| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018355 | A. BUILDING: _____ B. WING _____ | 01/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EUPHORIA WEST ALLIS | 2330 S 54TH STREET WEST ALLIS, WI 53219 |

| (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 |
|---|---|---|---|---|
| U 000 | INITIAL COMMENTS<br><br>On 01/18/2024 Surveyor conducted a standard survey and 2 complaint investigations at Euphoria of West Allis.<br><br>One deficiency was identified.<br>Two complaints were unsubstantiated.<br><br>Census: 89 | U 000 | | |
| U 129 | 89.23(4)(a)2. SERVICES<br><br>PROVIDER QUALIFICATIONS.<br><br>Service Providers.<br><br>Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the facility did not ensure 3 of 3 staff records (Caregiver D, Caregiver E and Caregiver F) included documentation of the delegation of nursing services for medication administration, which included insulin administration. Three of 3 employee records reviewed documentation was absent for delegation of nursing services consistent with the standards contained in the Wisconsin nurse practice act. Tenant 1 and Tenant 2 required insulin administration. | U 129 | | |

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

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| U 129 | Continued From page 1<br><br>Findings include:<br><br>On 01/18/2024, at 12:15 p.m., Surveyor reviewed for caregiver files and interviewed caregivers. The following was identified:<br><br>Caregiver D:<br>Caregiver D was hired on 06/24/2021. Caregiver D's 'Med (medication) Pass Competency' documentation, included registered nurse (RN) delegation and was dated 02/18/2022 and was not signed by an RN, but was signed by a Licensed Practice Nurse (LPN).<br><br>On 0/18/2024 at 2:20 p.m., Surveyor interviewed Caregiver D who stated s/he had RN delegation with Former LPN B. Caregiver D confirmed his/her signature and LPN B's signature on the med pass competency document.<br><br>Caregiver D confirmed administering insulin to Tenant 1 during his/her shifts.<br><br>Caregiver E:<br>Caregiver E was hired on 05/17/2021. Caregiver E's 'Med (medication) Pass Competency' documentation, included RN delegation and was dated 02/2022, and was not signed by an RN, but was signed by an LPN.<br><br>On 0/18/2024 at 1:10 p.m., Surveyor interviewed Caregiver E who stated s/he had RN delegation with Former LPN B. Caregiver E confirmed his/her signature and LPN B's signature on the med pass competency document.<br><br>Caregiver E confirmed administering insulin to Tenant 2 during his/her shifts. | U 129 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| U 129 | Continued From page 2<br><br>Caregiver F:<br>Caregiver F was hired on 04/12/2023. Caregiver F's 'med pass competency' documentation, included RN delegation and was dated 05/07/2023, and was not signed by an RN, but was signed by an LPN.<br><br>On 0/18/2024 at 10:08 a.m., Surveyor interviewed Caregiver F who stated s/he had RN delegation with Former LPN B.<br><br>Caregiver F confirmed his/her signature and LPN B's signature on the med pass competency document. Caregiver F confirmed administering insulin to Tenant 1.<br><br>On 01/18/2024 at 11:55 a.m., Surveyor interviewed Executive Director (ED) A. ED A reported the previous director of nursing (DON) was an LPN. S/He was responsible for delegating staff before they administered medication. ED A explained LPN B was employed with the facility from 11/23/2021 to 11/29/2023. S/He was the last person to delegate insulin medication administration to the staff.<br><br>On 01/18/2024 at 3:10 p.m., ED A provided copy of Wisconsin Department of Safety and Professional Services Credentialing Search, confirming LPN B's licensure until 04/30/2025.<br><br>On 01/18/2024 at 3:20 p.m., Surveyor reviewed findings with ED A, who stated, "I was not aware of this. I thought an LPN was okay." | U 129 | | |