STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020580	A. BUILDING: _____ B. WING _____	R 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT FITCHBURG ASSISTED LIVING (THE	5669 WILSHIRE DR FITCHBURG, WI 53711

(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 06/26/2025, Surveyors conducted a verification visit and a self-report review at Courtyard of Fitchburg Assisted Living. Five deficiencies were identified. Three of the 5 deficiencies were repeat violations (see Statement of Deficiency (SOD) WYGZ11 and SOD WYGZ12). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 38	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the provider complied with all laws governing the CBRF (Community-Based Residential Facility). This is a repeat deficiency. See Statement of Deficiency WYGZ12, dated 04/22/2025. Findings include: The provider received a probationary license on 06/27/2024, as a class CNA (nonambulatory) CBRF able to serve up to 72 residents within the client groups irreversible dementia/Alzheimer's, advanced aged, terminally ill, and physically disabled.	{N 196}		

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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{N 196}	Continued From page 1 On 06/26/2025, Surveyors conducted a verification visit and self-report review at Courtyard at Fitchburg Assisted Living (The). Five deficiencies were identified. Three of 5 deficiencies were repeat violations. N0196 83,14(2)(a) Licensee Ensures Facility Complies With Laws N0352 83.32(3)(h) Rights of Residents: Receive Medication - This is a repeat deficiency. N0389 83.35(3)(d) Service Plans Updated Annually or On Changes - This is a repeat deficiency. N0410 83.37(1)(k) Medication Error or Adverse Reaction N0415 83.37(2)(d) Documentation of Medication Administration Review of facility records documented previous survey events identifying noncompliance, as follows: -SOD 93YW11 - dated 05/23/2025 On 05/19/2025, Surveyor conducted a complaint investigation at Courtyard at Fitchburg Assisted Living (The). Two deficiencies were identified. The complaint was unsubstantiated. N0386 83.35(3)(a) Comprehensive Individual Service Plan N0431 83.38(1)(g) Health Monitoring -SOD WYGZ12 - dated 04/22/2025 On 03/21/2025, Surveyor conducted a verification visit and 6 complaint investigations at Courtyard at Fitchburg Assisted Living (The). Fifteen deficiencies were identified. Three of 15 were repeat violations. Six of 6 complaints were substantiated.	{N 196}		

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{N 196}	Continued From page 2 N0158 83.12(2)(a) Caregiver: Investigating Abuse & Neglect N0164 83.12(4)(b) Reporting When Law Enforcement is Called N0165 83.12(4)(c) Reporting Incidents With Serious Injury N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0309 83.29(1)(c) 30 Day 83.29(1)(c) Written Notice of Changes N0352 83.32(3)(h) Rights of Resident: Receive Medication - This is a repeat deficiency. N0388 83.35(3)(c) Implement, Follow The Individual Service Plan N0389 83.35(3)(d) Service Plans Updated Annually or On Changes N0408 83.37(1)(i) PRN Psychotropic Medication - This is a repeat deficiency. N0410 83.37(1)(k) Medication Error or Adverse Reaction N0415 83.37(2)(d) Documentation of Medication Administration - This is a repeat deficiency. N0432 83.38(1)(h) Medication Administration N0449 83.41(2)(b) Nutrition: Meals Y3234 50.09(1)(e) Treatment Y3244 50.09(1)(L) Care ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Courtyard at Fitchburg Assisted Living (The) NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in Statement of Deficiency WYGZ12 are corrected, compliance is verified by the Department, and this Order is rescinded in	{N 196}		

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{N 196}	Continued From page 3 writing. -SOD WYGZ11 - dated 01/28/2025 On 01/27/2025, with information gathered through 01/28/2025, Surveyors conducted a standard survey at Courtyard at Fitchburg Assisted Living (The). The survey identified five deficiencies. N0352 83.32(3)(h) Rights of Resident: Receive Medication N0381 83.35(1)(a) Pre-Admission and Ongoing Assessments N0408 83.37(1)(i) PRN Psychotropic Medication N0415 83.37(2)(d) Documentation of Medication Administration N0431 83.38(1)(g) Health Monitoring On 02/05/2025, the provider received a "Notice and Order" letter documenting: SPECIAL ORDERS: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Courtyard at Fitchburg Assisted Living (The): PROBATIONARY LICENSE: 1. Based on the results of the Department's investigation, and pursuant to Wis. Stat. §§ 50.03(5g)(b)3. and (b)6., the licensee will correct all violations identified in Statement of Deficiency WYGZ11 and will achieve substantial compliance with all laws and administrative rules governing the facility and its operation prior to expiration of the facility's Probationary License. IF the licensee has not achieved substantial compliance with all laws and administrative rules governing the	{N 196}		

