STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015199	A. BUILDING: _____ B. WING _____	R-C 08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE SUN PRAIRIE	LIGHTHOUSE OF SUN PRAIRIE 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
{N 000}	Initial Comments On 08/28/2024, Surveyors conducted 4 complaint investigations, 2 self-report reviews and a verification visit at New Perspective Sun Prairie, a CBRF located in Sun Prairie, WI. As a result of the investigation, 10 violations of Chapter DHS 83 were issued. Seven violations are repeat violations. Two violations from previous Statement of Deficiency (SOD) ZZI812 were corrected. Two complaints were substantiated. Two complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 32	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report a serious injury resulting in hospitalization. Resident 1 fell on 06/18/2024 and was found with a laceration to the head. Resident 1 was hospitalized and eventually passed away. This is a repeat violation from previous Statement of Deficiency (SOD) 5DNC12 dated 02/04/2021.	N 165		

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

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N 165	Continued From page 1 Findings include: On 08/28/2024, Surveyor reviewed the facility self-report regarding Resident 1. According to facility self-report, Resident 1 fell 06/18/2024 and was found with a laceration to his/her head. Resident 1 was transported to the hospital and objective testing found 2 old subdural hematomas and a wound to the crown of Resident 1's head. Resident 1 was admitted to the hospital on 06/18/2024 and admitted to hospice unit on 06/24/2024. Resident passed away on 07/01/2024. On 08/28/2024 at 10:00 AM, Surveyors requested documents. Administrator A made a list of documents requested and wrote, "Resident 1 fell on 06/18/2024 and sent to the hospital, passed away on 07/01/2024." According to facility self-report dated 07/02/2024, the fall incident occurred on 06/18/2024, but was not reported until 07/02/2024 after Resident 1 had died. On 08/28/2024 at 4:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated s/he did not realize that a report needed to be made since the family transported Resident 1 to the hospital. Administrator A stated that the report was sent in as soon as facility was aware that Resident 1 had passed away. Administrator A acknowledged that any incident that results in serious injury and hospitalization is considered a reportable incident.	N 165		
N 196	83.14(2)(a) Licensee ensures facility complies with laws	N 196		

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N 196	Continued From page 2 The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. From 04/11/2019 to 08/28/2024, the provider did not comply with all the laws governing the CBRF as evidenced by 41 deficiencies identified and 11 complaints substantiated. This is a repeat deficiency of statement of deficiency (SOD) #B8VW11 dated 10/14/2022. FINDINGS INCLUDE: Facility is a Class CNA non-ambulatory facility. Has a capacity of 50 residents and serves advanced aged, irreversible dementia & Alzheimer's. Example 1: Obtain and maintain compliance with laws governing the CBRF: On 04/11/2019, Surveyor conducted a complaint investigation. As a result of the survey 1 complaint was substantiated and 1 deficiency was identified in statement of deficiency (SOD) #6TPG11: 1.) 83.32(3)(h) Rights of Residents: Receive Medication On 07/24/2019, Surveyor conducted a self-report review. As a result of the survey 2 deficiencies	N 196		

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N 196	Continued From page 3 were identified in SOD #5DNC11: 1.) 83.38(1)(b) Supervision 2.) 83.38(1)(h) Medication Administration On 02/24/2021, Surveyor conducted a complaint investigation and verification visit. As a result of the survey complaint was substantiated and 1 deficiency was identified in SOD #5DNC12: 1.) 83.12(4)(c) Reporting Incident With Serious Injury On 10/14/2022, Surveyor conducted a desk review survey. As a result of the survey 1 deficiency was identified in SOD #B8VW11: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws On 06/24/2022, Surveyor conducted a complaint investigation. As a result of the survey complaint was substantiated and 6 deficiencies were identified in SOD #ND1D11: 1.) 83.12(1)(b) Death Reporting Related to Accident or Injury 2.) 83.32(3)(i) Rights of Residents: Adequate Treatment 3.) 83.32(3)(r) Right of Residents: Self-Determination 4.) 83.35(3)(c) Implement, Follow The Individual Service Plan 5.) 83.38(1)(i) Behavior Management 6.) 83.44(2)(a) Rooms Clean And Free From Odors On 08/30/2022, Surveyor conducted 2 complaint investigations. As a result of this survey 1 complaint was substantiated and 3 deficiencies were identified in SOD #LHXR11: 1.) 83.12(4)(b) Reporting When Law Enforcement If Called 2.) 83.38(1)(g) Health Monitoring	N 196		

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N 196	Continued From page 4 3.) 83.42(1) Resident Record Maintained On 01/10/2023, Surveyor conducted 3 complaint investigations. As a result of the survey 2 complaints were substantiated and 3 violations were identified in SOD #9PKX11: 1.) 83.21(1)-(3) All Employee Training 2.) 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake 3.) 83.37(2)(d) Documentation of Medication Administration On 09/05/2023, Surveyor conducted a standard, verification visit and complaint investigation. As a result of the survey 4 deficiencies were identified in SOD #9PKX12: 1.) 83.21 Department Approved Training 2.) 83.25 Continuing Education 3.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 4.) 83.37(2)(d) Documentation of Medication Administration On 10/12/2023, Surveyor conducted 2 complaint investigations, verification visit. As a result of the survey 1 complaint was substantiated and 6 deficiencies were identified in SOD #ZZI811: 1.) 83.12(2)(a) Caregiver: Investigating Abuse & Neglect 2.) 83.12(3)(a) Investigate Injuries Of Unknown Source 3.) 83.12(5)(a) Notification: Incident, Injury, Changes 4.) 83.33(1)(d) Grievance Procedure: Written Summary 5.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 6.) 83.38(1)(g) Health Monitoring On 05/15/2024, Surveyor conducted 2 complaint	N 196		

