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 12/19/2024

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 12/17/2024, with information obtained through 12/19/2024, 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, 2 deficiencies were identified. One deficiency is a repeat deficiency from Statement of Deficiency (SOD) 78WP13, dated 08/02/2024, 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: 23	{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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{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, medication administration, and health monitoring services for 2 of 2 tenant records reviewed.

Of 4 occasions in which Tenant 1's blood sugars fell within parameters for administration of his/her glucose chew tablets when s/he was symptomatic, staff documented administering the tablets despite Tenant 1 not demonstrating symptoms indicating the need for them.

Between 11/01/2024 - 12/17/2024, there were 22 occasions in which Tenant 5's metoprolol was documented as being administered, but there was no evidence of his/her blood pressure being checked to ensure its administration was indicated in accordance with its administration parameters.

This is a repeat deficiency. See Statement of Deficiency (SOD) 78WP13, dated 08/02/2024, SOD 78WP12, dated 03/06/2024, SOD 78WP11, dated 09/15/2023, and SOD ACO411, dated 02/06/2023.

Findings include:

Example 1 - Tenant 1

On 12/18/2024, 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.

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{U 118}	Continued From page 2 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: - Glucose chew tablet 15 g/serving with instructions to, "Chew and swallow 4 tablets by mouth as needed for low blood sugar less than 70 OR less than 90 WITH SYMPTOMS *Recheck blood sugar in 15 mins and repeat as needed*" Surveyor reviewed Tenant 1's medication administration records (MARs) from 11/01/2024 - 12/17/2024 and observed 4 occasions in which Tenant 1's blood sugars were between 70-90, the range in which his/her order specified for glucose chew tablet administration if s/he was experiencing symptoms. Of the 4 occasions, Surveyor observed the following: - 11/04/2024 (11:35 a.m.): Glucose chew administered, blood sugar recorded as 87 (within parameters for administration if having symptoms). Staff documented "No symptoms." - 11/11/2024 (11:48 a.m.): Glucose chew administered, blood sugar recorded as 73 (within parameters for administration if having symptoms). Staff documented "No symptoms." - 11/19/2024 (12:54 p.m.): Glucose chew administered, blood sugar recorded as 79 (within parameters for administration if having symptoms). Staff documented "Blood sugar was within parameters, No symptoms." - 11/25/2024 (4:32 p.m.): Glucose chew administered, blood sugar recorded as 99 (not within either parameter for administration). Staff documented "No symptoms."	{U 118}		

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{U 118}	Continued From page 3 Surveyor observed observation notes for Tenant 1 from 11/01/2024 - 12/17/2024 but did not see any evidence documented of symptoms s/he was experiencing that indicated the need for his/her glucose chew tablet administration on the above 4 occasions. On 12/19/2024, at approximately 8:00 a.m., Surveyor interviewed Administrator M and Nurse N. Both confirmed understanding of the glucose chew tablet order as written. Administrator M reviewed the above glucose chew tablet administration occasions with Surveyor and reported understanding of Surveyor's concern. Both reported they were unaware of previous concerns with staff administering Tenant 1's glucose chew tablets. Example 2 - Tenant 5 On 12/18/2024, Surveyor reviewed Tenant 5's record. Tenant 5 was admitted to the provider on 06/22/2021 with diagnoses including dementia, essential hypertension, atherosclerotic heart disease, cardiomegaly, and atrial fibrillation. The provider utilized ISPs for tenants, where the tenants' needs and services were documented. Per Tenant 5's ISP, since 04/20/2023, staff have been responsible for administering Tenant 5's medications. Tenant 5's prescriptions included the following: - Metoprolol tartrate 25 mg tablet with instructions to, "Take 1 tablet by mouth 2 times a day in the morning and at bedtime for hypertension *Hold if [blood pressure] is <100/70*" Surveyor reviewed Tenant 5's MARs from 11/01/2024 - 12/17/2024 as well as his/her vitals history document for the same date range - both	{U 118}		

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{U 118}	Continued From page 4 where staff documented Tenant 5's vitals. Surveyor observed the following 22 occasions in which Tenant 5's metoprolol was documented as being administered, but there was no evidence of his/her blood pressure being checked to ensure its administration was indicated: - 11/05/2024 (morning administration): No blood pressure documented - 11/08/2024 (morning administration): No blood pressure documented - 11/09/2024 (morning administration): No blood pressure documented - 11/10/2024 (morning administration): No blood pressure documented - 11/11/2024 (morning administration): No blood pressure documented - 11/12/2024 (morning administration): No blood pressure documented - 11/18/2024 (morning administration): No blood pressure documented - 11/19/2024 (morning administration): No blood pressure documented - 11/22/2024 (morning administration): No blood pressure documented - 11/23/2024 (morning administration): No blood pressure documented - 11/24/2024 (morning administration): No blood pressure documented - 11/25/2024 (morning administration): No blood pressure documented - 11/26/2024 (morning administration): No blood pressure documented - 12/02/2024 (morning administration): No blood pressure documented - 12/03/2024 (morning administration): No blood pressure documented - 12/04/2024 (morning administration): No blood pressure documented - 12/06/2024 (morning administration): No blood	{U 118}		

