STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015620	A. BUILDING: _____ B. WING _____	R-C 06/09/2025

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STOUGHTON MEADOWS ASSISTED LIVING	2321 JACKSON ST STOUGHTON, WI 53589

(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 05/30/2025, with information gathered through 06/09/2025, Surveyor conducted a verification visit at Stoughton Meadows Assisted Living. Four deficiencies were identified. Three of 4 deficiences were repeat violations (see Statement of Deficiency (SOD) RN3011, SOD RN3012, SOD KFJM11, SOD KFJM12, and SOD BTKI11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 39	{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 observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 5 out of 8 residents reviewed. This deficiency is being cited for a sixth time. See Statement of Deficiency (SOD) KFJM11, dated 5/06/2020, SOD KFJM12, dated 12/16/2020, SOD BTK11, dated 11/15/2023, SOD RN3011, dated 07/01/2024, and SOD RN3012, dated 11/15/2024.	{N 352}		

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

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{N 352}	Continued From page 1 Resident 22 was administered expired Latanoprost (eye drops) and Dorzolamide/Timolol (eye drops). Resident 23 did not receive his/her Quetiapine (psychotropic) as prescribed. Resident 24 was administered expired Latanoprost (eye drops). Resident 25 was administered expired Brimonidine Tartrate (eye drops) and Dorzolamide/Timolol. Resident 26 did not receive his/her Breo Ellipta (inhaler) as prescribed. Findings include: Example 1: Resident 22 On 05/30/2025, at approximately 3:00 PM, Surveyor, Director of Clinical Services (DCS) P, and Wellness Director O observed Resident 22's medications in the med cart. Surveyor observed: -A bottle of Latanoprost (Xalatan eye drops), opened 03/01/2025. The packaging stated, "Discard after 6 weeks." The eye drops expired approximately 04/15/2025. Surveyor observed another bottle of Latanoprost, dated 05/01/2025. Surveyor asked which bottle med passers were utilizing. DCS P stated s/he was not able to answer that. -A bottle of Dorzolamide/Timolol (eye drops), opened 04/18/2025. Surveyor asked if this medication had an expedited expiration date due to opening. Surveyor did not receive a response. Surveyor googled the product information sheet which stated once the eye drops were opened, they were to be discarded after 28 days. The eye drops expired approximately 05/18/2025. On 05/31/2025, Surveyor reviewed Resident 22's record.	{N 352}		

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{N 352}	Continued From page 2 Resident 22 moved into the facility 10/25/2024. Resident 22's May 2025 Medication Administration Record (MAR) documented: "Latanoprost Emulsion 0.005%. Instill 1 drop in both eyes at bedtime for glaucoma. Start Date: 02/15/2024." Medication was documented as administered. "Dorzolamide Timolol 22.3-6.8 MG (milligram) - Instill 1 drop into each eye twice daily. Start Date: 08/05/2024." Medication was documented as administered. "Unopened bottles should be stored in the refrigerator. Once opened, the bottle can be kept at room temperature for either 6 weeks (Xalatan) or 30 days (Iyuzeh). For Xelpros, the bottle should continue to be kept in the refrigerator, even after opening, until the expiration date on the bottle." (Source: MedlinePlus website, Latanoprost Ophthalmic, August 15, 2023, https://medlineplus.gov/druginfo/meds/a697003.html (retrieval date - January 22, 2025).) "Dorzolamide/Timolol should be used within 28 days after the bottle is first opened. Therefore, you must throw away the bottle 4 weeks after you first opened it, even if some solution is left. To help you remember, write down the date that you opened it in the space on the carton and the bottle." (Source: Package leaflet: Dorzolamide/Timolol 20mg/ml + 5mg/ml eye drops, solution, December, 2022, https://www.medicines.org.uk/emc/product/10111/pil#gref (retrieval date - March 26, 2025).) Example 2: Resident 23 On 05/30/2025, at approximately 3:00 PM,	{N 352}		