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N 196	Continued From page 5 investigations and verification visit. As a result of the survey 2 complaints were substantiated and 4 deficiencies were identified in SOD #ZZ1812: 1) 83.35(3)(c) Implement, Follow The Individual Service Plan 2) 83.35(3)(d) Service Plans Updated Annually Or On Changes 3) 83.36(1)(a) Adequate Staff To Meet Resident Needs 4) 83.38(1)(h) Medication Administration On 08/28/2024, Surveyor conducted 4 complaint investigations, 2 self-report reviews, and verification visit. As a result of the survey 2 complaints were substantiated and 10 deficiencies were identified in SOD #ZZI813: 1.) 83.12(4)(c) Reporting Incident With Serious Injury 2.) 83.14(2)(a) licensee Ensures Facility Complies With Laws 3.) 83.32(3)(h) Rights of Residents: Receive Medication 4.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 5.) 83.36(1)(a) Adequate Staff To Meet Resident Needs 6.) 83.37(1)(g) Disposition of Medications 7.) 83.37(1)(j) Proof-Of-Use Record 8.) 83.37(2)(d) Documentation of Medication Administration 9.) 83.37(3)(c) Medication Storage: Locked Cabinet 10.) 83.44 (2)(a) Rooms Clean And Free From Odors Example 2: Repeat violations of laws governing the CBRF. 1.) 83.32(3)(h) Rights of Residents: Receive Medication	N 196		

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N 196	Continued From page 6 SOD #6TPG11 dated 04/11/2019 & SOD #ZZ1813 dated 08/28/2024. 2.) 83.38(1)(h) Medication Administration SOD #5DNC11 dated 07/24/2019 & SOD #ZZI812 dated 05/15/2024. 3.) 83.12(4)(c) Reporting Incident With Serious Injury SOD #5DNC12 dated 02/24/2021 & SOD #ZZI813 dated 08/28/2024. 4.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws SOD #B8VW11 dated 10/14/2022 & SOD #ZZ1813 dated 08/28/2024. 5.) 83.35(3)(c) Implement, Follow The Individualized Service Plan SOD #ND1D11 dated 06/24/2024 & SOD #ZZI812 dated 05/15/2024. 6.) 83.38(1)(g) Health Monitoring SOD #LHXR11 dated 08/30/2022 & ZZI811 dated 10/12/2023. 7.) 83.37(2)(d) Documentation of Medication Administration SOD #9PKX11 dated 01/10/2024, SOD #9PKX12 dated 09/05/2023 & SOD #ZZI813 dated 08/28/2024. 8.) 83.35(3)(d) Service Plans Updated Annually Or On Changes SOD #9PKX12 dated 09/05/2023, SOD #ZZI811 dated 10/12/2023, SOD #ZZI812 dated 05/15/2024 & SOD #ZZI813 dated 08/28/2024. 9.) 83.44(2)(a) Rooms Clean And Free From Odors	N 196		

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N 196	Continued From page 7 SOD #ND1D11 dated 06/24/2024 & SOD #ZZI813 dated 08/28/2024. 10.) 83.36(1)(a) Adequate Staff to Meet Resident Needs SOD #ZZI812 dated 05/15/2024 and SOD #ZZ1813 dated 08/28/2024. Example 3: Number of Complaints Substantiated 1.) SOD #6TPG11 dated 04/11/2019 - 1 complaint substantiated. 2.) SOD #5DNC12 dated 02/24/2021 - 1 complaint substantiated. 3.) SOD #ND1D11 dated 06/24/2022 - 1 complaint substantiated. 4.) SOD #LHXR11 dated 08/30/2022 - 1 complaint substantiated. 5.) SOD #9PKX11 dated 01/10/2023 - 2 complaints substantiated. 6.) SOD #ZZ1811 dated 10/12/2023 - 1 complaint substantiated. 7.) SOD #ZZI812 dated 05/15/2024 - 2 complaints substantiated. 8.) SOD #ZZI813 dated 08/28/2024 - 2 complaints substantiated. SUMMARY: The licensee did not ensure the facility and its operation complied with all laws governing the CBRF. The current survey included investigation of 4 complaints, 2 self-report reviews and a verification visit. As a result, 10 deficiencies were identified, including 7 recited deficiencies.	N 196		
N 352	83.32(3)(h) Rights of Residents: Receive medication	N 352		

