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 08/02/2024

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 07/31/2024, with information obtained through 08/02/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a 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) 78WP12, dated 03/06/2024, 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. 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

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 08/02/2024

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 118	Continued From page 1	U 118		

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 3 of 3 tenant records reviewed.

The medication administration records (MARs) for Tenant 1, who had medication management provided by staff, did not contain documentation of the number of sliding scale insulin units administered to him/her on 10 of 24 administrations that Tenant 1's blood sugar would have been within parameters for sliding scale administration. Without this documentation, Surveyor was unable to verify whether Tenant 1 was receiving the correct dosage of insulin. On 10 occasions, Tenant 1's blood sugar values were within insulin holding parameters, but staff initialed off on administering his/her scheduled insulin. Of 10 occasions in which Tenant 1's blood sugars were less than 70, staff did not document administration of his/her prescribed glucose chews on 5 occasions. On 9 of these occasions, staff did not document any sort of follow up blood glucose checks, per his/her glucose chew prescription instructions, or symptom monitoring for Tenant 1's low blood sugars.

The MARs for Tenant 3, who had medication management provided by staff, contained inconsistencies in how staff documented the number of insulin units administered to him/her, including 47 occasions in which staff appeared to document the same number of scheduled insulin units administered as what was administered to him/her per his/her sliding scale, 62 occasions in which staff appeared to document the total

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 08/02/2024

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 118	Continued From page 2 number of insulin units administered (scheduled plus sliding scale), and 13 occasions in which staff appeared to document the number of scheduled insulin units in accordance with his/her scheduled prescribed dosage. With these inconsistencies, Surveyor was unable to verify from record review or interview how much insulin was being administered to Tenant 3. On 06/27/2024 at 7:50 p.m., Tenant 3's blood sugar was documented as 56, but his/her prescribed Glutose gel was not documented as administered and there was no other evidence of any follow up actions or monitoring completed by staff. On 4 occasions staff documented holding Tenant 3's scheduled insulin, despite there not being any hold parameters documented in Tenant 3's medical provider orders and staff inconsistently applying how they held his/her insulin. The MARs for Tenant 4, who had medication management provided by staff, did not contain documentation of the number of insulin units administered to him/her on 100 of 100 administrations that Tenant 4's blood sugar would have been within parameters for sliding scale administration. Without this documentation, Surveyor was unable to verify whether Tenant 4 was receiving the correct dosage of insulin with each administration. On 2 occasions, staff administered the incorrect amount of insulin to Tenant 4. On 1 occasion, staff held Tenant 4's scheduled insulin dose, despite there not being any hold parameters documented in Tenant 4's medical provider orders. This is a repeat deficiency. See Statement of Deficiency (SOD) 78WP12, dated 03/06/2024, SOD 78WP11, dated 09/15/2023, and (SOD) ACO411, dated 02/06/2023.	U 118		

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 08/02/2024

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 118	Continued From page 3 Findings include: Example 1 - Tenant 1 On 07/31/2024, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the provider on 05/04/2022 with diagnoses including dementia and type II diabetes mellitus with hyperglycemia. The provider utilized individual service plans (ISPs) for tenants, where the tenants' needs and services were documented. Per Tenant 1's ISP, since 06/06/2022, staff have been responsible for administering Tenant 1's medications. Tenant 1's prescriptions included the following: - Humalog 100 units/mL KwikPen with instructions to, "Inject 18 units subcutaneously every morning before breakfast and at dinner for type 2 diabetes *hold if [blood sugar] <100* *call if [blood sugar] <70 or >450*" - Humalog 100 units/mL KwikPen with instructions to, "Inject 10 units subcutaneously every day at noon before lunch for type 2 diabetes *hold if [blood sugar] <100, call [medical doctor] if [blood sugar] <70 or >450*" - Humalog 100 units/mL KwikPen with instructions to, "Inject per sliding scale subcutaneously three times a day as needed: 200-300 = 2 u; 301-400 = 4 u; >401 = 6 u *hold if [blood sugar] <100, call [medical doctor] if <70 or >450*..." - Glucose chew tab 15 g/serving with instructions to, "Chew and swallow 4 tablets by mouth as needed for low blood sugar <70 or <90 with symptoms *Recheck blood sugar in 15 mins and repeat as needed*"	U 118		

