STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015198	A. BUILDING: _____ B. WING _____	C 12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE SUN PRAIRIE	222 S BRISTOL STREET 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
U 000	INITIAL COMMENTS On 12/10/2024, the bureau of assisted living Southern regional office conducted a standard survey and 2 complaint investigations at New Perspective Sun Prairie a certified RCAC located in Sun Prairie, WI. As a result of this survey, 2 violations of DHS Chapter 89 were issued. One complaint was substantiated. Census: 53	U 000		
U 266	89.34(15) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (15) RECEIPT OF SERVICES. To receive services consistent with the service agreement and risk agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 1 received services consistent with the service agreement and risk agreement. Tenant 1's service agreement documented s/he	U 266		

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
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U 266	Continued From page 1	U 266		

was to receive assistance from staff with 2 showers/baths per week. From 10/08/2024 to 10/25/2024, Tenant 1 received 1 shower with assistance from staff.

FINDINGS INCLUDE:

On 11/12/2024, the department received a complaint regarding services not provided.

On 12/10/2024, Surveyor arrived at facility for a complaint investigation.

On 12/10/2024 at 10:28 AM, Surveyor handed Administrator A a handwritten request for Tenant 1's full facility record (Picture #1).

On 12/10/2024 at 12:00 PM, Surveyor discussed facilities electronic health record (EHR) with Caregiver B. Caregiver B showed Surveyor a work issued cellular phone which documented all tenants and their services. Caregiver B demonstrated for Surveyor how staff document each time a service is provided to a tenant in the work issued cellular phone. Caregiver B stated staff can also document when services are refused and/or not available on the work issued cellular phone.

On 12/10/2024, Surveyor reviewed Tenant 1's facility record. Tenant 1 was admitted to the facility on 10/07/2024. Tenant 1 was evaluated for competency on 08/07/2024 and was deemed competent to be his/her own decision maker. Tenant 1 was diagnosed but not limited to: history of stroke with left sided weakness and cognitive impairment. Tenant 1 discharged from the facility on 10/25/2024.

On 12/10/2024, Surveyor reviewed Tenant 1's

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U 266	Continued From page 2 "Resident Service Agreement." Attached to the agreement was a pink post-it note stating Nurse C had completed the agreement with Tenant 1 and the signed copy of the agreement was misplaced. Administrator A wrote on the post-it note, the agreement had been signed on 10/07/2024. Under the subsection titled, "Bathing: Assist 2x/ week," the following was documented, "PM on Monday and AM on Saturday. Ensure safe water temperature ...Caregiver must remain with resident entire time." On 12/10/2024, Surveyor reviewed Tenant 1's "Service Received" document from 10/08/2024 to 10/25/2024. From 10/08/2024 to 10/25/2024, the service titled, "Bathing: Assist 1 X/week," was completed once, on 10/17/2024. On 12/10/2024 at 2:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated when bathing service is provided to a tenant it is documented in the Service Received document. Administrator A reviewed Tenant 1's Service Received document and acknowledged Tenant 1 received 1 shower in a 17-day period. Administrator A reviewed Tenant 1's EHR record. Administrator A stated facility did not have documentation related to Tenant 1 refusing showers from staff. Administrator A acknowledged Tenant 1's service agreement documented Tenant 1 was to receive assistance with bathing 2 times a week. On 12/17/2024 at 2:22 PM, Surveyor spoke with Family Member D. Family Member D stated Tenant 1 only received 1 shower while at facility. CROSS REFERENCE: U0267 DHS Chapter 89.34(16) Tenant Rights	U 266		

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U 267	Continued From page 3	U 267		
U 267	89.34(16) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (16) MEDICATIONS. Except as provided for in the service agreement, to have the facility not interfere with the tenant's ability to manage his or her own medications or, when the facility is managing the medications, to receive all prescribed medications in the dosage and at the intervals prescribed by the tenant's physician and to refuse medication unless there is a court order. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 1 recieved all prescribed medications in the dosage and at the intervals prescribed by their physician. From 10/07/2024 to 10/25/2024, Tenant 1 was not provided 25 prescribed dosages of medication prescribed by their physician. This is a repeat of statement of deficiency (SOD) 75J611 dated 07/20/2023 & SOD JCY911 dated	U 267		