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N 352	Continued From page 8 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 their medications in the dosage and at intervals prescribed by their practitioner. From 08/03/2024 to 08/06/2024, Resident 11 did not receive his/her nitrofurantoin (Macrobid) 100 mg capsules twice daily as prescribed by Practitioner R. On 08/14/2024, Practitioner R ordered Resident 11 start a 7-day course of the nitrofurantoin 100 mg capsules twice daily. On 08/14/2024, 08/17/2024 and 08/20/2024, the evening dose of nitrofurantoin 100 mg dose was documented as "Out of building" or "Med not available." On 08/28/2024, Surveyors observed the facility medication cart with Med Passer O. Surveyors observed the following resident medications labeled for administration prior to 08/27/2024 inside the medication cart: Two of Resident 18's Quetiapine 25 mg tablets and three of Resident 17's Levetiracetam 250 mg tablets. Surveyors observed a blister packet with a handwritten label, "House Stock Anti-diarrheal loperamide 2 mg". This is a repeat of statement of deficiency (SOD) #6TPG11 dated 04/11/2019. FINDINGS INCLUDE:	N 352		

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N 352	Continued From page 9 On 08/14/2024, The Department received a complaint about facility's medication administration practices. On 08/28/2024, Surveyor arrived at facility for a complaint investigation. OBSERVATIONS: On 08/28/2024 at 10:15 AM, Surveyors observed the medication cart with Med Passer O. Surveyors observed facility utilized a medication management system where each tablet/capsule had been sealed in a semi-clear, single-dose packet. Each packet was labeled with the name/dosage of the tablet/capsule, the resident's name, and the date/time (interval) the tablet/capsule was to be administered. The single-dose packets were attached to one another in chronological order of administration with perforations between them. Surveyor observed a 30-day blister pack with a handwritten label which stated, "House Stock Anti-diarrheal loperamide 2 mg" (Picture 17). Med Passer O stated s/he knew to only administer medications from containers with the resident's name on it. Med Passer O stated s/he did not know who wrote "House Stock" on the blister pack. Med Passer O stated s/he had administered Resident 11's most recent course of nitrofurantoin 100 mg to him/her. EXAMPLE 1: Resident 11 On 08/28/2024, Surveyor reviewed Resident 11's facesheet. Resident 11 was admitted to the facility on 04/17/2023. Resident 11 had an activated power of attorney (APOA). Resident 11 was diagnosed with but not limited to: unspecified	N 352		

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N 352	Continued From page 10 dementia & amnesia. On 08/28/2024, Surveyor reviewed Resident 11's individualized service plan (ISP). Resident 11's ISP was last signed by Legal Representative S on 04/30/2023. under the subsection titled, "Medications/Treatment," the following was documented, "Medications: will accept/receive all medications/treatments as ordered by MD/pharmacy without ill effect through next review." On 08/28/2024, Surveyor reviewed an email sent from Administrator A to Legal Representative S on 08/14/2024 at 3:02 PM. Administrator A stated the following, " [Legal Representative S] ... Had we been informed on Friday, August 2nd that you were still seeing UTI (urinary tract infection) symptoms in [Resident 11] we would have been the ones to contact [his/her] physician so we would have known that antibiotics were being ordered and would be coming from the pharmacy. Since we were left out of the loop on this, we did not know that there was a new order sent to the pharmacy and since this order was sent between Friday afternoon and Monday morning, it wasn't going to be delivered with our usual deliveries. Since we had no idea there was a new order, we were not expecting any deliveries outside of the normal schedule, so our locked medication box was not checked until our new two-week cycle fill of medication was delivered on Tuesday, August 6th...While completing this double check of the medications, staff found the antibiotics that arrived over the past weekend. The strip that these medications came in stated that they were to be administered on August 3rd, 4th and 5th which was confusing since we had no knowledge of a new order and because it was already the 6th...".	N 352		

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N 352	Continued From page 11 On 08/28/2024, Surveyor reviewed Resident 11's August 2024 medication administration record (MAR). Surveyor reviewed 3 separate orders for nitrofurantoin 100 mg capsule twice daily. 1.) The first order was a 7-day course of nitrofurantoin 100 mg for UTI to be administered from 07/25/2024 to 08/02/2024. Resident 11 received all prescribed doses of the course. 2.) The second order was for a 3-day course of nitrofurantoin 100 mg for UTI to be administered from 08/03/2024 to 08/06/2024. The following was documented from 08/03/2024 to 08/06/2024: -On 08/03/2024 at 4:30 PM, Med Passer N documented, "Med not available." -On 08/04/2024, AM dose is documented as administered. -On 08/04/2024 at 4:30 PM, Med Passer N documented, "Med not available." -On 08/05/2024, AM dose if documented at administered. -On 08/05/2024 at 7:59 AM, Med Passer O documented, "Med not available." -On 08/06/2024, Zero documentation for administration or refusal of evening dose. 3.) The third order was for a 7-day course of nitrofurantoin 100 mg capsule twice daily from 08/12/2024 to 08/21/2024. The following intervals were documented as not available for administration: -On 08/14/2024 at 4:30 PM, Med Passer T documented, "Med not available." -On 08/17/2024 at 4:30 PM, Med Passer N documented, "Out of building." -On 08/20/2024 at 4:30 PM, Med Passer U documented, "Med not available."	N 352		

