STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020255	A. BUILDING: _____ B. WING _____	R 06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAYMOND HOUSE	825 SOUTHBOUND DRIVE DE FOREST, WI 53532

(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 06/02/2025, Surveyors conducted a verification visit of Statement of Deficiency [SOD] #S5IW11 at Raymond House. Three (3) citations of noncompliance were issued. Two (2) of 3 citations were repeat citations of noncompliance from SOD #S5IW11. Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed. Census: 7	{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 record review and interview, the provider did not ensure Resident 1 received his/her sliding scale insulin as prescribed 6 times from 05/15/2025 to 06/02/2025. *Repeat deficiency from statement of deficiency (SOD) S5IW11, dated 03/18/2025. Findings include: On 06/02/2025 at approximately 11:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 07/24/2023 with a diagnosis of diabetes. Resident	{N 352}		

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

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{N 352}	Continued From page 1 1's physician orders included: -insulin aspart 100 unit/ml Pen, inject subcutaneously 10UN after breakfast **skip if skipping meal** PLUS SS: <151=0UN; 151-200=1UN; 201-250=2UN; 251-300=3UN; 301-350=4UN; 351-400=5UN; 401-450=6UN; 451-500=7UN; >500=8UN. -insulin aspart 100 unit/ml Pen, inject subcutaneously 8UN after lunch **skip if skipping meal** PLUS SS: <151=0UN; 151-200=1UN; 201-250=2UN; 251-300=3UN; 301-350=4UN; 351-400=5UN; 401-450=6UN; 451-500=7UN; >500=8UN. -insulin aspart 100 unit/ml Pen, inject subcutaneously 8UN after dinner **skip if skipping meal** PLUS SS: <151=0UN; 151-200=1UN; 201-250=2UN; 251-300=3UN; 301-350=4UN; 351-400=5UN; 401-450=6UN; 451-500=7UN; >500=8UN. -insulin aspart 100 unit/ml Pen, inject subcutaneously once daily at bedtime: <201=0UN; 201-250=2UN; 251-300=3UN; 301-350=4UN; 351-400=5UN; 401-450=6UN; 451-500=7UN; >500=8UN. Surveyor reviewed Resident 1's medication administration record (MAR) from May 15 to June 2, 2025, which documented the following occurrences when Resident 1's sliding scale insulin was not administered as ordered: -05/17 at 12:14 p.m. Blood Sugar 277 - 12 additional units documented as administered. *Per order, 3 additional units of insulin should have been administered.	{N 352}		

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{N 352}	Continued From page 2 -05/17 at 5:53 p.m. Blood Sugar 254 - 12 additional units documented as administered. *Per order, 3 additional units of insulin should have been administered. -05/19 at 12:28 p.m. Blood Sugar 431 - 2 additional units documented as administered. *Per order, 6 additional units of insulin should have been administered. -05/22 at 8:35 p.m. No Blood Sugar documented. -5/23 at 8:00 p.m. Blood Sugar 771 - 5 additional units documented as administered *Per order, 8 additional units of insulin should have been administered. -05/25 at 6:33 p.m. Blood Sugar 251 - 2 additional units documented as administered. *Per order, 3 additional units of insulin should have been administered. -05/31 at 11:09 a.m. Blood Sugar 253 - 2 additional units documented as administered. *Per order, 3 additional units of insulin should have been administered. At approximately 2:00 p.m., Surveyor reviewed the above concerns with Administrator J and Consultant E, who said s/he will have to look at the MARs. Consultant E stated that they were in the process of finding new placement for Resident 1 due to concerns with his/her diabetes. At 4:40 p.m., Consultant E emailed Surveyor, "Can you also provide clarification on what the errors were in the MAR for [Resident 1]-- we want to be sure to correct them immediately." At 3:03 p.m., Surveyor sent Consultant E the medication errors listed above and asked if the information the Surveyor was provided is different than the documentation Consultant E was reviewing.	{N 352}		

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{N 352}	Continued From page 3 At 7:38 p.m., Consultant E stated, "We'll review the medications more closely- thanks!"	{N 352}		
{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 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 Resident 2's individual service plan (ISP) was updated to include suicidal ideation which resulted in a hospital visit on 04/29/2025. *Repeat deficiency from statement of deficiency (SOD) S5IW11, dated 03/18/2025. Findings include: On 06/02/2025 at approximately 11:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 02/10/2025. Surveyor asked Administrator J to review Resident 2's most up to date ISP. Administrator J	{N 389}		

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{N 389}	Continued From page 4	{N 389}		

provided Surveyor with an ISP dated 04/21/2025. The ISP documented:
Self-Abusive Behavior - Not Applicable
Suicidal Tendencies - Not Applicable
Mental Illness - Resident has a diagnosis of mental health and sometimes has behaviors such as calling 911 if staff does not come to help fast enough. If you're in with another resident, reassure the resident that [his/her] needs will be met as soon as possible.

Surveyor reviewed Resident 2's incident reports which documented:
-04/26/2025, at 1:36 a.m., incident classification - Behavior, Danger to Self
"Staff was doing rounds went into resident room and found [him/her] halfway out of the bed. When staff asked what happened resident stated that [s/he] was trying to get out the bed to change [him/herself]. Staff asked [him/her] why [s/he] didn't just ask for help [s/he] stated that [s/he] didn't want to. Staff explained for[sic] dangerous this could be and resident stated that [s/he] didn't care." Resident statement, "I can't wait ti[sic] get out of here on Sunday. Wish I wasn't here."