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{N 352}	Continued From page 3 Surveyor, DCS P, and Wellness Director O observed Resident 23's medications in the med cart. Surveyor observed a blister card of Quetiapine that stated, "Take 1 tablet by mouth twice daily at 8AM & 4PM." The card had a handwritten note that stated "Bedtime." DCS P stated, "The word 'bedtime' was written on it because the pharmacy had put the wrong sticker on it which stated 'evening.'" Surveyor asked if the provider had a physician order which documented that the medication had changed to a 'bedtime' medication versus being administered at 4:00 PM. DCS P stated s/he would review Resident 23's record. On 06/02/2025, Surveyor reviewed Resident 23's record. Resident 23 moved into the facility 06/23/2024. Resident 23's May 2025 MAR documented: "Quetiapine 25 MG (milligram) - Take 1 tablet by mouth twice daily at 8AM and 4PM. Start Date: 02/26/2025. 4:00 PM administration times were: 05/01 Scheduled at 20:00 (8:00 PM) - Administration Time 19:50 (7:50 PM) 05/02 Scheduled at 20:00 (8:00 PM) - Administration Time 19:42 (7:42 PM) 05/03 Scheduled at 20:00 (8:00 PM) - Administration Time 20:58 (8:58 PM) 05/04 Scheduled at 20:00 (8:00 PM) - Administration Time 19:27 (7:27 PM) 05/05 Scheduled at 20:00 (8:00 PM) - Administration Time 21:34 (9:34 PM) 05/06 Scheduled at 20:00 (8:00 PM) - Administration Time 19:59 (7:59 PM) 05/07 Scheduled at 20:00 (8:00 PM) - Administration Time 19:05 (7:05 PM) 05/08 Scheduled at 20:00 (8:00 PM) -	{N 352}		

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{N 352}	Continued From page 4 Administration Time 21:20 (9:20 PM) 05/09 Scheduled at 20:00 (8:00 PM) - Administration Time 21:45 (9:45 PM) 05/10 Scheduled at 20:00 (8:00 PM) - Administration Time 19:50 (7:50 PM) 05/11 Scheduled at 20:00 (8:00 PM) - Administration Time 20:02 (8:02 PM) 05/12 Scheduled at 20:00 (8:00 PM) - Administration Time 21:24 (9:24 PM) 05/13 Scheduled at 20:00 (8:00 PM) - Administration Time 20:55 (8:55 PM) 05/14 Scheduled at 20:00 (8:00 PM) - Administration Time 20:35 (8:35 PM) The MAR documented similar times 05/15/2025 to 05/31/2025. As of 06/02/2025 at 5:00 PM, Surveyor did not receive a physician order changing the medication administration times. Example 3: Resident 24 On 05/30/2025, at approximately 3:00 PM, Surveyor, DCS P, and Wellness Director O observed Resident 24's medications in the med cart. Surveyor observed a bag with a bottle of Latanoprost (Xalatan eye drops). The bag stated the bottle was opened 03/29/2025 and "Discard after 6 weeks." The eye drops would have expired approximately 05/15/2025. On 06/02/2025, Surveyor reviewed Resident 24's record. Resident 24 moved into the facility 04/07/2025. Resident 24's May 2025 MAR documented: "Latanoprost 0.005% - Instill 1 drop into right eye	{N 352}		

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{N 352}	Continued From page 5	{N 352}		

at bedtime. Start Date: 10/23/2024."
Medication was documented as administered as prescribed.

Example 4: Resident 25

On 05/30/2025, at approximately 3:00 PM, Surveyor, DCS P, and Wellness Director O observed Resident 25's medications in the med cart. Surveyor observed 2 bottles of Brimonidine Tartrate. One was opened 03/24/2025 and one was opened 04/20/2025. Surveyor asked if this medication had an expedited expiration date due to opening. Surveyor did not receive a response. Surveyor googled the product information sheet which stated once the eye drops were opened, they were to be discarded after 28 days. The bottle of eye drops expired approximately 04/24/2025 and 05/23/2025, respectively. Surveyor observed a bottle of Dorzolamide Hydrocholoride and Timolol Maleate Ophthalmic Solution (eye drops) inside the Brimonidine Tartrate packaging, with an open date of 03/24/2025. The bottle of eye drops expired approximately 04/24/2025.