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N 352	Continued From page 12 On 08/28/2024 at 1:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated during non-business hours the triage nurse is expected to retrieve medications delivered by the pharmacy from the after-hours medication drop-box located next to the facility entrance. Administrator A stated Legal Representative S didn't notify facility a new 3-day course of nitrofurantoin 100 mg was ordered on 08/02/2024. Administrator A acknowledged facility nurses did not check the after-hours medications drop-box from the evening of 08/02/2024 to the morning of 08/06/2024. Administrator A stated s/he had no other methods of communication to be notified a medication had been ordered/changed until the medication had been delivered from the pharmacy. Administrator A acknowledged Resident 11's nitrofurantoin 100 mg prescription was filled and delivered by Pharmacy V. Administrator A acknowledged Pharmacy V was the usual pharmacy utilized by facility residents. Administrator A acknowledged Resident 11's records were maintained on the facility EHR (electronic health record system). On 08/28/2024 at 1:50 PM, Surveyor discussed the above concern with Nurse Q. Nurse Q stated s/he had been the health and wellness director for the facility since beginning of July 2024. Nurse Q stated s/he had been the triage nurse from 08/02/2024 to 08/06/2024. Nurse Q stated Resident 11's antibiotic was delivered with facility cycle fill that Saturday morning (08/03/2024). Nurse Q stated s/he had mistakenly thought Resident 11's nitrofurantoin 100 mg was to start administration with the other medications delivered (08/13/2024). Nurse Q acknowledged s/he did not see the nitrofurantoin 100 mg 3-day course had been missed until 08/09/2024. Nurse Q stated s/he recognized the system concern	N 352		

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(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
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identified and would find a way for residents receive all newly prescribed medication during non-business hours.

On 08/30/2024 at 11:39, Surveyor discussed the above concern with Pharmacist W. Pharmacist W stated the pharmacy delivers medications during the weekend to the facility medication drop-box next to the front entrance. Pharmacist W stated pharmacy drivers wrote down the time of drop-off on the delivery slip which the pharmacy kept on file. Pharmacist W stated pharmacy received an order from Practitioner R for Resident 11's nitrofurantoin 100 mg twice daily on 08/02/2024. Pharmacist W stated pharmacy dispensed and delivered the prescription to the facility on 08/03/2024 at 1:20 PM. Pharmacist W stated when the pharmacy received a new medication order for a resident it was the supervising pharmacist who updated the resident MAR in the facility EHR. Pharmacist W stated the pharmacist also faxed a copy of the new medication order to the facility.

EXAMPLE 2: Resident 18

On 08/28/2024 at 11:01 AM, Surveyor observed the contents of the medication cart top drawer with Med Passer O. Surveyor observed 2 sealed, single dose packets contained their dispensed tablet/capsule. The packets were labeled with Resident 18's name. Med Passer O acknowledged 2 of 2 packets still contained medications and were labeled for administration before 08/27/2024. Med Passer O stated s/he placed them in the top drawer of the cart so s/he could give them to the facility nurse for disposal. Med Passer O acknowledged Resident 18 did not receive the tablets/capsules in the packets as prescribed. The labels on Resident 18's packets

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N 352	Continued From page 14 were labeled as follows: 1.) "[Resident 18] ...take on 08/20/2024 Tuesday MORNING...Quetiapine 25 mg" (Picture 22) 2.) "[Resident 18] ...take on 08/23/2024 Friday MORNING...Quetiapine 25 mg." (Picture 19) On 08/28/2024, Surveyor reviewed Resident 18's facility facesheet. Resident 18 was admitted to the facility on 02/08/2023. Resident 18 had an APOA. Resident 18 was diagnosed with but not limited to: other amnesia, generalized anxiety disorder & generalized mood disorder. On 08/28/2024, Surveyor reviewed Resident 18's service plan. Under the subsection titled, "Med and Treatment Plan," the following was documented, "Med Passers will provide [Resident 18's] medications as prescribed by [his/her] physician." On 08/28/2024, Surveyor reviewed Resident 18's August 2024 MAR. On the mornings of 08/20/2024 & 08/23/2024, Med Passer U documented Resident 18's morning dose of Quetiapine 25 mg as administered. Example 3- Resident 17 On 08/28/2024 at 11:00 AM, Surveyors observed the medication cart with Med Passer O. Surveyor observed 3 packets of medication labeled with Resident 17's name and administration interval. Surveyor observed 3 of 3 packets were sealed and still contained tablets/capsules. Surveyor observed the following medication packets in top drawer of the medication cart: 08/23/2024- Friday- Evening- Levetiracetam 250 mg- Take 1 tablet by mouth twice daily for 7 days (Picture 20).	N 352		

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N 352	Continued From page 15 08/26/2024 - Monday - Morning- Levetiracetam 250 mg- Take 1 tablet by mouth twice daily for 7 days (Picture 18). 08/26/2024 - Monday - Evening- Levetiracetam 250 mg- Take 1 tablet by mouth twice daily for 7 days (Picture 18). Med Passer O stated s/he did not know why the medications were still in the cart, and confirmed the presence of the medication packets meant they were not administered as prescribed. Med Passer O stated the facility practice for unused medications was to take them to the locked medication drop box located in the memory care laundry room. Med Passer O stated the facility nurse is in charge of reviewing the unused medications deposited by staff and will investigate and followed up with staff as appropriate. On 08/28/2024 Surveyor reviewed Resident 17's record which documented: Resident 17 admitted to the facility on 01/12/2024 with diagnosis which included but not limited to: dementia, depression, type 2 diabetes, generalized anxiety disorder, and unspecified convulsions. Resident 17's August 2024 medication administration record (MAR) documented: Surveyor reviewed the medication orders listed. Surveyor reviewed the following order, "Levetiracetam tab 250 mg- Take 1 tablet by mouth twice daily for 7 days- For: Unspecified convulsions." Surveyor reviewed the following documentation from 08/23/2024 and 08/26/2024: Evening- 08/23/2024- No charting completed. Morning- 08/26/2024- Signed out with no special	N 352		

