STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009711	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNNWOOD OF DELAFIELD	W302 N1632 MAPLE AVE PEWAUKEE, WI 53072

(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 09/08/2023, Surveyor conducted a standard survey at Lynnwood Of Delafield. Two deficiencies were identified. Census: 8	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes 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 annually or when there was a change in resident's needs, the resident or legal representative signed the individual service plan acknowledging their involvement in, understanding of and agreement with the individual service plan for 2 of 3 residents reviewed. Findings include: On 09/08/2023, Surveyor reviewed Resident 1	N 389		

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

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N 389	Continued From page 1 and Resident 2's records. Example 1 Resident 1 Resident 1 was admitted 11/21/2027. S/he had a guardian of person. His/her individual service plan (ISP) was dated 03/10/2023 and signed by his/her guardian. ISP reviews/addendums were dated 06/21/2022, 09/07/2022, and 07/25/2023 and signed by Caregiver B. The reviews/addendums were not signed by Resident 2's guardian. Example 2 Resident 2 Resident 2 was admitted 07/17/2019. S/he did not have a guardian of person or activated Power of Attorney for Health Care. His/her ISP was dated 03/10/2020 and signed by Resident 2. ISP reviews/addendums were dated 09/16/2020, 12/17/2021, 08/08/2022, 12/01/2022, 02/15/2023, and 04/10/2023 and signed by Caregiver B. The reviews/addendums were not signed by Resident 2. On 09/08/2023 at 1:50 PM, Surveyor interviewed Caregiver B who stated s/he was not aware residents or legal representatives needed to sign the annual ISP's. On 09/08/2023 at 2:10 PM, Surveyor discussed concern of legal representative and resident not signing annual ISP's with Program Manager A. Program Manager A stated it was possible they were not signed since Resident 1's guardian visits often and s/he and Resident 2 are updated verbally as changes occur.	N 389		
N 415	83.37(2)(d) Documentation of medication administration.	N 415		

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N 415	Continued From page 2 Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person 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 at the time of medication administration or treatment, the person administering the medication or treatment documented in the resident record the date and time of medication taken or treatment performed for 2 of 2 residents reviewed. Staff had not documented all administration of Resident 1's medications. Staff had not documented all administration of Resident 2's medications and number of UNITS of sliding scale insulin administered and had not documented all blood sugar readings. Findings include: On 09/06/2023, Surveyor reviewed Resident 1's and Resident 2's records. Example 1- Resident 1	N 415		

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N 415	Continued From page 3 Diagnoses included Schizophrenia spectrum disorder with psychotic disorder and non-specified dementia. Physician orders included: Risperidone 1 MG/ML Oral Solution administer 2 ML 3 times daily (start date 11/28/2022); Sertraline 20 MG/ML oral solution 5 ML in morning (start date 08/02/2022); and Vitamin B12 3000 ML 1 ML once daily (start date 03/06/2023). Medication Administration Record (MAR) dated 06/13/2023-09/04/2023: Staff had not documented administration of medication on the following dates and times: Risperidone 1 MG- 8:00 AM- 07/01/2023, 07/02/2023, 07/03/2023; 08/02/2023, 08/03/2023, 08/04/2023, 08/05/2023, 08/06/2023 Noon- 07/01/2023 4:00 PM- 08/14/2023 Sertraline 20 MG/ML oral solution- 8:00 AM- 06/30/2023, 07/01/2023, 07/02/2023, 07/03/2023, 08/02/2023, 08/03/2023, 08/04/2023, 08/05/2023, 08/06/2023 Vitamin B12 3000 ML 8:00 AM- 07/01/2023, 07/02/2023, 07/03/2023, 08/02/2023, 08/03/2023, 08/04/2023, 08/05/2023, 08/06/2023 Flow Sheets dated 06/30/2023 - 09/04/2023- Staff did not document administration of medication on flow sheets. Example 2- Resident 2- Diagnoses included dementia, diabetes, and hypertension.	N 415		