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{N 196}	Continued From page 4 facility and its Operations AND IF the violations identified in Statement of Deficiency WYGZ11 remain substantially uncorrected, the PROBATIONARY LICENSE for Courtyard at Fitchburg Assisted Living (The) may be INVALID and the Department may NOT ISSUE A REGULAR LICENSE for Courtyard at Fitchburg Assisted Living (The), 5669 Wilshire Drive, Fitchburg, WI 53711. This NOTICE is provided in accordance with: - Wis. Stat. § 50.03(4m)(b), whereby, if the applicant for licensure as a Community-Based Residential Facility has not been previously licensed under this subchapter or if the Community-Based Residential Facility is not in Operations at the time application is made, the Department shall issue a probationary license. Prior to the expiration of a probationary license, the Department shall evaluate the Community-Based Residential Facility. In evaluating the Community-Based Residential Facility, the Department may conduct an inspection of the Community-Based Residential Facility. If, after the Department evaluates the Community-Based Residential Facility, the Department finds that the Community-Based Residential Facility meets the applicable requirements for licensure, the Department shall issue a regular license under sub. (4)(a)1.b. If the Department finds that the Community-Based Residential Facility does not meet the requirements for licensure, the Department may not issue a regular license under sub. (4)(a)1.b. - Wis. Admin. Code § DHS 83.08(2), whereby the Department shall deny a probationary license or regular license to any applicant who does not substantially comply with any provision of Wis. Admin. Code ch. DHS 83 or Wis. Stat. ch. 50.	{N 196}		

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{N 196}	Continued From page 5 On 06/26/2025 at 2:30 PM, Surveyor interviewed Regional Vice President of Operations B, Regional Wellness Director C, and Executive Director F. Surveyors discussed their investigation into the concerns identified. Regional Vice President of Operations B stated s/he understood and asked for clarification if the provider would receive their regular license. On 06/30/2025, the department determined the licensee for The Courtyard at Fitchburg Assisted Living will not be issued a regular license due to the licensee's continued non-compliance with all laws governing the CBRF.	{N 196}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 3 of 3 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) WYGZ11, dated 01/28/2025, and SOD WYGZ12, dated 04/22/2025. Resident 6 did not receive his/her Mirtazapine as prescribed from 06/16/2025 to 06/17/2025.	{N 352}		

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{N 352}	Continued From page 6 Resident 3 did not receive his/her Lactulose as prescribed from 06/10/2025 to 06/15/2025. Resident 21 did not receive his/her Levetiracetam as prescribed while out with family from 06/10/2025 to 06/15/2025 due to being sent with incorrect medications. Findings include: Example 1: Resident 6 On 06/26/2025, Surveyor reviewed Resident 6's record. Resident 6 moved into the facility, 12/30/2024, with diagnoses including obstructive sleep apnea. Resident 6's Medication Administration Record (MAR), dated 06/01/2025 to 06/26/2025, documented: "Mirtazapine 30 MG (milligrams) - Take 1 tablet by mouth at bedtime (sleep)(anxiety)" The MAR documented '1' (Medication not available on cart) on 06/16 and 06/17. On 06/26/2025, at approximately 2:20 PM, Surveyor interviewed Regional Wellness Director C. Surveyor asked for clarification as to why Resident 6's Mirtazapine was not available on 06/16/2025 and 06/17/2025. Regional Wellness Director C stated that there was a delay in receiving the medication from his/her preferred pharmacy. Regional Wellness Director C stated the concern had been documented in Resident 6's progress notes. Surveyor and Regional Wellness Director C reviewed the progress notes which stated, "06/16/2025 - Resent again for signed PO's (physician orders) and refills." Surveyor asked what physician orders and refills	{N 352}		

