

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0015292</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>07/09/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNSET RIDGE MEMORY CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>816 E REINEL ST</b><br><b>JEFFERSON, WI 53549</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| N 000                                                               | Initial Comments<br><br>On 07/09/2024, Surveyor conducted a complaint investigation at Sunset Ridge Memory Care.<br><br>One (1) deficiency was identified. The complaint was substantiated.<br><br>Census: 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N 000                                                                                         |                                                                                                                          |                                                                    |
| N 432                                                               | 83.38(1)(h) Medication administration.<br><br>As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas:<br>Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not provide medication administration appropriate to Resident 1's needs by not ensuring his/her Novolin 70-30U Flexpen was available to administration from 05/26/2024 to 05/28/2024.<br><br>Findings include:<br><br>On 06/08/2024, the Department received a complaint with concerns about resident care and health monitoring.<br><br>On 07/09/2024, Surveyor conducted a complaint investigation. Surveyor reviewed the record of | N 432                                                                                         |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNSET RIDGE MEMORY CARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>816 E REINEL ST</b><br><b>JEFFERSON, WI 53549</b>                            |  |                                                                    |
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| N 432                                                               | <p>Continued From page 1</p> <p>Resident 1. Resident 1 was admitted to the provider on 12/05/2022 with diagnoses including type 2 diabetes mellitus with hyperglycemia.</p> <p>Surveyor reviewed Resident 1's medication administration record (MAR) for May 2024 which included a physician order for Novolin 70-30U/ML Flexpen inj to inject 22 units subcutaneously every morning for diabetes mellitus 2 and an order for Novolin 70-30U/ML Flexpen inj to inject 11 units subcutaneously every evening for diabetes mellitus 2 with a start date of 03/08/2024. Resident 1's Novolog was documented as not being administered on the following dates:<br/>05/17/2024, at 8:46 a.m., with the notation, "Out of stock waiting for them to come in".<br/>05/26/2024, at 4:57 p.m.<br/>05/27/2024, at 7:25 a.m.<br/>05/27/2024, at 4:59 p.m. with the notation, "No insulin [LPN B] told [caregiver] to give resident apple juice".<br/>05/28/2024, at 7:03 a.m. with the notation, "No insulin but good BS".<br/>05/28/2024, at 4:32 p.m. with the notation, "No insulin still".</p> <p>Surveyor reviewed Resident 1's progress notes that documented:<br/>05/26/2024, "Writer was informed by [Caregiver] resident is out of insulin at approximately 8:20AM on Sunday 05/26/2024. Writer called Cardinal Health after house[sic] on-call pharmacist at 11:10AM and spoke with [staff]who attempts to locate [pharmacy] who was Novolin 70-30 unit Flexpen in stock. Writer is waiting on call back."<br/>05/26/2024, "...was informed the Novolin 70/30 units flex pan[sic] will be available for a pick up at [pharmacy] at approximately 1PM."<br/>05/26/2024, "Writer called [pharmacy] to acquire</p> | N 432                                                                       |                                                                                                                          |  |                                                                    |

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| N 432                                                               | Continued From page 2<br><br>if they received a fax with a script for Novolin 70-30u flex pen from Cardinal Health after hours on - call pharmacy. They did not received[sic] the script at this time. Writer will call [pharmacy] again at 1PM."<br>05/26/2024, "Writer received a call from [staff] at Cardinal Health after hours on - call pharmacist confirming successful transmission of the script for Novolog 70-30 units flex pen to [pharmacy].<br>05/26/2024, "Writer called [pharmacy] and was told they have nothing yet for [Resident 1]. Writer called back [staff] at Cardinal Health after hours on - call pharmacist. Per [staff s/he] will attempt to manually fax the script rather than to attempt to send another electronic fax. [Staff] will give a writer a call once the transmission is successful."<br>05/26/2024, "Writer spoke with a pharmacist at [pharmacy]. They received the script for Novolin 70-25[sic]units flex pen and it will be available for pick up at 2:15PM.<br>05/26/2024, "Writer received a call from Cardinal Health after hours on - call pharmacist to inform caller that [pharmacy] do not have Novolin 70-30 unit flex pen in stock after all and the closest pharmacy who has insulin in question in stock is [pharmacy]. [Pharmacy] is closed till 2PM due to lunch hours. Writer will call at 2PM [pharmacy] to request either to release or send a prescription to [another pharmacy].<br>05/26/2024, "Writer called [pharmacy] requested update on receiving a prescription from [pharmacy]. The pharmacist confirmed they received the script, however the Novolin 70-30 unit flex pen will not be available till the next day, Monday 5/27/2024 after 8AM."<br>05/27/2024, "Writer went to [pharmacy] to pick up Novolin 70-30 units flex pen to be told once arrived there the insulin will not be in stock till later tomorrow/early morning Wednesday.<br>Resident blood glucose stable ranging 111-126 | N 432                                                                                         |                                                                                                                          |                                                                    |

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| N 432                                                               | <p>Continued From page 3</p> <p>mg/dL throughout the day.</p> <p>05/28/2024, "Writer received an email from [pharmacist], stating: 'working on transferring [Resident 1's] Novolin back to us so that we pay fill it.'"</p> <p>05/28/2024, "Insulin was delivered to the facility..."</p> <p>At approximately 10:15 a.m., Surveyor interviewed Administrator A and LPN B regarding Resident 1's Novolog. Administrator A stated that the previous process was that staff would tell LPN B when a medication is getting low for him/her to reorder and Resident 1's Novolog ran out over Memorial Day weekend. Administrator A stated that some medications got missed and that now LPN B audits the medications and reorders medications as needed. LPN B stated that caregivers used to fax the pharmacy and now there is an online portal that s/he uses. LPN B stated that s/he tried to mitigate Resident 1 not having his/her medications and transferred the prescription to a Lake Mills pharmacy and then to a Sun Prairie pharmacy but was not able to get the Novolin any sooner.</p> | N 432                                                                       |                                                                                                                          |                          |                                                                    |