

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>0010729</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/17/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SYLVAN CROSSINGS IN WESTSHIRE VILLAGE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5475 WESTSHIRE CIRCLE</b><br><b>WAUNAKEE, WI 53597</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 07/17/2023, Surveyors conducted a verification visit and complaint investigation at Sylvan Crossings In Westshire Village.<br><br>Two deficiencies were identified, 1 was a repeat violation from statement of deficiency (SOD) PG8311, dated 01/31/2023. Nine previous violations were substantially corrected.<br><br>The complaint was unsubstantiated.<br><br>Under statutory provisions of Wis.Stat. ch. 50 a \$200 revisit fee is being assessed.<br><br>Census: 30                                                                                                                                                                                                                                                                                                                              | {N 000}                                                                                            |                                                                                                                          |                                                                    |
| N 352                                                                            | 83.32(3)(h) Rights of Residents: Receive medication<br><br>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.<br><br>This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed received their medications as prescribed. Resident 1 did not receive his/her Novolog as prescribed 42 times from 06/01/2023 to 07/17/2023.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) EJ2L11, dated 03/02/2018, SOD 67T114, dated 03/04/2019 and SOD 67T116, dated 01/22/2021. | N 352                                                                                              |                                                                                                                          |                                                                    |

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

TITLE

(X6) DATE

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>0010729</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/17/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SYLVAN CROSSINGS IN WESTSHIRE VILLAGE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5475 WESTSHIRE CIRCLE</b><br><b>WAUNAKEE, WI 53597</b> |                                                                                                                          |                                                                    |
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| N 352                                                                            | <p>Continued From page 1</p> <p>Findings include:</p> <p>On 07/17/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 11/23/2021 with diagnosis including diabetes. Resident 1's physician orders included Novolog 100 unit/ml 10 units + an additional 2 units for every 50 mg/dl over 150 (Start Date: 06/01/2023). Resident 1's Medication Administration Record (MAR), documented occurrences when caregivers were administering additional units of insulin starting at any blood sugar (BS) above 150 and other caregivers were administering additional units of insulin starting at any blood sugar above 200.</p> <p>On 07/17/2023 at approximately 11:00 a.m., Surveyor reviewed Resident 1's MAR with Administrator K. Surveyor reviewed Resident 1's physician order for Novolog and MAR documentation that indicated some caregivers began administering additional units following a blood sugar of 150 while other caregivers began administering additional units following blood sugar of 200. Administrator K acknowledged discrepancy and stated s/he was unsure how to interpret the physician order. Administrator K stated s/he would have the order clarified with Resident 1's physician.</p> <p>On 07/18/2023 at 10:15 a.m., Surveyor received a clarification order form Administrator K, dated 07/17/2023, for Novolog administration as followings: BS 150-199=12 units, BS 200-249=14 units, BS 250-299=16 units, 300-349=18 units, BS&gt;350=Call physician.</p> <p>On 07/18/2023 at 1:00 p.m., Surveyor reviewed</p> | N 352                                                                                              |                                                                                                                          |                                                                    |

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| N 352                                                                            | <p>Continued From page 2</p> <p>Resident 1's MAR, which documented the following occurrences when Resident 1's Novolog was not administered as ordered:</p> <ul style="list-style-type: none"> <li>- 06/01/2023 7:51 a.m. Blood Sugar 211 - 10 units of insulin administered.<br/>*Per order, 14 units of insulin should have been administered.</li> <li>- 06/01/2023 12:03 p.m. Blood Sugar 174 - 14 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</li> <li>- 06/02/2023 7:01 a.m. Blood Sugar 161 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</li> <li>- 06/02/2023 12:02 p.m. Blood Sugar 180 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</li> <li>- 06/02/2023 4:35 p.m. Blood Sugar 282 - 10 units of insulin administered.<br/>*Per order, 16 units of insulin should have been administered.</li> <li>- 06/03/2023 7:08 a.m. Blood Sugar 213 - 10 units of insulin administered.<br/>*Per order, 14 units of insulin should have been administered.</li> <li>- 06/03/2023 11:46 a.m. Blood Sugar 232 - 10 units of insulin administered.<br/>*Per order, 14 units of insulin should have been administered.</li> <li>- 06/03/2023 4:25 p.m. Blood Sugar 185 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</li> <li>- 06/04/2023 7:03 a.m. Blood Sugar 198 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</li> </ul> | N 352                                                                       |                                                                                                                          |                          |                                                                    |

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| N 352                                                                            | Continued From page 3<br><br>- 06/04/2023 12:16 p.m. Blood Sugar 344 - 10 units of insulin administered.<br>*Per order, 18 units of insulin should have been administered.<br>- 06/04/2023 4:37 p.m. Blood Sugar 255 - 10 units of insulin administered.<br>*Per order, 16 units of insulin should have been administered.<br>- 06/05/2023 7:37 a.m. Blood Sugar 184 - 10 units of insulin administered.<br>*Per order, 12 units of insulin should have been administered.<br>- 06/05/2023 11:28 a.m. Blood Sugar 252 - 14 units of insulin administered.<br>* Per order, 16 units of insulin should have been administered.<br>- 06/06/2023 7:03 a.m. Blood Sugar 225 - 10 units of insulin administered.<br>*Per order, 14 units of insulin should have been administered.<br>- 06/10/2023 7:11 a.m. Blood Sugar 187 - 10 units of insulin administered.<br>*Per order, 12 units of insulin should have been administered.<br>- 06/13/2023 7:06 a.m. Blood Sugar 185 - 10 units of insulin administered.<br>*Per order, 12 units of insulin should have been administered.<br>- 06/13/2023 4:27 p.m. Blood Sugar 152 - 10 units of insulin administered.<br>*Per order, 12 units of insulin should have been administered.<br>- 06/14/2023 6:55 a.m. Blood Sugar 208 - 10 units of insulin administered.<br>*Per order, 14 units of insulin should have been administered.<br>- 06/14/2023 11:49 a.m. Blood Sugar 171 - 10 units of insulin administered.<br>*Per order, 12 units of insulin should have been administered. | N 352                                                                       |                                                                                                                          |                          |                                                                    |