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N 415	Continued From page 4 Physician orders for scheduled oral medications included: Amlodipine 10 MG 1 tablet in morning (start date 12/27/2022); Artificial Tears 1.4% one drop both eyes twice daily (start date 06/27/2023); Aspirin 81 MG 1 tablet daily (start date 06/29/2023); Chlorthalidone 25 MG 1 tablet daily (start date 05/05/2023); Eliquis 5 MG 1 tablet twice daily (start date 06/02/2023); Escitalopram 20 MG 1 tablet daily (start date 06/29/2023); Fenofibrate 160 MG 1 tablet daily (start date 06/02/2023); Furosemide 20 MG 1 tablet in morning (start date 11/25/2022); Levothyroxine 50 MCG 1 tablet once daily (start date 06/02/2023); Lisinopril 20 MG 1 tablet daily (start date 06/02/2023); Magnesium Oxide 250 MG 1 tablet in morning (start date 06/02/2023); Melatonin ER 5 MG 2 tablets at bedtime (start date 05/05/2023); Pindolol 10 MG 1 tablet twice daily (start date 05/05/2023); Potassium CL 10 MEQ 1 capsule in morning (start date 01/13/2023); Rosuvastatin 40 MG 1 tablet nightly (start date 05/05/2023); Therems multivitamin 1 tablet once daily (start date 05/05/2023); Trazadone 100 MG 1 tablet at bedtime (start date 04/25/2023); Vitamin B1 [not B12] 100 MG 1 tablet once daily (start date 06/02/2023); Vitamin D3 2000 IU 1 capsule daily for supplement (start date 06/29/2023); and Vitron-C 65-125 1 tablet daily (start date 05/05/2023). Physician orders for insulins included: Novolog Inj. Flexpen inject 44 UNITS subcutaneously 3 times daily with meals per sliding scale (start date 03/08/2023). If blood sugar is: 0-80= 0 UNITS at breakfast, lunch, and dinner 81-100= 37 Units breakfast, 36 UNITs at lunch, 44 UNITS at dinner 101-125= 41 UNITS breakfast, 40 UNITs at	N 415		

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N 415	Continued From page 5 lunch, 48 UNITs at dinner 126-150= 41 UNITS breakfast, 40 UNITS at lunch, 52 UNITS at dinner 151-200= 45 UNITS at breakfast, 44 UNITS at lunch, 56 UNITS at dinner 201-251= 49 UNITS at breakfast, 48 UNITS at lunch, 60 UNITS at dinner 251-300= 53 UNITS at breakfast, 52 UNITS at lunch, 64 UNITS at dinner 301-350= 57 UNITS at breakfast, 56 UNITS at lunch, 68 UNITS at dinner 351-400= 61 UNITS at breakfast, 60 UNITS at lunch, 72 UNITS at dinner >400= 65 UNITS at breakfast, 64 UNITS at lunch, 76 UNITS at dinner Call provider if blood glucose remains >250 2 hours after insulin administration. Tresiba Flex Inj 200 UNIT inject 110 units subcutaneously nightly. If bedtime blood glucose is <90 only give 90 UNITS (start date 05/09/2023). Blood Sugar Testing Log: Physician ordered blood sugars checks 4 times daily (start date (03/22/2023). "Document on Log" was handwritten on Resident 2's MARs dated 07/11/2023-09/04/2023 for Novolog sliding scale insulin and Tresiba. The Blood Sugar Testing Log included date, time, blood sugar results for 8:00 AM, noon, and 4:00 PM Novolog sliding scale insulin and 8:00 PM Tresiba insulin; and number of UNITS of Novolog sliding scale insulin administered. Number of UNITS (110 UNITS) of 8:00 PM Tresiba insulin administered was pre-inserted on the log.	N 415		

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N 415	Continued From page 6	N 415		

Blood Sugar readings:
Eight blood sugar readings were documented under 07/14/2023 date followed by blood sugar readings on 07/17/2023. The log was not dated 07/15/2023 or 07/16/2023. From 8:00 AM on 07/14/2023 to 8:00 PM on 07/16/2023, 12 blood sugar readings were required.

