STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014632	A. BUILDING: _____ B. WING _____	C 04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTON PLACE CBRF	**401 PRESTON LN REDGRANITE, WI 54970**

(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 04/08/2024, Surveyor conducted a standard licensing survey and complaint investigation at Preston Place CBRF, a CBRF located in Redgranite, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. The complaint was unsubstantiated. Census: 17	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate documentation of medical administration for Resident 1. Resident 1 is a Type II diabetic on sliding scale insulin. There was no documentation of the dose of insulin Resident 1 received in his/her Medical Administration Record.	N 415		

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

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N 415	Continued From page 1 Findings include: On 04/08/2024 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 07/19/2022 with a primary diagnosis of Diabetes Mellitus Type II with neuropathy. According to Resident 1's prescription orders, Resident 1 was prescribed Insulin Aspart Flexpen 100 unit to be injected 3 times daily (8 AM, 12 PM, 4:30 PM) and sliding scale which was prescribed as the following: Blood sugar readings: <150=0 units, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400= 5 units, 401-450= 6 units, .451= call MD. On 04/08/2024 at 9:30 AM, Surveyor reviewed Resident 1's MAR for the months of February 2024 and March 2024. Resident 1's MAR indicated that Insulin Aspart was administered on each day in the months of February 2024 and March 2024. There was no documentation for either month on any days that indicate what dose of Insulin Aspart was administered to Resident 1. On 04/08/2024 at 10:00 AM, Surveyor interviewed Administrator A. Administrator A stated that staff had recorded blood sugar levels and recorded that insulin was administered as prescribed. Administrator A stated that there was no documentation that would indicate the dose administered according to the sliding scale parameters prescribed. Administrator A stated the facility would implement a new system in May 2024 that would record blood sugar levels and insulin sliding scale dose. Administrator A stated that a system would be implemented immediately to ensure accuracy in medication administration.	N 415		