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{N 352}	Continued From page 7 the progress noted entry referred to. Regional Wellness Director C stated, "All of [his/her] meds." Surveyor asked if there was documentation showing when Resident 6's Mirtazapine was first reordered. Regional Wellness Director C did not have any other documentation to verify that Resident 6's Mirtazapine had been re-ordered prior to running out of the medication. Example 2 - Resident 3 and Resident 21: On 06/26/2025 at 8:00 a.m., Surveyor reviewed a self-report, dated 06/16/2025, submitted to the department that stated Resident 21 went out with family from 06/10/2025 to 06/15/2025 and was sent with Resident 3's Lactulose rather than Resident 21's Levetiracetam. On 06/26/2025 at approximately 9:15 a.m., Surveyor requested the records of Resident 21 and Resident 3, the 2 residents listed in the 06/16/2025 self-report. On 06/26/2025 at approximately 10:00 a.m., Surveyor reviewed records, which included the following: - Resident 3 was admitted to the provider's facility on 12/09/2024. Resident 3's physician orders included Lactulose 10 gram/15 ml (Start Date: 05/06/2025) - Take 5 mls 3 times/day. Resident 3's Medication Administration Record (MAR), dated 06/01/2025 to 06/26/2025, documented the Lactulose was "waiting on refill" 06/11/2025 at 7:02 p.m., 06/13/2025 7:01 a.m., 06/14/2025 8:00 a.m., 06/14/2025 3:42 p.m., 06/14/2025 7:59 p.m. and 06/15/2025 7:19 a.m. - Resident 21 was admitted to the provider's facility on 04/02/2025. Resident 21's physician orders included Levetiracetam 1000 mg (Start	{N 352}		

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{N 352}	Continued From page 8 Date: 05/06/2025) - Take 15 mls 2 times daily. Resident 21's MAR, dated 06/01/2025 to 06/26/2025, indicated s/he was out of the facility from 06/10/2025 to 06/15/2025. On 06/26/2025 at 10:00 a.m., Surveyor interviewed Med Tech NN, who stated s/he assisted with packing Resident 21's medications prior to going on his/her family outing on 06/10/2025. Med Tech NN stated s/he handed Wellness Director W Resident 21's tablet medications. Med Tech NN stated s/he later realized Resident 21's Levetiracetam, a liquid medication, was still in the medication cart and Resident 3's Lactulose, a liquid medication, was not in the medication cart. Med Tech NN stated s/he informed Wellness Director W of his/her observation. On 06/26/2025 at approximately 11:00 a.m., Regional Wellness Director C provided Surveyor with documentation indicating Wellness Director W reached out to Resident 21's family via text message to confirm whether they had received Resident 21's Levetiracetam medication, to which family responded, "Yes." Additional text messages from family indicated after correspondence with Executive Director F and Resident 21's family that it was learned Resident 21 was sent out with Resident 3's Lactulose rather than Resident 21's Levetiracetam. Text messages from Resident 21's family stated, "Hi [Wellness Director W], while we were up north with [Resident 21] [s/he] ended up having 2 seizures and we had to give [him/her] rescue doses of Keppra and Vimpat ..." and "I think we got to the bottom of the issue on [Resident 21]'s med. The liquid bottle we were given was Lactulose, not [his/her Levetiracetam]. And now it makes sense why [s/he] was pooping like crazy	{N 352}		

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{N 352}	Continued From page 9	{N 352}		

and having bathroom accidents. Also, why [s/he] ended up having the two seizures. We connected with [Executive Director F] tonight since [s/he] was the med tech, and we figured it out together."

On 06/26/2025 at 10:50 a.m., Surveyor followed up with Med Tech NN, who confirmed a second time Resident 3's Lactulose was unavailable during the duration of Resident 21's outing with family. Med Tech NN reviewed Resident 3's MAR and acknowledged s/he did document the Lactulose as administered and refused at times during that duration in error, rather than unavailable. Surveyor observed the date on Resident 3's Lactulose bottle was 06/04/2025.

On 06/26/2025 at 11:00 a.m., Surveyor interviewed Resident 3 regarding his/her medication administration. Resident 3 stated s/he did not get his/her Lactulose for a period of time earlier in the month because the medication was unavailable to him/her.