On 07/12/2023, staff documented BS reading of "1" for Tresiba.

Staff did not document blood sugar reading for 8:00 PM Tresiba insulin on 07/30/2023 and 07/31/2023.

Staff did not document blood sugar readings for Novolog sliding scale insulin on:
07/30/2023- 8:00 AM, noon and 4:00 PM
08/02/2023- 8:00 AM and noon
08/08/2023- noon and 4:00 PM

Number of UNITS Novolog sliding scale insulin:
Staff did not document number of UNITS of Novolog sliding scale insulin administered on:
07/11/2023 at 4:00 PM
07/17/2023 at noon
07/19/2023 at 4:00 PM
07/30/2023 at 8:00 AM, noon, and 4:00 PM
07/31/2023 at 8:00 AM and noon
08/02/2023 at 8:00 AM and noon
08/05/2023 at 8:00 AM, noon, and 4:00 PM
08/08/2023 at 8:00 AM, noon, and 4:00 PM

MAR dated 07/11/2023-09/04/2023:
Staff had not documented administration of Melatonin ER 5 MG at 8:00 PM on 07/22/2023.

Staff had not documented administration of the following medications at 8:00 AM on 08/02/2023, 08/03/2023, 08/04/2023 and 08/05/2023:

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N 415	Continued From page 7	N 415		

Amlodipine 10 MG
Aspirin 81 MG
Chlorthalidone 25 MG
Eliquis 5 MG
Escitalopram 20 MG
Fenofibrate 160 MG
Furosemide 20 MG
Levothyroxine 50 MCG
Lisinopril 20 MG
Magnesium Oxide 250 MG
Pindolol 10 MG 1
Potassium CL 10 MEQ
Therems multivitamin
Vitamin B1
Vitamin D3 2000 IU
Vitron-C 65-125

Staff had not documented administration of the following medications at 8:00 PM on 08/05/2023:
Artificial Tears 1.4%
Eliquis 5 MG
Melatonin ER 5 MG
Rosuvastatin 40 MG
Trazadone 100 MG
Flow Sheets dated 07/11/2023-09/04/2023- Staff did not document administration of medications, blood sugar readings or number of UNITS of insulin administered on flow sheets.

Flow Sheets dated 07/11/2023- 09/04/2023 Staff did not document administration of medications or number of UNITS of sliding scale insulin administered and had not documented all blood sugar readings on Flow Sheets.

Physician orders included check vitals once daily and send to physician weekly (start date 01/12/2023).

Vitals Chart dated 06/13/2023-09/08/2023:

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N 415	Continued From page 8 Staff had not documented blood pressure or pulse readings on the following dates: 06/29/2023 07/08/2023 07/09/2023 07/15/2023 07/16/2023 07/17/2023 07/30/2023 08/02/2023 08/05/2023 Flow sheets dated 06/29/2023-08/03/2023 Staff had not documented vitals on flow sheets. On 09/08/2023 at 2:10 PM, Surveyor discussed missing documentation of medication, number of units of insulin sliding scale insulin administered, blood sugar readings and vitals with Program Manager A who stated s/he would check into it and re-educate staff. On 09/14/2023 at 9:52 AM, Surveyor interviewed Program Director A who stated blood sugar readings would only be documented on the Flow Sheets and vitals would only be documented on the Vitals Chart. Program Administrator A stated when the July 2023 documentation was audited the form was changed and documentation improved. Program Manager A stated since 09/08/2023, s/he reprimanded staff for non-documentation and staff stated they took blood sugars and vitals but forgot to document. Program Manager A stated recently Resident 2's blood sugars are checked with a phone app which is new to Resident 2 and staff and there was a learning curve with that. Program Manager A stated s/he believed Resident 2's vitals and blood sugars were taken just not documented since Resident 2 needed to sign into the app	N 415		

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N 415	Continued From page 9 each time blood sugar was checked, would verbalize any concerns regarding his/her medications or blood sugars. Program Manager A stated Resident 2's A1C had been stable for a long time.	N 415		