04/29/2025, at 6:03 p.m., incident classification - Behavior, Danger to Self
"Attempting to slide [him/herself] out of the chair, choking [him/herself] & stating that [s/he] wants to 'kill [him/herself]' a threat to [him/herself] & others. Also is refusing to let us change [him/her]."

Surveyor reviewed an emergency department discharge summary dated 04/29/2025, that detailed Resident 2 needed emergency treatment for suicidal ideation. The discharge summary also included a collaborative safety plan, specific to Resident 2, which included the number for the

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{N 389}	Continued From page 5 national suicide hotline. On 06/02/2025, at 1:40 p.m., Surveyor interviewed Resident 2, who is their own legal decision maker. Surveyor asked Resident 2 if his/her ISP had been updated with him/her to include a safety plan. Resident 2 stated the staff have talked with him/her about his/her doctor visits due to a swollen colon, but was unsure of any other concerns that have been addressed or updated. At 1:45 p.m., Surveyor interviewed Caregiver I. Caregiver I stated that s/he was aware that Resident 2 makes suicidal comments noting that s/he will say things like, "Just kill me now or I'll throw myself on the floor." Caregiver I stated that this has been ongoing and that s/he used to make the same suicidal comments at his/her previous placement as well. At 1:50 p.m., Surveyor interviewed Caregiver H, who stated that they started out as agency staff but has been working at the house regularly and will become a permanent staff there. Caregiver H stated s/he had reviewed resident ISPs and was unaware of any residents that have suicidal ideation or anyone with a safety plan, just that some residents, "fuss and curse".	{N 389}		
N 431	83.38(1)(g) Health monitoring. 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: Health	N 431		

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N 431	Continued From page 6	N 431		

monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not monitor Resident 1's physical health by not documenting Resident 1's blood sugar each time it was indicated in his/her physician order.

Findings include:

On 06/02/2025 at approximately 11:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 07/24/2023 with diagnosis including diabetes. Resident 1's physician orders included:
-insulin aspart 100 unit/ml Pen, inject subcutaneously 10UN after breakfast **skip if skipping meal** PLUS SS: <151=0UN; 151-200=1UN; 201-250=2UN; 251-300=3UN;

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N 431	Continued From page 7	N 431		

301-350=4UN; 351-400=5UN; 401-450=6UN; 451-500=7UN; >500=8UN.
-insulin aspart 100 unit/ml Pen, inject subcutaneously 8UN after lunch **skip if skipping meal** PLUS SS: <151=0UN; 151-200=1UN; 201-250=2UN; 251-300=3UN; 301-350=4UN; 351-400=5UN; 401-450=6UN; 451-500=7UN; >500=8UN.
-insulin aspart 100 unit/ml Pen, inject subcutaneously 8UN after dinner **skip if skipping meal** PLUS SS: <151=0UN; 151-200=1UN; 201-250=2UN; 251-300=3UN; 301-350=4UN; 351-400=5UN; 401-450=6UN; 451-500=7UN; >500=8UN.
-insulin aspart 100 unit/ml Pen, inject subcutaneously once daily at bedtime: <201=0UN; 201-250=2UN; 251-300=3UN; 301-350=4UN; 351-400=5UN; 401-450=6UN; 451-500=7UN; >500=8UN.
-Low BS (blood sugar) protocol: "If blood sugar <70, give (4) Glucose Tabs or 4oz of Oj. re-check in Fifteen Minutes on Meter, if Still <70, give another Four Tabs Repeat Steps until Bg (blood glucose) >70 on Meter (not Sensor. Reason: Comes from Cwi, type 1 Diab With Mild Nonp Rtno"

Surveyor reviewed Resident 1's medication administration record (MAR) from May 15 to June 2, 2025, which documented the following occurrences when Resident 1's blood sugar was not documented as ordered:
-05/22 at 8:35 p.m. - No Blood Sugar documented.
-05/26 at 1:26 p.m. - BS documented as 263 with appropriate insulin dose received. At 1:39 p.m. - BS was documented at 93 with no sliding scale administered. There was no documentation to clarify the discrepancy to identify accurate sliding scale dose.

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N 431	Continued From page 8	N 431		

-05/26 at 4:42 p.m. - BS 56, Low BS protocol was initialed.
*no documentation of BS re-checked in 15 minutes, per low BS protocol.
05/30 at 4:43 p - BS 57, Low BS protocol was initialed.
*no documentation of BS re-checked in 15 minutes, per low BS protocol.

At approximately 2:00 p.m., Surveyor reviewed the above concerns with Administrator J and Consultant E, who said s/he will have to look at the MARs. Consultant E stated that they were in the process of finding new placement for Resident 1 due to concerns with his/her diabetes.

At 4:40 p.m., Consultant E emailed Surveyor, "Can you also provide clarification on what the errors were in the MAR for [Resident 1]-- we want to be sure to correct them immediately."

On 06/03/2025, at 3:03 p.m., Surveyor sent Consultant E the above listed concerns with the monitoring and documentation of Resident 1's blood sugars.

At 7:38 p.m., Consultant E stated, "We'll review the medications more closely-thanks!"