STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110191	A. BUILDING: _____ B. WING _____	R 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW LANE	1414 JEFFERSON ST BARABOO, WI 53913

(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 06/19/2024, The Bureau of Assisted Living, Southern Regional Office conducted an Enforcement Verification Visit at Meadow Lane, a CBRF located in Baraboo, WI. As a result of this survey, 1 violation of Chapter DHS 83 was issued. Three of 3 violations from previous statement of deficiency (SOD) # EKCJ11 dated 11/08/2023 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 17	{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 a comprehensive	N 389		

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

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N 389	Continued From page 1	N 389		

individualized service plan (ISP) was developed for each resident which included the resident needs, specified methods for delivering needed care and who is responsible for delivering the care.

On 06/19/2024, Surveyor reviewed two resident records. Two of 2 resident ISPs did not contain comprehensive documentation of their needs, specific methods for delivering care and who was responsible for delivering the care.

FINDINGS INCLUDE:

On 06/19/2024, Surveyor arrived at facility for an enforcement verification visit.

EXAMPLE 1: Resident 3

On 06/19/2024, Surveyor reviewed Resident 3's facesheet. Resident 3 was admitted to the facility on 02/20/2023. Resident 3 was his/her own decision maker.

On 06/19/2024, Surveyor reviewed Resident 3's list of physician orders. The physician listed on order list was Doctor H. Surveyor reviewed the following orders:

1.) "CCHO (consistent of controlled carbohydrate diet)- (CCD)/(LCS) diet Regular texture, Thin/ Regular Liquids consistency, for Diabetes ... Prescriber Written ... Start Date ... 12/01/2023"

2.) "Anti-depressant Monitor for - (Depression, Anxiety) Document: 'Y' if behavior IS noted during the shift 'N' if NO behavior noted during the shift Use chart code 10 and 'Other/See Nurses Notes' putting in specific progress note findings document TOTAL# of episodes per shift,

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N 389	Continued From page 2 Nonpharmacological Interventions Attempted, &Outcomes (sic.) every shift ... Prescriber Written ... Start Date ... 12/01/2023" 3.) "Apply diabetic socks as VA sends in the morning and remove per schedule ... Prescriber Written ... Start Date ... 12/01/2023" 4.) "Check BP (blood pressure), and Apical Pulse. P: CALL FOR BLOOD PRESSURE: SBP >180 or <90 or DBP >100 or <50 every evening shift every 1 month(s) starting on the 5th for 1 day(s)" ... Prescriber Written ... Start Date ... 12/01/2023" 5.) "Blood Glucose Checks twice a day AC Breakfast AC Supper Notify physician by inbasket/fax for one of more glucose values >350 ... Notify physician by call, single glucose values <60 (or <80 with symptoms). Notify physician by call, single dose glucose values over >250 if associated with acute changes in condition. Notify physician by inbasket/fax for frequent values >250; three day glucose/medication profile. two (sic.) times a day ... Prescriber Written ... Start Date" ... "12/02/2023" 6.) "Trim nails on bath days as resident is diabetic. In the morning every 4 weeks on Mon ... Prescriber Written ... Start Date ... 12/01/2023" 7.) "May go on therapeutic leave with medications and responsible party ... Prescriber Written ... Active ... 02/16/2023" 9.) "For blood glucose <60mg/dl with resident still able to swallow - Administer 30 GM of carbohydrate (1 cup of juice of 1 cup of regular soda of 30 GM of glucose get (sic.)) - Notify physician of condition, treatment and response. If symptoms have not improved of blood glucose is	N 389		

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N 389	Continued From page 3	N 389		

>100 mg/dl and resident is without symptoms. If resident becomes unresponsive, follow guidelines for sever (sic.) hypoglycemia. Recheck blood sugar in 10-15 minutes prn (as needed) ... Prescriber Written ... Active ... 11/29/2023"

On 06/19/2024, Surveyor reviewed Resident 3's ISP. The ISP was signed by Resident 3 on 02/28/2024. Resident 3's ISP did not document the following physician orders: CCHO diet, monthly BP & apical pulse reading with associated parameters, 2 times daily blood glucose checks with associated parameters, hypoglycemia management orders, behavior monitoring, and provider approval for Resident 3 to leave facility with medications and responsible party. Resident 3's ISP did not document who was responsible for dietary monitoring, monthly vital BP/apical pulse monitoring, hypoglycemic management and behavior monitoring. Under the subsection titled, "NURSING PROCEDURES," the following was documented, "blood sugar & assist with insulin at times."

