STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015619	A. BUILDING: _____ B. WING _____	R-C 09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW VILLAGE SENIOR LIVING	W176 N9430 RIVER CREST DR MENOMONEE FALLS, WI 53051

(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 09/03/2025, Surveyor conducted a complaint investigation and verification visit at Riverview Village Senior Living. One deficiency was identified. One of 1 deficiency was a repeat violation. See Statement of Deficiency (SOD) XCD211, dated 08/08/2023 and SOD XCD214, dated 02/19/2025. All previous deficiencies from SOD XCD214, dated 02/19/2025, were substantially corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 41	{N 000}		
{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a	{N 431}		

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

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{N 431}	Continued From page 1 CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 resident's reviewed had their health monitored and communication with the resident's physician documented in the resident's record. Resident 6's medication administration record (MAR) did not include documentation of his/her heart rate over 65 days. Resident 8 had 4 occurrences in which his/her blood sugar was over 300 and there was no evidence of staff notifying his/her physician. This is a repeat violation. See Statement of Deficiency (SOD) XCD211, dated 08/08/2023 and SOD XCD214, dated 02/19/2025. Findings include: On 09/03/2025, Surveyor reviewed resident records and identified the following: Example 1: Resident 6 Resident 6 was admitted to the provider on 10/25/2021 with a diagnosis of hypertension.	{N 431}		

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{N 431}	Continued From page 2 Resident 6's individual service plan (ISP) dated 08/10/2025 indicated staff administer Resident 6's medications. Resident 6's physician orders included "Carvedilol 12.5 mg tablet with instructions to take one tablet by mouth 2 times a day for hypertension. Hold if SBP is less than 100 or HR is less than 60, with a start date of 02/12/2025)." Surveyor reviewed Resident 6's July to September 2025 MARs. Between 07/01/2025-09/03/2025 (55 days), staff recorded Resident 6's blood pressure, but there was no documentation showing their heart rate was being recorded or monitored. On 09/03/2025 at 1:10 PM, Surveyor interviewed Clinical Director O. Clinical Director O reported the previous nurse who entered Resident 6's medication orders did not select heart rate to be recorded by staff. Clinical Director O stated s/he was unaware the heart rate was not being recorded until after the Surveyor brought it to his/her attention. Clinical Director O reported s/he changed the provider's electronic health record to start recording Resident 6's heart rate going forward. Example 2: Resident 8 Resident 8 was admitted to the provider on 07/23/2025 with a diagnosis of type 2 diabetes. Resident 8's ISP dated 08/22/2025 indicated staff were responsible for administering Resident 8's medications. Resident 8's physician orders documented "Novolin 70-30 Flexpen with instructions to inject per sliding scale 2 times a day for diabetes: 131-150=1U, 151-200=2, 201-250=3, 251-300=4, >300=4U and Call MD. (Additional Directions: anything above 300 call	{N 431}		

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{N 431}	Continued From page 3 MD.)" Surveyor reviewed Resident 8's MAR from 07/23/2025 to 09/02/2025. Surveyor observed 4 occurrences in which Resident 8's blood sugar was within notification parameters, there was no evidence in which Resident 8's medical provider was notified of the high blood sugar readings: -07/24/2025 (HS): Blood sugar documented as 314. -07/31/2025 (HS): Blood sugar documented as 325. -08/26/2025 (Day): Blood sugar documented as 350. -08/31/2025 (HS): Blood sugar documented as 422. On 09/03/2025 at 9:25 AM, Surveyor interviewed Caregiver P. Caregiver P reported Resident 8 had parameters with his/her blood sugars. On 09/03/2025 at 1:10 PM, Surveyor interviewed Clinical Director O. Clinical Director O stated s/he and another nurse from a different community reviewed Resident 8's record and s/he confirmed Resident 8's high blood sugars were never reported to his/her physician. Clinical Director O reported it would have been his/hers and med techs responsibility to notify the physician per the parameters. Clinical Director O stated it was poor communication between me and staff on why the above blood sugars were not reported to the physician. Clinical Director O stated s/he would retrain staff on when to notify the physician.	{N 431}		