STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017383	A. BUILDING: _____ B. WING _____	R 09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY AT NOEL MANOR (THE)	435 PRAIRIE OAKS BLVD VERONA, WI 53593

(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 09/23/2025, Surveyor conducted a verification visit at Legacy at Noel Manor, a CBRF located in Verona. One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) 1IUL11, dated 12/30/2022 and SOD 762611, dated 06/04/2025. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 26	{N 000}		
{N 431}	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and	{N 431}		

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

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{N 431}	Continued From page 1 other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 1 of 4 residents reviewed was monitored and documented in the resident's record. Resident 3's physician was not notified of 3 blood sugars greater than 400. This is a repeat deficiency. See Statement of Deficiency (SOD) 1IUL11, dated 12/30/2022 and SOD 762611, dated 06/04/2025. Findings include: On 09/23/2025 at approximately 10:00 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's facility on 10/07/2022 with diagnoses including diabetes. Resident 3's physician orders included an order for Fiasp 100 unit/ml (Start Date: 07/30/2025) - Inject 3 times a day after meals per sliding scale: <200=0 units, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, >400=Call physician. Resident 3's Medication Administration Record (MAR), dated 09/01/2025 to 09/23/2025, documented the following dates when his/her blood sugar (BS) was greater than 400: - 09/01/2025 8:00 a.m. BS 554 - 09/08/2025 at 4:00 p.m. BS 485 - 09/15/2025 at 12:00 p.m. BS 438 - 09/17/2025 at 12:00 p.m. BS 409	{N 431}		

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{N 431}	Continued From page 2 On 09/23/2025 at approximately 10:30 a.m., Surveyor interviewed RN A and LPN E regarding Resident 3's BS readings greater than 400 and physician notifications. LPN E provided documentation that s/he updated Resident 3's physician on 09/12/2025 regarding the 09/08/2025 blood sugar >400. LPN E was unable to provide documentation indicating Resident 3's physician was notified of the blood sugars >400 on 09/01/2025, 09/15/2025 and 09/17/2025. RN A stated the provider needed to come up with a better procedure for notifying Resident 3's physicians of blood sugar readings and documenting that the notifications occurred.	{N 431}		