STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015199	A. BUILDING: _____ B. WING _____	R-C 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE SUN PRAIRIE	LIGHTHOUSE OF SUN PRAIRIE SUN PRAIRIE, WI 53590

(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
{N 000}	Initial Comments On 09/05/2023, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey, complaint investigation and verification visit at New Perspective Sun Prairie, a CBRF located in Sun Prairie, WI. As a result of the survey, 4 violations of Chapter DHS 83 were issued. One violation is a repeat violation from previous Statement of Deficiency 9PKX11 dated 01/10/2023. Two violations from previous SOD 9PKX11 were corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. census: 30	{N 000}		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights	N 243		

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

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N 243	Continued From page 1 training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 3 of 3 employees reviewed completed training in resident rights, client group, or challenging behaviors. Caregivers F, G and H did not have training in resident rights within 90 days after starting employment.	N 243		

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N 243	Continued From page 2 Caregiver F did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver F did not have training in required client groups within 90 days after starting employment. Findings include: On 09/05/2023, Surveyor conducted review of 3 employees to verify compliance with all employee training requirements. Surveyor requested records from Administrator A. Resident Rights The record for Caregiver F, hired 03/07/2020, did not contain training or evidence of meeting an exemption for resident rights. On 09/05/2023 at approximately 10:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed there was no evidence Caregiver F completed or met an exemption for resident rights training. The record for Caregiver G, hired 03/31/2014, did not contain training or evidence of meeting an exemption for resident rights. On 09/05/2023 at approximately 10:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed there was no evidence Caregiver G completed or met an exemption for resident rights training. The record for Caregiver H, hired 03/01/2023, did not contain training or evidence of meeting an exemption for resident rights. On 09/05/2023 at approximately 10:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed there was no evidence Caregiver H completed or met an exemption for resident rights training.	N 243		

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N 243	Continued From page 3 Recognizing, Preventing, Managing and Responding to Challenging Behaviors and Client Groups Facility is able to serve individuals with primary diagnoses that include but are not limited to: Irreversible dementia/Alzheimer's and Advanced Age. The record for Caregiver F, hired 03/07/2020, did not contain training or evidence of meeting an exemption for challenging behaviors training or client groups. On 09/05/2023 at approximately 10:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver F had not completed or met an exemption for challenging behaviors training or client groups. Surveyor gave Administrator A until 09/06/2023 at noon to provide further information. As of noon on 09/06/2023, no further documentation was provided.	N 243		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid.	N 277		

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N 277	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees (who required continuing education) completed at least 15 hours of continuing education in 2022. Caregiver F and Caregiver G did not have 15 hours of continuing education for calendar year 2022 Findings include: On 09/05/2023, Surveyor reviewed employee files for Caregivers F and G and identified the following: Caregiver F was hired 03/07/2020. Caregiver F's training record included 0 documented hours of continuing education training for calendar year 2022. Caregiver G was hired 03/31/2014. Caregiver G's training record included 3 documented hours of continuing education training for calendar year 2022. On 09/05/2023 at 12:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged an understanding of the above concerns. Administrator A acknowledged that employees must have at least 15 hours of continuing education every year after 1 year of hire.	N 277		
N 389	83.35(3)(d) Service plans updated annually or on changes	N 389		

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N 389	Continued From page 5 Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 resident individual service plans (ISPs) were updated to include the rational for use of as needed (PRN) psychotropic medications for Resident 1 and Resident 2. Findings include: Example 1: Resident 1 On 09/05/2023 at 10:15 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 06/24/2019 with diagnoses that include but are not limited to: Huntington's disease, history of psychosis, depression, cognitive impairment, anxiety, primary insomnia, unspecified mood disorder. According to Resident 1's Physician's Orders dated 08/17/2023, Resident 1 was prescribed Lorazepam .5 milligram tablet every 4 hours PRN	N 389		

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N 389	Continued From page 6 for anxiety/nausea/restlessness. On 09/05/2023 at 10:20 AM, Surveyor reviewed Resident 1's ISP dated 08/06/2023. Resident 1's ISP did not include rational for use of the PRN Lorazepam. Example 2: Resident 2 On 09/05/2023 at 10:15 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 11/02/2018 with diagnoses that include but are not limited to: Unspecified dementia, major depressive disorder, anxiety. According to Resident 2's Physician's orders, as of 03/08/2023, Resident 2 was prescribed Lorazepam .5 mg tab every 3 hours PRN for anxiety/nausea/restlessness. On 09/05/2023, Surveyor reviewed Resident 2's ISP dated 01/24/2023. Resident 2's ISP did not include rational for use of the PRN Lorazepam. On 09/05/2023 at 11:00 AM, Surveyor interviewed Administrator A. Administrator A stated, "I didn't know PRN psychotropic medications were supposed to be addressed in the ISP." Surveyor discussed the requirement with Administrator A. Administrator A acknowledged understanding that PRN psychotropic medications and their rational for use must be included on the ISP.	N 389		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person	{N 415}		

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{N 415}	Continued From page 7 administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that documentation of medication administration was accurate for 2 of 3 residents reviewed. Resident 1 and Resident 2's medication administration record (MAR) for the month of August 2023 had several administration entries that were undocumented. This is a repeat violation from previous statement of deficiency 9PKX11 dated 01/10/2023. Findings include: Example 1: Resident 1 On 09/05/2023 at 9:45 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 06/24/2019. Resident 1's MAR for the month of August 2023 contained numerous administration occurrences left undocumented. On 08/10/2023, there was no documentation for the administration of the following medications: Acetaminophen 300 milligram (mg) capsule (cap) bedtime Fluticasone spray 50 microgram (mcg) Melatonin 10 mg cap	{N 415}		

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{N 415}	Continued From page 8 Quetiapine 100 mg tablet (tab) Quetiapine 50 mg tab Risperidone 3 mg On 08/15/2023, there was no documentation for the administration of the following medications: Acetaminophen 300 mg cap bedtime Fluticasone spray 50 mcg Melatonin 10 mg tab Quetiapine 100 mg tab Quetiapine 50 mg tab Risperidone 3 mg tab Example 2: Resident 2 On 09/05/2023 at 9:45 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 11/02/2018. Resident 2's MAR for the month of August 2023 numerous administration occurrences left undocumented. On 08/10/2023, there was no documentation for the administration of the following medications: Acetaminophen 500 mg tab (2 tabs) Gabapentin 300 mg cap (2 caps) Quetiapine 25 mg tab Polyvinyl Al Sol 1.4% On 09/05/2023 at 10:30 AM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that each resident MAR must be documented accurately to ensure that each resident receives medications as prescribed. Administrator A confirmed that there were several blank entries in Resident 1 and Resident 2's MAR for the month of August 2023.	{N 415}		