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 08/02/2024

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 118	Continued From page 4 - Glucerna 1.5 cal liquid with instructions to, "Drink the contents of 1 container by mouth 2 times a day as desired by patient" Surveyor reviewed Tenant 1's MARs from 06/01/2024 - 07/31/2024 and observed the following: - No documentation of the number of units administered to him/her on 10 of 24 administrations that Tenant 1's blood sugar would have been within parameters for sliding scale administration, including 06/02/2024 (11:47 a.m.), 06/22/2024 (11:45 a.m.), 06/24/2024 (11:41 a.m.), 06/25/2024 (11:55 a.m.), 06/29/2024 (11:45 a.m.), 06/30/2024 (11:54 a.m.), 07/20/2024 (11:48 a.m.), 07/24/2024 (11:45 a.m.), 07/27/2024 (11:40 a.m.), and 07/31/2024 (11:40 a.m.). Surveyor observed that these were all lunchtime administrations. Without this documentation, Surveyor was unable to verify whether Tenant 1 was receiving the correct dosage of insulin with each administration. - 10 occasions in which Tenant 1's blood sugar values were within insulin holding parameters, but staff initialed off on administering his/her scheduled insulin: 1. 06/03/2024 (11:48 a.m.): Blood sugar recorded as 79 2. 06/04/2024 (7:45 a.m.): Blood sugar recorded as 89 3. 06/04/2024 (11:47 a.m.): Blood sugar recorded as 95 4. 06/05/2024 (7:44 a.m.): Blood sugar recorded as 97 5. 06/05/2024 (11:38 a.m.): Blood sugar recorded as 97 6. 06/07/2024 (7:53 a.m.): Blood sugar recorded	U 118		

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 08/02/2024

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 118	Continued From page 5 as 98 7. 06/07/2024 (11:44 a.m.): Blood sugar recorded as 72 8. 06/09/2024 (7:46 a.m.): Blood sugar recorded as 84 9. 06/10/2024 (7:53 a.m.): Blood sugar recorded as 89 10. 07/08/2024 (4:43 p.m.): Blood sugar recorded as 80 - Of 10 occasions in which Tenant 1's blood sugars were less than 70, staff did not document administration of his/her glucose chews on 5 occasions. On 9 of these occasions, staff did not document any sort of follow up blood glucose checks, per his/her glucose chew prescription instructions, or symptom monitoring for Tenant 1's low blood sugars: 1. 06/02/2024 (4:37 p.m.): Blood sugar recorded as 58, glucose chew administered, no follow up blood sugar recorded until the next morning's insulin administration, 06/03/2024 at 8:02 a.m. 2. 06/05/2024 (4:43 p.m.): Blood sugar recorded as 65, Glucerna shake administered but no glucose chew administered, no follow up blood sugar recorded until that evening's long lasting insulin administration at 7:40 p.m. (approximately 3 hours later) 3. 06/11/2024 (11:54 a.m.): Blood sugar recorded as 59, Glucerna shake administered but no glucose chew administered, follow up blood sugar recorded as 83 (still within parameters for low blood sugar monitoring per Tenant 1's glucose chew prescription instructions). No follow up blood sugar was recorded until the next insulin administration that afternoon at 4:40 p.m. (approximately 4 hours after the last re-check). 4. 06/14/2024 (11:40 a.m.): Blood sugar recorded as 56, no glucose chew administered, no follow	U 118		

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 08/02/2024

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 118	Continued From page 6	U 118		

up blood sugar recorded until the insulin administration at 4:44 p.m. (approximately 5 hours later)
5. 06/16/2024 (7:50 p.m.): Blood sugar recorded as 56, glucose chew administered, no follow up blood sugar recorded until the next morning's insulin administration, 06/17/2024 at 7:53 a.m.
6. 06/19/2024 (4:31 p.m.): Blood sugar recorded as 56, no glucose chew administered, no follow up blood sugar recorded until the next morning's insulin administration, 06/20/2024 at 7:25 a.m.
7. 06/27/2024 (12:34 p.m.): Blood sugar recorded as 54, glucose chew administered, staff documented following up but did document any information about how they followed up, such as whether Tenant 1's blood sugar was checked again, until the next insulin administration at 4:41 p.m. (approximately 4 hours later)
8. 07/11/2024 (4:43 p.m.): Blood sugar recorded as 56, Glucerna shake administered but no glucose chew administered, staff documented following up but did not document any information about how they followed up, such as whether Tenant 1's blood sugar was checked again, until the next morning's insulin administration, 07/12/2024 at 7:46 a.m.
9. 07/12/2024 (11:49 a.m.): Blood sugar recorded as 65, glucose chew administered, no follow up blood sugar recorded until the next insulin administration at 4:33 p.m. (approximately 5 hours later)