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N 352	Continued From page 16 notes. Evening- 08/26/2024- Signed out with no special notes." EXIT INTERVIEW: On 08/28/2024 at 4:05 PM, Surveyors discussed the above concerns with Administrator A. Administrator A acknowledged Resident 11 did not receive his/her nitrofurantoin 100 mg capsule as prescribed on 08/03/2024, 08/04/2024, 08/05/2024, 08/06/2024, 08/14/2024 & 08/17/2024. Administrator A acknowledged from 08/01/2024 to 08/27/2024, Resident 18 did not receive 2 medications as prescribed, and Resident 17 did receive 3 medications as prescribed. Administrator A acknowledged a blister pack with a handwritten label stating, "House Stock - Loperamide 2 mg," was not individually labeled with resident's name and would need to be removed from the medication cart. CROSS REFERENCE: N0406 DHS Chapter 83.37(1)(d) Disposition of Medications N0409 DHS Chapter 83.37 (1)(j) Proof-Of-Use Record N0415 DHS Chapter 83.37(2)(d) Documentation of Medication Administration N0419 DHS Chapter 83.37(3)(c) Medication Storage: Locked Cabinet	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities	N 389		

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N 389	Continued From page 17	N 389		

or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the individual service plan (ISP) was not updated for 1 of 1 resident record reviewed when there was a change in resident needs and abilities.

Resident 18's ISP was not updated to include a behavior of crawling on the floor.

This deficiency is being cited for the 4th time. See Statement of Deficiency (SOD) 9PKX12 dated 09/05/2023, SOD ZZI811, dated 10/23/2023, and SOD ZZI812, dated 05/15/2024.

Findings include:

On 08/28/2024 at 10:40 AM, Surveyor observed Resident 18 crawling on the floor of the common area near the dining room. Caregiver X and Caregiver Y assisted Resident 18 back to a standing position and helped seat him/her in a lounge chair. Within a minute, Resident 18 put him/herself back on the floor and started crawling around picking up small pieces of debris. Surveyor observed Resident 18 crawling on the

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N 389	Continued From page 18 floor for approximately 5 minutes until Caregiver X assisted him/her to a dining room chair and offered a snack. On 08/28/2024 at 10:59 AM, Surveyor interviewed Caregiver X. Caregiver X reported Resident 18 puts him/herself on the floor and will crawl around for extended periods of time if staff do not intervene. Caregiver X stated staff will assist Resident 18 to a chair or eat a snack when s/he is crawling around but when not supervised s/he will put him/herself back on the floor. Surveyor asked if Resident 18's ISP identified any interventions to assist staff in managing the behavior of crawling on the floor. Caregiver X stated "no" but staff do try to get Resident 18 off the ground many times per shift. Resident 18 was admitted to the facility on 02/08/2023 with diagnosis including mood affective disorder and anxiety. Resident 18 had an activated healthcare power of attorney that made decisions on his/her behalf. Resident 18's ISP dated 5/7/24 did not address the behavior of crawling on the floor. On 08/28/2024 at 4:00 PM, Surveyor interviewed Administrator A. Administrator A acknowledged the above concern and did not respond further.	N 389		
{N 396}	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on interview and record review, the	{N 396}		

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{N 396}	Continued From page 19	{N 396}		

provider did not ensure that sufficient staff were provided to meet needs of residents. Three of 3 residents interviewed had wait times more than 25 minutes when call light pendants were used.

This is a repeat violation from previous ZZI812 dated 05/15/2024.

Findings include:

On 08/28/2024

Example 1: Resident 5

On 08/28/2024, Surveyor reviewed Resident 5's medical record. Resident 5 was admitted 12/30/2018 with diagnoses that include but are not limited to: restless leg syndrome, GERD, atrial fibrillation, osteoarthritis, hemiplegia, obesity, urinary incontinence, history of leg fracture, urinary tract infection (UTI).

According to Resident 5's ISP dated 01/24/2024, Resident 5 requires 1 staff assist with transfers, is a fall risk and uses a call light to request staff assistance.

Resident 5 waited more than 25 minutes for assistance on the following dates:

08/21/2024- 1 hour 21 minutes
08/22/2024- 31 minutes
08/22/2024- 25 minutes
08/24/2024- 40 minutes
08/26/2024- 37 minutes
08/27/2024- 1 hour 10 minutes

Example 2: Resident 7

On 08/282024, Surveyor reviewed Resident 7's

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{N 396}	Continued From page 20 medical record. Resident 7 was admitted 11/28/2016 with diagnoses that include but are not limited to: osteoarthritis, seizures, UTI. According to Resident 7's ISP dated 07/07/2023, Resident 7 requires 2 staff assistance with transfers with a hoyer lift, is a fall risk and uses a call light to request staff assistance. Resident 7 waited in excess of 25 minutes for assistance on the following dates: 08/21/2024- 1 hour 25 minutes 08/22/2024- 47 minutes 08/24/2024- 25 minutes 08/25/2024- 26 minutes 08/26/2024- 30 minutes Example 3: Resident 21 On 08/28/2024, Surveyor reviewed Resident 21's medical record. Resident 1 was admitted 04/01/2022 with diagnoses that include but are not limited to: Disorientation, Shortness of Breath, Unspecified Psychosis, Dementia with agitation. Surveyor reviewed Resident 21's Individual Service Plan (ISP) dated 05/10/2024, ISP indicates that Resident 21 is identified as a fall risk and requires assistance with transfers and ambulation. ISP indicated that Resident 21 has a call light pendant for assistance and knows how to use it. ISP indicated that caregivers are to monitor Resident 21 for falls, injuries, or inability to transfer. Resident 21 waited more than 25 minutes for assistance on the following dates:	{N 396}		