On 06/26/20265 at 11: 25 a.m., Surveyor interviewed Pharmacist OO. Pharmacist OO stated Resident 3's most recent deliveries of Lactulose were 05/08/2025 at 7:43 p.m. (~31 day supply) and 06/05/2025 at 3:57 p.m. (~31 day supply), indicating Resident 3 did not have a "spare" bottle of Lactulose available from 06/10/2025 to 06/15/2025.

On 06/26/2025 at 2:35 p.m., Surveyor reviewed concern with Regional Wellness Director C, Executive Director F and Regional VP of Operations B that Resident 21 did not receive his/her Levetiracetam as prescribed while out with family from 06/10/2025 to 06/15/2025 due to being sent with incorrect medications and that Resident 3 did not receive his/her Lactulose as

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{N 352}	Continued From page 10 prescribed from 06/10/2025 to 06/15/2025 since the medication had been sent out with Resident 21. Regional Wellness Director C acknowledged concern and stated the provider thought Resident 21's family would have caught the incorrect medication given their medical background and the provider put a new procedure in place to ensure residents are sent out with the correct medications. Regional Wellness Director C added that s/he was unaware Resident 3 did not have spare Lactulose to administer during the 06/10/2025 through 06/150/2025 duration. Cross Reference: N0410 DHS 83.37(1)(k) Medication Error Or Adverse Reaction N0415 DHS 83.37(2)(d) Documentation Of Medication Administration	{N 352}		
{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 observation, record review and	{N 389}		

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{N 389}	Continued From page 11 interview, the Individual Service Plan (ISP) for 1 of 3 residents were not updated when there was a change in resident needs and abilities. This is a repeat deficiency. See Statement of Deficiency WYGZ12, dated 04/22/2025. Resident 6's ISP was not updated to include interventions/guidelines regarding his/her fall risk. Findings include: On 06/26/2025, at approximately 11:45 AM, Surveyor observed Med Technician R assisting Resident 6. Med Technician R explained to Surveyor that Resident 6 was now a Hoyer lift due to increased weakness and falls. On 06/26/2025, Surveyor reviewed Resident 6's record. Resident 6 moved into the facility 12/30/2024. Resident 6's "Progress Notes" documented: 06/03/2025 - Resident is self-transferring without a walker. 06/04/2025 - Resident is having a hard time transferring with 1 caregiver. Resident is self transferring without a walker. Resident is needing more care. 06/05/2025 - Head wound left side from prior fall last week is scabbed over and no longer needing dressed. 06/06/2025 - Staff is having a harder time with resident transfer. Resident does have Parkinson so when [s/he] self transfer there's a chance [s/he] can fall. Staff will continue to do frequent check to ensure resident safety. 06/07/2025 - Resident had a hard time with transfer today. Resident is starting to need 2	{N 389}		

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{N 389}	Continued From page 12 people to help with transfer. 06/14/2025 - Resident got up out of [his/her] reclining chair without pressing [his/her] pendant without [his/her] wheelchair. Another staff member was able to help resident keep [his/her] balance and assist [him/her] back seated. Staff has reminded resident to use [his/her] pendant for help. The resident is not able to remember to use [his/her] walker or call pendant. 06/15/2025 - The resident had gotten up from [his/her] chair without using [his/her] pendant for help and was stopped by another staff in the hallway. The resident was holding onto the wall as staff was trying to help [him/her] get back into [his/her] wheelchair safely. 06/17/2025 - Resident had an unwitnessed fall, staff was doing rounds and found resident on the floor, Resident has no injuries, no pain, and no bruises. 06/23/2025 - Resident had rolled out of bed this AM while care staff was getting ready to bath [him/her]. [S/He] fell onto the floor on [his/her] right side. No new injuries were noted however resident does have a healing bruise to [his/her] left upper thigh/hip area. [S/He] also has a scabbed over scrape from a previous fall on [his/her] upper left arm. Resident 6's "Incident Reports" documented: 06/08/2025 8:15 PM - Resident was found on the floor as a caregiver was walking past [his/her] room. [S/he] was calling out for help but did not use [his/her] call pendant. [S/he] was assisted up with two caregivers and taken to the bathroom. 06/17/2025 12:00 AM - During rounding and check of resident it was noted [s/he] had fallen out of bed. 06/23/2025 8:30 AM - Resident was in bed while staff had left the room to get set up for [his/her] shower, in the meantime [s/he] rolled out of bed	{N 389}		

