STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010729	A. BUILDING: _____ B. WING _____	R 07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYLVAN CROSSINGS IN WESTSHIRE VILLAGE	5475 WESTSHIRE CIRCLE WAUNAKEE, WI 53597

(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 07/24/2024, Surveyor conducted a verification visit at Sylvan Crossings In Westshire Village. One deficiency was identified, this was a repeat violation from statement of deficiency (SOD) PG8312, dated 07/17/2023 and SOD PG8313, dated 01/04/2024. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed. Census: 32	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication 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. 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 6 did not receive his/her Novolog as prescribed 3 times from 07/01/2024 to 07/23/2024. This is a repeat deficiency. See Statement of Deficiency (SOD) EJ2L11, dated 03/02/2018, SOD 67T114, dated 03/04/2019, SOD 67T116, dated 01/22/2021, SOD PG8312, dated 07/17/2023, and SOD PG8313, dated 01/04/2024.	{N 352}		

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYLVAN CROSSINGS IN WESTSHIRE VILLAGE	5475 WESTSHIRE CIRCLE WAUNAKEE, WI 53597

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{N 352}	Continued From page 1 Findings include: On 07/24/2024 at approximately 9:15 a.m., Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider's facility on 07/24/2023 with diagnosis including diabetes. Resident 6's physician orders included Novolog flexpen 100 unit/ml 6 units three times daily with meals in combination with sliding scale. Novolog flexpen 100unit/ml inject per sliding scale if blood sugar 151-200=1 units, 201-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, 401-450=6 units. >450 OR <70 CALL PCP OFFICE. Surveyor reviewed Resident 6's July 2024 medication administration record (MAR), which documented the following occurrences when Resident 6's Novolog was not administered as ordered: -07/17/2024 4:26 p.m. Blood Sugar 209 - 0 additional units administered. *Per order, 2 additional units of insulin should have been administered. -07/22/2024 11:29 a.m. Blood Sugar 295 - 2 additional units administered. *Per order, 3 additional units of insulin should have been administered. -07/23/2024 6:40 a.m. Blood Sugar 109 - 1 additional unit administered. *Per order, no additional units of insulin should have been administered. At approximately 10:15 a.m., Nurse O reviewed and confirmed the errors in the administration of Resident 6's sliding scale Novolog. From 07/01/2024 to 07/23/2024, Resident 6's Novolog was not administered as prescribed 3 times.	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SYLVAN CROSSINGS IN WESTSHIRE VILLAGE	5475 WESTSHIRE CIRCLE WAUNAKEE, WI 53597

(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 352}	Continued From page 2 At approximately 10:20 a.m., Surveyor reviewed Resident 6's MARs with Executive Vice Pres L, Nurse O and Director N. Executive Vice Pres L stated that s/he had identified there was issues with Resident 6's MAR a day or two prior so s/he knew there was issues. Nurse O stated that s/he reviews the MARs every week or two but has not reviewed them yet this week. Nurse O stated s/he had called the pharmacy that morning to merge the unit dose order with the sliding scale order to make things a little easier for staff stating the provider has good staff and they have all been trained on how to administer sliding scale insulin.	{N 352}		