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{N 396}	Continued From page 21 08/22/2024- 39 minutes 08/23/2024- 26 minutes 08/25/2024- 26 minutes 08/25/2024- 38 minutes INTERVIEWS: On 08/28/2024 at 10:15 AM, Surveyor interviewed Resident 5. Resident 5 stated that although things have improved, "I still wait a long time for help sometimes. Yesterday I had to wait over an hour just to get up for breakfast. I had to wait over 30 minutes just this morning. When I say something staff just tell me "We are so short staffed or I'm the only one here."" On 08/28/2024 at 10:40 AM, Surveyor interviewed Resident 7. Resident 7 stated that staff do not always respond to call lights in a timely manner. "Sometimes I have to wait 30 minutes or more." On 08/28/2024 at 11:00 AM, Surveyor interviewed Resident 21. Resident 21 stated that staff don't always respond to call lights right away. "I have to wait a long time for help sometimes," On 08/28/2024 at 4:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated that call light response times have improved but acknowledged that improvements can be made to meet the needs of residents.	{N 396}		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be	N 406		

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N 406	Continued From page 22 sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure when resident medications had been changed or discontinued that the medication(s) were disposed/removed from the CBRF (community based residential facility) within the next 30 days. FINDINGS INCLUDE: On 08/14/2024, The Department received a complaint about facility's medication administration practices. On 08/28/2024, Surveyor arrived at facility for a complaint investigation.	N 406		

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N 406	Continued From page 23 EXAMPLE 1: Resident 1 On 08/28/2024 at 10:20 AM, Surveyors observed the medication cart with Med Passer O. Surveyors observed 4 prescription pill bottles and inhaler with Resident 1's name on the prescription label (Pictures 8-10). Med Passer O stated Resident 1 had passed away approximately a month ago. The 4 prescription pills bottles and inhaler were labeled as: Olanzapine 5 mg, Olanzapine 5mg, Trazodone 50 mg, Omeprazole 20 mg & Tiotropium 2.5MCG oral inhaler. On 08/28/2024, Surveyor reviewed the roster of residents who had discharged from the facility. Resident 1 was listed as discharged from the facility on 06/30/2024. EXAMPLE 2: Resident 16 On 08/28/2024 at 10:57 AM, Surveyors observed PRN (as needed) drawer in the medication cart with Med Passer O. Surveyor observed a bottle of MiraLAX with Resident 16's name on the prescription label (Picture 16). Med Passer O acknowledged Resident 16 had passed away a few months ago. On 08/28/2024, Surveyor reviewed the roster of resident who had discharged from the facility. Resident 16 was listed as discharged from the facility on 04/17/2024. EXIT INTERVIEW: On 08/28/2024 at 1:50 PM, Surveyor discussed the above concern with Nurse Q. Nurse Q observed the pictures of the medications for Resident 1 and Resident 16 on Surveyor's cell	N 406		

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N 406	Continued From page 24 phone. Nurse Q acknowledged Resident 1 and Resident 16 had passed away over a month ago. Nurse Q acknowledged Resident 1 and Resident 16's medications were observed in the medication cart. Nurse Q acknowledged unused resident medication are to be removed from facility or disposed of within 30 of regimen change. On 08/28/2024 at 4:05 PM, Surveyors discussed the above concern with Administrator A. Administrator A acknowledged Resident 1 had passed away on 06/30/2024 and Resident 16 had passed away on 04/17/2024. Administrator A acknowledged Resident 1 and Resident 16's medications were still in the medication cart. CROSS REFERENCE: N0352 DHS Chapter 83.32(3)(h) Rights of Residents: Receive Medication N0409 DHS Chapter 83.37 (1)(j) Proof-Of-Use Record N0415 DHS Chapter 83.37(2)(d) Documentation of Medication Administration N0419 DHS Chapter 83.37(3)(c) Medication Storage: Locked Cabinet	N 406		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and	N 409		

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NEW PERSPECTIVE SUN PRAIRIE	LIGHTHOUSE OF SUN PRAIRIE SUN PRAIRIE, WI 53590

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N 409	Continued From page 25 date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records were maintained daily. FINDINGS INCLUDE: On 08/14/2024, The Department received a complaint about facility's medication administration practices. On 08/28/2024, Surveyor arrived at facility for a complaint investigation. On 08/28/2024 at 10:54 AM, Surveyor observed the narcotic drawer in the medication cart with Med Passer O. Med Passer O acknowledged staff are instructed to complete a total count of all resident narcotic medications and sign the verification log for every time there is a change in medication passing staff. Surveyor reviewed format of the "Narcotic Medication Count Verification Log," and found for each day of the month there were 6 slots for staff sign, 2 slots for morning shift change, 2 slots for evening shift change, and 2 slots for night shift change. The slots allowed for the incoming and outgoing	N 409		

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	0015199	A. BUILDING: _____ B. WING _____	R-C 08/28/2024

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NEW PERSPECTIVE SUN PRAIRIE	LIGHTHOUSE OF SUN PRAIRIE SUN PRAIRIE, WI 53590

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N 409	Continued From page 26	N 409		

medication passing staff to sign they agree the narcotic count is accurate or not.

