Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020539	A. BUILDING: _____ B. WING _____	C 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER OAKS OF MEQUON	**11340 N CEDARBURG RD MEQUON, WI 53092**

(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 06/26/2026, Surveyor conducted a complaint investigation at River Oaks of Mequon. One deficiency was identified. The complaint was not substantiated. Census: 16	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 proper documentation within the Medication Administration Record (MAR) for 1 of 1 resident reviewed. Resident 1's MARs did not include documentation of the number of sliding scale insulin units administered over 133 days. Findings include: On 06/26/2025, Surveyor reviewed Resident 1's	N 415		

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

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N 415	Continued From page 1 record and identified the following: Resident 1 was admitted to the facility on 12/10/2024 with a diagnosis of type 2 diabetes. Resident 5's most recent individual service plan (ISP) dated 01/15/2025 indicated s/he required assistance with medication administration. Resident 5's physician orders included the following: -"Humulin 70/30 Kwikpen with instructions to inject twice daily per sliding scale 200-300= 2 units, 301-400=3 units, with start date of 12/10/2024 and end date of 05/19/2025." Surveyor reviewed Resident 1's January to May 2025 MAR. Between 01/06/2025-05/19/2025 (133 days), staff recorded 149 blood glucose levels that would have required sliding scale insulin. There was no documentation showing how many units of insulin Resident 1 was administered. On 06/26/2025 at 12:10 PM, Surveyor interviewed Manager B. Manager B reported s/he spoke to Administrator A, who noted there was not an area within their electronic health record (EHR) to record the number of sliding scale insulin units administered to residents. Manager B acknowledged an understanding of the concern and stated s/he would work with Administrator A to get their system changed. On 06/26/2025 at 2:24 PM, Surveyor interviewed Administrator A. Administrator A reported their EHR system was new to the provider and the missing above documentation was an oversight on their part. Administrator A stated s/he would follow up with ECP to add additional boxes to the MAR.	N 415		