STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019448	A. BUILDING: _____ B. WING _____	R 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAVER DAM AL OPERATIONS LLC	104 FAKES CT BEAVER DAM, WI 53916

(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 From 07/30/2025 to 07/31/2025, Surveyor conducted a verification visit at Beaver Dam AL Operations LLC, a RCAC in Beaver Dam. One deficiency was identified. This is a repeat deficiency - See Statement of Deficiency (SOD) 92ZX11, dated 02/25/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 66	{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 4 tenants reviewed received medication administration services that	{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
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{U 118}	Continued From page 1	{U 118}		

followed physician orders. Tenant 1 did not receive his/her insulin as prescribed.

This is a repeat deficiency - See Statement of Deficiency (SOD) 92ZX11, dated 02/25/2025.

Findings include:

On 07/30/2025 at 11:00 a.m., Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the provider's complex on 08/06/2024 with diagnosis including diabetes. Tenant 1's record, dated 06/14/2025 to 07/30/2025, identified the following occurrences of his/her insulin not being held as prescribed:

Novolog:
Tenant 1's physician orders included Novolog 100 unit/ml (Start Date: 10/03/2024 / Discontinue Date: 07/03/2025) - Inject 10 units 3 times daily with meals; hold if blood sugar is <100. Tenant 1's medication administration record (MAR) documented Novolog as administered on 06/20/2025 at 5:00 p.m. when the Novolog should have been held due to a blood sugar (BS) of 99.

Lantus Solostar:
Tenant 1's physician orders included Lantus Solostar 100 unit/ml (Start Date: 06/13/2025) - Inject 36 units at bedtime; hold if blood sugar is <100. Tenant 1's MAR documented Lantus Solostart 100 unit/ml as administered on the following dates when the insulin should have been held:
- 6/18/2025 at bedtime: BS 88
- 7/29/2025 at bedtime: BS 86

Insulin Aspart:
Tenant 1's physician orders included Insulin Aspart (Start Date: 08/02/2024) - Inject 10 units 3

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{U 118}	Continued From page 2 times daily with meals; hold if blood glucose is <100. Tenant 1's MAR documented Insulin Aspart as administered on the following dates when the insulin should have been held: - 07/07/2025 at 4:00 p.m.: BS 87 - 07/16/2025 at 4:00 p.m.: BS 67 - 07/22/2025 at 8:00 a.m.: BS 64 - 07/30/2025 at 8:00 a.m.: BS 98 On 07/30/2025 at approximately 12:00 p.m., Surveyor reviewed insulin administration concerns with Administrator A and Resident Care Coordinator D. Both Administrator A and Resident Care Coordinator D reviewed Tenant 1's insulin administrations and confirmed errors. Resident Care Coordinator D stated s/he had followed up with some of the caregivers, but not all, regarding the errors.	{U 118}		