On 08/28/2024, Surveyor reviewed the following narcotic verification logs:
1.) Surveyor reviewed the June 2024 "Narcotic Medication Count Verification Log." Surveyor reviewed the log from 06/01/2024 to 06/30/2024 and the 180 opportunities for staff to have signed it. Surveyor counted staff signed the narcotic verification log 11 times (Picture 11).
2.) Surveyor reviewed the July 2024 "Narcotic Medication Count Verification Log." Surveyor reviewed the log from 07/01/2024 to 07/31/2024 and the 186 opportunities for staff to have signed it. Surveyor counted staff signed the narcotic verification log 41 times (Picture 12).
3.) Surveyor reviewed the August 2024 'Narcotic Medication Count Verification Log." Surveyor reviewed the log from 08/01/2024 to 08/27/2024 and the 156 opportunities for staff to have signed it. Surveyor counted staff had signed the narcotic verification log 45 times (Picture 11).

On 08/28/2024 at 11:00 AM, Med Passer O acknowledged the daily narcotic count had not been signed by Administrator A or designee from 06/01/2024 to 08/27/2024.

On 08/28/2024 at 4:05 PM, Administrator A acknowledged Resident 15's 30-day blister pack of hydrocodone/APAP 5-325 mg had 2 tablets removed without any forms of documentation and staff could not tell surveyors what had happened to the 2 narcotic tablets.

CROSS REFERENCE:

N0352 DHS Chapter 83.32(3)(h) Rights of Residents: Receive Medication

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N 409	Continued From page 27 N0406 DHS Chapter 83.37(1)(d) Disposition of Medications N0415 DHS Chapter 83.37(2)(d) Documentation of Medication Administration N0419 DHS Chapter 83.37(3)(c) Medication Storage: Locked Cabinet	N 409		
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 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 observation, record review and interview, the provider did not ensure resident medications were documented at the time of medication administration, the person who administered the medication and/or treatment documented in the resident record the name, dosage, date, and time of medication taken and/or treatments performed and initialed the medication administration record. This is a repeat violation of statement of deficiency (SOD) #9PKX11 dated 01/10/2023 & #9PKX12 dated 09/05/2023.	N 415		

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N 415	Continued From page 28 FINDINGS INCLUDE: On 08/14/2024, The Department received a complaint about facility's medication administration practices. On 08/28/2024, Surveyor arrived at facility for a complaint investigation. EXAMPLE 1: Resident 15 On 08/28/2024, Surveyor reviewed Resident 15's facility facesheet. Resident 15 was admitted to the facility on 12/31/2019. Resident 15 was diagnosed with but not limited to: other amnesia and dementia. On 08/28/2024, Surveyor reviewed Resident 15's service plan. Under the subsection titled, "Med and Treatment Plan," the following was documented, "Resident receives medication administration and medication management services." On 08/28/2024, Surveyor reviewed Resident 15's August 2024 MAR. The following administration intervals contained zero documentation: 1.) 08/04/2024 - Morning - Azathioprine Tablet 50 mg 2.) 08/11/2024 - Evening - Azathioprine Tablet 50 mg 3.) 08/19/2024 - Evening - Azathioprine Tablet 50 mg 4.) 08/23/2024 - Evening - Azathioprine Tablet 50 mg 5.) 08/04/2024 - Morning - Benazepril Tablet 10 mg 6.) 08/19/2024 - Bedtime - Donepezil Tablet 10 mg	N 415		

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N 415	Continued From page 29 7.) 08/04/2024 - Morning - Duloxetine Capsule 20 mg 8.) 08/04/2024 - Morning - Finasteride Tablet 5 mg 9.) 08/04/2024 - Morning - Hydrocodone/APAP 5-325 mg 10.) 08/04/2024 - Mid-Day - Hydrocodone/APAP 5-325 mg 11.) 08/12/2024 - Mid-Day - Hydrocodone/APAP 5-325 mg 12.) 08/19/2024 - Evening - Hydrocodone/APAP 5-325 mg 13.) 08/23/2024 - Evening - Hydrocodone/APAP 5-325 mg 14.) 08/19/2024 - Bedtime - Melatonin 5 mg 15.) 08/04/2024 - Morning - Omeprazole Capsule 20 mg 16.) 08/19/2024 - Bedtime - Simvastatin Tablet 10 mg On 08/28/2024 at 10:55 AM, Surveyors observed the narcotic drawer of the medication cart with Med Passer O. Surveyors observed Resident 15's 30-day blister pack of hydrocodone/APAP 5-325 mg and found 6 tablets had been administered from the blister pack (Picture 15). Med Passer O explained that narcotic blister packs are to have the pill punched out from the 30 slot first with the following pills administered in descending order. Med Passer O stated this helps staff maintain narcotic count. Med Passer O stated when staff punch out the first pill from the number 30 slot then the slot number directly below that slot (number 29 slot) would equal the number of pills remaining in the blister pack (29 pills). Med Passer O stated staff were to write the date and initial next to the slot they had administered a pill from. Surveyor observed Resident 15's blister pack of hydrocodone/APAP 5-325 mg did not have date/initial next to empty	N 415		

