STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009690	A. BUILDING: _____ B. WING _____	C 04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL SKYLINE HOUSE	5265 S SKYLINE DR NEW BERLIN, WI 53151

(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 04/17/2024, with information gathered through 04/24/2024, Surveyor conducted a standard licensure survey and a complaint investigation at HIL Skyline House. Three deficiencies were identified. Complaint was unsubstantiated. Census: 5	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's Individual Service Plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and in	N 387		

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

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N 387	Continued From page 1 agreement with the plan for 2 of 4 resident records (Resident 1, and Resident 2) reviewed. Findings include: On 04/18/2024, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 was admitted on 11/16/2000 and had Guardian B. Resident 1's available ISP was signed 01/09/2023 and did not contain Guardian B's signature. Resident 2 was admitted on 12/30/2006 and had managed care organization (MCO) Care Manager (CM) C. Resident 2's available ISP was signed 08/09/2022 and did not contain CM C's signature. On 04/18/2024 at 9:14 AM, Surveyor emailed Client Services Manager (CSM) A and defined the concerns regarding Resident 1's and Resident 2's ISP signature page. On 04/24/2024 at 1:28 PM, CSM A stated s/he would follow up with the team.	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or	N 389		

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N 389	Continued From page 2 resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 4 residents (Resident 1, Resident 2, Resident 3) Individual Service Plans (ISPs) were reviewed annually as required. Findings include: On 04/18/2024, Surveyor reviewed Resident 1's, Resident 2's and Resident 3's record. Resident 1 was admitted on 11/16/2000, with the last ISP review being completed in 01/2023. The ISP was due to be reviewed in 01/2024. Resident 2 was admitted on 12/30/2006, with the last ISP review being completed in 08/2022. The ISP was due to be reviewed in 08/2023. Resident 3 was admitted on 04/12/2011, with the last ISP review being completed in 12/2022. The ISP was due to be reviewed in 12/2023. On 04/18/2024 at 9:14 AM, Surveyor emailed Client Services Manager (CSM) A and defined the concerns regarding Resident 1's, Resident 2's and Resident 3's current ISPs. On 04/24/2024 at 1:28 PM, CSM A stated s/he would follow up with the team.	N 389		

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N 400	Continued From page 3	N 400		
N 400	83.37(1)(a) Written order for medications, supplements. Practitioner ' s order. There shall be a written practitioner ' s order in the resident ' s record for any prescription medication, over-the-counter medication or dietary supplements administered to a resident. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure a written practitioner's order was in 1 of 2 resident records for as needed (PRN) prescription medication administered to the resident. Resident 4 was prescribed PRN Tylenol and PRN Acetaminophen. The provider was unable to provide written practitioner orders outlining when which pain medication was to be administered. Findings include: On 04/17/2024, at approximately 1:00 PM, Surveyor observed Resident 1's medications with Client Services Manager (CSM) A. Resident 4 had two PRN pain medications (ibuprofen and acetaminophen). Surveyor asked CSM A how staff knew which pain medication to administer. CSM A stated s/he would have to check Resident 4's record. On 04/22/2024, Surveyor reviewed Resident 4's record. Resident 4's April 2024 Medication Administration	N 400		

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N 400	Continued From page 4	N 400		

Record documented:
Ibuprofen 400 MG (milligram) tablet (Motrin) - Take 1 tablet by mouth 3 times a day with food as needed.
Acetaminophen 325 MG tablet - Take 2 tablets (650 MG) by mouth every 6 hours as needed (pain).

On 04/24/2024 at 11:25 AM, Surveyor asked CSM A for Resident 1's medication orders identifying which symptoms determined which PRN pain medication were to be administered. CSM A stated, "If someone prescribed both acetaminophen and ibuprofen for pain, we advise staff to administer acetaminophen for head pain and ibuprofen for the neck down. If someone appears to be in pain but is unable to identify the source, then ibuprofen is administered, and results observed after 30 minutes. We will update the ISP (individual service plan) to reflect this guidance and ask [Resident 4's] primary care physician to write a clarifying order with more specific instructions.

"Ibuprofen and acetaminophen combination is used to relieve minor aches and pains including headache, backache, toothache, menstrual cramps, muscle aches, or arthritis pain. Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID) that is used in this combination to relieve inflammation, swelling, and pain. Acetaminophen is used to relieve pain and reduce fever in patients." (Source: Mayo Clinic website, Ibuprofen and Acetaminophen (Oral Route), April 01, 2024, https://www.mayoclinic.org/drugs-supplements/ibuprofen-and-acetaminophen-oral-route/description/drg-20526898 (retrieval date: 04/24/2024).)