| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 111056 | A. BUILDING: _____ B. WING _____ | R-C 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SYLVAN CROSSINGS AT HUNTER RIDGE | 626 MONROE ST BEAVER DAM, WI 53916 |

| (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<br><br>On 05/29/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit and a complaint investigation at Sylvan Crossings at Hunter Ridge, a community based residential facility (CBRF) located in Beaver Dam, WI.<br><br>As a result of the survey, 2 deficiencies were identified.<br><br>Both deficiencies are repeat deficiencies. See Statement of Deficiency (SOD) V0S814, dated 01/03/2024, SOD V0S813, dated 08/08/2023, SOD V0S812, dated 02/17/2023, and SOD V0S811, dated 07/01/2022.<br><br>The complaint was unsubstantiated.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 18 | {N 000} | | |
| {N 352} | 83.32(3)(h) Rights of Residents: Receive medication<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that Residents 2 and 17 received their insulin in the dosages prescribed by their practitioners. | {N 352} | | |

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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| SYLVAN CROSSINGS AT HUNTER RIDGE | 626 MONROE ST BEAVER DAM, WI 53916 |

| (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 352} | Continued From page 1<br><br>Resident 2 received the incorrect amount of insulin on 5 occasions between 05/01/2024 - 05/29/2024.<br><br>Resident 17 received the incorrect amount of insulin on 2 occasions between 05/01/2024 - 05/29/2024.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) V0S814, dated 01/03/2024, SOD V0S813, dated 08/08/2023, SOD V0S812, dated 02/17/2023, and SOD V0S811, dated 07/01/2022.<br><br>Findings include:<br><br>Example 1 - Resident 2<br><br>On 05/29/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 06/26/2019 with diagnoses including type II diabetes mellitus. Resident 2's prescriptions included Humalog KwikPen 100 units/mL with instructions to, "Inject 8 units subcutaneously 3 times daily plus sliding scale..." The sliding scale documented several parameters, including the following: "71-120 = 1 unit...181-210 = 4 units...271-300 = 7 units..."<br><br>Surveyor reviewed Resident 2's medication administration record (MAR) from 05/01/2024 - 05/29/2024 and observed the following 5 discrepancies:<br><br>- 05/03/2024 (7:01 a.m.): Blood sugar documented as 83 (within parameters for 1 unit of insulin), sliding scale insulin documented as held due to "No pass per vitals" | {N 352} | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SYLVAN CROSSINGS AT HUNTER RIDGE | 626 MONROE ST BEAVER DAM, WI 53916 |

| (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 352} | Continued From page 2<br>- 05/05/2024 (8:25 a.m.): Blood sugar documented as 113 (within parameters for 1 unit of insulin), 0 units documented as administered<br><br>- 05/12/2024 (5:06 p.m.): Blood sugar documented as 106 (within parameters for 1 unit of insulin), 0 units documented as administered<br><br>- 05/13/2024 (7:31 a.m.): Blood sugar documented as 201 (within parameters for 4 units of insulin), 3 units documented as administered<br><br>- 05/22/2024 (7:51 a.m.): Blood sugar documented as 299 (within parameters for 7 units of insulin), 1 unit documented as administered<br><br>At approximately 1:30 p.m., Surveyor interviewed Executive Director S, Vice President R, and Executive Vice President M. All acknowledged Surveyor's concern regarding insulin administration errors. Executive Director S reported they continued working to train staff in diabetes management and encouraged staff to reach out to management for any insulin-related questions.<br><br>Example 2 - Resident 17<br><br>On 05/29/2024, Surveyor reviewed Resident 17's record. Resident 17 was admitted to the provider on 10/24/2023 with diagnoses including type 2 diabetes mellitus with diabetic neuropathy. Resident 17's prescriptions included Humalog KwikPen 100 units/mL with instructions to, "Inject 25 units subcutaneously 3 times daily with sliding scale for diabetes mellitus ..." The sliding scale documented several parameters, including the following: "186-200 = 2 units...250-300 = 4 units; 301-349 = 5 units; 350-400 = 6; greater than 400 = call provider..." | {N 352} | | |

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| SYLVAN CROSSINGS AT HUNTER RIDGE | 626 MONROE ST BEAVER DAM, WI 53916 |

| (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 |
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| {N 352} | Continued From page 3<br><br>Surveyor reviewed Resident 17's MAR from 05/01/2024 - 05/29/2024 and observed the following 2 discrepancies:<br><br>- 05/18/2024 (9:46 p.m.): Blood sugar documented as 461 (within parameters for at least 6 units of insulin), 5 units documented as administered<br><br>- 05/20/2024 (8:24 p.m.): Blood sugar documented as 198 (within parameters for 2 units of insulin), 4 units documented as administered<br><br>At approximately 1:30 p.m., Surveyor interviewed Executive Director S, Vice President R, and Executive Vice President M. All acknowledged Surveyor's concern regarding insulin administration errors. Executive Director S reported they continued working to train staff in diabetes management and encouraged staff to reach out to management for any insulin-related questions. | {N 352} | | |
| {N 408} | 83.37(1)(i) PRN psychotropic medication.<br><br>As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, | {N 408} | | |

