| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019837 | A. BUILDING: _____ B. WING _____ | C 05/19/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAGE MEADOWS LAKE GENEVA | 6722 STATE ROAD 50 LAKE GENEVA, WI 53147 |

| (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<br><br>On 05/19/2025, Surveyors conducted a standard survey and 3 complaint investigations at Sage Meadows Lake Geneva.<br><br>One deficiency was identified. Three of 3 complaints were unsubstantiated.<br><br>Census: 34 | N 000 | | |
| N 415 | 83.37(2)(d) Documentation of medication administration.<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not document the dosage of Insulin ASP Flexpen 100U/ML that Resident 1 was administered in the medication administration record (MAR).<br><br>Findings include:<br><br>On 05/19/2025, Surveyors conducted a standard survey and 3 complaint investigations. Surveyor asked Executive Director A to review Resident 1's | N 415 | | |

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 415 | Continued From page 1 | N 415 | | |

record. Resident 1 was admitted to the provider on 04/17/2023 with diagnoses including type 2 diabetes mellitus with hyperglycemia. Resident 1 had a physician order for Insulin ASP Flexpen 100 U/ML to prime 2 units before each dose then inject 5 units three times a day with meals plus sliding scale : 150-199=6 units, 200-249=9 units, 250-299=12 units, 300-349=15 units, 350 and Above=18 Units. If Greater Than 400 Call Md and Give 18 Units. Per MD- LET KNOW IF BS IS GREATER THAN 450.

Surveyor reviewed Resident 1's April and May 2025 MARs. Resident 1's MAR does not document the dose of sliding scale insulin administered in April or May.

At 12:42 p.m., Surveyor interviewed Caregiver B, who was passing medication. Surveyor asked Caregiver B if when s/he administers Resident 1's sliding scale insulin, if s/he documents the amount of sliding scale s/he administers. Caregiver B stated no, just the blood sugar. Caregiver B stated that s/he is very careful to administer the correct dose. Caregiver B pulled up Resident 1's MAR on his/her computer and verified there is no place to document what amount of sliding scale insulin had been administered.

At approximately 2:00 p.m., Surveyors interviewed Executive Director A and shared the above concerns. Executive Director A stated s/he understands the concern and will make sure the dose of sliding scale insulin that is administered is documented moving forward.