STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015198	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE SUN PRAIRIE	222 S BRISTOL STREET 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
U 000	INITIAL COMMENTS On 07/20/2023, Surveyors conducted a complaint investigation at New Perspective Sun Prairie. 1 violation was identified. The complaint was substantiated. Census: 43	U 000		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that when the facility was managing the medications, that all tenants received all prescribed medications in the	U 267		

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
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U 267	Continued From page 1	U 267		

dosage and at the intervals prescribed by the tenant's physician.

Tenant 2 prescription Rosuvastatin was documented as administered on 07/18/2023, although it was not.

Findings include:

On 07/20/2023, Surveyors conducted a complaint investigation. At 12:10 p.m., Surveyor observed the facility's medication cart with Caregiver C. Surveyor observed Tenant 2's Rosuvastatin Tab 10mg, dated 07/18/2023. Surveyor asked Caregiver C why the medication was still on the medication cart. Caregiver C stated that s/he was unsure and stated that some staff document that medications have been administered when they have not. Surveyor reviewed the rest of Tenant 2's Rosuvastatin on the med cart, which included 11 additional packaged pills that were dated 07/21/2023-07/31/2023.

Surveyor reviewed Tenant 2's record. Tenant 2 was admitted to the provider on 01/21/2023 with diagnoses including dementia, depression and hyperlipidemia. Tenant 2 received staff assistance for managing his/her medications. Tenant 2's prescriptions included Rosuvastatin Tab 10mg with instructions to "take 1 tablet by mouth at bedtime for cholesterol." The start date of the order was 01/21/2023.

In reviewing Tenant 2's MAR for July 2023, Surveyor observed that Tenant 2's Rosuvastatin was signed off as administered on 07/18/2023 by Caregiver D, even though Tenant 2's Rosuvastatin dated 07/18/2023 was observed as still on the medication cart on 07/20/2023.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 267	Continued From page 2 At approximately 3:00 p.m., Surveyors interviewed Executive Director A and Nurse B. Nurse B reported that the documentation of medication administration has been an issue and that Caregivers that document medication administration that has not occurred will get a verbal coaching, written warning and then may be suspended from passing medications.	U 267		