STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017238	A. BUILDING: _____ B. WING _____	C 10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HYLAND CROSSINGS	1249 SCHOOL ST SUN PRAIRIE, WI 53590

(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 10/03/2024, the bureau of assisted living southern regional office conducted a standard survey & complaint investigation at Hyland Crossings a CBRF located in Sun Prairie, WI. As a result of this survey, 4 violations of DHS Chapter 83 were issued. Complaint was unsubstantiated Census: 24	N 000		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the department was notified within 7 days after there was a change in administrator. FINDINGS INCLUDE: On 10/03/2024, Surveyor arrived at facility for a standard survey. On 10/03/2024 at 9:30 AM, Surveyor reviewed the facility facesheet with Administrator A. Administrator A stated the Department facesheet had the incorrect person listed as the administrator. Department facesheet had Previous Administrator F listed as the facility administrator. Administrator A stated s/he had started his/her role as facility administrator on 08/05/2024.	N 200		

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

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N 200	Continued From page 1 On 10/04/2024 at 8:20 AM, Surveyor emailed Administrator A asked for documentation the facility had notified the Department of change in administrator. On 10/04/2024 at 9:24 AM, Administrator A emailed Surveyor stating s/he could not find documentation the Department had been notified of change in administrator. Administrator A stated there was an interim administrator between Previous Administrator F leaving the position and 08/05/2024.	N 200		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 2 of 3 employees reviewed had been screened for clinically apparent	N 220		

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N 220	Continued From page 2	N 220		

communicable disease including tuberculosis using centers for disease control and prevention standards and screening/documentation was completed within 90 days before the start of employment.

The Center for Disease Control and Prevention (CDC) guidelines for tuberculosis screening for health care workers (HCWs) are as follows, "TB Screening Procedures for Settings (or HCWs) Classified as Low Risk ... All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT (blood test measuring interferon gamma protein) to test for infection with M. tuberculosis. After baseline testing for infection with M. tuberculosis, additional TB screening is not necessary unless an exposure to M. tuberculosis occurs...HCWs with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months) ...". (Source: The Center for Disease Control and Prevention Website, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, December 30, 2005, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm (retrieval date - September 18, 2024).)

This is a repeat of statement of deficiency (SOD) 4N3U11 dated 03/17/2023.

FINDINGS INCLUDE:

Facility provides care to the following client groups: advanced aged, terminally ill, irreversible dementia, Alzheimer's and physically disabled.

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N 220	Continued From page 3 Facility had a maximum capacity of 28. EXAMPLE 1: Caregiver D On 10/03/2024, Surveyor reviewed Caregiver D's staff record. Caregiver D was hired on 05/03/2020. Surveyor reviewed Caregiver D's TB screening documentation. Caregiver D had 1 TB screening documented. The TB screening was dated 09/14/2023 and had the results for a 1-step TB skin test. EXAMPLE 2: Caregiver E On 10/03/2024, Surveyor reviewed Caregiver E's staff record. Caregiver E was hired on 06/19/2024. Surveyor reviewed Caregiver E's TB screening documentation. Caregiver E had 1 TB screening documented. The TB screening was dated 06/19/2024 and had the results for a 1-step TB skin test. EXIT INTERVIEW: On 10/03/2024, Surveyor discussed the above concern with Administrator A and Assistant Administrator B. Administrator A and Assistance Administrator B stated they were under the impression a 1-step TB skin test within 90 days of hire was The Center for Disease Control (CDC) guideline. Administrator A and Assistant Administrator B acknowledged 2 of 3 staff reviewed had not been screened for TB using CDC guidelines.	N 220		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats.,	N 352		

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N 352	Continued From page 4 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, observation & interview, the provider did not ensure Resident 1 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. From 09/12/2024 to 10/03/2024, Resident 1 did not receive their Latanoprost 0.005% eye drops as prescribed. This is a repeat of statement of deficiency (SOD) 4N3U12, dated 07/20/2023. FINDINGS INCLUDE: Facility provides care to the following client groups: advanced aged, terminally ill, irreversible dementia, Alzheimer's and physically disabled. Facility had a maximum capacity of 28. On 10/03/2024, Surveyor arrived at facility for a standard survey. On 10/03/2024, Surveyor reviewed Resident 1's facility record s/he was admitted to the facility on 06/05/2023. Resident 1 was diagnosed with but not limited to: absolute glaucoma. On 10/03/2024, Surveyor reviewed Resident 1's individualized service plan (ISP) signed on 08/19/2024. According to Resident 1's ISP, staff are to administer their medications.	N 352		

