STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017474	A. BUILDING: _____ B. WING _____	C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITES AT BELOIT (THE)	2122 PIONEER DRIVE BELOIT, WI 53511

(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 From 04/02/2025 through 04/03/2025, Surveyors conducted a complaint investigation at Suites At Beloit, a CBRF located in Beloit, WI. Two deficiencies were identified. Both deficiencies were repeat - See Statement of Deficiency (SOD) 2V8211, dated 08/07/2019, 1T9T11, dated, 05/12/2021, SOD 1T9T12, dated 08/16/2021, 1T9T13, dated 03/14/2022, 7BFM11, dated 01/05/2023, and X1V311, dated 05/10/2023. The complaint was unsubstantiated. Census: 40	N 000		
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 an individual service plan (ISP) was updated when there was a change in	N 389		

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

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N 389	Continued From page 1	N 389		

condition or need.

Resident 1's ISP was not updated to address elopement from the facility.

This is a repeat violation. See Statement of Deficiency 7BFM11, dated 01/05/2023, and 2V8211, dated 08/07/2019.

Findings include:

On 04/02/2025 at approximately 1:30 p.m., Surveyor reviewed Resident 1's record. S/he was admitted to the facility on 05/09/2024, with a diagnosis of dementia, schizoaffective disorder, depression, and diabetes. The Individual Service Plan (ISP), dated 06/16/2024, stated that Resident 1, "does not have any behaviors." The ISP did not indicate that Resident 1 should be monitored for elopement.

At approximately 2:30 p.m., while reviewing progress notes, Surveyor noted that Resident 1 had a progress note, dated 01/11/2025, that stated, "Writer was passing dinner meds when s/he heard the door alarm go off. When writer reached the door, resident had eloped out of the facility. Another staff member found resident around the corner down the street next to apartment complex."

On 04/02/2025 at approximately 3:30 p.m., Surveyor interviewed Administrator A who stated that caregivers called it elopement, but it was more of a delusion. Administrator A said that Resident 1 had, "delusions and would get up and go out." Administrator A stated that staff were able to catch him/her before the exit doors during other delusions.

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N 389	Continued From page 2 On 04/02/2025 at approximately 4:00 p.m., Surveyor discussed Resident 1's ISP not being updated to address concerns of elopement or delusions with Administrator A. Administrator A acknowledged that, "It is a good point to put that in the ISP."	N 389		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, provider did not ensure that 1 of 2 resident's unit of medication was documented after administration. This is a repeat deficiency. See Statement of Deficiency (SOD) 1T9T11, dated, 05/12/2021, SOD 1T9T12, dated 08/16/2021, 1T9T13, dated 03/14/2022, and X1V311, dated 05/10/2023. Finding Include: On 04/02/2025 at approximately 2:00 p.m., Surveyor reviewed Resident 2's Medication	N 415		

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N 415	Continued From page 3 Administration Record (MAR) from 02/13/2025 through 04/02/2025. Resident 2 is prescribed sliding scale Novolog Insulin three times a day for a diagnosis of diabetes. The physician order stated to administer Novolog Insulin three times daily at 7:30 a.m., 11:30 a.m., and 4:30 p.m. If blood sugar was less than 130 give 0 units, 131-180 give 2 units, 181-240 give 4units, 241-300 give 6 units, 301-350 give 8 units, 351-400 give 10 units, and 401 and above give 12 units and notify doctor. Resident 2's MAR did not have documentation of the units dosed of Insulin from 02/13/2025 through 04/02/2025. Sliding Scale Novolog Insulin was administered 146 times with no documentation of how many units were administered to Resident 2. On 04/02/2025 at approximately 3:45 p.m., Surveyors interviewed Administrator A. Administrator A stated that documentation of units were not documented anywhere else in progress notes. Administrator A acknowledged that Resident 2's MARs did not have documentation of units administered for the Novolog Insulin. On 04/03/2025 at approximately 11:00 a.m., Surveyor shared concern with Administrator A and Nurse Manager B. Nurse Manager B stated that s/he agreed that it should be documented on the MAR. Administrator A stated they would start that as soon as possible.	N 415		