

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/17/2025
NAME OF PROVIDER OR SUPPLIER VILLA OF GREENFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 8765 W FOREST HOME AVE GREENFIELD, WI 53228		
(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 02/17/2025, Surveyor completed a verification visit, 3 complaint surveys and a self-report investigation. As a result, 12 of the previous 12 deficiencies were corrected, and 1 new deficiency identified. Two complaints were unsubstantiated, 1 complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee will be assessed. Census: 40	{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 observation, record review, and interview, the provider did not ensure 3 of 3 residents (Resident 29, Resident 30 and Resident 31) received her/his medications in the dosage and at intervals prescribed by the practitioner. Resident 29 missed 4 doses of donepezil in February 2025. Resident 30 missed 1 dose of Eliquis and 1 dose of ezetimibe in February 2025. Resident 31 missed approximately 62 doses of Lantus Solostar and 15 doses of Humalog.	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/17/2025
NAME OF PROVIDER OR SUPPLIER VILLA OF GREENFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 8765 W FOREST HOME AVE GREENFIELD, WI 53228		
(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 352	Continued From page 1 This deficiency is being cited for a fourth time. See Statement of Deficiency (SOD) UXEE11, dated 01/16/2020, SOD YQT412, dated 10/21/2022 and SOD YQT413, dated 03/24/2023. Findings include: On 01/31/2025, the department received a complaint alleging concerns residents were not receiving prescribed medications. Observations On 02/14/2025, at 2:05 PM, Surveyor reviewed the medication cart. Surveyor observed Resident 30's medication dated for 02/13/2025 still in the bubble pack. Surveyor observed a dose of Eliquis 5 milligrams (mg) tablet and a dose of ezetimibe 10 mg tablet. Surveyor reviewed Resident 29's medications. Surveyor observed 4 doses of donepezil 10 mg tablets still in the bubble pack. The bubble packs were dated 02/10/2025 at 8:00 PM, 02/11/2025 at 8:00 PM, 02/12/2025 at 8:00 PM, and 02/13/2025 at 8:00 PM. Record Review On 02/14/2025, at 2:30 PM, Surveyor reviewed resident records and identified the following: Resident 29 was admitted on 05/01/2020 with diagnoses including diabetes type 2, dementia, osteoarthritis, hypertension, atrial fibrillation and emphysema. Resident 29's medication administration record (MAR), dated February 2025, indicated Resident 29 was prescribed aspirin 81 mg once a day, furosemide 20 mg once a day, metoprolol 25 mg once a day, vitamin D3 2,000 units once a day, lisinopril 5 mg once a day, and donepezil 10 mg once a day. Resident	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/17/2025
NAME OF PROVIDER OR SUPPLIER VILLA OF GREENFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 8765 W FOREST HOME AVE GREENFIELD, WI 53228		
(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 352	Continued From page 2 29's MAR was signed indicated Resident 29 received her/his donepezil 10 mg on 02/10/2025 at 8 PM, 02/11/2025 at 8:00 PM, 02/12/2025 at 8:00 PM, and 02/13/2025 at 8:00 PM. Resident 30 was admitted on 06/03/2024 with diagnoses including dementia, type 2 diabetes, myositis, paraplegia and hyperlipidemia. Resident 30's MAR, dated February 2025, indicated Resident 30 was prescribed calcium carbonate 500 mg once a day, Eliquis 5 mg twice a day, ezetimibe 10 mg once a day, folic acid 800 mg once a day, Humalog 12 units in the morning, Humalog 18 units with lunch and dinner, mycophenolate 500 mg twice a day, pantoprazole 40 mg once a day, poly glycol 17 grams once a day, senna plus once a day, vitamin B12 1000 mg once a day, and vitamin D3 2,000 units once a day. Resident 30's MAR was signed on 02/13/2025 indicating s/he received her/his Eliquis and ezetimibe at 8:00 PM. Resident 30's MAR indicated her/his insulin dose for 02/12/2025 as follows: 02/12/2025 12:00 PM "other problems" 02/12/2025 4:00 PM "out with family" Surveyor reviewed Resident 30's mycophenolate, which was scheduled for 02/12/2025 at 4:00 PM was signed off as administered, however, Resident 30's 4:00 PM insulin dose indicated Resident 30 was out with family. Surveyor reviewed Resident 30's progress notes. Administrator M recorded a progress note, dated 02/12/2025 at 1:15 PM, "Called pharmacy to get insulin refill stat [sic] they are waiting on a refill order." Resident 31 was admitted on 10/25/2024 with	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 02/17/2025
NAME OF PROVIDER OR SUPPLIER VILLA OF GREENFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 8765 W FOREST HOME AVE GREENFIELD, WI 53228		
