STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012460	A. BUILDING: _____ B. WING _____	C 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR GROVE GARDENS I	606 VAN ALTENA 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 05/07/2026, with additional information gathered through 05/11/2026, Surveyor investigated 1 complaint and conducted a standard survey at Cedar Grove Gardens I. The complaint was substantiated. As a result of the survey, 1 new deficiency was identified. Census 21	N 000		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure unlicensed caregivers were delegated by the registered nurse to administer injectable medications for Resident 1 and Resident 2. Caregivers were not delegated by the registered nurse prior to administering insulin injections. Findings Include: On 03/12/2026, the department received a complaint alleging concerns with medication administration requiring delegation by a registered nurse. RESIDENT 1	N 416		

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

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N 416	Continued From page 1 On 05/07/2026, Surveyor reviewed Resident 1's individual service plan (ISP) 11/01/2024. The ISP identified Resident 1 required s/he needed assistance with medication administration. On 05/07/2026, Surveyor reviewed Resident 1's March 2026, April 2026 and May 2026 medication administration records (MAR). The MAR reflected Resident 1 required blood sugar checks twice daily. The MAR identified Resident 2 was prescribed the following injectable insulin: Lantus Solostar 100u/ml- inject 22 units subcutaneously daily for diabetes. Review of the MARs revealed Resident 1 was administered this medication from 03/01/2026 through 05/07/2026. RESIDENT 2 On 05/07/2026, Surveyor reviewed Resident 2's ISP dated 01/01/2026. The ISP identified Resident 2 required assistance with medication administration. On 05/07/2026, Surveyor reviewed Resident 2's April 2026 and May 2026 medication administration records (MAR). The MAR reflected Resident 1 required blood sugar checks three times daily and was prescribed the following injectable insulin: Lantus Solostar 100 - inject 26 units subcutaneously daily for diabetes. Review of the MARs revealed Resident 2 was administered this medication from 03/01/2026 through 05/07/2026.	N 416		

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N 416	Continued From page 2 Humalog Kwikpen 325 100u/ml - inject subcutaneously 3 times daily by sliding scale as follows: 80-100 = 1 unit 101-150 = 2 units 151-200 = 3 units 201-250 = 4 units 251-300 = 5 units 301-350 = 6 units 351-400 = 7 units More than 400 = 8 units Review of the MARs showed Humalog Kwikpen 325 100u/ml was administered three times daily from 04/01/2026 through 04/17/2026. Humalog Kwikpen 325 100u/ml - inject subcutaneously 3 times daily by sliding scale as follows: 80-100 = 2 units 101-150 = 3 units 151-200 = 4 units 201-250 = 5 units 251-300 = 6 units 301-350 = 7 units 351-400 = 8 units More than 400 = 9 units Review of the MARs showed Humalog Kwikpen 325 100u/ml was administered three times daily from 04/18/2026 through 05/07/2026. On 05/07/2026 Surveyor reviewed a document titled, "Cedar Grove Senior Living Nurse Delegation," signed on 04/27/2026 by Registered Nurse B (RN-B). The document stated: "As a Registered Nurse or Licensed Practical Nurse employed by Cedar Grove Senior Living, I [RN-B], hereby delegate the above administration	N 416		

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N 416	Continued From page 3 of medications, injectables, nebulizers, stomal and eternal medications, treatments or preparations delivered vaginally or rectally to the State of Wisconsin CBRF Certified Medication Passers employed by Cedar Grove Senior Living." On 05/07/2026, at approximately 10:30AM, Surveyor interviewed Manager A. Surveyor requested to review the delegations for caregivers administering insulin subcutaneously. Manager A reported the Cedar Grove Senior Living Nurse Delegation document was the only documentation the RN provided. Manager A explained s/he did know each caregiver administering the injection needed to be delegated individually for each caregiver. Manager B confirmed s/he could not provide documentation to show when each caregiver was delegated by the RN.	N 416		