STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010669	A. BUILDING: _____ B. WING _____	C 09/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX STREET WAUPUN, WI 53963

(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 09/06/2023, with information obtained through 09/15/2023, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation and standard licensing survey at Prairie Ridge Assisted Living, a certified residential care apartment complex (RCAC) located in Waupun, WI. As a result of the survey, 4 deficiencies were identified. One deficiency is a repeat deficiency from Statement of Deficiency (SOD) ACO411, dated 02/06/2023. The complaint was unsubstantiated. Census: 24	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.	U 118		

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

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure complete medication management and administration for Tenant 1.

From 07/01/2023 - 07/11/2023 and on 5 occasions between 07/17/2023 - 07/31/2023, staff did not record the number of insulin units administered to Tenant 1 who had a medical provider order to receive a scheduled dose and sliding scale as needed for all 3 daily meals. On 6 occasions from 07/01/2023 - 09/07/2023, staff did not record Tenant 1's blood glucose levels but on 2 of these occasions, administered Tenant 1 sliding scale insulin in addition to his/her scheduled insulin. On 08/10/2023, Tenant 1 received the incorrect dosage of insulin at supper.

This deficiency is a repeat deficiency. See Statement of Deficiency (SOD) ACO411, dated 02/06/2023.

Findings include:

On 09/07/2023, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the provider on 05/04/2023 with diagnoses including type 2 diabetes mellitus with hyperglycemia and unspecified dementia. Tenant 1's most recent assessment, dated 06/07/2023, documented that s/he required medication management services from the provider and s/he required "dependence on care-giver[sic] to support and maintain general health..." Tenant 1's medical provider orders included the following:

- (From 05/04/2023 - 07/31/2023): Humalog KwikPen 100 units/mL: "Inject 18 units before

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U 118	Continued From page 2	U 118		

breakfast, 10 units before lunch, and 18 units before supper; add scale as needed 200-300 = 2 units; 301-400 = 4 units; >401 = 6 units..."

- (From 08/01/2023 through current): Humalog KwikPen 100 units/mL: "20 [units] before breakfast and supper, 12 [units] before lunch. Sliding scale as needed: [blood glucose] 200-300 = 2 [units]; 301-400 = 4 [units]; >401 = 6 [units]"

Surveyor reviewed Tenant 1's medication administration records (MARs) from 07/01/2023 - 09/07/2023 and observed the following:

- The number of administered units was not documented from 07/01/2023 through 07/11/2023. During this time, Tenant 1's blood glucose levels were within parameters for scheduled plus sliding scale dose administration for the following 22 dates and times: 07/01/2023 (breakfast, lunch, and supper), 07/02/2023 (breakfast, lunch, and supper), 07/03/2023 (breakfast and supper), 07/04/2023 (breakfast and lunch), 07/05/2023 (breakfast and supper), 07/06/2023 (breakfast), 07/07/2023 (breakfast), 07/08/2023 (breakfast, lunch, and supper), 07/09/2023 (breakfast), 07/10/2023 (breakfast and lunch), 07/11/2023 (lunch and supper).

- On the following 5 occasions, staff recorded Tenant 1's blood glucose level as the number of units administered, and there was no other documentation showing how many units of insulin Tenant 1 was administered: 07/17/2023 (supper, sliding scale units and blood sugar both documented as "266"), 07/18/2023 (breakfast, sliding scale units and blood sugar both documented as "265"), 07/21/2023 (lunch, sliding scale units and blood sugar both documented as "190"), 07/29/2023 (lunch, sliding scale units and

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blood sugar both documented as "140"), and 07/31/2023 (breakfast, sliding scale units and blood sugar both documented as "189").

- On the following 6 occasions, staff did not record Tenant 1's blood glucose level but documented administering his/her scheduled insulin, and on 2 occasions, his/her sliding scale insulin: 08/06/2023 (supper, 0 units of sliding scale insulin documented as administered), 08/08/2023 (supper, 0 units of sliding scale insulin documented as administered), 08/10/2023 (lunch, 0 units of sliding scale insulin documented as administered), 08/16/2023 (supper, 0 units of sliding scale insulin documented as administered), 08/19/2023 (supper, 2 units of sliding scale insulin documented as administered), and 08/20/2023 (supper, 2 units of sliding scale insulin documented as administered).

- On 08/10/2023 (5:02 p.m.), staff recorded Tenant 1's blood sugar as 237 (within parameters for 2 units of sliding scale insulin to be administered) but documented 0 sliding scale units as being administered.

On 09/15/2023, at approximately 11:10 a.m., Surveyor interviewed Administrator A and Operations Manager B. Administrator A acknowledged Surveyor's concern that there were gaps in the MARs as they related to Tenant 1's insulin management and administration - including in blood glucose readings, the numbers of units recorded, and the 1 administration error on 08/10/2023. Administrator A said nothing further.

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U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that medication administration and management was performed by or, as a delegated task, under the supervision of a nurse or pharmacist. Caregivers E, F, and G, who administered medications to tenants, were not delegated to administer medications other than insulin and nebulizing treatments. Findings include: On 09/07/2023, Surveyor reviewed the medication administration records (MARs) for Tenant 1 from July - September 2023. Surveyor observed that for July 2023, Caregivers E, F, and G were 3 of 4 staff who were documented as administering Tenant 1's 7 oral medications. Surveyor observed that for August 2023, Caregivers E, F, and G were 3 of 5 staff who	U 129		

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were documented as administering Tenant 1's 7 oral medications. Surveyor observed that for September 2023 (09/01/2023 - 09/06/2023), Caregivers E, F, and G were the only staff documented as administering Tenant 1's 7 oral medications.