(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 352	Continued From page 3 diagnoses including diabetes, glaucoma, chronic kidney disease, polyneuropathy, hypertensive heart disease with heart failure, and anemia. Resident 31's MAR, dated February 2025, indicated Resident 31 was prescribed alendronate 70 mg once a week, aspirin 325 mg once a day, atorvastatin 80 mg once a day, brimonidine 0.2% solution, carboxymethylcellulose 1% gel, carvedilol 25 mg twice a day, docusate 100 mg twice a day, ferrous sulfate 325 mg once a day, furosemide 40 mg twice a day, hydralazine 50 mg three times a day, Jardiance 10 mg once a day, Lantus Solostar 26 units once a day, latanoprost 0.005% once a day, lidocaine 4% patch once a day, loratadine 10 mg once a day, magnesium oxide 400 mg once a day, multivitamin once a day, pantoprazole 40 mg twice a day, potassium chloride 20 mg once a day, senna 8.6 mg once a day, sucralfate 1 mg four times a day, and vitamin d3 once a day. Resident 31's January 2025 MAR and February 2025 MAR indicated Resident 31 received her/his prescribed dose of Lantus. On 02/17/2025, at 1:12 PM, Surveyor reviewed pharmacy records of medication deliveries and identified the following: Resident 31's Lantus Solostar was delivered on 10/22/2024 from Guardian Pharmacy. Guardian Pharmacy delivered 15 pens, with 100 units of insulin per pen. The insulin pen directions were to inject 26 units once a day, prime with 2 units before each use, which would be 28 units of insulin per day. The supply delivered would last 53 days. Resident 31's Lantus would have needed to be refilled on 12/16/2024. On the cover letter from Guardian Pharmacy, Director of Pharmacy Operations OO indicated Resident 31's Lantus Solostar was only filled once	N 352			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/17/2025
NAME OF PROVIDER OR SUPPLIER VILLA OF GREENFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 8765 W FOREST HOME AVE GREENFIELD, WI 53228		
(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 352	Continued From page 4 [10/22/2024] during the timeframe, which was her/his admission to Villa of Greenfield. Resident 31's Humalog Kwik pen was delivered on 06/20/2024, 07/17/2024, 09/11/2024, 10/16/2024, 11/20/2024, 01/03/2025 and 02/12/2025. Each delivery from Guardian Pharmacy contained 15 pens, with 100 units of insulin per pen. The insulin pen directions were to inject 14 units in the morning, 20 units twice daily with lunch and dinner, and prime with 2 units before each use. The total units of insulin would be 60 units per day. The supply at each delivery would last for 25 days. Interviews On 02/14/2025, at 11:25 AM, Surveyor interviewed Resident 31. Resident 31 reported s/he does not always receive her/his insulin. On 02/14/2025, at 1:45 PM, Surveyor interviewed Resident 30. Resident 30 reported s/he did not receive her/his medication on 02/13/2025 at 8:00 PM. Resident 30 reported s/he did not receive her/his insulin on 02/12/2025 or 02/13/2025. Resident 30 reported s/he keeps a journal to record her/his daily activities. Resident 30 showed Surveyor her/his daily notes. Surveyor observed "no insulin" written next to 02/12/2025 and 02/13/2025. At 3:00 PM, Surveyor inquired if Resident 30 was out of the building on 02/12/2025, Resident 30 reported no. On 02/14/2025, at 2:10 PM, Surveyor interview Med Passer Lead (MP) C. MP C reported Resident 29 did not have behaviors relating to refusal of medications. MP C reported s/he was unsure why Resident 29's or Resident 30's medications were not administered.	N 352		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/17/2025
NAME OF PROVIDER OR SUPPLIER VILLA OF GREENFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 8765 W FOREST HOME AVE GREENFIELD, WI 53228		
(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 352	Continued From page 5 On 02/14/2025, at 3:35 PM, Surveyor interviewed Administrator M and Supervisor NN. Surveyor inquired how Administrator M conducts a grievance regarding resident concerns about missed medications. Administrator M reported s/he would look at the MARs to ensure the medication was signed out it was administered and determine the medication was administered to the resident. Surveyor showed Administrator M and Supervisor NN Resident 29's MAR which indicated the medication was administered, but showed Administrator M the medication was still located in the medication cart. Surveyor relayed concerns about residents reported insulin not being administered, and the MAR indicating incorrect documentation regarding medication administration. Administrator M reported s/he was not sure, as s/he always went by the MAR if medication was administered or not when concerns were brought up in the past. Administrator M reported s/he would need to look into the concerns of residents not receiving their medications including insulin.	N 352		