EXAMPLE 2: Resident 4

On 06/19/2024, Surveyor reviewed Resident 4's facility facesheet. Resident 4 was admitted to the facility on 01/10/2022. Resident 4 was his/her own decision maker.

On 06/19/2024, Surveyor reviewed Resident 4's list of physician orders. The physician listed on order list was Doctor G. Surveyor reviewed the following orders:

1.) "Blood Glucose Checks Check blood sugar 3 times a day 0730 1130 1630 Call the MD (medical doctor), for a single glucose value <60 (or <80 with symptoms) Call the MD, for a single glucose

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N 389	Continued From page 4 value>250 (sic.) if associated with an acute change in condition. Notify MD by inbasket/fax for frequent values >250: three-day glucose/medication profile. Notify MD by inbasket/fax for one or more glucose values >350...as needed...Prescriber Written...Start Date...12/01/2023" 2.) "Check BP, and Apical Pulse 1x month in the evening starting on the 5th and ending on the 5th every month for Monitoring CALL FOR BLOOD PRESSURE: SBP >180 or <90 or DBP >100 or <50...Prescriber Written...Start Date...12/05/2023" 3.) "DIABETIC NAIL CARE: Nurse to inspect toenails and trim as needed...Prescriber Written...Start Date...12/01/2023" 4.) "DIABETIC NAIL CARE: Nurse to inspect toenails and trim every day shift every 4 weeks on Tue... Prescriber Written...12/01/2023" 5.) "May go on therapeutic leave with medications and responsible party...Prescriber Written...Active...01/10/2022" 6.) "Monitor and Elevate leg(s) daily BLE (bilateral lower extremity) Edema. Two times a day for Monitoring...Prescriber Written...Active...12/01/2023" On 06/19/2024, Surveyor reviewed Resident 4's ISP dated 11/20/2023. Resident 4's ISP did not document the following physician orders: 3 times daily blood glucose monitoring with associated parameters, monthly BP & apical pulse reading with associated parameters, 2 times daily BLE elevation for edema, and provider approval for Resident 4 to leave facility with medication and responsible party. Resident 4's ISP stated s/he	N 389		

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N 389	Continued From page 5 requires assistance with nail care but did not specify s/he required a nurse to monitor and trim nails as needed due to diabetic diagnosis. Resident 4's ISP stated s/he is independent with blood glucose monitoring but did not specify Resident 4 reports all blood glucose values to staff. Staff document Resident 4's 3 times daily blood glucose values in the resident record. INTERVIEW: On 06/19/2024 at 11:50 AM, Surveyor discussed the above concerns with Nurse B. Nurse B stated Resident 3 and Resident 4's physician order was listed on resident medication administration records (MARs). Nurse B acknowledged Resident 3 and Resident 4's ISPs did not contain comprehensive documentation of their active needs and services received from facility. Nurse B explained to Surveyor how facility managed Resident 3 and Resident 4's medications/insulin when they are not at facility. Nurse B stated Resident 3 and/or Resident 4 will notify staff of an outing, then staff will provide supplies/education to the resident and their designated responsible person before departure from facility. Nurse B acknowledged the process staff utilized to manage medications for Resident 3 and Resident 4's outing from facility was not documented in their ISPs. Nurse B stated Resident 4 is independent with 3 times daily blood glucose checks and will report his/her blood glucose values to staff. Staff will then document Resident 4's blood glucose level and assist with insulin administration. Nurse B acknowledged Resident 4's ISP did not document the process staff utilized to maintain Resident 4's independence with blood glucose checks and assist with insulin administration.	N 389		