deficiencies (SOD) 744X11, dated 03/24/2023 and SOD 744X13, dated 04/24/2024.</p> <p>Under statutory provisions of Wis. Stat. Ch50, \$200 revisit fee is being assessed.</p> <p>Census: 10</p>                                                                                                                                                                                                                                                                                                                                                                                                                        | {N 000}                                                                                     |                                                                                                                          |                                                                      |
| {N 432}                                                           | <p>83.38(1)(h) Medication administration.</p> <p>As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas:<br/>Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the provider did not ensure medication administration appropriate to the needs for 1 of 1 resident reviewed. From August -October 2024, Resident 7 did not have his/her hypertension medications withheld when parameters indicated on 11 occurrences.</p> | {N 432}                                                                                     |                                                                                                                          |                                                                      |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>RIVERS-WISCONSIN (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>621 LATTON LANE<br/>PORTAGE, WI 53901</b> |                                                                                                                          |                                                               |
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| {N 432}                                                           | <p>Continued From page 1</p> <p>This is a repeat deficiency. See Statement of Deficiencies (SOD) 744X11, dated 03/24/2023 and SOD 744X13, dated 04/24/2024.</p> <p>Findings include:</p> <p>On 10/03/2024, Surveyor reviewed Resident 7's record and identified the following:</p> <p>Resident 7 admitted to the facility on 01/06/2022 with diagnosis including hypertension, atrial fibrillation, and dementia. Resident 7 had an activated healthcare power of attorney. Resident 7's individual service plan (ISP) dated 08/07/2024 indicated the facility administers his/her medications. Further review, the ISP identified Resident 7 having a chronic concern with hypertension with parameters to hold these medications if [his/her] blood pressure is lower than 100/50.</p> <p>Resident 7's physician orders documented:<br/>"-Carvedilol Tab 6.25 mg with directions to take 1 tablet by mouth twice daily with morning and evening meal for AFIB and high blood pressure. (Hold if SBP &lt;100 or DBP &lt;50), with a start date of 08/13/24 and end date of 09/24/24.<br/>-Amlodipine tab 5 mg with directions to take 1 tablet by mouth once daily for hypertension (Hold if SBP &lt;100 or DBP &lt;50), with a start date of 08/13/2024."</p> <p>Surveyor observed Resident 7's medication administration record (MAR) from 08/01/2024 - 10/02/2024. Resident 7's hypertension medications should have been held per parameters on the following dates but were documented as given:<br/>-08/14/2024 (5pm): Blood pressure documented</p> | {N 432}                                                                               |                                                                                                                          |                                                               |

Wisconsin Department of Health Services

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| {N 432}                                                           | <p>Continued From page 2</p> <p>as 96/52<br/>-08/15/2024 (5pm): Blood pressure documented<br/>as 96/53<br/>-08/21/2024 (8am): Blood pressure documented<br/>as 99/60<br/>-08/25/2024 (8am): Blood pressure documented<br/>as 90/54<br/>-09/13/2024 (8am, both medications): Blood<br/>pressure documented as 95/43<br/>-09/19/2024 (8am, both medications): Blood<br/>pressure documented as 92/48<br/>-09/21/2024 (8am, both medications): Blood<br/>pressure documented as 101/49<br/>-09/21/2024 (5pm): Blood pressure documented<br/>as 98/50<br/>-09/23/2024 (8am, both medications): Blood<br/>pressure documented as 90/54<br/>-09/24/2024 (8am, both medications): Blood<br/>pressure documented as 95/61<br/>-09/28/2024 (8am, both medications): Blood<br/>pressure documented as 89/49</p> <p>Resident 7's progress notes documented on<br/>08/07/2024: "Reached out to MD to get hold<br/>parameters on BP for BP meds, no new orders."</p> <p>On 10/03/2024 at 12:30 PM, Surveyor<br/>interviewed Administrator M. Administrator M<br/>reported that s/he spoke to the provider's nurse<br/>and both acknowledged, staff had been<br/>administering Resident 1's hypertension<br/>medications when parameters indicated to hold.<br/>Administrator M reported the nurse thought<br/>parameters were introduced in September 2024.<br/>Surveyor noted orders and progress notes<br/>indicated starting dates for parameters in August<br/>2024. Administrator M reported staff would be<br/>retrained on medications requiring parameters.</p> | {N 432}                                                                     |                                                                                                                          |                          |                                                                      |