STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 07/09/2024, Surveyors conducted 1 verification visit at Sebring Assisted Care Residence. One deficiency was identified. The deficiency was a repeat deficiency, see Statement Of Deficiency (SOD) Z1LL12 dated 02/20/2024, SOD KSK211 dated 06/02/2023, and SOD WX2E12 dated 07/16/2019. Four of 5 deficiencies from SOD Z1LL12, dated 02/20/2024 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 56	{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 residents received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Seven of 8 residents reviewed did not receive all medications at intervals prescribed by a practitioner.	N 352		

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
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 is a repeat deficiency, see Statement Of Deficiency (SOD) Z1LL12 dated 02/20/2024, SOD KSK211 dated 06/02/2023, and SOD WX2E12 dated 07/16/2019. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 81 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. The facility was spit into 2 units referred to as "assisted living" and "memory care". On 07/09/2024 at 9:39 AM, Surveyors inspected the assisted living unit's medication carts with Med Tech L and on 07/09/2024 at 9:59 AM, Surveyors inspected the memory care unit's medication cart with Med Tech PP. On 07/09/2024, Surveyor reviewed records of Resident 4, Resident 2, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 9. Example 1-Resident 4 Med cart inspection: Pharmacy label identified: Evening Myrbetriq ER 50 MG take 1 tablet once daily for overactive bladder. Dispensed from pharmacy 06/05/2024. 1 tablet remained in 07/01/2024 slot (Photo 1) Med Tech L showed Surveyor it was documented as administered 07/01/2024 on July 2024 medication administration record (MAR). Pharmacy label identified: Morning Levothyroxine 88 MCG AM take 1 tablet once daily for thyroid. Dispensed by pharmacy 06/05/2024. 1 tablet remained in pills remained in 07/01/2024	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 slot (Photo 2). Med Tech L showed Surveyor it was documented as administered 07/01/2024 on July 2024 MAR. Pharmacy label identified: Bedtime Acetaminophen 325 MG take 2 tablets twice daily. Dispensed by pharmacy 06/05/2024. 2 tablets remained in 07/05/2024 slot (Photo 3). Med Tech L showed Surveyor it was documented as administered 07/05/2024 on July 2024 MAR. Pharmacy label identified: Bedtime metoprolol 25 MG ER take ½ tablet at bedtime. Dispensed by pharmacy 06/05/2024. ½ tabled remained in 07/05/2024 slot (photo 4) Med Tech L showed Surveyor it was documented as administered 07/05/2024 on July 2024 MAR. Record Review: Resident 4 was admitted 05/30/2023. Diagnoses included vascular dementia, hypothyroidism; essential (primary hypertension; and mixed incontinence. Physician orders included: levothyroxine 88 MCG AM take 1 tablet once daily for thyroid (start date 03/22/2024); acetaminophen 325 MG take 2 tablets twice daily (start date 04/23/2024); Myrbetriq ER 50 MG take 1 tablet once daily for overactive bladder (start date 03/22/2024); and metoprolol 25 MG ER take ½ tablet at bedtime (start date 03/22/2024). Individual Service Plan (ISP) not dated, date initiated 05/30/2023, revision date 06/25/2024: In the area of Medications " ...I will receive medications safely and as prescribed ...I request the staff to administer my medications to me.	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 Date Initiated 05/30/2023" Facility observation notes dated July 2024: Staff had not documented why evening Myrbetriq ER and levothyroxine were signed out but not administered on 07/01/2024 or why bedtime acetaminophen and bedtime metoprolol 25 MG ER take ½ tablet at bedtime were signed out but not administered on 07/05/2024. Example 2-Resident 2 Medication cart contained 1 bottle of polyethylene glycol. Pharmacy label identified (Photo 5): Polyethylene glycol 3350 powder mix 17 grams in 4-8 ounces of water, stir well and drink once daily. 510-gram bottle (to equal 30 doses) Dispensed by pharmacy 08/29/2023. Med Tech L showed Surveyors staff documented as administered once daily 07/01/2024-07/08/2024 on the July 2024 Mar. Med Tech L verbalized agreement with Surveyors that the bottle was approximately 1/8 full. Record Review: Resident 2 was admitted 06/30/2023. Diagnoses included personal history of other diseases of the digestive system. Physician orders included polyethylene glycol 3350 powder mix 17 grams in 4-8 ounces of water, stir well and drink once daily (start date 08/29/2023). MAR 05/01/2024-07/09/2024: Staff documented daily administration of polyethylene glycol 29 times in May 2024, 30 times in June 2024, and 8 times 07/01/2024-07/08/2024.	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 ISP dated 07/09/2024: In the area of Medications- " ...I will receive medications safely and as prescribed ...I request the staff to administer my medications to me. Date Initiated 06/28/2023" 05/10/2024-07/08/2024 observation notes: Staff had not documented why Resident 2's polyethylene glycol was signed out but not administered. Example 3-Resident 5 Pharmacy label identified: Bedtime melatonin 8 MG 1 tablet once daily for insomnia Dispensed by pharmacy 06/05/2024. 