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| | 111056 | A. BUILDING: _____ B. WING _____ | R-C 05/29/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SYLVAN CROSSINGS AT HUNTER RIDGE | 626 MONROE ST BEAVER DAM, WI 53916 |

| (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 |
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| {N 408} | Continued From page 4<br>use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that the individual service plans (ISPs) for 1 of 2 residents reviewed included a detailed description of the behaviors indicating the need for administration of his/her as-needed (PRN) psychotropic medication.<br><br>Resident 16's ISP did not include detailed descriptions of behaviors indicating the need for his/her prescribed PRN lorazepam, PRN quetiapine, or PRN morphine.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) V0S814, dated 01/03/2024, and SOD V0S813, dated 08/08/2023.<br><br>Findings include:<br><br>On 05/29/2024, at approximately 9:17 a.m., Surveyor observed the medication cart with Team Lead N. Surveyor observed the following prescribed to Resident 16:<br><br>- 1 medication card containing 30 quetiapine 25 mg tablets, with 1 bubble pack punched out. The medication instructions on the card documented, "Take 1 tablet by mouth every 8 hours as needed for restlessness & agitation," and the pharmacy label indicated that the card was dispensed on | {N 408} | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SYLVAN CROSSINGS AT HUNTER RIDGE | 626 MONROE ST BEAVER DAM, WI 53916 |

| (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 |
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| {N 408} | Continued From page 5<br>10/04/2023.<br><br>- 1 medication card containing 60 lorazepam 0.5 mg tablets, with 6 bubble packs punched out. The medication instructions on the card documented, "Take 1 tablet by mouth every 3 hours as needed for anxiety, restlessness. May also be given for agitation..." The pharmacy label indicated that the card was dispensed on 01/24/2024.<br><br>- 1 bag of 31 morphine syringes. The instructions on the pharmacy label located on the bag documented, "Take 0.25 mL (5 mg) by mouth every 30 minutes prior to transfers and cares and every hour as needed for pain, shortness of breath, anxiety, or agitation." The pharmacy label indicated that the bag was dispensed on 03/20/2024.<br><br>At approximately 1:00 p.m., Surveyor interviewed Team Lead N regarding Resident 16's PRN psychotropic medication use. Team Lead N reported that staff typically administered Resident 16's PRN quetiapine as a first-level pharmacological intervention when Resident 16 demonstrated behaviors that were not redirectable. Team Lead N reported that staff viewed Resident 16's lorazepam as an escalated or next-level pharmacological intervention. Team Lead N reported that staff would administer Resident 16's morphine as a last resort pharmacological intervention unless Resident 16 was also complaining of pain with his/her behaviors. In those instances, Team Lead N reported that staff would then administer his/her morphine first prior to any other PRN psychotropic medication. Team Lead N reported that Resident 16's behaviors included cursing staff out, not cooperating with transfers, and raising his/her fist at staff to indicate s/he | {N 408} | | |

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| SYLVAN CROSSINGS AT HUNTER RIDGE | 626 MONROE ST BEAVER DAM, WI 53916 |

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| {N 408} | Continued From page 6<br>intended to hit them.<br><br>On 05/29/2024, Surveyor reviewed Resident 16's record. Resident 16 was admitted to the provider on 10/06/2023 with diagnoses including vascular dementia and history of cerebral infarction. Resident 16's prescriptions included the following:<br><br>- Quetiapine 25 mg tablets: "Take 1 tablet by mouth every 8 hours as needed for restlessness & agitation"<br>- Lorazepam 0.5 mg tablets: "Take 1 tablet by mouth / under the tongue every 2 hours as needed for anxiety / agitation *hospice patient*"<br>- Morphine 100 mg/5 mL solution: "Take 0.25 mL by mouth / under the tongue every hour as needed for pain, shortness of breath, anxiety, agitation *prefilled syringes* *hospice patient*"<br><br>Surveyor reviewed Resident 16's current ISP, dated 05/29/2024. Under a "Psychotropic Medication" heading, information of Resident 16 being prescribed quetiapine 25 mg "for restlessness/agitation" and lorazepam 0.5 mg "for anxiety" was documented. The section also listed side effects of quetiapine. The section also documented the following, "[Resident 16] has an order for Lorazepam for anxiety, [s/he] shows anxiety by grabbing at staff and being anxious to the point where [s/he] will throw [him/herself] on the floor..." Surveyor did not observe any information about his/her PRN morphine use for psychotropic purposes or any information that delineated the behaviors warranting use of his/her 3 PRN psychotropic medications - quetiapine, lorazepam, and morphine.<br><br>At approximately 1:30 p.m., Surveyor interviewed Executive Director S, Vice President R, and Executive Vice President M. All acknowledged | {N 408} | | |

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| SYLVAN CROSSINGS AT HUNTER RIDGE | 626 MONROE ST BEAVER DAM, WI 53916 |

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| {N 408} | Continued From page 7<br>Surveyor's concern that Resident 16's ISP did not contain information about his/her PRN morphine use for psychotropic purposes or any information that delineated the behaviors warranting use of his/her quetiapine, lorazepam, and morphine. | {N 408} | | |