STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016219	A. BUILDING: _____ B. WING _____	R-C 05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE NORTH SHORE	**8875 N 60TH ST BROWN DEER, WI 53223**

(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 05/06/2026, Surveyor conducted a standard survey, verification visit, and 3 complaint investigations at New Perspective North Shore. As a result, all deficiencies identified in Statement of Deficiency (SOD) THTD11 were corrected, 1 new deficiency was identified, 2 complaints were substantiated, and 1 complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 44	{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, interview and record review, the provider did not ensure 1 of 3 (Resident 1) residents received all her/his prescribed medications prescribed by a practitioner. Resident 1 did not receive her/his gabapentin, lisinopril, metoprolol, allopurinol, atorvastatin, potassium chloride, preservision, triamterene/hydrochlorothiazide (TRIAMT/HCTZ), or vitamin D3, as prescribed on 02/24/2026. Findings include: On 03/19/2026 and 03/23/2026, the Department	N 352		

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

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N 352	Continued From page 1 received complaints alleging medication errors. Record Review On 05/06/2026, at approximately 2:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/23/2026 with diagnoses including hyperthyroidism, type two diabetes, hypokalemia, and nontraumatic intracerebral hemorrhage. On 05/06/2026, at approximately 2:30 PM, Surveyor reviewed Resident 1's medication administration record (MAR) for February 2026. Resident 1 was prescribed the following medications gabapentin tablet (tab) 600 milligram (mg) - Take 1 tablet by mouth twice daily for gout, lisinopril tab 5mg - Take 1 tab for thyrotoxicosis [hyperthyroidism], metoprolol succinate (suc) tab 25mg - Take 1 tablet by mouth once daily for essential hypertension, potassium chloride 10 milliequivalent (meq), allopurinol tab 300mg - Take 1 tablet by mouth once daily for gout, atorvastatin tab 10 mg - Take 1 tablet by mouth daily for: hyperlipidemia, vitamin D3 2000 international units (IU) tab -- Take twice daily for supplement, preservision capsule (cap) - Take 1 capsule by mouth twice daily for hyperthyroidism, and TRIAMT/HCTZ cap 37.5 - 5.25 - Take 1 capsule by mouth once daily for hyperlipidemia. Surveyor reviewed Resident 1's medication administration record (MAR), dated 02/23/2026 -03/22/2026, and identified the following: February 24, 2026, 8:00 AM gabapentin tab 600mg - circled initials with note - "Out of building" lisinopril tab 5mg - circled initials with note - "Out	N 352		

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N 352	Continued From page 2 of building" potassium chloride 10meq - circled initials with note - "Out of building" metoprolol succinate tab 25mg - circled initials with note - "Out of building" allopurinol tab 300mg - circled initials with note - "Out of building" atorvastatin tab 10mg - circled initials with note - "Out of building" vitamin D3 2000IU tab - circled initials with note - "Out of building" preservision capsule - circled initials with note - "Out of building" TRIAMT/HCTZ cap 37.5 - 5.25 - circled initials with note - "Out of building" Resident 1's file included a document labeled "Attestation of Medication Administration", dated 02/24/2026, which indicated Resident 1 was not given her/his 8:00AM medications by Caregiver F. The form indicated Resident 1's medications were "not available". Interview On 05/06/2026, at approximately 3:00 PM, Surveyor interviewed Administrator A, Director of Wellness B, and Regional Registered Nurse (RN) C. Administrator A and Director of Wellness B confirmed medications were not given when documented with circled initials on Resident 1's MAR. Administrator A and Director of Wellness B reported the medication cart was later checked, and staff confirmed Resident 1's medications were available and in the medication cart. Administrator A and Director of Wellness B indicated after the issue was resolved, retraining was conducted, and Resident 1 received all her/his prescribed afternoon medications.	N 352		