

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 410289	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/12/2025
NAME OF PROVIDER OR SUPPLIER LINCOLN HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 342 FOREST AVE FOND DU LAC, WI 54935		
(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 06/06/2025 to 06/12/2025, Surveyor conducted a complaint investigation at Lincoln House. One deficiency was identified. The complaint was substantiated. Census: 11	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, interview, and record review, the provider did not ensure Resident 1 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 1 experienced constipation resulting in a hospitalization 03/27/2025 to 03/29/2025. His/her polyethylene glycol was put on hold for 34 days between 02/05/2025 to 03/11/2025. From 03/24/2025 to 06/06/2025, Resident 1 did not receive his/her Polyethylene glycol as prescribed. Findings include: On 02/13/2025, the Department received a complaint alleging concerns the provider was not administering constipation medications.	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 06/06/2025 at 8:51 AM, Surveyor observed the provider's medication cart with House Manager B and identified the following: Resident 1's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily doses of 17 grams. The container included a pharmacy label including Resident 1's practitioner's prescription for polyethylene glycol including, "Mix 17GM (Fill Line) in 4-8 ounces liquid & drink by mouth daily." The pharmacy label included a dispensed date of 03/24/2025. Surveyor observed approximately 1/2 of the medication remained within the container. House Manager A observed and verbally confirmed 1/2 of the container remained. Surveyor observed a 2nd container that was unopened with a dispensed date of 03/06/2025. Resident 1 was admitted to the provider on 02/10/2020. Resident 1's most recent individual service plan (ISP) dated 06/05/2025 indicated medications were administered by staff. Surveyor reviewed Resident 1's February to June 2025 medication administration record (MAR) and identified the following: -Resident 1 was administered 50 doses of polyethylene glycol between 03/25/2025-06/05/2025 from a 30-dose container, based on Resident 1's practitioner's order, with 1/2 of the medication remaining in the container. -Resident 1's polyethylene glycol was put on hold from 02/05/2025-03/10/2025 (34 days). Resident 1's progress notes documented: "-01/06/2025: had some loose bm.	N 352		

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N 352	Continued From page 2 -01/14/2025: still having diarrhea in [his/her] pants, it was pasty not liquid ...[Resident 1] had a very bad case of diarrhea. [S/he] needed [his/her] clothing was three separate times due to the mess ...had two more diarrhea accidents, [s/he] did have [his/her] MiraLAX last night that is ordered. [S/he] refused supper did not want to leave room, offered to bring [him/her] something in room said no. -01/15/2025: had a small BM in [his/her] pants, it was pasty not liquid. -02/04/2025: had a loose bm in depends, got MiraLAX last night. -02/05/2025: having a lot of loose BM. -02/09/2025: confused did not know where [his/her] room was. Had a lg bm accident in depends, staff helped clean [him/her] up. -03/07/2025: at 11 called crying about [his/her] bowel movements is worried since the doctor told [him/her] to keep count of when [s/he] goes. -03/09/2025: had friends and [his/her] [son/daughter] visiting in afternoon. No bm seen on second shift. -03/11/2025:only had bm smeared in [his/her] depends at bedtime. -03/22/2025: ...walked [him/her] back to room after and [s/he] thought [s/he] had bm but did not when toileted. Laid in bed then called for help at 9p. Said "[s/he] had big mess was walking in [his/her] room" with no pants or depends on. Depends in garbage was dry and had a small smudge of bm on it. -03/23/2025: ...after supper [s/he] complained that [his/her] rectum hurt that it was inside that was hurting [s/he] told [his/her] [son/daughter] about it. Checked on [him/her] a couple times and found [him/her] walking around room with pants down trying to wipe [his/her] butt. After snack time [s/he] rang couple times for help with bm that [s/he] did not have. Had one small poop after	N 352		

