STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010279	A. BUILDING: _____ B. WING _____	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD VILLAGE	1425 HEMLOCK STREET SAUK CITY, WI 53583

(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 On 01/22/2025, Surveyor conducted a standard survey at Maplewood Village, a RCAC in Sauk City. Four deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) NTL611, dated 10/14/2022. Census: 24	U 000		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medication administration and management performed by 3 of 3 caregivers reviewed was delegated under the supervision of a nurse or pharmacist. Caregiver D, Caregiver E and Caregiver F administered tenant medications without delegation from a nurse or pharmacist. This is a repeat deficiency. See Statement of	U 129		

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

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U 129	Continued From page 1 Deficiency (SOD) NTL611, dated 10/14/2022. Findings include: On 01/22/2025 at approximately 11:00 a.m., Surveyor reviewed 3 employee records, which documented the following: - Caregiver D was hired on 09/12/2024. Caregiver D's record indicated s/he had received training in medications but did not include delegation for medication administration from a RN or pharmacist. - Caregiver E was hired on 09/05/2024. Caregiver E's record indicated s/he had received training in medications but did not include delegation for medication administration from a RN or pharmacist. - Caregiver F was hired on 08/12/2024. Caregiver F's record indicated s/he had received training in medications but did not include delegation for medication administration from a RN or pharmacist. On 01/22/2025 at approximately 12:00 p.m., Surveyor interviewed Administrator A, who confirmed Caregiver D, Caregiver E and Caregiver F all administered medications at the complex. Administrator A stated the caregivers reviewed did not have current RN delegation. Administrator A explained that the provider previously had a RN that was working "intermittently." Administrator A stated s/he (Administrator A, who was not a nurse or pharmacist), was instructed to review medication administration with each caregiver and then have the RN "sign off" on administration, but the "signing off" never occurred. Administrator A stated Interim DON C joined the provider in Fall 2024 but had not completed any medications	U 129		

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U 129	Continued From page 2 administration delegations. Administrator A stated DON C would begin completing RN delegations next week.	U 129		
U 171	89.26(4) ANNUAL REVIEW A tenant's capabilities, needs and preferences identified in the comprehensive assessment shall be reviewed at least annually to determine whether there have been changes that would nescessitate a change in the service or risk agreement. The review may be initiated by the facility, the county department designated under sub. (3)(c)2., or at the request of or on the behalf of the tenant. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 tenants reviewed, that had resided at the complex for greater than 1 year, had their comprehensive assessment reviewed at least annually. Tenant 1 and Tenant 2's comprehensive assessments had not been updated in greater than 1 year. Findings include: On 01/22/2025 at approximately 10:00 a.m., Surveyor reviewed tenant records and identified the following concerns: - Tenant 1 was admitted to the provider's complex on 06/20/2023. Tenant 1's comprehensive assessment was dated 06/20/2023. - Tenant 2 was admitted to the provider's complex on 01/29/2023. Tenant 2's comprehensive assessment was dated 01/29/2023.	U 171		

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U 171	Continued From page 3 On 01/22/2025 at approximately 10:20 a.m., Surveyor interviewed Administrator A and asked if the provider had an updated comprehensive assessment for Tenant 1 or Tenant 2. Administrator A replied, "No," and stated it was not a standard process for comprehensive assessments to be updated annually. On 01/22/2025 at approximately 10:45 a.m., Surveyor interviewed Manager B and reviewed Tenant 1 and Tenant 2's current care needs as compared to their comprehensive assessments. Surveyor noted that Tenant 1's assessment did not include his/her need for assistance with bathing and his/her use of a walker. Surveyor noted Tenant 2's comprehensive assessment indicated s/he required supervision with bathing and dressing; however, Manager B stated Tenant 2 was independent with all personal cares.	U 171		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 tenants reviewed had a jointly negotiated risk agreement related to his/her risk identified in his/her initial comprehensive assessment. Tenant 3 did not have a risk agreement regarding his/her high risk	U 189		

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U 189	Continued From page 4 of falls. Findings include: On 01/22/2025 at approximately 10:00 a.m., Surveyor reviewed Tenant 3's record. Tenant 3 admitted to the provider's complex on 07/05/2024 with diagnoses including high blood pressure and confusion. Tenant 3's record included documentation of falls occurring on 12/11/2024, 01/09/2025 and 01/21/2025. Tenant 3's record included an assessment, dated 07/05/2024, that identified him/her as a high fall risk. Tenant 3's record did not include a risk agreement regarding falls. On 01/22/2025 at approximately 10:15 a.m., Surveyor interviewed Administrator A regarding Resident 3's risk of falls. Administrator A stated the provider did not complete a risk agreement related to falls with Resident 3, who was his/he own decision maker, but had discussed his/her need for a higher level of care with family. Administrator A stated the provider's risk agreements typically involved topics such as the provider's staff completing housekeeping or laundry tasks.	U 189		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all	U 267		

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U 267	Continued From page 5 of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 tenants reviewed received all medications as prescribed. Tenant 1 received his/her Furosemide PRN 4 times from 12/01/2024 to 12/16/2024 when s/he did not have a weight change indicating the need for Furosemide PRN. Findings include: On 01/22/2025 at approximately 10:00 a.m., Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the provider's facility on 06/20/2023. Tenant 1's physician orders included Furosemide 20 mg PRN for weight gain of 3 lbs. (Start Date: 11/16/2024, Discontinued 12/16/2024). Tenant 1's comprehensive assessment, dated 06/20/2023, indicated the provider's staff administered his/her medications. Tenant 1's Medication Administration Record (MAR), dated 12/01/2024 to 12/16/2024, documented the administration of Furosemide 20 mg PRN on 12/03/2024, 12/04/2024, 12/05/2024,	U 267		

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U 267	Continued From page 6 and 12/06/2024. On 01/22/2025 at approximately 11:00 a.m., Surveyor requested documentation of Tenant 1's weights from Manager B. Manager B followed up with caregivers and provided Surveyor with a log kept by Tenant 1. The log indicated Tenant 1 did not have a weight change from 12/02/2024 to 12/05/2024 and had a weight increase of 1 lb. from 12/05/2024 to 12/06/2024. On 01/22/2025 at approximately 11:30 a.m., Surveyor reviewed concern with Interim DON C that Tenant 1 received his/her Furosemide PRN on 12/03/2024, 12/04/2024, 12/05/2024, and 12/06/2024 when his/her weight did not indicate an increase of 3 lbs. or greater. Interim DON C acknowledged Surveyor's observation and followed up with caregivers. Interim DON C stated caregivers reported that Tenant 1's family member would request the Furosemide PRN be given at times based on what Tenant 1 ate rather than weight. Interim DON C stated s/he would provide education to caregivers to follow physician orders. Cross Reference: U0118 DHS 89.23(2)(a)2.c. Services	U 267		