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N 352	Continued From page 5 On 10/03/2024, Surveyor reviewed Resident 1's September 2024 medication administration record (MAR). The following orders were documented as ordered by Prescriber G: 1.) "Latanoprost 0.005% Eye Drops... [Prescriber G] ...Start Date 04/14/2024...Ophthalmic (eye)...Instill (1) Drop Into Both Eyes Once Daily..." 2.) "Timolol Maleate 0.5% Eye Drops... [Prescriber G] ...Start Date 04/15/2024...Ophthalmic (eye)...Instill (1) Drop Into Both Eyes Daily in the Morning Call [XXX-XXX-XXXX] when needing a new prescription." From 09/12/2024 to 09/29/2024, Resident 1's Latanoprost 0.005% eye drops are documented as not available to staff 16 times. On 10/03/2024 at 1:00 PM, Surveyor observed the facility medication cart with Med Passer C. Med Passer C stated Resident 1's Latanoprost eye drops were not in the medication cart. Med Passer C stated staff had requested refill through the electronic health record (EHR) multiple times since the eye drops ran out. Med Passer C stated they believed the doctor had discontinued Resident 1's Latanoprost eye drops. Med Passer S stated all resident medications are dispensed by [Name of Pharmacy]. On 10/03/2024 at 1:30 PM, Surveyor discussed the above concern with Administrator A and Assistant Administrator B. Administrator A reported staff had requested a prescription refill through the facility EHR on 09/10/2024. Administrator A showed Surveyor his/her laptop. Surveyor reviewed a message from the pharmacy stating refills were not available. Administrator A stated they believed the Latanoprost eye drop	N 352		

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order may have been discontinued. Administrator A stated Resident 1's MAR is updated by facility staff in the EHR. Administrator A stated facility updates resident MAR based on communication from [Pharmacy Name]. Administrator A stated they would see if one of Resident 1's provider's had written an order to discontinue the Latanoprost 0.005% eye drops and email the order to Surveyor by the end of the day.

On 10/04/2024 at 6:00 AM, Surveyor reviewed email. Administrator A had not emailed any documentation to Surveyor.

On 10/04/2024 at 9:24 AM, Administrator A sent Surveyor and email. Administrator A reported they had not obtained ordered to discontinue Resident 1's Latanoprost 0.005% eye drops since 09/10/2024.

On 10/04/2024 at 9:55 AM, Administrator A emailed Surveyor Resident 1's October 2024 MAR.

On 10/04/2024, Surveyor reviewed Resident 1's October 2024 MAR. The Latanoprost 0.005% eye drops are documented as "Not in Cart" on 10/01/2024 & 10/02/2024, then on 10/03/2024 the eye drops are documented as, "on hold."

On 10/04/2024 at 10:07 AM, Surveyor called Pharmacist I. Pharmacist I stated Resident 1's order for Latanoprost 0.005% eye drops was active. Pharmacist I stated they were having difficulty contacting the prescriber. Pharmacist I stated facility updates resident MARs based on communications from [Pharmacy Name]. Pharmacist I stated they had not dispensed Latanoprost 0.005% to Resident 1 since the facility requested the refill on 09/10/2024.

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N 352	Continued From page 7 On 10/04/2024 at 1:31 PM, Surveyor called the phone number listed for Prescriber G on Resident 1's September & October 2024 MAR. Surveyor was connected to Clinician H. Clinician H stated Prescriber G's clinic hadn't been contacted for a prescription refill of Resident 1's Latanoprost 0.005% eye drops since 09/10/2024. Clinician H stated Latanoprost 0.005% eye drops were not a discontinued medication. Clinician H stated Resident 1 required daily administrations of Latanoprost 0.005% eye drops for their glaucoma. Clinician H stated they would contact Prescriber G as soon as possible and would try to get a prescription refill to the pharmacy by the afternoon. On 10/04/2024 at 1:36 PM, Surveyor emailed Administrator A with Clinician H's above report and Prescriber G's contact information.	N 352		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2.	N 504		

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N 504	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a heating contractor or local utility company completed maintenance on the gas furnace system at least once every 3 years. FINDINGS INCLUDE: On 10/03/2024, Surveyor arrived at facility for a standard survey. On 10/03/2024, Surveyor reviewed facility environmental records. The most recent receipt for maintenance on the gas furnace system was dated 01/12/2021. On 10/04/2024 at 9:24 AM, Administrator A sent Surveyor an email. Administrator A reported 01/12/2021 was the most recent maintenance for the facilities gas furnace system. Administrator A stated an appointment for furnace maintenance to be completed had been coordinated.	N 504		