STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017756	A. BUILDING: _____ B. WING _____	R-C 06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV SOUTH BELOIT NORTH	2027 COLONY COURT BELOIT, WI 53511

(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 06/11/2024, Surveyors conducted a complaint investigation and verification visit at SV South Beloit North. Four deficiencies were identified. Complaint was unsubstantiated. Two of the 4 deficiencies were repeat violations (see Statement of Deficiency (SOD) JWG211, SOD GU6117, SOD GU6115, GU6114). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 13	{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 administer medications in the intervals prescribed by a practitioner for 2 of 7 residents reviewed. This deficiency was initially issued with Statement of Deficiency (SOD) JWG211, dated 06/17/2020, and SOD GU6118, dated 11/13/2023. Resident 14 did not receive his/her scheduled	{N 352}		

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

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{N 352}	Continued From page 1 Tiotropium (inhaler) and Fluticasone (nasal spray). Resident 17 received Oxycodone when the provider did not have a physician order for the medication. Resident 17 did not receive his/her scheduled Pregabalin (medication for pain) due to unavailability. Findings Include: On 06/11/2024, Surveyors reviewed Resident 14's record. Example 1: Resident 14 Resident 14's 2024 June Medication Administration Record (MAR) documented the following prescribed medication and administration times: Tiotropium 2.5 mcg (microgram)/actuat 60D (doses) - Inhale 2 inhalations by mouth once a day as directed to improve breathing. Start Date: 04/15/2024. Fluticasone 50 mcg 120D - Use 2 sprays in each nostril once daily for allergies. Start Date: 03/27/2024. On 06/11/2024, at approximately 1:50 PM, Surveyor reviewed Resident 14's medications in the med cart. Resident 14's Tiotropium had a filled date of 04/10/2024. The medication was started on 04/15/2024 and the delivered inhaler had a 30-day supply (60 doses). Surveyor did not observe any additional Tiotropium inhalers for Resident 14 in the med cart. Surveyor observed Resident 14's bottle of Fluticasone with a fill date of 04/10/2024. Surveyor noted the bottle appeared full, as if no doses had been administered.	{N 352}		

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{N 352}	Continued From page 2 "Each bottle contains a net fill weight of 16 g and will provide 120 actuations. Each actuation delivers 50 mcg of fluticasone propionate in 100 mg of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institutes of Health (NIH) website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=a37ccef8-18e8-4194-9618-1b5657ade6ca&type=display#:~:text=Each%20bottle%20contains%20a%20net,bottle%20is%20not%20completely%20empty. (retrieval date - June 11, 2024).) Surveyor noted the Tiotropium should have been refilled in 05/2024 and the Fluticasone should have been refilled in 05/2024. On 06/22/2024, at approximately 4:00 PM, Surveyors interviewed Administrator L. Administrator L stated s/he would address this with staff as the open date is needed to determine when they expire and to assist us in monitoring that residents are receiving their medications. Administrator L stated s/he would review medication administration with med passers. Example 2: Resident 17 On 06/11/2024, Surveyor reviewed Resident 17's record. Resident 17 moved into the facility on 05/23/2024. Resident 17's May and June 2024 Medication	{N 352}		

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{N 352}	Continued From page 3 Administration Record (MAR), dated 05/23/2024 to 06/11/2024, documented: Oxycodone HCL 5 MG (milligram) Tablet - Take 1 tablet by mouth every 6 hours for 3 days as needed for pain. Start Date: 05/31/2024. End Date: 06/03/2024 Oxycodone HCL 5 MG (milligram) Tablet - Take 1 tablet by mouth every 3 hours as needed for pain. Start Date: 06/07/2024. Pregabalin 300 MG - Take 1 capsule by mouth 2 times daily. The MAR documented the Oxycodone was administered 06/04 at 10:18 AM and 6:09 PM; 06/05 at 10:43 AM and 5:41 PM; 06/06 at 8:44 AM and 5:42 PM. Resident 17 did not have a physician order for Oxycodone on those dates, 06/04/2024 through 06/06/2024. The MAR documented Resident 17 did not receive his/her Pregabalin on 06/03/2024 at 8:00 PM and 06/04/2024 at 8:00 AM due to medication not in the cart. On 06/11/2024, at approximately 1:50 PM, Surveyor reviewed Resident 17's medications in the med cart. Resident 17's blister card of Oxycodone, with a fill date of 06/03/2024, documented that a tablet had been dispensed on 06/05/2024 and two tablets had been dispensed on 06/06/2024. Surveyor noted this did not align with the MAR. On 06/22/2024, at approximately 4:00 PM, Surveyors interviewed Administrator L. Administrator L stated the provider had struggled to maintain a house manager to provide oversight for this location but would address the concern immediately with staff. Surveyor stated that s/he observed several prescribed medications that are	{N 352}		

