Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016850	A. BUILDING: _____ B. WING _____	R-C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSMAN HOUSE	4145 SAVANNAH DR DE FOREST, WI 53532

(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 06/20/2023, Surveyors conducted a verification visit, complaint and standard survey at Rosman House. One deficiency was identified; the violation for Statement of Deficiency (SOD) X0E211, dated 03/02/2023 was substantially corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
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 ensure Resident 2 received his/her sliding scale insulin in the dosage prescribed by a practitioner. Repeat violation from statement of deficiency (SOD) 789C11, dated 04/01/2021. Findings include: On 06/20/2023, Surveyors conducted a complaint investigation, verification visit and standard	N 352		

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

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N 352	Continued From page 1 survey. As part of the survey, Surveyor requested Resident 2's record. Resident 2 was admitted to the provider on 12/05/2022 with diagnoses including type 2 diabetes, and diabetic retinopathy with macular edema. Surveyor reviewed Resident 2's physician order for novolog 100 unit/ml flexpen with an order to inject 16 units (morning, noon and evening) plus sliding scale: <150=0UN; 150-199=2UN; 200-249=4UN; 250-299=6UN; 300-349=8UN; 350-399=10UN; >399=12UN \T\ call MD. Surveyor reviewed Resident 2's Medication Administration Record (MAR) from May 23, 2023 to June 20, 2023 which documented the following occurrences when the insulin administered did not follow physician's orders: 06/20/2023 8:00 a.m. BS 172, 16 units administered. Order indicates 18 units needed. 06/17/2023 12:00 p.m. BS 252, 20 units administered. Order indicates 22 units needed. 06/09/2023 8:00 a.m. BS 150, 16 units administered. Order indicates 18 units needed. 05/27/2023 12:00 p.m. BS 264, 23 units administered. Order indicates 22 units needed. 05/24/2023 8:00 a.m. BS 172, 20 units administered. Order indicates 18 units needed. On 06/20/2023 at approximately 2:00 p.m., Surveyors discussed concerns regarding Resident 2's sliding scale insulin with Director A. Director A acknowledged concern and stated s/he would change the insulin documentation to multiple choice so there would be less issues with adding the unit dose plus the sliding scale.	N 352		