1 tablet remined in 07/01/2024 slot (Photo 6). Med Tech L showed Surveyor it was documented as administered 07/01/2024 on July 2024 MAR. Record Review: Resident 5 was admitted 04/16/2013. Diagnoses included insomnia. Physician orders included melatonin 8 MG 1 tablet once daily for insomnia. ISP dated 02/09/2024: In the area of Medications- " ...I will receive medications safely and as prescribed ...I request the staff to administer my medications to me. Date Initiated 08/23/2022" July 2024 observation notes: The record did not contain July 2024 observation notes including why Resident 5's melatonin was signed out but not administered on 07/01/2024. Example 4-Resident 6 Pharmacy label identified:	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 Evening Ferrous Sulfate 325 MG 1 tablet 3 times daily with meals Dispensed by pharmacy on 06/05/2024. 1 tablet remained in 07/01/2024 slot (photo 7) Med Tech L showed Surveyor it was documented as administered on July 2024 MAR Record Review: Resident 6 was admitted 10/16/2024. Diagnoses included anemia, unspecified. Physician orders included ferrous sulfate 325 MG 1 tablet 3 times daily with meals. ISP dated 02/19/2024 and last signed 10/16/2023: In the area of Medications " ...I will receive medications safely and as prescribed ...I request the staff to administer my medications to me. Date Initiated 10/16/2023 Revision on 02/19/2024." July 2024 observation notes: Staff had not documented why Resident 6's ferrous sulphate was signed out but not administered on 07/01/2024. Example 5-Resident 7 Pharmacy label identified: 2:00 PM Acetaminophen 500 MG 2 tablets 3 times daily for pain Dispensed by pharmacy on 06/05/2024. 2 tablets remained in each 06/27/2024, 06/29/2024, and 07/08/2024 slots (Photo 9) Med Tech L showed Surveyor it was documented as administered on July 2024 MAR Record Review: Resident 7 was admitted on 05/20/2021. Diagnoses included unspecified dementia and	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 6 polymyalgia rheumatica. Physician orders included acetaminophen 500 MG 2 tablets 3 times daily for pain. ISP dated 06/01/2023, revised 04/02/2024: In the area of Medications " ...I will receive medications safely and as prescribed ...I request the staff to administer my medications to me ..." In the area of Pain- " ...I will be free of any interruption to daily functional activities due to pain ...My caregivers will administer medication per my Doctor's [sic] orders ..." Observation Notes dated 06/01/2024-07/09/2024- Staff had not documented why Resident 7 acetaminophen was signed out but not administered on 06/27/2024, 06/29/2024, and 07/08/2024. Example 6-Resident 8 Medication cart contained 1 bottle of polyethylene glycol. Pharmacy label identified (Photo 10) Polyethylene glycol 3350 powder Mix 17 grams in 4-8 ounces of liquid, stir well and drink once daily. 510-gram bottle (to equal 30 doses) Dispensed by pharmacy 03/26/2024. "Opened 3/31/24" was handwritten on the label. Med Tech PP showed Surveyors staff documented as administered once daily 07/01/2024-07/08/2024 on the July 2024 MAR. Med Tech PP verbalized agreement with Surveyors that the bottle was approximately half full. Record Review: Resident 8 was admitted 04/30/2021. Diagnoses included mild cognitive impairment.	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 7 Physician orders included polyethylene glycol 3350 powder mix 17 grams in 4-8 ounces of liquid, stir well and drink once daily. ISP dated 07/30/2022, revised on 02/21/2024: In the area of Medications " ...I will receive medications safely and as prescribed ...I request the staff to administer my medications to me ..." Observation notes dated 06/01/2024-07/09/2024-Staff had not documented why Resident 8's polyethylene glycol was signed out but not administered 06/01/2024-07/08/2024. Example 7-Resident 9 Pharmacy label identified: Noon acetaminophen APAP 325 MG take 2 tablets 3 times daily. Dispensed by pharmacy 06/05/2024. 2 tablets remained in 07/05/2024 slot (Photo 11). Med Tech PP showed Surveyors staff documented as administered on 07/05/2024 at noon on the July 2024 MAR. Record Review: Resident 9 was admitted 03/08/2024. Diagnoses included unspecified dementia. Physician orders included acetaminophen 325 MG take 2 tablets 3 times daily. ISP not dated, initiated 03/08/2024, revised 06/25/2024: In the area of Medications- " ...I will receive medications safely and as prescribed ...I request the staff to administer my medications to me ..." In the area of Pain- "I will be free of any interruption to daily functional activities due to pain ...My caregivers will administer medication	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 8 per my Doctor's [sic] orders ..." Observation notes: Resident 9's record contained no observation notes dated July 2024. On 07/09/2024 at 12:59 PM, Surveyors discussed concern of residents not receiving medications as ordered with Administrator QQ and Director Resident Care RR. Director Resident Care RR stated s/he monitored the MARs but not the actual medication and s/he needed to retrain med techs.	N 352		