On 06/02/2025, Surveyor reviewed Resident 25's record.

Resident 25 moved into the facility 12/11/2024.

Resident 25's May 2025 MAR documented:
"Brimonidine 0.2% - Instill 1 drop into right eye 2 times daily. Start Date: 12/02/2024. Discontinued Date: 05/09/2025."
"Brimonidine 0.2% - Instill 1 drop into right eye 3 times daily. Start Date: 05/09/2024."
Medication was documented as administered.
"Dorzol/Timol (Dorzolamide Hydrocholoride and Timolol Maleate Ophthalmic Solution) 22.3-6.8

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{N 352}	Continued From page 6 MG - instill 1 drop into right eye twice daily. Start Date: 12/02/2024." Medication was documented as administered. Resident 25 moved into the facility 10/25/2024. "Do not use this medicine after the expiry date which is stated on the carton and label after 'EXP'. The expiry date refers to the last day of that month. Do not store above 25°C. Discard after 28 days of opening." (Source: Package leaflet: Brimonidine Tartrate 0.2% w/v Eye drops, October 2020, https://www.medicines.org.uk/emc/files/pil.3426.pdf (retrieval date - June 08, 2025).) Example 5: Resident 26 On 05/30/2025, at approximately 3:00 PM, Surveyor, DCS P, and Wellness Director O observed Resident 26's medications in the med cart. Surveyor observed a Breo Ellipta inhaler with 21 remaining doses. The packaging stated the inhaler had been opened 03/01/2025. On 05/30/20255, Surveyor reviewed Resident 26's record. Resident 26 moved into the facility 02/26/2025. Resident 26's March, April, and May 2025 MARs documented: "Flutic/Vilan INH 200-25 (Breo Ellipta) - Inhale 1 puff by mouth once daily. Start Date: 02/20/2025. Discontinued Date: 05/18/2025." The MARs documented administration 03/01/2025 to 05/16/2025, 77 days. "Each inhaler of BREO contains 30 doses, which equals a 30-day supply. That's why your dose	{N 352}		

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{N 352}	Continued From page 7 counter starts at 30. BREO contains 2 medicines. Inside the inhaler, these 2 medicines are packaged in separate strips that each contain 30 blisters. When you open the inhaler (and hear the click), the contents of 1 blister from each strip combine to form 1 dose of BREO. You may see the quantity "60" mentioned in printouts about your prescription, but your inhaler provides 30 doses. The "60" refers to the number of blisters inside the inhaler and not the number of doses." (Source: Breo website, Breo Ellipta (fluticasone furoate 100 mcg [microgram] and vilanterol 25 mcg inhalation powder), May 2023, https://www.mybreo.com/#:~:text=Each%20inhaler%20of%20BREO%20contains,that%20each%20contain%2030%20blisters. (retrieval date - June 08, 2025).) DCS P stated the medication had been discontinued and the inhaler should have been removed from the cart. On 06/02/2025 at 10:45 AM, Surveyor interviewed Director N, Wellness Director O, Director of Clinical Services P, Director Q and Market Leader R. Surveyor discussed the concern of residents receiving their prescribed medications. Market Leader R stated staff would continue to be re-educated on proper medication administration.	{N 352}		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, record review and	N 388		

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interview, the provider did not follow 1 of 1 resident individual service plan (ISP).

This is a repeat deficiency. See Statement of Deficiency (SOD) BTKI12, dated 04/26/2024.

Resident 5's ISP was not implemented when a two person transfer was not utilized.

Findings include:

On 05/30/2025, at approximately 12:30 PM, Surveyor interviewed Resident 5. Resident 5 stated that staffing was still a concern at the facility. Resident 5 stated, "You feel bad for the person who ends up working by themselves because someone doesn't show up. Medications are administered late. You sit around and wait for them to assist you to bed for the evening, let alone if you need to be assisted during the evening, like toileting." Surveyor observed a Hoyer lift and a sit-to-stand lift in Resident 5's room. Surveyor observed an additional Hoyer lift in Resident 5's shower that stated, "Do Not Use, Broken!!" Surveyor asked Resident 5 if staff transferred him/her independently with the Hoyer lift. Resident 5 stated, "Yeah, staff will come in and say I am the only one here, so if I want to go to bed or be toileted, they do it by themselves."

