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 01/29/2025

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 01/29/2025, the bureau of assisted living Southern regional office conducted 2 complaint investigations at New Perspective Sun Prairie and RCAC located in Sun Prairie, WI. As a result of this survey, 1 violation of DHS Chapter 89 was issued. 1 complaint was substantiated. Census: 54	U 000		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Tenant 1 received nursing services: medication administration.	U 118		

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
	0015198	A. BUILDING: _____ B. WING _____	C 01/29/2025

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 118	Continued From page 1 From 11/24/2024 to 12/04/2024, Tenant 1 did not receive 12 dosages of medication as prescribed be their practitioner. FINDINGS INCLUDE: On 01/28/2025, the Department received a complaint regarding medication administration practices at facility. On 01/29/2025, Surveyors arrived at facility for a complaint investigation. On 01/29/2025, Surveyor reviewed Tenant 1's facility record. According to Tenant 1's facesheet. Tenant 1 was admitted to the facility on 08192024. Tenant 1 had an activated power of attorney (APOA). Tenant 1 was diagnosed with but not limited to: mild cognitive impairment, congestive heart failure, atrial fibrillation, long-term anti-coagulant therapy, and glaucoma. On 01/29/2025, Surveyor reviewed Tenant 1's Service Plan. The Service Plan was signed on 08/19/2024. The Service Plan stated facility staff were to administer Tenant 1's medications. On 01/29/2025, Surveyor reviewed Tenant 1's November 2024 medication administration record (MAR). On 11/24/2024 at 8:00 AM, the following medications were documented as, "Missed - Med Incident Initiated." 1.) Amiodarone 200 mg tablet 2.) Aspirin 81 mg 3.) Combigan solution 0.2/0.5% 4.) Eliquis 5 mg tablet 5.) Furosemide 80 mg tablet 6.) Metoprolol Succinate 25 mg tablet 7.) Potassium Chloride Powder 20 MEQ 8.) Vitamin B12 1,000 MG tablet.	U 118		

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 01/29/2025

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 118	Continued From page 2 On 01/29/2025, Surveyor reviewed Tenant 1's December 2024 MAR. On 12/03/2024, the following medications as, "Missed - Med Incident Initiated." 1.) 12/03/2024 at 8:00 AM, Eliquis 5 mg tablet 2.) 12/03/2024 at 8:00 AM, Metoprolol Succinate 25 mg ER tablet 3.) 12/03/2024 at 5:59 PM, Eliquis 5 mg tablet 4.) 12/03/2024 at 5:59 PM, Metoprolol Succinate 25 mg ER Tablet On 01/29/2025, Surveyor reviewed and email from Clinical Nurse C containing clinical electronic health record (EHR) summaries for 11/24/2024, 12/03/2024, and 12/04/2024. Surveyor reviewed documentation facility properly reported the above medication errors to Tenant 1's clinical staff. On 01/29/2025 at 2:00 PM, Surveyors discussed the above concerns with Regional Director A and Regional Nurse B. Regional Director A and Regional Nurse B acknowledged Tenant 1 did not receive his/her medication as prescribed on 11/24/2024 and 12/04/2024.	U 118		