STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017056	A. BUILDING: _____ B. WING _____	R-C 10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING STOUGHTON CBRF	2220 LINCOLN AVE STOUGHTON, WI 53589

(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 10/07/2024, Surveyor conducted a verification visit at Milestone Senior Living Stoughton CBRF. Two deficiencies were identified. Two of 2 deficiencies were repeat violations (see Statement of Deficiency (SOD) BL1M14 and SOD 59MG11. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 12	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident received medication as prescribed by his/her physician. This is a repeat violation of statement of deficiency (SOD) 59MG11, dated 06/16/2021, and SOD BL1M12, dated 01/17/2023. Resident 12's sliding scale Novolog (insulin) was not administered as outlined in his/her physician order. Findings include:	N 352		

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

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N 352	Continued From page 1 On 10/07/2024, Surveyor reviewed Resident 12's record. Resident 12 was admitted to the facility, 01/09/2024, with diagnosis including diabetes. Resident 12's September 2024 Medication Administration Record (MAR), documented: "NovoLog - 2 unit 201-250, 3 unit 251-300, 4 unit 301-350, 5 unit 351-400. Every day at 8:00 AM, 12:00 PM, 5:00 PM." "NovoLog - 1 unit 201-250, 2 unit 251-300, 3 unit 301-350, 4 unit 351-400. Every day at 8:00 PM. 09/02 5:00 PM 424 Blood Sugar (BS) - 5 Units administered - BS is outside of parameters 09/04 5:00 PM 266 BS - 2 Units administered - 3 Units should have been administered 09/04 8:00 PM 460 BS - 4 Units administered - BS is outside of parameters 09/05 12:00 PM 346 BS - 3 Units administered - 4 Units should have been administered 09/06 5:00 PM 444 BS - 5 Units administered - BS is outside of parameters 09/07 5:00 PM 413 BS - 5 Units administered - BS is outside of parameters 09/07 8:00 PM 424 BS - 4 Units administered - BS is outside of parameters 09/08 5:00 PM 402 BS - 5 Units administered - BS is outside of parameters 09/08 8:00 PM 406 BS - 4 Units administered - BS is outside of parameters 09/11 8:00 PM 200 BS - 1 Unit administered - BS is outside of parameters 09/13 8:00 PM 434 BS - No documented Units 09/14 8:00 AM 472 BS - 5 Units administered - BS is outside of parameters 09/14 12:00 PM 446 BS - 5 Units administered - BS is outside of parameters	N 352		

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N 352	Continued From page 2 09/16 5:00 PM 211 BS - 5 Units administered - 2 Units should have been administered 09/19 8:00 AM 298 BS - 4 Units administered - 3 Units should have been administered 09/20 8:00 PM 457 BS - 4 Units administered - BS is outside of parameters 09/21 12:00 PM 500 BS - 5 Units administered - BS is outside of parameters 09/21 5:00 PM No BS - 5 Units administered 09/21 8:00 PM 335 BS - 2 Units administered - 3 Units should have been administered 09/22 8:00 AM 245 BS - 3 Units administered - 2 Units should have been administered 09/22 12:00 PM 475 BS - 5 Units administered - BS is outside of parameters 09/22 5:00 PM 559 BS - 5 Units administered - BS is outside of parameters 09/22 8:00 PM 446 BS - 4 Units administered - BS is outside of parameters 09/23 8:00 AM 402 BS - 5 Units administered - BS is outside of parameters On 10/07/2024, at approximately 12:25 PM, Surveyor and Health Care Coordinator S went to the med room to observe Resident 12's Novolog pen. Health Care Coordinator S and Surveyor observed the Novolog pen was not dated when opened and would not be able to audit the number of units that had been administered from then pen to correlate with the MAR. Health Care Coordinator S stated med passers would have to be re-educated. Health Care Coordinator S stated they did not have a physician order that identified units of insulin that should be given for BS levels greater than 400. On 10/07/2024, at approximately 12:50 PM, Surveyor interviewed Clinical Risk Manager J, Executive Director I, Health Care Coordinator S, Regional Operations Director X, and Regional	N 352		

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N 352	Continued From page 3 Nurse Specialist Y. Executive Director I stated this would be a learning opportunity for staff and it would be addressed immediately. Cross Reference: N0431 DHS 83.38(1)(g) Health Monitoring	N 352		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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This Rule is not met as evidenced by:
Based on interview and record review, the provider did not monitor the health of 1 of 1 resident and/or make arrangements for physical health services when a change of condition occurred.

This is a repeat deficiency. See Statement of Deficiency (SOD) BL1M14.

Resident 12's blood sugars (BS) were not monitored, resulting in hospitalization.

Findings include:

On 10/07/2024, surveyor reviewed Resident 12's record.

Resident 12 was admitted to the facility, 01/09/2024, with diagnosis including diabetes.

