STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016597	A. BUILDING: _____ B. WING _____	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J & B ASSISTED LIVING	1013 GATEWAY PASS VERONA, WI 53593

(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 04/23/2025, Surveyor conducted a standard licensing survey at J & B Assisted Living, a CBRF located in Verona, WI. As a result of the survey, 3 violations of Chapter DHS 83 were issued. Census: 8	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Caregiver B had a documented caregiver background check. Caregiver B did not have a caregiver background check in his/her file. Findings include: On 04/23/2025 at 9:00 AM, Surveyor reviewed	N 219		

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

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N 219	Continued From page 1 Caregiver B's employee file. Caregiver B was hired 12/27/2023. There was no Department of Justice (DOJ) or Integrated Background Information System (IBIS) in Caregiver B's file. On 04/23/2025 at 9:30 AM, Surveyor interviewed Licensee A. Licensee A stated that a background check had been completed but must have been misplaced. Surveyor gave Licensee A until 04/24/2025 at 11:00 AM to provide further information. On 04/23/2025 at 12:47 PM, Licensee A emailed Surveyor stating that s/he could not find the background check for Caregiver B and completed a new one dated 04/23/2025, the day of survey.	N 219		
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, the provider did not accurately document medication	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016597	A. BUILDING: _____ B. WING _____	04/23/2025

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J & B ASSISTED LIVING	1013 GATEWAY PASS VERONA, WI 53593

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N 415	Continued From page 2	N 415		

administration for Resident 1. There was no documentation for Resident 1's sliding scale insulin dose based on blood sugar checks.

Findings include:

On 04/23/2025 at 9:45 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 10/01/2024 with a primary diagnosis of Type II Diabetes and is on sliding scale insulin.

Resident 1 was prescribed insulin aspart 100 unit/ml sliding scale: less than 150=0 units, 150-199= 2 units, 200-249= 4 units, 250-299= 6 units, 300-349= 8 units, more than 350= 10 units with a maximum daily dose of 36 units.

On 04/23/2025 at 9:45 AM, Surveyor requested Resident 1's Medication Administration Record (MAR) for the months of March 2025 and April 2025. Resident 1's MAR for March 2025 and April 2025 did not indicate the dose of insulin Resident 1 received based on blood sugar checks.

On 04/23/2025 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated, "sliding scale insulin is very new to us and we don't have a way to document the dose in the computer." Surveyor asked Licensee A if the insulin dose for Resident 1 was documented at all, Licensee A stated, "No, we just give the amount of insulin that is warranted by the blood sugar check." Licensee A acknowledged that accurate documentation of medications should be completed. Licensee A stated s/he would contact the electronic charting company to add the feature and would manually document until the update.