On 05/30/2025, at approximately 2:00 PM, Surveyor interviewed Director of Clinical Services P. Surveyor asked how staffing per shift was being covered as Surveyor had received a concern about staffing levels, especially during the NOC shift. Director of Clinical Services P stated, "We are proud to say that we no longer have to utilize agency staff. We struggle at times with staff turnover." Director of Clinical Services P explained that staff were instructed to contact

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management if there was a no-call/no-show, stating, "Someone will come in to cover that shift." Surveyor asked for clarification as to how long a shift could be staffed by one caregiver when there was a call-in / no-show. Director of Clinical Services P stated staff from the previous shift would be asked to stay until a replacement arrived, but that it was not mandated. Surveyor requested the staff schedule from Director of Clinical Services P to determine how many staff members were scheduled per shift, due to concerns of not enough staff on evening shifts.

On 05/30/20225, Surveyor reviewed Resident 5's record.

Resident 5 moved into the facility 10/11/2022 with diagnoses including obesity.

Resident 5's individual service plan, dated 11/13/2024, documented:
"Mobility: Resident will receive assistance with non-ambulatory needs per resident choice ... Resident is non-ambulatory. Other assisted devices used - trapeze, hospital bed, Hoyer, and wheelchair. Requires assist of 2 for transfers with Hoyer. Mechanical lift used for transfers: uses bariatric Hoyer lift. Transfer- 2 person assist."

On 06/07/2025, Surveyor reviewed the staff schedules, dated 05/11/2025 to 05/30/2025, which documented:
05/11 - One staff from 12:00 AM to 6:00 AM
05/12 - One staff from 10:00 PM to 6:00 AM
05/17 - One staff from 10:00 PM to 6:00 AM
05/18 - One staff from 10:00 PM to 6:00 AM
05/20 - One staff from 10:00 PM to 6:00 AM
05/22 - Nobody is scheduled from 10:00 PM to 6:00 AM

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N 388	Continued From page 10 05/23 - One staff from 10:00 PM to 6:00 AM 05/26 - One staff from 10:00 PM to 6:00 AM On 06/08/2025 at 6:08 PM, Surveyor emailed Director N, Wellness Director O, Director of Clinical Services P, Director Q and Market Leader R. Surveyor questioned the availability of only one staff member during the NOC shift and the accuracy of the schedule, due to the lack of scheduled staff on 05/22/2025. As of 06/09/2025 at 5:00 PM, Surveyor did not receive a response.	N 388		
N 412	83.37(2)(a) Self-administered by resident. Self-administered by resident. 1. The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent under ch. 54, Stats., or does not have the physical or mental capacity to self-administer as determined by the resident ' s physician, or the resident requests in writing that CBRF employees manage and administer medication. 2. Except as specified under sub. (4), when a resident self-administers medications, prescribed and over-the-counter medications and dietary supplements shall remain under the control of the resident. The CBRF shall provide a secure place for the storage of medications in the resident ' s room. 3. A resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction. This Rule is not met as evidenced by: Based on observation, record review and	N 412		

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interview, the provider did not have an order in writing for 1 of 1 resident from his/her physician that s/he had the physical or mental capacity to self-administer his/her medications.

Resident 16 self-administered his/her prescribed Latanoprost (eye drops), which were kept at his/her bedside.

Findings include:

On 05/30/2025, at approximately 3:50 PM, Surveyor observed Resident 16 in his/her room. Surveyor noticed a bottle of Latanoprost sitting on Resident 16's nightstand. Surveyor asked if s/he was self-administering the eye drops. Resident 16 stated, "It depends on if I am shaky. If I need help, staff will help me."

On 05/30/2025, Surveyor reviewed Resident 16's record.

Resident 16 moved into the facility 06/27/2022.

