STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	**427 N UNIVERSITY DR WAUKESHA, WI 53188**

(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
{U 000}	INITIAL COMMENTS On 06/10/2025, Surveyor conducted a standard survey and 1 verification visit at LindenHeights Waukesha. Two deficiencies were identified. Two of 2 deficiencies from Statement Of Deficiency F2OI13 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 45	{U 000}		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure complete medication	U 118		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	427 N UNIVERSITY DR WAUKESHA, WI 53188

(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
U 118	Continued From page 1	U 118		

management for 1 of 4 tenants reviewed.

From 06/01/2025-06/10/2025, staff incorrectly documented administration of Tenant 15's and Tenant 16's medications.

Findings include:

Example - Tenant 15
On 06/10/2025 Surveyor reviewed Tenant 15's record.

Tenant 15 was admitted 11/07/2022. Physician orders included scheduled: cholecalciferol 1000 Units, 2 tablets in AM; cyclobenzaprine HCl 5 MG give ½ tablet (2.5 MG) at bedtime; gabapentin 100 MG 2 tablets at HS; rosuvastatin 10 MG 1 tablet AM; and trazadone 50 MG 1 tablet at bedtime.

-cholecalciferol 1000 Units
Medication Administration Record (MAR):
On 06/03/2025, 06/06/2025, 06/08/2025 and 06/09/2025 staff documented administered.

-cyclobenzaprine HCl 5 MG
MAR: 06/01/2025-06/08/2025, staff documented administered.

-gabapentin 100 MG
MAR: On 06/01/2025, 06/03/2025-06/05/2025 and 06/07/2025-06/09/2025 staff documented administered.

-rosuvastatin 10 MG 1 tablet AM
MAR: Staff documented administered on 06/09/2025.

-trazadone 50 MG 1 tablet at bedtime
MAR: Staff documented administered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	427 N UNIVERSITY DR WAUKESHA, WI 53188

(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
U 118	Continued From page 2 06/01/2025, 06/02/2025, 06/05/2025, 06/07/2025 and 06/08/2025. On 06/12/2025 at 2:23 PM, Surveyor interviewed Pharmacy Tech L who stated from 06/01/2025-06/10/2025, Tenant 15's cholecalciferol 1000 Units, cyclobenzaprine HCl 5 MG, gabapentin 100 MG, rosuvastatin 10 MG 1 tablet AM, and trazadone 50 MG was unavailable due to waiting for physician order. On 06/09/2025, staff did not document in Tenant 15's record whether or not the following scheduled medications were administered: -cyclobenzaprine HCL 5 MG ½ tablet (=2.5 MG) at HS -gabapentin 100 MG 2 tablets at HS -trazadone 50 MG 1 tablet at HS -docusate sodium 100 MG 1 tablet in evening -doxycycline hyclate 100 MG 1 tablet twice daily for 15 days in evening -Eliquis 5 MG twice daily in evening -fluticasone-salmeterol aerosol inhaler in evening -hydrocortisone cream 1% apply to affected area topically twice daily at HS -metoprolol tartrate 25 MG 1 tablet twice daily in evening Example 2- Tenant 18 On 06/09/2025, staff did not document in Tenant 18's record whether or not folic acid 1 MG in evening and losartan potassium 25 MG in evening were administered. On 06/10/2025 at 4:39 PM, Surveyor discussed concern of medication administration with Executive Director A, Housing Director F, ADON K, and Assistant Executive Director M. ADON K stated on 06/09/2025 Tenant 15's available medications were administered but not	U 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	427 N UNIVERSITY DR WAUKESHA, WI 53188

(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
U 118	Continued From page 3 documented. ADON K stated they will provide retraining on medication documentation. Cross Reference: U0267 DHS 89.34(16) Tenant Rights	U 118		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order. This Rule is not met as evidenced by: Based on observation, record review and interview, when the facility managed the tenant's medications, the provider did not ensure the tenant's right to receive all prescribed medications in the dosage and at the intervals	U 267		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	427 N UNIVERSITY DR WAUKESHA, WI 53188

(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
U 267	Continued From page 4	U 267		

prescribed by the tenant's physician for 3 of 5 tenants reviewed

On 06/09/2025 and 06/10/2025, staff did not administer Tenant 15's scheduled physician ordered vitamin D3.

From 06/01/2025-06/10/2025, staff did not administer Tenant 17's scheduled physician ordered Eliquis 5 MG AM dose.

From 06/01/2025-06/10/2025, staff did not administer Tenant 18's scheduled physician ordered folic acid 1 MG and losartan potassium 25 MG.

Findings include:
On 06/10/2025, Surveyor reviewed records of Tenant 15, Tenant 17 and Tenant 18 and on 06/12/2025 at 2:23 PM, Surveyor interviewed Pharmacy Tech L.

Example 1- Tenant 15
On 06/10/2025 at 3:15 PM, Surveyor and Assistant Director of Nursing (ADON) K inspected Tenant 15's vitamin D3 bubble pack:
Pharmacy label identified:
Vitamin D3 (cholecalciferol) 1000 units 2 tablets every AM.
16 tablets dispensed 06/05/2025
Start date: 06/06/2025
2 tablets remained in each of 06/09/2025 and 06/10/2025 slots (Photo 1)

ADON K stated Tenant 15's vitamin D3 was not administered on 06/09/2025 and 06/10/2025 because it was in the wrong drawer of the medication cart.