On 09/07/2023, Surveyor reviewed the MARs for Tenant 2 from July - September 2023. Surveyor observed that for July 2023, Caregivers E, F, and G were the only staff documented as administering Tenant 2's 10 scheduled oral and 1 scheduled nasal medications. Surveyor observed that for August 2023, Caregivers E, F, and G were 3 of 4 staff who were documented as administering Tenant 2's 11 scheduled oral and 1 scheduled nasal medications. Surveyor observed that for September 2023 (09/01/2023 - 09/06/2023), Caregivers E, F, and G were the only staff documented as administering Tenant 2's 11 scheduled oral and 1 scheduled nasal medications.

On 09/08/2023, at approximately 10:44 a.m., Surveyor requested Administrator A to send delegation documents for Caregivers E, F, and G.

On 09/15/2023, at approximately 11:10 a.m., while interviewing Administrator A and Operations Manager B, Surveyor reviewed the following nursing delegations received from Administrator A:

The delegation document sent for Caregiver E, hired 05/08/2023, documented that s/he was delegated by Nurse H to administer insulin.

The delegation documents sent for Caregiver F, hired 09/26/2016, documented that s/he was delegated by Nurse H to administer nebulizer

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U 129	Continued From page 6 treatments and insulin. The delegation documents sent for Caregiver G, hired 08/11/2017, documented that s/he was delegated by Nurse H to administer nebulizer treatments and insulin. While interviewing Administrator A and Operations Manager B, Surveyor asked if there were any delegations for Caregivers E, F, and G documenting their ability to administer other medications to tenants besides nebulizing treatments and insulin. Operations Manager B reported s/he wasn't aware they needed any. Operations Manager B reported that they were advised by a previous nurse from the Department as well as a lawyer the provider had previously retained that having the medications for tenants already dispensed in unit-dose packaging from the pharmacy was the pharmacy's indication of delegating medication administration. Surveyor asked if the provider had any evidence of delegation from a specific pharmacist within the pharmacy showing that that specific pharmacist was delegating medication administration to specific caregiving staff. Operations Manager B confirmed the provider did not.	U 129		
U 133	89.23(4)(c) SERVICES PROVIDER QUALIFICATIONS. Freedom from abuse, neglect and exploitation. A residenial care apartment complex shall ensure that tenants are free from abuse, neglect or financial exploitation by the facility or its staff. A residential care apartment complex	U 133		

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shall not employ an individual who has been convicted of a crime that is substantially related to the circumstances of the job or for whom there is a substantiated finding of abuse or neglect or misappropriation of property in the department's registry for nurse aides, home health aides and hospice aides. The facility shall conduct a criminal records check with the Wisconsin department of justice and shall check with the department's registry for nurse aides, home health aides and hospice aides when hiring a service manager, service providers and other persons to work in the facility or have contact with tenants.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that at the time of hire a criminal records check was conducted for 3 of 3 service providers reviewed.

There was no evidence of Caregivers C, D, and E having had background checks completed at their time of hire.

Findings include:

On 09/06/2023, Surveyor conducted a review of 3 service providers with Administrator A to verify compliance with background check requirements.

The record for Caregiver C, hired 05/11/2023, did

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not contain evidence of a caregiver background check.

The record for Caregiver D, hired 05/10/2023, did not contain evidence of a caregiver background check.

The record for Caregiver E, hired 05/08/2023, did not contain evidence of a caregiver background check.

At approximately 11:55 a.m., Surveyor interviewed Administrator A. Administrator A reported that it was human resources staff's responsibility to maintain the employee background checks. Administrator A reported that the provider had recently moved to an online portal for maintaining staff records and that the background checks weren't there. Administrator A reported that maybe the physical copies of the documents were still maintained. Surveyor gave a deadline of 09/07/2023 at 2:00 p.m. to receive the background checks above.

Nothing further was received.

On 09/07/2023, at approximately 2:35 p.m., Administrator A e-mailed Surveyor and reported that staff still were unable to track down the employee records but they were still looking.

On 09/08/2023, at approximately 2:08 p.m., Surveyor interviewed Administrator A. Administrator A reported staff were unable to find background checks for the above three employees. Administrator A reported that maybe the background checks got lost when documents got moved to the provider's online portal.

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U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 3 of 3 facility staff had training in safety procedures, including fire safety, first aid, and the facility's emergency plan. Caregiver D was not trained in fire safety and first aid. There is no evidence that Caregivers C, D, and E were trained in the facility's emergency plan. Findings include: On 09/06/2023, Surveyor reviewed training records for Caregivers C, D, and E with Administrator A. The record for Caregiver C, hired 05/11/2023, did not contain evidence that s/he was trained in the facility's emergency plan. The record for Caregiver D, hired 05/10/2023, did not contain evidence that s/he was trained in the	U 134		

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U 134	Continued From page 10 facility's emergency plan, fire safety, or first aid. The record for Caregiver E, hired 05/08/2023, did not contain evidence that s/he was trained in the facility's emergency plan. At approximately 12:15 p.m., Surveyor interviewed Administrator A. Administrator A confirmed s/he did not have evidence that Caregiver D was trained in fire safety or first aid or that Caregivers C, D, and E were trained in the facility's emergency plan. Administrator A reported that the emergency plans were typically reviewed with employees during their orientation but confirmed s/he did not have any evidence to show that the plans were reviewed with Caregivers C, D, and E.	U 134		