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
	0011302	A. BUILDING: _____ B. WING _____	R-C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM - KRISTY LANE	1038/1040 KRISTY LANE ONALASKA, WI 54650

(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
{M 000}	INITIAL COMMENTS On 02/26/2025, Surveyor conducted a verification visit at Rem Kristy Lane. One deficiency was identified. This was a repeat violation. See Statement of Deficiency (SOD) RHO011, dated 10/31/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the medication administration record (MAR), for 2 of 2 residents reviewed, showed the administration of the medication. Resident 1's MAR, from 01/01/2025 - 02/25/2025, contained 2 blank entries. Resident 2's MAR, from 01/01/2025 - 02/25/2025,	{M 466}		

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

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{M 466}	Continued From page 1 contained 1 blank entry. This is a repeat deficiency. See Statement of Deficiency (SOD) RHO011, dated 10/31/2024. Findings include: On 02/26/2025, at approximately 2:10 PM, Surveyor requested MARs for Resident 1 and Resident 2 from Program Supervisor (PS) A and Program Director (PD) B. Resident 1's January 2025 MAR included the following blank entries for his/her prescribed medications: Simvastatin 10 MG Tablet 01/26/2025 8:00 PM Vit D3 50 MCG Softgel 01/26/2025 8:00 PM Resident 2's January 2025 MAR included the following blank entry for his/her prescribed medication: Spironolactone 25 MG Tablet 01/10/2025 8:00 AM At approximately 2:15 PM, Surveyor interviewed PS A and PD B. When asked about the blank areas on the electronic MARs, PS A stated they are signed off on the paper MARs if there was an electronic malfunction. PS A reviewed the paper MARs for Resident 1 and Resident 2 on the corresponding dates with the blank entries. PS A did not identify a staff signature to indicate the medications were administered. PS A stated the medications were probably given but staff did not sign them off as administered. PD B stated it was	{M 466}		

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{M 466}	Continued From page 2 probably a documentation error and the medications were likely given. PD B stated s/he had a feeling staff did not scroll down far enough in the electronic MAR. PS A stated Resident 1 may have been with family on the day of the blank entries.	{M 466}		