Resident 16's May 2025 Medication Administration record documented: "Latanoprost Emulsion 0.005% - Instill 1 drop in both eyes at bedtime for glaucoma. Start Date: 06/24/2022."

On 05/30/2025, at approximately 4:00 PM, Surveyor interviewed Clinical Services Director P and Wellness Director O. Surveyor asked if the provider had a physician order stating that Resident 16 could administer his/her eye drops and keep them at bedside. Wellness Director O reviewed Resident 16's electronic record and stated a self-administration physician order was not on file.

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{N 432}	Continued From page 12	{N 432}		
{N 432}	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 residents reviewed received appropriate medication administration. This is a repeat deficiency. See Statement of Deficiency (SOD) RN3012, dated 11/15/2024. Correct medication administration of Resident 13's Bupropion and Memantine could not be determined. Correct medication administration of Resident 27's Cyclobenzaprine, Amlodipine, aspirin, Levetiracetam could not be determined. Findings include: On 05/30/2025, at approximately 3:00 PM, Surveyor, Director of Clinical Services (DCS) P, and Wellness Director O observed resident medications in the med carts. Surveyor observed:	{N 432}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015620	A. BUILDING: _____ B. WING _____	R-C 06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STOUGHTON MEADOWS ASSISTED LIVING	2321 JACKSON ST STOUGHTON, WI 53589

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{N 432}	Continued From page 13 Resident 13's blister card of morning Bupropion, dispensed date 04/30/2025, with 4 of 28 tablets remaining. Resident 13's blister card of bedtime Memantine, dispensed date 04/30/2025, with 4 of 28 tablets remaining. Resident 27's blister card of morning aspirin, dispensed date 04/30/2025, with 4 of 28 tablets remaining. Resident 27's blister card of morning Amlodipine, dispensed date of 04/30/2025, with 3 of 28 tablets remaining. Resident 27's blister card of bedtime Cyclobenzaprine, dispensed date of 04/30/2025, with 5 of 28 tablets remaining. Resident 27's blister card of evening Levetiracetam, dispensed date 04/30/2025, with 5 of 28 tablets remaining. Surveyor asked what date did the med cycle start. DCS P stated that the meds were delivered after the date they were dispensed, 04/30/2025. Surveyor requested Resident 13's and Resident 27's May Medication Administration Records (MARs). Resident 13's May 2025 MAR documented: -Bupropion HCL (hydrochloride) 75 MG (milligram) - Give 0.5 tablet by mouth two times a day. Start Date: 08/14/2024. All medication opportunities were documented as administered. -Memantine HCL 10 MG - Give 1 tablet by mouth two times a day. Start Date: 05/25/2023. All medication opportunities were documented as administered. Resident 27's May 2025 MAR documented: -Amlodipine 5MG - Take 1 tablet by mouth once	{N 432}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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STOUGHTON MEADOWS ASSISTED LIVING	2321 JACKSON ST STOUGHTON, WI 53589

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{N 432}	Continued From page 14 daily. All medication opportunities were documented as administered. -Aspirin 81MG - Take 1 tablet by mouth one time a day. All medication opportunities were documented as administered. -Cyclobenzaprine HCL 10 MG - Take 1 tablet by mouth at bedtime. All medication opportunities were documented as administered. -Levetiracetam 250 MG - Take 1.5 tablet by mouth one time a day. All medication opportunities were documented as administered. Surveyor asked why there were different amounts of tablets left in Resident 13's and Resident 27's blister cards, since the medications were part of the med cycle, and they had the same dispensed date. Surveyor did not receive a response. Surveyor stated Resident 13's morning meds have 4 tablets remaining, while Resident 27's had 3 or 4 tablets remaining; Resident 13's bedtime meds have 4 tablets remaining, while Resident 27's had 5 tablets remaining. Surveyor stated this observation was found in several resident medications. DCS P stated that the pharmacy is on a 28-day rotation, so the start date of the med cycle is different each month. Surveyor asked what day did the med cycle start in May, since the cards were dispensed on 04/30/2025. DCS P could not answer.	{N 432}		