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{U 118}	Continued From page 5 pressure documented - 12/07/2024 (morning administration): No blood pressure documented - 12/08/2024 (morning administration): No blood pressure documented - 12/09/2024 (morning administration): No blood pressure documented - 12/10/2024 (morning administration): No blood pressure documented - 12/16/2024 (morning administration): No blood pressure documented Surveyor reviewed observation notes for Tenant 5 from 11/01/2024 - 12/17/2024 but did not see any evidence documented of his/her blood pressure being checked on the above occasions. On 12/19/2024, at approximately 8:00 a.m., Surveyor interviewed Administrator M and Nurse N. Administrator M acknowledged Surveyor's concerns that there was no evidence of staff consistently checking Tenant 5's blood pressure prior to administering his/her metoprolol. Nurse N reported that staff had just completed medication training the previous day. Both Administrator M and Nurse N reported being unaware of staff not consistently checking and documenting Tenant 5's blood pressures.	{U 118}		
U 131	89.23(4)(b)1. SERVICES PROVIDER QUALIFICATIONS. Service manager. Each residential care apartment complex shall have a designated service manager who shall be responsible for day-to-day operation	U 131		

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U 131	Continued From page 6 of, including ensuring that the services provided are sufficient to meet tenant needs and are provided by qualified persons; that staff are appropriately trained and supervised; that facility policies and procedures are followed; and that the health, safety and autonomy of the tenants are protected. The service manager shall be capable of managing a multi-disciplinary staff to provide services specified in the service agreements. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the service manager was responsible for the day-to-day operation of the residential care apartment complex (RCAC). There was no evidence that the provider complied with special orders that were ordered by the Department with Statement of Deficiency (SOD) 78WP13 on 08/28/2024. Findings include: On 12/18/2024, Surveyor reviewed Department records for the provider. Surveyor reviewed the Notice and Letter order that was issued with SOD 78WP13 on 08/28/2024. Within the Notice and Letter order, the following special order was detailed: "1. Pursuant to Wis. Admin. Code § DHS 89.56(3)(c), WITHIN 7 DAYS of receipt of this notice, the operator shall provide Tenant 1 ' s,	U 131		

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U 131	Continued From page 7	U 131		

Tenant 3 ' s and Tenant 4 ' s legal representative and the case manager (if any) with a copy of Statement of Deficiency 78WP13 and a copy of this Notice and Order letter. The operator shall retain evidence, acceptable to the department, to verify compliance with Order #1. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager. Required evidence will be made available to the department representatives upon request."

On 12/18/2024, at approximately 7:14 a.m., Surveyor requested from Administrator M documentation showing compliance with the special order from SOD 78WP13, due at 12:00 p.m. that day.

In the documents reviewed by Surveyor, provided by Administrator M at approximately 10:48 a.m., there was no evidence that the legal representatives and case managers (as applicable) of Tenants 1, 3, and 4 were provided a copy of the SOD and Notice and Order letter.

On 12/19/2024, at approximately 8:00 a.m., Surveyor interviewed Administrator M and Nurse N. Administrator M confirmed that the last SOD was issued when there was a previous service manager in charge. When asked specifically about tenants being notified of the SOD and Notice and Order letter, Administrator M reported s/he thought s/he had seen evidence of e-mails sent from the previous service manager but would have to ask other staff about them. Surveyor gave a deadline of 12:00 p.m. that day to receive additional evidence of the provider's compliance with the special order above.

At approximately 11:32 a.m., Administrator M

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U 131	Continued From page 8 sent an e-mail to Surveyor reporting that s/he spoke with the previous service manager who reported to him/her that "the letters and copy of the SOD was sent by email." Administrator M also reported, "I know I did see one of the letters that were sent but I can't remember where I seen it." Surveyor replied to the e-mail at 11:36 a.m. and asked if there was any evidence of those e-mails retained so that they could be forwarded for verification. At 11:37 a.m., Administrator M replied to Surveyor's e-mail reporting that s/he was trying to find that out and would keep Surveyor posted. By 4:15 p.m. that day, nothing further was received.	U 131		