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{N 352}	Continued From page 4 in a bottle and/or inhalers that were not dated when they were opened. Administrator L stated s/he would address this with staff as the open date is needed to determine when they expire and to assist us in monitoring that residents are receiving their medications. Cross Reference: N0409 DHS 83.37(1)(j) Proof-of-Use Record Cross Reference: N0415 DHS 83.37(2)(d) Documentation of Medication Administration	{N 352}		
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 observation, record review and interview, the provider did not ensure 1 of 1 Individual Service Plans (ISP) reviewed were updated annually or when there was a change in condition. This is a repeat deficiency. See Statement of	N 389		

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N 389	Continued From page 5 Deficiency (SOD) GU6117, dated 07/17/2023. Resident 3's ISP was not updated to include his/her refusal of housekeeping. Findings include: On 06/11/2024, at approximately 2:00 PM, Surveyor and House Manager T observed Resident 3's room and noted the following: -The linoleum flooring was sticky and appeared to have a layer of dirt debris -The toilet bowel had a dark substance lining the interior -A plastic organizer that contained five drawers was covered in a heavy layer of what appeared to be dirt debris -There was no toilet paper on the toilet paper holder or nearby -There was what appeared to be dirt debris behind the bathroom door giving the appearance the floor had not been swept -The bathroom vanity and sink had a layer of what appeared to be soap scum and toothpaste House Manager T stated s/he thought the room concerns were due to Resident 3 refusing staff to clean his/her room. Surveyor requested Resident 3's record. Resident 3 moved into the facility on 04/16/2019. Resident 3's ISP, undated, documented: "Housekeeping/Laundry: Staff is complete all housekeeping and laundry tasks. Resident needs full assistance for all laundry and housekeeping needs. Staff is to assist resident with changing bedding and all laundry needs. At least one time each week and more if needed. Staff to clean room daily.	N 389		

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N 389	Continued From page 6 On 06/22/2024, at approximately 4:00 PM, Surveyors interviewed Administrator L. Administrator L stated the provider had struggled to maintain a house manager to provide oversight for this location but would address the concern immediately.	N 389		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on record review and interview, the provider did maintain a proof-of-use record for Resident 17's schedule II medication, Oxycodone. The proof-of-use sheets did not consistently align with the number of actual available narcotics. Findings Include: On 06/11/2024, Surveyor reviewed Resident 17's record. Resident 17 moved into the facility on 05/23/2024. Resident 17's May and June 2024 Medication	N 409		

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N 409	Continued From page 7 Administration Record (MAR), dated 05/23/2024 to 06/11/2024, documented: Oxycodone HCL 5 MG (milligram) Tablet - Take 1 tablet by mouth every 3 hours as needed for pain. Administered: 06/05 - 2 tablets 06/06 - 2 tablets 06/07 - 2 tablets 06/08 - 3 tablets 06/09 - 3 tablets 06/10 - 3 tablets Resident 17's "Controlled Substance Count Sheet" documented: 06/05 3:30 - 30 Tablets 06/05 8:00 administered 1 - 29 remaining tablets, conflicts with MAR 06/06 8:45 administered 1 - 28 remaining tablets 06/06 5:42 PM administered 1 - 27 remaining tablets 06/07 10:10 AM administered 1 - 26 remaining tablets, conflicts with MAR 06/08 10:19 AM administered 1 - 27 remaining tablets 06/08 4:30 PM administered 1 - 23 remaining tablets 06/08 9:11 PM administered 1 - 22 remaining tablets 06/09 7:50 AM administered 1 - 21 remaining tablets 06/09 1:45 PM administered 1 - 20 remaining tablets 06/09 8:00 PM administered 1 - 19 remaining tablets 06/10 11:10 AM administered 1 - 18 remaining tablets 06/10 11:01 administered 1 - 16 remaining tablets, conflicts with MAR863 On 06/11/2024, at approximately 1:50 PM,	N 409		