From the above, Surveyor noted 3 occasions in which staff appeared to be giving Tenant 1 a Glucerna shake in place of his/her prescribed glucose chews to manage his/her low blood sugars. Surveyor reviewed Tenant 1's record, including observation notes, for any additional guidance on the recommended use of his/her Glucerna shakes. Surveyor observed the

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 08/02/2024

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 118	Continued From page 7	U 118		

following:

- 05/01/2024 (1:00 p.m., authored by Caregiver L): "Staff put 6 Glucernas in the refrigerator in the kitchenette. Nurse recommends giving one to [Tenant 1] when [s/he] does not eat a meal to keep [his/her] [blood sugar] up...one was given to [him/her] this afternoon after lunch since [Tenant 1] did not eat and had low [blood sugar]. [Blood sugar] before lunch was 53. Rechecked after 4 glucose tabs were given and went up to 100."

Surveyor noted in the above entry that Tenant 1's glucose tablets were still administered to address his/her low blood sugar (not just a Glucerna shake).

According to the Glucerna product website from the product's parent company, Abbott, Glucerna shakes are intended to help "minimize blood sugar spikes compared to high-glycemic carbohydrates." Glucerna is also meant to be used as a meal or snack replacement, especially for the replacement of high-glycemic carbohydrates "such as doughnuts, sugary cereals, and white bread..." Under the product's "Frequently Asked Questions" section: "Glucerna should not be used to treat hypoglycemia, insulin shock, or insulin reaction because the carbohydrates from Glucerna do not elicit a large blood glucose response and would not help restore blood sugar levels" (Source: Abbott, Glucerna, no date, https://www.glucerna.com/why-glucerna (retrieval date - 07/31/2024).).

On 07/31/2024, at approximately 3:55 p.m., Surveyor interviewed Administrator A, Care Coordinator J, and Operations Manager K. Both Administrator A and Care Coordinator J agreed

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 08/02/2024

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 118	Continued From page 8	U 118		

with Surveyor's concern regarding the holding vs. administration of Tenant 1's insulin as well as the lack of administration of his/her glucose tablets as prescribed. Administrator A and Care Coordinator J denied having any evidence or any awareness of direction from Tenant 1's medical provider or a clinician for staff to be using Glucerna in place of his/her glucose chews to manage occasions of low blood sugar.

Example 2 - Tenant 3

On 07/31/2024, Surveyor reviewed Tenant 3's record. Tenant 3 was admitted to the provider on 08/09/2021 with diagnoses including type II diabetes mellitus. The provider utilized ISPs for tenants, where the tenants' needs and services were documented. Per Tenant 3's ISP, since at least 04/13/2023, staff have been responsible for administering Tenant 3's medications. Tenant 3's prescriptions included the following:

- Humalog 100 units/mL KwikPen with instructions to, "Inject 4 units subcutaneously 3 times a day before meals for type 2 diabetes ..."

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

- Glutose 15 gel with instructions to, "Give 1 tube by mouth if blood sugar is <70 and patient is able to swallow. If no response in 15 mins contact [medical doctor] *do not give if unconscious or unable to swallow."

Surveyor reviewed Tenant 3's MARs from

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 08/02/2024

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 118	Continued From page 9 06/01/2024 - 07/31/2024 and observed 2 separate entries where staff documented Tenant 3's Humalog - 1 for his/her scheduled dose and 1 for his/her sliding scale dose. Under each mealtime sliding scale entry, a prompt asked staff to document, "How many units of sliding scale insulin was given?" Staff appeared to document the number of units consistent with his/her prescribed sliding scale dosage, based on his/her recorded blood sugar, in the entries. Under each mealtime scheduled dose entry, a prompt asked staff to document, "How many units of insulin was given?" Surveyor did not observe any clarification documented as to whether staff were to document in this entry the scheduled units (4 units), the sliding scale units, or the total number of units (scheduled plus sliding scale units). While reviewing the MARs, Surveyor reviewed inconsistencies in how staff documented the number of insulin units administered to Tenant 3 within this scheduled dose entry prompt, including the following: - 47 occasions in which staff appeared to document the same number of scheduled insulin units administered as what was administered to him/her per his/her sliding scale (including "0" to match when his/her sliding scale units were documented as "0"), including: 06/01/2024 (breakfast and supper), 06/02/2024 (breakfast and lunch), 06/04/2024 (supper), 06/05/2024 (supper), 06/06/2024 (breakfast and lunch), 06/07/2024 (supper), 06/10/2024 (supper), 06/11/2024 (supper), 06/12/2024 (supper), 06/13/2024 (breakfast and lunch), 06/14/2024 (lunch and supper), 06/16/2024 (breakfast), 06/29/2024 (supper), 07/01/2024 (supper), 07/02/2024 (supper), 07/03/2024 (supper), 07/04/2024 (breakfast), 07/05/2024 (supper),	U 118		