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U 267	Continued From page 4 01/10/2019. FINDINGS INCLUDE: On 11/12/2024, the department received a complaint regarding services not provided. On 12/10/2024, Surveyor arrived at facility for a complaint investigation. On 12/10/2024 at 10:28 AM, Surveyor handed Administrator A a hand written request for Tenant 1's full facility record (Picture #1). On 12/10/2024, Surveyor reviewed Tenant 1's facility record. Tenant 1 was admitted to the facility on 10/07/2024. Tenant 1 was evaluated for competency on 08/07/2024 and was deemed competent to be his/her own decision maker. Tenant 1 was diagnosed but not limited to: history of stroke with left sided weakness, cognitive impairment, atrial fibrillation and hypertension. Tenant 1 discharged from the facility on 10/25/2024. On 12/10/2024, Surveyor reviewed Tenant 1's "Resident Service Agreement." Attached to the agreement was a pink post-it note stating Nurse C had completed the agreement with Tenant 1 and the signed copy of the agreement was misplaced. Administrator A wrote on the post-it note, the agreement had been signed on 10/07/2024. Under the subsection titled, "Med and Treatment Plan," the following was documented, "Resident receives medication administration and medication management services. See Service Agreement and Medication and Treatment Assessment for plan descriptions and medications and treatment orders."	U 267		

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U 267	Continued From page 5 On 12/10/2024, Surveyor reviewed Tenant 1's October 2024 Medication Administration Record (MAR). From 10/07/2024 to 10/25/2024, the following dosages of medication were documented as, "New Order- Not Yet Available," "Med not available," or "Out of building,": 1.) 10/14/2024 - 8:00 AM- Alendronate Tablet 70 mg - "New Order-Not Yet Available." 2.) 10/14/2024 - 8:00 AM - Folic Acid Tablet 1 mg - "Med not available." 3.) 10/14/2024 - 8:00 AM - Methotrexate Tablet 2.5 mg - "New Order-Not Yet Available." 4.) 10/15/2024 - 8:00 AM - Eliquis Tablet 5 mg - "Med net available." 5.) 10/15/2024 - 8:00 AM - Famotidine Tablet 40 mg - "Med not available." 6.) 10/15/2024 - 8:00 AM - Folic Acid Tablet 1 mg - "Med not available." 7.) 10/15/2024 - 8:00 PM - Eliquis Tablet 5 mg - "Med not available." 8.) 10/16/2024 - 8:00 AM - Eliquis Tablet 5 mg - "Med not available." 9.) 10/16/2024 - 8:00 AM - Famotidine Tablet 40 mg - "Med not available." 10.) 10/16/2024 - 8:00 AM - Folic Acid Tablet 1 mg - "Med not available." 11.) 10/16/2024 - 8:00 PM - Eliquis Tablet 5 mg - "Med not available." 12.) 10/17/2024 - 8:00 AM - Eliquis Tablet 5 mg - "Med not available." 13.) 10/17/2024 - 8:00 AM - Famotidine Tablet 40 mg - "Med not available." 14.) 10/17/2024 - 8:00 AM - Folic Acid Tablet 1 mg - "Med not available." 15.) 10/17/2024 - 3: 00 PM - Digoxin 125 MCG - "Out of building." 16.) 10/17/2024 - 8:00 PM - Carvedilol Tablet 12.5 mg - "Out of building," 17.) 10/17/2024 - 8:00 PM - Eliquis Tablet 5 mg - "Out of building."	U 267		

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U 267	Continued From page 6 18.) 10/17/2024 - 8:00 PM - Melatonin Tablet 5 mg - "Out of building." 19.) 10/18/2024 - 8:00 AM - Eliquis Tablet 5 mg - "Med not available." 20.) 10/18/2024 - 8:00 AM - Famotidine Tablet 40 mg - "Med not available." 21.) 10/18/2024 - 8:00 AM - Folic Acid Tablet 1 mg - "Med not available." 22.) 10/21/2024 - 8:00 AM - Eliquis Tablet 5 mg - "Med not available." 23.) 10/21/2024 - 8:00 AM - Famotidine Tablet 40 mg - "Med not available." 24.) 10/21/2024 - 8:00 AM - Folic Acid Tablet 1 mg - "Med not available." 25.) 10/23/2024 - 3:00 PM - Digoxin 125 MCG - "Out of building." On 12/10/2024 at 2:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated Tenant 1 wanted to leave the facility upon admission. Administrator A stated Tenant 1 was physically at the facility from 10/17/2024 to 10/25/2024. Administrator A acknowledged Tenant 1's medication was to be administered by facility staff per Tenant 1's Resident Service Agreement. Administrator A acknowledged Tenant 1 did not receive the dosages of medication documented as "Med not available," "Out of building," or "New Order - Not yet Available," as precribed by their practitioner. CROSS REFERENCE: U0266 DHS Chapter 89.34(15) Tenant Rights	U 267		