Tenant 15 was admitted 11/07/2022. Physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	427 N UNIVERSITY DR WAUKESHA, WI 53188

(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
U 267	Continued From page 5 orders included vitamin D3 (cholecalciferol) 1000 units 2 tablets every AM. Medication administration record (MAR): On 06/09/2025 and 06/10/2025 staff documented administration of vitamin D3. Individual Service Plan (ISP): In the area of Medications- " ...Will be supported to take all medications safely and as ordered ...Needs help with medications due to cognitive loss ..." Pharmacy Tech L stated 16 tablets of Tenant 15's vitamin D were dispensed 06/05/2025. Example 2- Tenant 17 On 06/10/2025 at 3:38 PM, Surveyor and ADON K inspected 2 bubble packs of Tenant 17's Eliquis 5 MG: Bubble Pack 1- Pharmacy label identified: Eliquis 5 MG twice daily AM dose Dispensed 05/27/2025, 17 tablets 17 tablets remained in the bubble pack (Photo 2). Bubble Pack 2 Pharmacy label identified: Eliquis 5 MG daily AM dose Dispensed 06/09/2025, 4 tablets 4 tablets remained in the bubble pack (Photo 3). ADON K stated Tenant 17's ISP was incorrect because staff began administering his/her medications on 05/09/2025. ADON K stated s/he had ordered Tenant 17's 4 tablets of Eliquis 5 MG in June 2025 to get through until the next cycle fill	U 267		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	427 N UNIVERSITY DR WAUKESHA, WI 53188

(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
U 267	Continued From page 6 because s/he thought it ran out. ADON K stated s/he just found Tenant 17's Eliquis 5 MG bubble pack dispensed 05/27/2025 in the medication cart situated backwards in the wrong time slot and it was not administered 06/05/2025-06/08/2025. Tenant 17 was admitted 05/09/2025. Physician orders included Eliquis 5 MG 1 tablet every morning and bedtime (start date 05/09/2025). MAR: From 06/01/2025-06/08/2025 and 06/10/2025 staff documented administration of AM Eliquis 5 MG, and on 06/09/2025 documented "16" (medication unavailable, pharmacy contacted"). ISP dated 06/04/2025: The ISP identified Tenant 17 independently self-administered his/her own medications. Pharmacy Tech L stated 17 tablets of Tenant 17's Eliquis 5 MG were dispensed 05/27/2025 and 4 on 06/09/2025. Example 3- Tenant 18 At 3:35 PM, Surveyor and ADON K inspected Tenant 18's folic acid and losartan bubble packs: Pharmacy label identified: Folic acid 1 MG 1 tablet every morning. Dispensed 06/09/2025, 4 tablets Start 06/10/2025. 4 tablets remained in bubble pack (Photo 4) Pharmacy label identified: Losartan potassium 25 MG 1 tablet once daily Dispensed 06/09/2025, 4 tablets Start date 06/09/2025 4 tablets remained in bubble pack (Photo 5) ADON K stated Tenant 18's folic acid and	U 267		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	427 N UNIVERSITY DR WAUKESHA, WI 53188

(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
U 267	Continued From page 7	U 267		

losartan potassium had run out then was delivered 06/09/2025. ADON K stated folic acid was not administered that morning (06/10/2025) because it may have been put in the cart after medication pass.

Tenant 18 was admitted 01/04/2024. Physician orders included folic acid 1 MG 1 tablet once daily (start date 09/27/2024) and losartan potassium 25 MG 1 tablet once daily (start date 09/27/2025).

MAR-
On 06/01/2025 and 06/03/20255-06/08/2025 staff documented "16" (medication unavailable, pharmacy contacted") and on 06/02/2025 "9" (other/see progress note) for both folic acid 1 MG and losartan potassium 25 MG. On 06/10/2025, folic acid administration time was changed from evening to AM, and on 06/10/2025 AM staff documented "16".

ISP dated 01/15/2025:
In the area of Medications- " ...Will be supported to take all medications safely and as ordered ...Requires assistance with ordering meds ...Requires daily supervision of medication ..."

Pharmacy Tech L stated 30-day supplies of Tenant 18's folic acid 1 MG and losartan potassium 25 MG were dispensed 05/13/2025, sometime after 05/13/2025 facility returned both bubble packs, but s/he did not know why, and on 06/09/2025 4-day supplies of both medications were dispensed.

On 06/10/2025 at 4:39 PM, Surveyor discussed concern of medication administration with Executive Director A, Housing Director F, ADON K, and Assistant Executive Director M. ADON K stated staff need to look harder for medications in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019679	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENHEIGHTS WAUKESHA	**427 N UNIVERSITY DR WAUKESHA, WI 53188**

(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
U 267	Continued From page 8 the cart and notify management right away if they cannot find it. ADON K stated they would retrain staff. Cross Reference: U0118 89.23(2)(a)2.c. Services	U 267		