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 08/02/2024

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 118	Continued From page 10 07/06/2024 (supper), 07/08/2024 (supper), 07/09/2024 (supper), 07/10/2024 (supper), 07/11/2024 (breakfast), 07/12/2024 (breakfast and lunch), 07/13/2024 (breakfast and supper), 07/14/2024 (breakfast), 07/16/2024 (supper), 07/17/2024 (supper), 07/18/2024 (breakfast and supper), 07/20/2024 (supper), 07/21/2024 (supper), 07/22/2024 (supper), 07/23/2024 (supper), 07/26/2024 (breakfast, lunch, and supper), 07/27/2024 (breakfast and supper), and 07/29/2024 (supper) - 62 occasions in which staff appeared to document the total number of insulin units administered (scheduled plus sliding scale), including: 06/03/2024 (lunch), 06/04/2024 (breakfast and lunch), 06/05/2024 (breakfast), 06/07/2024 (breakfast and lunch), 06/08/2024 (lunch), 06/09/2024 (breakfast and lunch)2, 06/11/2024 (lunch), 06/12/2024 (lunch), 06/15/2024 (supper), 06/17/2024 (breakfast and lunch), 06/18/2024 (breakfast and lunch), 06/19/2024 (breakfast and lunch), 06/20/2024 (breakfast and lunch), 06/21/2024 (supper), 06/22/2024 (lunch), 06/23/2024 (lunch), 06/24/2024 (lunch), 06/26/2024 (lunch), 06/27/2024 (lunch), 06/29/2024 (lunch), 07/01/2024 (lunch), 07/02/2024 (lunch), 07/03/2024 (breakfast and lunch), 07/05/2024 (breakfast and lunch), 07/06/2024 (breakfast and lunch), 07/07/2024 (breakfast), 07/08/2024 (lunch), 07/09/2024 (lunch), 07/10/2024 (breakfast and lunch), 07/12/2024 (supper), 07/14/2024 (supper), 07/15/2024 (breakfast and lunch), 07/16/2024 (breakfast and lunch), 07/17/2024 (breakfast and lunch)c, 07/19/2024 (breakfast, lunch, and supper), 07/20/2024 (lunch), 07/21/2024 (lunch), 07/22/2024 (breakfast and lunch), 07/23/2024 (lunch), 07/24/2024 (lunch), 07/28/2024 (supper),	U 118		

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 08/02/2024

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 118	Continued From page 11	U 118		

07/29/2024 (breakfast), 07/30/2024 (lunch), 07/31/2024 (breakfast and lunch)

- 13 occasions in which staff appeared to document the number of scheduled insulin units (4) in accordance with his/her scheduled prescribed dosage, including: 06/03/2024 (supper), 06/13/2024 (supper), 06/15/2024 (breakfast and lunch), 06/16/2024 (lunch and supper), 06/17/2024 (supper), 06/23/2024 (supper), 06/26/2024 (supper), 06/28/2024 (breakfast and lunch), 06/30/2024 (supper), 07/07/2024 (supper)

There were no other annotations in Tenant 3's MARs, or notes in his/her observation notes, clarifying what units (scheduled vs. sliding scale vs. total) staff were documenting administering to him/her. Without this, Surveyor was unable to verify how many units of insulin were being administered to Tenant 3.

While reviewing the MARs, Surveyor also observed only 1 occasion, on 06/27/2024 at 7:50 p.m., that Tenant 3's blood sugar was documented under 70. On this date/time, Tenant 3's blood sugar was documented as 56, but his/her Glutose gel was not documented as administered and there was no other evidence of any follow up actions or monitoring completed by staff.

Also while reviewing the MARs, Surveyor observed 4 occasions in which staff documented holding Tenant 3's mealtime scheduled Humalog, despite there not being any hold parameters documented in Tenant 3's medical provider orders:

- 06/09/2024 (4:39 p.m.): Blood sugar

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 08/02/2024

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 118	Continued From page 12	U 118		

documented as 95, scheduled Humalog held due to, "No pass per vitals"
- 06/20/2024 (4:29 p.m.): Blood sugar documented as 94, scheduled Humalog held due to, "No pass per vitals"
- 06/22/2024 (4:36 p.m.): Blood sugar documented as 99, scheduled Humalog held due to, "No pass per vitals"
- 06/27/2024 (8:35 a.m.): Blood sugar documented as 79, scheduled Humalog held due to, "No pass per vitals"