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	0020580	A. BUILDING: _____ B. WING _____	R 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT FITCHBURG ASSISTED LIVING (THE	5669 WILSHIRE DR FITCHBURG, WI 53711

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{N 389}	Continued From page 13 onto the floor. Resident 6's "Care Plan," dated 05/23/2025, documented: "Physical Disabilities - Falls: Care team to assist resident for all toileting needs, going to and from the toilet and any toileting hygiene requirements. Evening and night care givers to check on resident more often due to [his/her] fall risk when attempting to use bathroom without assistance." "Physical Disabilities - Ambulation: Requires staff to escort resident (standby or physical assist with ambulation) or push wheelchair because of physical limitations to address fall risk with frequent check ons due to [his/her] inability to use [his/her] call pendant due to memory re-call and poor safety awareness." "Communication Skills - Have needs/wants met. Resident and family would like frequent checks made throughout the day due to [his/her] inability to remember to use call pendant." On 06/26/2025, at approximately 2:35 PM, Surveyors interviewed Regional Vice President of Operations B, Regional Wellness Director C and Executive Director F. Regional Wellness Director C stated that Resident 6's bed had been lowered and a scoop mattress was being utilized. Surveyor asked Regional Wellness Director C if s/he could provide a timeline of interventions implemented as Resident 6 sustained falls. Surveyor stated s/he had observed Resident 6's bed to be lowered and that s/he had a scooped mattress, but the ISP did not identify when these interventions were put into place. Regional Vice President of Operations B stated Resident 6's ISP would be updated to include fall interventions that had been implemented and when they were implemented.	{N 389}		

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N 410	Continued From page 14	N 410		
N 410	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 medication errors reviewed were reported to a licensed practitioner, supervising nurse or pharmacist immediately. Resident 3's practitioner was not notified that s/he did not receive his/her Lactulose from 06/10/2025 to 06/15/2025. Findings include: On 06/26/2025 at 8:00 a.m., Surveyor reviewed a self-report, dated 06/16/2025, submitted to the department that stated Resident 21 went out with family from 06/10/2025 to 06/15/2025 with Resident 3's Lactulose in error. On 06/26/2025 at approximately 9:15 a.m., Surveyor requested the record of Resident 3.	N 410		

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N 410	Continued From page 15 On 06/26/2025 at approximately 10:00 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's facility on 12/09/2024. Resident 3's physician orders included Lactulose 10 gram/15 ml (Start Date: 05/06/2025) - Take 5 mls 3 times/day. Resident 3's Medication Administration Record (MAR), dated 06/01/2025 to 06/26/2025, documented the Lactulose was "waiting on refill" 06/11/2025 at 7:02 p.m., 06/13/2025 7:01 a.m., 06/14/2025 8:00 a.m., 06/14/2025 3:42 p.m., 06/14/2025 7:59 p.m. and 06/15/2025 7:19 a.m. The medication was documented as refused on 06/10/2025 at 4:00 p.m. and 8:00 p.m. On 06/26/2025 at 10:50 a.m., Surveyor interviewed Med Tech NN, who stated Resident 3's Lactulose was unavailable during the duration of Resident 21's outing with family from 06/10/2025 to 06/15/2025. Med Tech NN reviewed Resident 3's MAR and acknowledged s/he did document the Lactulose as administered at times and refused during that duration in error, rather than unavailable. Surveyor observed the date on Resident 3's Lactulose bottle was 06/04/2025. On 06/26/2025 at 11:00 a.m., Surveyor interviewed Resident 3 regarding his/her medication administration. Resident 3 stated s/he did not get his/her Lactulose for a period earlier in the month because the medication was unavailable to him/her. On 06/26/2025 at 11:25 a.m., Surveyor interviewed Pharmacist OO. Pharmacist OO stated Resident 3's most recent deliveries of Lactulose were 05/08/2025 at 7:43 p.m. (~31 day supply) and 06/05/2025 at 3:57 p.m. (~31 day	N 410		