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N 352	Continued From page 3 supperalso complained that [his/her] stomach hurt. -03/24/2025: ...Also, will place a PC to [his/her] GI doctor to update [him/her] about [his/her] BM issues. -03/25/2025: had small leaking watery bm. Is complaining of stomach pain some due to gas [s/he] did pass small amount of gas. -03/27/2025: is getting admitted to SSM hospital to run some tests. -03/29/2025: [Resident 1] was discharged from the hospital. Constipation was the result of [his/her] stomach issues. I did put [his/her] MiraLAX back to active. If we notice [s/he's] becoming very loose again or is going nonstop, please let me know and document it so I can update the GI doctor. No med changes and [s/he's] been cleared by GI doctor. Normal diet as well." Resident 1's doctor's orders documentation dated 3/6/25 documented: "Complaints or Concerns: Chronic constipation ...*track bowel movements daily-stool log, *give MiraLAX at bedtime, *hot liquid with breakfast (hot water/tea). Diagnosis: constipation with diarrhea overflow. Treatment: 1. Metamucil 2 tsp every single day, 2. Overflow diarrhea-constipated- give 1 cap MiraLAX daily-loose stool consider trial of 2nd dose MiraLAX. If persistently loose go to 1 cap 3x weekly. 3. Have pt sit on toilet for 10 min after breakfast-trying to train bowels-please remind." Resident 1's hospital discharge summary dated 03/27/2025-03/29/2025 documented: "....The patient was told 1 month ago that [s/he] had constipation. [S/he] was advised to take MiraLAX not certain if [his/her] care facility is providing the MiraLAX. [S/he] continues to feel a rectal discomfort and as though [s/he] is	N 352		

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N 352	Continued From page 4 constipated. [S/he] has been passing small liquid stool over this period of time. The patient told that this might occur in the face of constipation. 3/27/2025 HPI: The patient has a long history of constipation with episodes of fecal impaction that are documented in the EMR going back at least a dozen years. [S/he] was seen in GI clinic three weeks ago with rectal pain and difficulty passing bowel movements, abdominal pain, distension with intermittent passage of liquid stool. There was concern that a caregiver was withholding [his/her] MiraLax. Miralax was to be restarted, and Metamucil was added. ...Multidisciplinary notes: Pt admitted with constipation. GI consulted, plan for flexible sigmoidoscopy today. Concern for rectal mass vs proctitis. Clear Liquid diet ordered. Was drinking prep at time of visit this morning. Met with patient and [son/daughter]. Pt reports that [s/he] believes [s/he] was not getting [his/her] MiraLAX routinely at the Assisted Living and this is why [s/he] is constipated. Pt reports decreased po intake d/t constipation..... Pt had sigmoidoscopy today with no significant findings. Plan for pt to return to [provider name] tomorrow." On 06/06/2025 at 8:54 AM, Surveyor interviewed House Manager B and Caregiver C. Caregiver C reported s/he primarily works 2nd shift and that was when Resident 1 takes their poly glycol. Caregiver C stated Resident 1 takes the poly glycol for him/her without any trouble. House Manager B reported Resident 1 had history of constipation and in March was hospitalized due to a suspected impaction. Surveyor questioned why Resident 1's poly glycol had 1/2 of the medication remaining in the container from March 2025. House Manager B stated Resident 1's poly glycol was put on hold in February due to loose stools	N 352			

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N 352	Continued From page 5 so that could be why multiple bottles were observed in the medication cart. House Manager B stated s/he would reach out to the pharmacy. On 06/06/2025 at 9:25 AM, House Manager B reported s/he called the pharmacy and had them fax over delivery sheets. House Manager B confirmed the 3/6 poly glycol container was unopened and staff were administering from the 3/24 container. House Manager B reported Resident 1 does refuse at times. On 06/06/2025 at 11:08 AM, Surveyor interviewed House Manager B. Surveyor questioned why Resident 1's poly glycol was put on hold for 34 days. House Manager B reported Resident 1 was having loose stools, so I put it on hold. Surveyor asked if Resident 1's GI doctor was in agreement to this plan. House Manager B stated Resident 1's [son/daughter] takes him/her to all appointments and when sharing information with the doctor, Resident 1 will report things that we do not see at the facility. Surveyor asked if Resident 1's bowel movements (BMs) were being tracked, per doctor order from 03/07/2025. House Manager B stated Resident 1 flushes their BMs without telling staff, so we were unable to track. Surveyor reviewed the pharmacy delivery sheets dated 03/06/2025 and 03/24/2025. 10/30/2024: Polyethylene Glycol, Quantity 510, Status: Delivered 03/06/2025: Polyethylene Glycol, Quantity 510, Status: Delivered 03/24/2025: Polyethylene Glycol, Quantity 510, Status: Delivered On 06/06/2025 at 11:42 AM, Surveyor interviewed House Manager B. House Manager B acknowledged if the above medications were	N 352			

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N 352	Continued From page 6 administered as prescribed the containers would have been emptied much earlier and requests for refills would have been sent to the pharmacy. Surveyor expressed concern with the amount still left in each container and staff continuing to document as administered. House Manager B did not provide an answer to why staff were not administering resident 1's poly glycol as prescribed.	N 352			