Resident 12's September and October 2024 Medication Administration Record (MAR), dated 09/01/2024 to 10/07/2024, documented:
"NovoLog - 2 unit 201-250, 3 unit 251-300, 4 unit 301-350, 5 unit 351-400. Every day at 8:00 AM, 12:00 PM, 5:00 PM."
"NovoLog - 1 unit 201-250, 2 unit 251-300, 3 unit 301-350, 4 unit 351-400. Every day at 8:00 PM. MUST REPORT TO RN (Registered Nurse) IF BLOOD SUGAR IS LESS THAN 70 OR OVER 200

The MARs documented the following BS levels that were 400 or greater:

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09/02 5:00 PM 424 BS
09/04 8:00 PM 460 BS
09/05 12:00 PM 346 BS
09/06 5:00 PM 444 BS
09/07 5:00 PM 413 BS
09/07 8:00 PM 424 BS
09/08 5:00 PM 402 BS
09/08 8:00 PM 406 BS
09/13 8:00 PM 434 BS
09/14 8:00 AM 472 BS
09/14 12:00 PM 446 BS
09/20 8:00 PM 457 BS
09/21 12:00 PM 500 BS
09/21 8:00 PM 335 BS
09/22 12:00 PM 475 BS
09/22 5:00 PM 559 BS
09/22 8:00 PM 446 BS
09/23 8:00 AM 402 BS
10/02 8:00 AM 520 BS
10/02 12:00 PM 419 BS

Resident 12's September and October 2024 "Progress Notes," dated 09/01/2024 to 10/07/2024, documented:
09/23/2024 10:46 AM - Resident had 2 coffee ground emesis this morning and was very pale. [Daughter/Son] was called and requested resident be taken via ambulance to hospital. Staff called 911 and resident was sent to [emergency room] for evaluation.
09/23/2024 11:50 AM - Writer received a phone call from resident's [daughter/son] stating that resident is in DKA (diabetic ketoacidosis, a life-threatening complication of diabetes) and [s/he] is going to be admitted to the hospital for further monitoring and treatment.
10/02/2024 7:40 AM - Resident fasting blood sugar is 520 this AM. Resident is asymptomatic at this time. Writer reached out to PCP (primary

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care physician). Clinic does not open until 8AM. Answering service told writer that a provider is not available and to call back at 8AM to report. 10/02/2024 11:56 AM - Lunchtime blood sugar is 419. Writer called endocrinology clinic and spoke with RN (registered nurse) to report blood sugar of 520 this AM and current blood sugar is 419. RN reports that staff should push fluids and give resident [his/her] normal scheduled insulin and sliding scale.

On 10/07/2024, at approximately 12:25 PM, Surveyor interviewed Health Care Coordinator S. Surveyor stated that Resident 12's progress notes did not document that the RN had been contacted regarding BS levels greater than 200, let alone greater than 400. Health Care Coordinator S stated all communication between staff and the RN, which is Health Care Coordinator S or an on-call service, should have been documented in the progress notes. Health Care Coordinator S stated s/he had provided education to staff that a nurse needs to be contacted when there are concerns regarding Resident 12's BS levels, but this contact had not been occurring. Health Care Coordinator S and Surveyor reviewed Resident 12's September 2024 MAR, focusing on the 09/22/2024 to 09/23/2024 BS levels, prior to his/her hospitalization. Surveyor stated staff documented that Resident 12 experienced coffee ground emesis on 09/23/2024 but did not comment that his/her BS levels had been consistently over 400. Health Care Coordinator S stated, "That is correct. The emesis was probably a result of [his/her] BS levels."

On 10/07/2024, at approximately 12:50 PM, Surveyor interviewed Clinical Risk Manager J, Executive Director I, Health Care Coordinator S,

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Regional Operations Director X, and Regional Nurse Specialist Y. Executive Director I stated this would be a learning opportunity for staff and it would be addressed immediately.

"Diabetic ketoacidosis (DKA) is a life-threatening problem that affects people with diabetes. It occurs when the body starts breaking down fat at a rate that is much too fast. The liver processes the fat into a fuel called ketones, which causes the blood to become acidic. DKA happens when the signal from insulin in the body is so low that:
Blood sugar (glucose) can't go into cells to be used as a fuel source.
The liver makes a large amount of glucose.
Fat is broken down too rapidly for the body to process.
The fat is broken down by the liver into a fuel called ketones. Ketones are normally produced by the liver when the body breaks down fat after it has been a long time since your last meal. These ketones are normally used by the muscles and the heart. When ketones are produced too quickly and build up in the blood, they can be toxic by making the blood acidic. This condition is known as ketoacidosis. ... Common symptoms of DKA can include: Decreased alertness, Deep, rapid breathing, Dehydration, Dry skin and mouth, Flushed face, Frequent urination or thirst that lasts for a day or more, Fruity-smelling breath, Headache, Muscle stiffness or aches, Nausea and vomiting, Stomach pain. ... The goal of treatment is to correct the high blood sugar level with insulin. Another goal is to replace fluids and bodily chemicals lost through urination, loss of appetite, and vomiting if you have these symptoms. ... If you have diabetes, it is likely your health care provider told you how to spot the warning signs of DKA. If you think you have DKA, test for ketones using urine strips. Some glucose

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N 431	Continued From page 8 meters can also measure blood ketones. If ketones are present, contact your provider right away. Do not delay. Follow any instructions you are given. ... It is likely that you will need to go to the hospital. There, you will receive insulin, fluids, and other treatment for DKA. Then providers will also search for and treat the cause of DKA, such as an infection. ... Most people respond to treatment within 24 hours. Sometimes, it takes longer to recover. If DKA is not treated, it can lead to severe illness or death. ... DKA is a medical emergency. Contact your provider if you notice symptoms of DKA. Go to the emergency room or call 911 or the local emergency number if you or a family member with diabetes has any of the following: Decreased consciousness, Fruity breath, Nausea and vomiting, Trouble breathing ... If you have diabetes, learn to recognize the signs and symptoms of DKA. Know when to test for ketones, such as when you are sick." (Source: Medline Plus website, Diabetic ketoacidosis, February 10/2023, https://medlineplus.gov/ency/article/000320.htm (retrieval date - October 07, 2024).)	N 431		