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N 410	Continued From page 16 supply), indicating Resident 3 did not have a "spare" bottle of Lactulose available to him/her. On 06/26/2025 at approximately 12:00 p.m., Surveyor asked Regional RN C if Resident 3's physician was notified of him/her not receiving Lactulose from 06/10/2025 at 4:00 p.m. through 06/15/2025 at 8:00 p.m. Regional RN C replied, "No," and explained that s/he thought Resident 3 had another bottle of Lactulose. Surveyor then shared information gathered from Med Tech NN, Resident 3 and Pharmacist OO's interviews. Regional Wellness Director C then stated s/he would update the physician. On 06/26/2025 at 2:35 p.m., Surveyor reviewed concern with Regional Wellness Director C, Executive Director F and Regional VP of Operations B that Resident 3 did not receive his/her Lactulose from 06/10/2025 at 4:00 p.m. through 06/15/2025 at 8:00 a.m. All 3 individuals wrote down Surveyor's concern. Regional Wellness Director C stated the provider now had a new process in place to make sure incorrect medications were not sent out of the facility when residents went on outings. Cross Reference: N0352 DHS 83.32(3)(h) Rights Of Residents: Receive Medication N0415 DHS 83.37(2)(d) Documentation Of Medication Administration	N 410		
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	N 415		

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N 415	Continued From page 17 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 ensure accurate documentation of medication administration for 1 of 6 residents reviewed. Resident 3's Lactulose was documented as administered 5 times when it was unavailable from 06/10/2025 through 06/15/2025. Findings include: On 06/26/2025 at 8:00 a.m., Surveyor reviewed a self-report, dated 06/16/2025, submitted to the department that stated Resident 21 went out with family from 06/10/2025 to 06/15/2025 with Resident 3's Lactulose in error. On 06/26/2025 at approximately 9:15 a.m., Surveyor requested the record of Resident 3. On 06/26/2025 at approximately 10:00 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's facility on 12/09/2024. Resident 3's physician orders included Lactulose 10 gram/15 ml (Start Date: 05/06/2025) - Take 5 mls 3 times/day. Resident 3's Medication Administration Record (MAR), dated 06/01/2025 to 06/26/2025, documented the Lactulose was "waiting on refill" 06/11/2025 at 7:02 p.m., 06/13/2025 7:01 a.m., 06/14/2025 8:00	N 415		

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N 415	Continued From page 18	N 415		

a.m., 06/14/2025 3:42 p.m., 06/14/2025 7:59 p.m. and 06/15/2025 7:19 a.m. The MAR documented Resident 3's Lactulose as administered on 06/11/2025 at 8:00 a.m. and 4:00 p.m., 06/12/2025 at 8:00 a.m. and 8:00 p.m. and 06/15/2025 at 4:00 p.m.

On 06/26/2025 at 10:50 a.m., Surveyor interviewed Med Tech NN, who stated Resident 3's Lactulose was unavailable during the duration of Resident 21's outing with family from 06/10/2025 to 06/15/2025. Med Tech NN reviewed Resident 3's MAR and acknowledged s/he did document the Lactulose as administered and refused at times during that duration in error, rather than unavailable. Surveyor observed the date on Resident 3's Lactulose bottle was 06/04/2025.

On 06/26/2025 at 11:00 a.m., Surveyor interviewed Resident 3 regarding his/her medication administration. Resident 3 stated s/he did not get his/her Lactulose for a period of time earlier in the month because the medication was unavailable to him/her.

On 06/26/20265 at 11:25 a.m., Surveyor interviewed Pharmacist OO. Pharmacist OO stated Resident 3's most recent deliveries of Lactulose were 05/08/2025 at 7:43 p.m. (~31 day supply) and 06/05/2025 at 3:57 p.m. (~31 day supply), indicating Resident 3 did not have a "spare" bottle of Lactulose in the facility.

On 06/26/2025 at 2:35 p.m., Surveyor reviewed concern with Regional Wellness Director C, Executive Director F and Regional VP of Operations B that Resident 3's Lactulose was documented as administered 5 times from 06/11/2025 through 06/15/2025 (06/11/2025 at

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N 415	Continued From page 19 8:00 a.m. and 4:00 p.m., 06/12/2025 at 8:00 a.m. and 8:00 p.m. and 06/15/2025 at 4:00 p.m.) when the medication was unavailable. All 3 individuals wrote down Surveyor's concern. Cross Reference: N0352 DHS 83.32(3)(h) Rights Of Residents: Receive Medication N0410 DHS 83.37(1)(k) Medication Error Or Adverse Reaction	N 415		