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| N 352                                                                            | Continued From page 4<br><br>- 06/14/2023 4:21 p.m. Blood Sugar 196 - 10<br>units of insulin administered.<br>*Per order, 12 units of insulin should have been<br>administered.<br>- 06/15/2023 7:08 a.m. Blood Sugar 216 - 10<br>units of insulin administered.<br>*Per order, 14 units of insulin should have been<br>administered.<br>- 06/15/2023 4:26 p.m. Blood Sugar 150 - 10<br>units of insulin administered.<br>*Per order, 12 units of insulin should have been<br>administered.<br>- 06/18/2023 7:34 a.m. Blood Sugar 152 - 10<br>units of insulin administered.<br>*Per order, 12 units of insulin should have been<br>administered.<br>- 06/21/2023 11:42 a.m. Blood Sugar 219 - 10<br>units of insulin administered.<br>*Per order, 14 units of insulin should have been<br>administered.<br>- 06/21/2023 4:25 p.m. Blood Sugar 178 - 10<br>units of insulin administered.<br>*Per order, 12 units of insulin should have been<br>administered.<br>- 06/26/2023 5:03 p.m. Blood Sugar 159 - 10<br>units of insulin administered.<br>*Per order, 12 units of insulin should have been<br>administered.<br>- 06/27/2023 4:34 p.m. Blood Sugar 164 - 10<br>units of insulin administered.<br>*Per order, 12 units of insulin should have been<br>administered.<br>- 06/28/2023 4:14 p.m. Blood Sugar 152 - 10<br>units of insulin administered.<br>*Per order, 12 units of insulin should have been<br>administered.<br>- 06/29/2023 7:15 a.m. Blood Sugar 153 - 10<br>units of insulin administered.<br>*Per order, 12 units of insulin should have been<br>administered. | N 352                                                                       |                                                                                                                          |                          |                                                                    |

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| N 352                                                                            | <p>Continued From page 5</p> <p>- 06/29/2023 11:49 a.m. Blood Sugar 166 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> <p>- 06/29/2023 4:11 p.m. Blood Sugar 197 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> <p>- 06/30/2023 11:58 a.m. Blood Sugar 155 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> <p>- 07/01/2023 7:05 a.m. Blood Sugar 185 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> <p>- 07/01/2023 11:54 a.m. Blood Sugar 170 -10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> <p>- 07/04/2023 4:28 p.m. Blood Sugar 204 - 10 units of insulin administered.<br/>*Per order, 14 units of insulin should have been administered.</p> <p>- 07/05/2023 11:51 a.m. Blood Sugar 184 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> <p>- 07/05/2023 4:26 p.m. Blood Sugar 161 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> <p>- 07/07/2023 4:31 p.m. Blood Sugar 174 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> <p>- 07/10/2023 7:15 a.m. Blood Sugar 160 - 10 units of insulin administered.<br/>*Per order, 12 units of insulin should have been administered.</p> | N 352                                                                       |                                                                                                                          |                          |                                                                    |

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| N 352                                                                            | Continued From page 6<br><br>- 07/12/2023 11:38 a.m. Blood Sugar 164 - 10 units of insulin administered.<br>*Per order, 12 units of insulin should have been administered.<br>- 07/15/2023 7:19 a.m. Blood Sugar 219 - 10 units of insulin administered.<br>*Per order, 14 units of insulin should have been administered.<br>- 07/17/2023 7:09 a.m. Blood Sugar 175 - 10 units of insulin administered.<br>*Per order, 12 units of insulin should have been administered.<br><br>From 06/01/2023 to 07/17/2023, Resident 1's Novolog was not administered as prescribed 42 times.                                                                                            | N 352                                                                                              |                                                                                                                          |                                                                    |
| N 450                                                                            | 83.41(2)(c) Nutrition: menus.<br><br>Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident 's food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a weekly written menu was available to residents.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) 60C511, dated 04/09/2018 and PG8311, dated 01/31/2023.<br><br>Findings include: | N 450                                                                                              |                                                                                                                          |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0010729</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/17/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SYLVAN CROSSINGS IN WESTSHIRE VILLAGE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5475 WESTSHIRE CIRCLE</b><br><b>WAUNAKEE, WI 53597</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 450                                                                            | <p>Continued From page 7</p> <p>On 07/17/2023 at approximately 8:55 a.m., Surveyor toured the facility. Surveyor observed Cook J writing the menu for the day on a whiteboard in the facility's dining room. Surveyor asked Cook J if most residents had eaten breakfast. Cook J responded, "Yes." Surveyor then observed 4 weekly menus posted on a bulletin board outside the dining room. Surveyor noted the weekly menus did not include July 2023 and none of the menus matched the menu just written on the board by Cook J.</p> <p>On 07/17/2023 at approximately 9:20 a.m., Surveyor reviewed concern with Assistant Director B that Surveyor observed Cook J writing the menu on the board after residents had eaten breakfast and that none of the weekly menus posted included July 2023. Assistant Director B acknowledged concern and stated s/he would follow up.</p> | N 450                                                                                              |                                                                                                                          |                                                                    |