STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015617	A. BUILDING: _____ B. WING _____	R-C 02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT POINT SENIOR LIVING CBRF	8600 COPORATE DR RACINE, WI 53406

(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 02/24/2026, Surveyors conducted verification visits at Pleasant Point Senior Living CBRF for Statement of Deficiency (SOD) J7U611, SOD 6LLM11, and SOD DKEW12. Two complaint investigations were also conducted. Two of 2 complaints were unsubstantiated. One deficiency was identified and was a repeat deficiency identified in SOD J7U611. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 37	{N 000}		
{N 416}	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure injectable medications were administered by non-licensed employees as delegated by a registered nurse. One of 2 staff reviewed (Business Office Manager (BOM) B) administered prescribed insulin to Resident 4 but was not delegated to administer insulin by a registered nurse. This is a repeat deficiency. See Statement of Deficiency (SOD) J7U611, dated 12/11/2024.	{N 416}		

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
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{N 416}	Continued From page 1 Findings include: On 02/24/2026, at 10:20 AM Surveyors reviewed facility documents and identified the following: BOM B's File: The staff roster documented BOM B was hired on 03/18/2022. BOM B's staff file contained documentation of delegation, by Nurse Practitioner (NP) I, for Trulicity injections on 03/28/2022. NP I separated from Pleasant Point Senior Living CBRF in 2024. The delegation was specific to Trulicity injections and did not include delegation for other injectable medications. Resident 4's Records: Resident 4's face sheet documented s/he was admitted to the facility on 06/03/2025, with diagnoses including type 2 diabetes mellitus with diabetic polyneuropathy. Resident 4's individual service plan (ISP), dated 12/02/2025, documented, " . . . staff performs insulin injections and/or glucose monitoring as directed by Medical Practitioner . . . " Survey reviewed Resident 4's Medication Administration Record (MAR) for January and February 2026, and identified the following: Resident 4's medication orders included Lantus Solostar (insulin glargine) 100 units (U)/milliliter (mL) - inject 8 units subcutaneously (SubQ) every day at bedtime for diabetes, and NovoLog FlexPen (insulin aspart) - inject as per sliding scale: . . . SubQ before meals for diabetes. On the following dates/times Resident 4 was administered insulin aspart:	{N 416}		

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{N 416}	Continued From page 2 - 02/05/2026 at 11:30 AM - administered by BOM B - 02/11/2026 at 11:30 AM - administered by BOM B - 02/20/2026 at 4:30 PM - administered by BOM B On the following dates/times Resident 4 was administered insulin glargine: - 02/20/2026 at bedtime - administered by BOM B Interview - On 02/24/2026, at 1:00 PM, Surveyors interviewed Executive Director A and WD H, and the following was reported: ED A and Wellness Director (WD) H confirmed BOM B did administer insulin injections to Resident 4. WD H confirmed BOM B was delegated to administer Trulicity injections, by NP I on 03/28/2022. NP I separated from the facility in 2024, therefore BOM B needed to be delegated by one of the facility's current NPs. WD H reported s/he recalled a more recent delegation for BOM B but was unaware of where the documentation was. S/He reported s/he would look for it and send it to Surveyors if s/he found it. As of 02/26/2026, at 11:30 AM, further documentation has not been received. Upon reviewing the documentation for delegations in BOM B's file, ED A confirmed the delegations were specific to Trulicity injections and did not cover other injectable medications. They did not know why the facility was delegating specifically to Trulicity, and they would review their practice of this.	{N 416}		