STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018227	A. BUILDING: _____ B. WING _____	R-C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN CENTER	2000 WEST BLUEMOUND ROAD WAUKESHA, WI 53186

(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 12/18/2023 with information gathered through 12/20/2023, Surveyor conducted a verification visit to Statement of Deficieny (SOD) #ZS2W12, dated 08/02/2023 at Aspen Center. Two deficiencies were identified. One repeat deficiency from SOD #ZS2W11 dated 08/02/2023. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed. Census: 19	{N 000}		
{N 404}	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address.	{N 404}		

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

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{N 404}	Continued From page 1 This Rule is not met as evidenced by: Based on staff interview, the provider did not arrange on an annual basis, for a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF's medication administration and medication storage systems for 2023. This is a repeat deficiency. See Statement of Deficiency (SOD)# ZS2W11, dated 08/02/2023. Findings include: On 12/18/2023, at approximately 10:20 AM, Surveyor conducted a verification visit at Aspen Center. Surveyor requested that Program Manager D provide the 2023 as this concern was identified on 08/02/2023 and a violation was issued. Aspen Center received a Notice and Order letter dated 09/28/2023 requiring compliance with the requirement within 45 days, 11/12/2023. On 12/18/2023 at approximately 10:20 AM, Program Manager D stated to Surveyor s/he was aware of the requirement and they did not ensure the review was completed following the 09/28/2023 letter. Program Manager D stated they do have a review scheduled for 12/27/2023.	{N 404}		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall	N 415		

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N 415	Continued From page 2	N 415		

document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider did not ensure at the time of medication administration, the person administering the medication documented in the resident record the name, dosage, date and time of medication taken and initial the medication administration record.

Findings include:

On 12/18/2023, Surveyor reviewed the medication administration record for Resident 5. Resident 5 was admitted to the facility on 12/05/2023. A review of the medication administration record for the month of December 2023 noted on 12/09/2023; 12/13/2023 and 12/15/2023 the noon doses of Gabapentin 100 MG were not documented as administered. On 12/16/2023, the evening dose of Gabapentin 100 MG was not documented as administered.

On 12/18/2023, at approximately 12:00 PM, Surveyor interviewed Program Manager D regarding the documentation of the medication administration record. Program Manager D stated s/he believed Resident 5 did receive the medication however, a weekend staff may not have recorded the administration. Program Manager D stated s/he would follow up with all

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N 415	Continued From page 3 staff to ensure medication administration is documented accurately as s/he is aware of the requirement for documentation at the time of administration.	N 415		