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 _____	R-C 03/06/2024

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 03/05/2024, with information obtained through 03/06/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation and verification visit at Prairie Ridge Assisted Living, a certified residential care apartment complex (RCAC) located in Waupun, WI. As a result of the survey, 1 deficiency was identified. The deficiency is a repeat deficiency from Statement of Deficiency (SOD) 78WP11, dated 09/15/2023, and SOD ACO411, dated 02/06/2023. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. The complaint was unsubstantiated. Census: 26	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 2 of 2 tenant records reviewed.

Staff did not record the number of insulin units administered on 01/21/2024 for Tenant 1 who had a medical provider order to receive a schedule dose and sliding scale as needed for all 3 daily meals. On 01/25/2024 and 02/28/2024, Tenant 1 received the incorrect dosage of insulin. On 02/01/2024 and 02/02/2024, staff did not record Tenant 1's blood glucose levels. From 01/21/2024-03/05/2024, on 4 occasions, staff did not administer Tenant 1's Glucose Chew Tab after his/her blood sugar was recorded below 70 per physician orders.

On 02/13/2024, Tenant 3 received the incorrect insulin dosage.

This deficiency is being cited for the 3rd time. See Statement of Deficiency (SOD) 78WP11, dated 09/15/2023 and (SOD) ACO411, dated 02/06/2023.

Findings include:

Example 1: Tenant 1

On 03/06/2024, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the provider on 05/04/2023 with diagnoses including type 2

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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:

-"Glucose Orng Chew Tab (15g/SRV), Chew and swallow 4 tablets as needed for low blood sugar <70 and <90 with symptoms *Recheck Blood Sugar in 15 mins and repeat as needed.

-Humalog KwikPen 100 units/mL, Inject 20 units before breakfast and supper...

-Humalog KwikPen 100 units/ML, Inject per sliding scale subcutaneously TID as needed: 200-300= 2 units; 301-400= 4 units; >401= 6 units."

Surveyor reviewed Tenant 1's medication administration records (MARs) from 01/21/2024-03/05/2024 and observed the following:

-"On 01/21/2024 (supper), sliding scale units and blood sugar both documented as "266." There was no other documentation showing how many units of insulin Tenant 1 was administered.

-On 01/25/2024 (11:31 AM), staff recorded Tenant 1's blood sugar as 86 (within parameters for 0 units of sliding scale insulin to be administered) but documented 12 units as being administered.

-On 02/28/2024 (AM), staff recorded Tenant 1's blood sugar as 210 (within parameters for 2 units of sliding scale insulin to be administered) but

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documented 0 units as being administered.

-On 02/01/2024 and 02/02/2024, staff did not record Tenant 1's blood glucose levels. 02/01/2024: (breakfast and supper) not recorded. 02/02/2024: (supper) not recorded.

- From 01/21/2024-03/05/2024, on 4 occasions staff did not administer Tenant 1's Glucose Chew Tab after his/her blood sugar was recorded below 70 per physician orders. 01/31/2024 (4:17 PM), staff recorded Tenant 1's blood glucose level at 63 (within parameters <70 to administer Glucose Chews), 02/09/2024 (11:41 AM), staff recorded Tenant 1's blood glucose level at 63 (within parameters <70 to administer Glucose Chews), 02/27/2024 (11:34 AM), staff recorded Tenant 1's blood glucose level at 66 (within parameters <70 to administer Glucose Chews), and 02/29/2024 (11:41 AM), staff recorded Tenant 1's blood glucose at 56 (within parameters <70 to administer Glucose Chews). A reviews of Tenant 1's January and February 2024 MAR's did not include administrations of Tenant 1's Glucose Chews on the above dates and there was no other documentation showing if Glucose Chews were administered on the above dates.

Example 2: Tenant 3

On 03/06/2024, Surveyor reviewed Tenant 3's record. Tenant 3 was admitted to the provider on 08/09/2021 with diagnoses including type 2 diabetes, hypokalemia, and vascular dementia. Tenant 3's most recent assessment, dated 04/13/2023, documented s/he required medication management services from the provider, and s/he required dependence on caregivers to support and maintain general health. Tenant 3's medical provider order included

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the following:

-"Humalog KwikPen 100 units/ML, Inject subcutaneously per sliding scale 3 times a day before meals: <150=0U; 151-200=2U; 201-250=4U; 251-300=6U; 301-350=8U; 351-400=10U; >400=Call MD. *Hold dose if not eating supper*."

Surveyor reviewed Tenant 3's medication administration records (MARs) from 01/21/2024-03/05/2024 and observed the following:

-On 02/13/2024 (4:52 PM), staff recorded Tenant 3's blood sugar as 212 (within parameters for 4 units of sliding scale insulin to be administered) but documented 2 units as being administered.

On 03/05/2025 at 8:30 AM, Surveyor interviewed Care Coordinator I. Care Coordinator I stated s/he was trying to get tenant physician orders clarified in regard to sliding scale insulin. Care Coordinator I noted ongoing concerns with staff following sliding scale insulin parameters.

On 03/05/2024 at 3:25 PM, Surveyor interviewed Administrator A. Administrator A acknowledged Tenant 1's physician orders were not followed including blood glucose readings, the numbers of insulin units recorded,1 administration error on 02/28/2024, and 4 occasions staff did not administer Tenant 1's Glucose Chew Tab after his/her blood sugars were recorded below 70 per physician orders. Administrator A confirmed after reviewing Tenant 1's January and February 2024 MARs, staff did not administer Tenant 1's Glucoses Chews. Administrator A acknowledged Tenant 3's physician orders were not followed when Tenant 3 was administered the incorrect

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U 118	Continued From page 5 dose on 02/13/2024. Administrator A did not comment further.	U 118		