STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012461	A. BUILDING: _____ B. WING _____	C 06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR GROVE GARDENS II	626 VAN ALTENA AVE CEDAR GROVE, WI 53013

(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 06/15/2023, Surveyor conducted a complaint investigation at Cedar Grove Gardens II, a Community-Based Residential Facility (CBRF) in Cedar Grove, WI. One deficiency identified. Complaint unsubstantiated. Census: 19	N 000		
N 410	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the prescribing practitioner, supervising nurse or pharmacist, as soon as possible, after Resident 1 refused medications for 2 consecutive days. Findings include:	N 410		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 410	Continued From page 1 On 06/15/2023, Surveyor reviewed Resident 1's facility file. Resident 1 was admitted to the facility on 03/23/2021, with diagnoses including Type 2 Diabetes Mellitus, Essential Hypertension, Hyperlipidemia, Chronic Kidney Disease, Acquired Absence of Right Great Toe. Resident 1 had a Physician Order for: Humalog Kwik 100/ ML Inj: Inject 6 units subcutaneously three times a day before meals (8:00 AM, 12:00 PM, 05:00 PM). Hold for blood sugar reading <115. On 06/15/2023, Surveyor reviewed Resident 1's April 2023 Medication Administration Record (MAR). The MAR documented that Resident 1 refused the following medications on these dates: Humalog Kwik 100/ ML Inj (8:00 AM dose): 04/03/2023, 04/05/2023, 04/07-08/2023, 04/10-16/2023, 04/19-20/2023 (12:00 PM dose): 04/02/2023, 04/04/2023, 04/06/2023, 04/10/2023, 04/12/2023, 04/17/2023 (5:00 PM dose): 04/02/2023, 04/07-08/2023, 04/10/2023, 04/12-13/2023, 04/15/2023, 04/18/2023 On 06/15/2023, Surveyor reviewed the above information with Manager A and LPN B. Surveyor asked why Resident 1's medications were refused or not given on those certain days. Manager A and LPN B could not provide a reason because there was no reason documented on the MAR as to why the medication wasn't given. LPN B stated sometimes Resident 1 wanted to receive his/her insulin still even if it was below the 115 blood sugar reading. Surveyor asked Manager A if the facility reported to the prescribing practitioner, supervising nurse	N 410		

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N 410	Continued From page 2 or pharmacist, as soon as possible, when Resident 1 refused their medication for 3 consecutive days. Manager A and LPN B stated they did not.	N 410		