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N 409	Continued From page 8 Surveyor reviewed Resident 17's medications in the med cart. Resident 17's blister card of Oxycodone documented: 06/05 - 1 tablet administered 06/06 - 2 tablets administered 06/07 - 2 tablets administered, conflict with substance count sheet 06/08 - 3 tablets administered 06/09 - 3 tablets administered 06/10 - 3 tablets administered, conflict with substance count sheet 06/11 - 1 tablet administered, conflict with substance count sheet On 06/22/2024, at approximately 4:00 PM, Surveyors interviewed Administrator L. Administrator L stated the provider had struggled to maintain a house manager to provide oversight for this location but would address the concern immediately with staff.	N 409		
{N 415}	83.37(2)(d) Documentation of medication administration. 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.	{N 415}		

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{N 415}	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure proper documentation of the Medication Administration Record (MAR) for 1 of 1 resident reviewed. This requirement is being cited for a fourth time. See Statements of Deficiency (SOD) JWG211, dated 07/27/2020, SOD GU6114, dated 06/16/2022, and SOD GU6115, dated 08/25/2022. Resident 11's MAR did not document how many units of Flasp (sliding scale insulin) were administered based on his/her blood sugar (BS) levels. Findings include: On 06/11/2024, Surveyor reviewed Resident 11's record. Resident 11 was admitted to the facility, 02/04/2021, with a diagnosis including Type 2 diabetes. Resident 11's June 2024 MAR, dated 06/01/2024 to 06/11/2024, documented the following medication: Flasp 100 Unit/ml (milliliter) Flextouch - At mealtime - Less than 120 = 0 units, 0-150 = 0 Extra Units, 121 -140 = 4 Units, 141 - 180 = 6 Units, 181 - 200 = 8 Units, 201 - 250 = 10 Units, Greater than 250 = 12 Units Surveyor noted that the MAR did not document how many units of Flasp were administered based on Resident 11's blood sugar (BS) levels. The MAR documented: 06/01/2024 7:22 AM - BS 166 - No units listed	{N 415}		

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{N 415}	Continued From page 10 06/01/2024 12:39 PM - BS 173 - No units listed 06/01/2024 4:04 PM - BS 153 - No units listed 06/02/2024 8:11 AM - BS 175 - No units listed 06/02/2024 4:27 PM - BS 178 - No units listed 06/03/2024 7:16 AM - BS 175 - No units listed 06/03/2024 11:18 AM - BS 142 - No units listed 06/03/2024 4:01 PM - BS 200 - No units listed 06/04/2024 7:10 AM - BS 168 - No units listed 06/04/2024 11:42 AM - BS 135 - No units listed 06/04/2024 4:25 PM - BS 181 - No units listed 06/05/2024 1:48 PM - BS 123 - No units listed 06/05/2024 5:43 PM - BS 156 - No units listed Surveyor noted the remaining MAR was documented in the same manner. On 06/22/2024, at approximately 3:20 PM, Surveyor discussed the concern with House Manager T who was manager of a sister facility but was assisting Surveyors during this survey process. House Manager T looked at the MARs in ECP (electronic computer system) and verified the system had not been coded to ask staff to enter the number of units of insulin based on BS levels. On 06/22/2024, at approximately 4:00 PM, Surveyors interviewed Administrator L. Administrator L stated s/he would update ECP immediately to ensure staff were able to enter the number of units of insulin based on BS levels.	{N 415}		