Surveyor observed other occasions in which Tenant 3's blood sugars were documented as being lower than 1 or more of the values above, but staff documented administering his/her scheduled Humalog: 06/10/2024 (breakfast, blood sugar of 98), 06/11/2024, (supper, blood sugar of 90), 06/21/2024 (breakfast, blood sugar of 86), 06/24/2024 (breakfast, blood sugar of 87), 06/25/2024 (breakfast, blood sugar of 94), 06/26/2024 (breakfast, blood sugar of 71), 07/02/2024 (breakfast, blood sugar of 96), 07/30/2024 (breakfast, blood sugar of 81). In reviewing Tenant 3's observation notes of the same date range, Surveyor did not observe any evidence of why staff held Tenant 3's scheduled Humalog on the above dates/times.

At approximately 3:55 p.m., Surveyor interviewed Administrator A, Care Coordinator J, and Operations Manager K. Both Administrator A and Care Coordinator J acknowledged Surveyor's concern regarding the inconsistencies with Tenant 3's insulin administration documentation and confirmed they would not be able to verify how many units staff were administering to Tenant 3 based on the above inconsistencies. Both also acknowledged Surveyor's concern regarding the lack of Glutose administration and

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 08/02/2024

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 118	Continued From page 13	U 118		

inconsistent holding of Tenant 3's scheduled Humalog, which was not based on instructions from his/her medical provider.

Example 3 - Tenant 4

On 07/31/2024, Surveyor reviewed Tenant 4's record. Tenant 4 was admitted to the provider on 04/03/2023 with diagnoses including type I diabetes mellitus. The provider utilized ISPs for tenants, where the tenants' needs and services were documented. Per Tenant 4's ISP, since 06/28/2023, staff have been responsible for administering Tenant 4's medications. Tenant 4's prescriptions included the following:

- Humalog 100 units/mL KwikPen with instructions to, "Inject 8 units subcutaneously 3 times a day before meals..."

- Humalog 100 units/mL KwikPen with instructions to, "Inject per [sliding scale] 3 times daily with meals* *If pre-meal [blood glucose] is under 70, give 2 units: 151-200 = 1u; 201-250 = 2u; 251-300 = 3u; 301-350 = 4u; 351-400 = 5u; 401-450 = 6u; Greater than 450 = 7u*..."

Surveyor reviewed Tenant 4's medication administration records (MARs) from 06/01/2024 - 07/31/2024 and observed the following:

- No documentation of the number of insulin units administered to him/her on 100 of 100 administrations that Tenant 4's blood sugar would have been within parameters for sliding scale administration. Without this documentation, Surveyor was unable to verify whether Tenant 4 was receiving the correct dosage of insulin with each administration.

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 08/02/2024

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 118	Continued From page 14 - Entry on 06/16/2024 (8:52 a.m.): Staff documented holding Tenant 4's sliding scale insulin dose, despite his/her blood sugar recorded as 324 (within parameters for 4 sliding scale units to be administered) - Entry on 06/16/2024 (11:51 a.m.): Staff documented holding Tenant 4's sliding scale insulin dose, despite his/her blood sugar recorded as 258 (within parameters for 3 sliding scale units to be administered). Of note, his/her next recorded blood sugar, at 4:04 p.m., was 308. - Entry on 06/30/2024 (4:50 p.m.): Staff documented holding Tenant 4's scheduled and sliding scale insulin doses due to his/her blood sugar being 97. There was no information in Tenant 4's record indicating parameters with which staff were to hold his/her insulin. At approximately 12:45 p.m., Surveyor interviewed Administrator A. Administrator A that s/he talked with caregiving staff working that day, who reported recalling that they used to document the number of insulin units administered to Tenant 4 but weren't sure why they stopped. Administrator A reported s/he was frustrated that staff did not say anything sooner about the lack of unit recording. Administrator A reported that after looking further into it, s/he discovered that the provider's electronic MAR template used to have an entry for staff to record the number of units administered to Tenant 4, but after his/her insulin order was last updated, the entry disappeared on the template. At approximately 3:55 p.m., Surveyor interviewed Administrator A, Care Coordinator J, and Operations Manager K. Both Administrator A and Care Coordinator J acknowledged Surveyor's	U 118		

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 08/02/2024

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 118	Continued From page 15 concern regarding the occasions of staff incorrectly holding Tenant 4's sliding scale insulin, and the occasion of staff holding his/her scheduled and sliding scale insulin without the direction of his/her medical provider or under the direction of a clinician. Nothing further was said.	U 118		