STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009962	A. BUILDING: _____ B. WING _____	R-C 10/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL DEER HAVEN	N26 W26286 QUAIL HOLLOW RD PEWAUKEE, WI 53072

(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 From 09/27/2023 to 10/04/2023, Surveyor conducted a verification visit at HIL Deer Haven, a CBRF in Pewaukee. One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022 and MQKN12, dated 06/14/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the CBRF was able to provide medication administration appropriate to 1 of 7 residents' needs. Resident 2 did not have Isosorbide Mononitrate, Milk of Magnesia, Glucagen or Glutose available to him/her at the facility.	N 432		

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

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N 432	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) MQKN11, dated 11/10/2022 and MQKN12, dated 06/14/2023. Findings include: On 09/27/2023 at approximately 8:30 a.m., Surveyor reviewed resident records and medications. Resident 2 was admitted to the facility on 11/23/2020. Resident 2's physician orders included Isosorbide Mononitrate ER 30 mg (Start Date: 09/07/2022) - Take 1 tablet daily, Milk of Magnesia 400 mg/5ml (Start Date: 12/05/2022) - Take 30 mls by mouth daily as needed for constipation, Glucagen 1 mg vial (Start Date: 12/05/2022) - Inject 1 mg intramuscularly as needed for BS less than 70 if unable to take glucose orally or if oral glucose ineffective and Glutose 15 40% gel (Start Date: 12/05/2022) - Take 1 dose by mouth every 15 minutes as needed for blood sugar less than 70. Surveyor was unable to locate Isosorbide Mononitrate, Milk of Magnesia, Glucagen or Glutose in the facility's medication cabinet. On 09/27/2023 at approximately 8:45 a.m., Surveyor asked House Manager B why Resident 2's Isosorbide Mononitrate, Milk of Magnesia, Glucagen and Glutose were unavailable. House Manager B stated s/he was waiting for a physician order for Isosorbide Mononitrate. House Manager B stated s/he was waiting for a physician to discontinue Milk of Magnesia because Resident 2 had other medications for constipation. House Manager B stated Glucagen was unavailable because the facility's staff did not administer injections and the Glutose was unavailable because the medication was not covered by insurance.	N 432		

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	0009962	A. BUILDING: _____ B. WING _____	R-C 10/04/2023

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HIL DEER HAVEN	N26 W26286 QUAIL HOLLOW RD PEWAUKEE, WI 53072

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N 432	Continued From page 2 On 09/27/2023 at approximately 9:00 a.m., Case Manager E stated Employee Support Specialist H audited the medications on a weekly basis to ensure all medications were available to residents. On 09/27/2023 at approximately 9:15 a.m., Employee Support Specialist H arrived to the facility and confirmed Isosorbide Mononitrate, Milk of Magnesia, Glucagen and Glutose were unavailable. Employee Support Specialist H stated Isosorbide Mononitrate, Glucagen and Glutose were unavailable because a refill order was needed and/or insurance issues. On 09/28/2023 at approximately 1:35 p.m., Surveyor contacted Pharmacy J. Pharmacy J stated Isosorbide Mononitrate had not been refilled since April 2023 because they were waiting for a physician order. Pharmacy J stated Glutose and Glucagen were not sent to the facility because insurance did not cover the medications. Pharmacy J stated Milk of Magnesia had just been requested to be refilled the day prior and was sent to the facility. On 09/28/2023 at approximately 2:00 p.m., Surveyor followed up with Administrator A regarding concerns that medications were unavailable to residents. Administrator A directed Case Manager E to follow up with Surveyor. Case Manager E stated the facility had made efforts to contact Resident 2's physician to discontinue medications but was unsuccessful. Case Manager E did not have documentation to verify the attempts, but stated staff would begin documenting all calls. On 10/04/2023 at approximately 3:00 p.m., Surveyor reviewed Resident 2's "After Visit	N 432		

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N 432	Continued From page 3 Summary," dated 01/10/2023, for his/her routine physical. The active medication list included Isosorbide Mononitrate, Milk of Magnesia, Glucagen and Glutose, which were unavailable to Resident 2.	N 432		