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slots #28 and #27. Med Passer O acknowledged staff had not dated/initialed next to empty slots #28 and #27. Med Passer O acknowledged staff had dated/initialed the blister pack slots before (#30 & #29) and the slots after (#26 & #25) slots #28 & #27. Med Passer O stated staff were to also document the administration of each pill in Resident 15's individual narcotic record in the order pills were administered. Surveyors cross referenced the physical blister pack of hydrocodone/APAP 5-325 mg tablets with Resident 15's individual narcotic record. Surveyors discovered the hydrocodone/APAP 5-325 mg tablets which had been removed from slots #28 & #27 were not documented on Resident 15's individual narcotic record (Picture 14). Med Passer O could not tell Surveyors what had happened with the hydrocodone/APAP 5-325 mg tablets removed from slots #28 & #27.

On 08/28/2024, Surveyor reviewed the dates written on the hydrocodone/APAP 2-325 mg 30-day blister pack. Four of the 6 empty slots from #30 to #25 were dated/initialed by staff. The slots were dated as follows:
1.) #30 slot - "8/15"
2.) #29 slot - "8/16/24"
3.) #28 slot - Zero, documentation
4.) #27 slot - Zero, documentation
5.) #26 slot - "8/22"
6.) #25 slot - "8/28"

On 08/28/2024, Surveyor reviewed Resident 15's August 2024 MAR. From 08/17/2024 to 08/21/2024, 2 doses of hydrocodone/APAP 5-325 mg were not documented as administered.
1.) On 08/18/2024, the evening dose was documented by Med Passer N as, "Out of building."
2.) On 08/19/2024, the evening dose was not

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documented as administered or refused.

On 08/28/2024 at 4:05 PM, Surveyor discussed the missing documentation on Resident 15's August 2024 MAR with Administrator A. Administrator A stated there are times the computer system is down, and staff are forced to document on paper MARs. Administrator A stated s/he would see if this issue had occurred in August and would email the paper MARs to Surveyor the following day 4:00 PM.

On 08/30/2024 at 9:00 AM, Surveyor did not recieve paper MARs.

Example 2 - Resident 14

On 08/28/2024 at 10:19 AM, Surveyors observed the medication cart with Med Passer O. Surveyors observed a Walgreens pill bottle labeled for Resident 14. The label documented:

"[Resident 14]
Date 08/26/24
Cephalexin 500 mg capsules
Take 1 capsule by mouth four times daily for 7 days for infection
Qty: 8"

Surveyors observed a roll of medication packets labeled as cephalexin 500 mg capsules.

On 08/28/2024, Surveyor reviewed Resident 14's record which documented:

Resident 14 admitted to the facility on 11/25/022 with diagnosis which included but not limited to chronic kidney disease & over-active bladder. Resident 14 had an activated power of attorney (APOA).

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N 415	Continued From page 32 Resident 14's August 2024 MAR documented: "Cephalexin cap 500 mg- Take 1 capsule by mouth four times daily for 7 days for infection-For: Cystitis: Evening- 08/27/2024- Med not available Bedtime- 08/27/2024- Med not available" The cephalexin had a start date on the MAR of 08/27/2024. The morning and mid-day medication passes for 08/27/2024 were signed out as given. The evening and bedtime medication passes for 08/27/2024 were marked as not given with a note of "med not available". Surveyors reviewed the facility's pharmacy packing slip that accompanied the strip packaged cephalexin upon delivery. The packing slip documented the order was processed and delivered on 08/26/2024 and that 20 capsules were dispensed. Nurse Q signed and dated the packing slip on 08/27/2024. On 08/28/2024 at 3:45 PM, Surveyors interviewed Nurse Q and toured the medication cart. Nurse Q confirmed there were 6 capsules of cephalexin that remained in the Walgreens bottle. Surveyors observed the strip packaged cephalexin also had been started. Nurse Q stated the strip packaged cephalexin would not have arrived to the medication cart until around 11:00 AM on 08/27/2024. Surveyors and Nurse Q discovered the documentation from 08/27/2024 which stated "med not available" was incorrect, and that both the evening and bedtime doses were administered. CROSS REFERENCE:	N 415		

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N 415	Continued From page 33 N0352 DHS Chapter 83.32(3)(h) Rights of Residents: Receive Medication N0406 DHS Chapter 83.37(1)(d) Disposition of Medications N0409 DHS Chapter 83.37 (1)(j) Proof-Of-Use Record N0419 DHS Chapter 83.37(3)(c) Medication Storage: Locked Cabinet	N 415		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medicine cabinets were locked and the key available only to staff identified by the CBRF (Community Based Residential Facility). On 08/28/2024, Surveyors observed an unlocked facility medication cart which contained prescription tablets/capsules in a resident common area. FINDINGS INCLUDE: On 08/14/2024, The Department received a complaint about facility's medication administration practices. On 08/28/2024, Surveyor arrived at facility for a complaint investigation. On 08/28/2024 at 3:34 PM, Surveyors were walking in the unlocked section of the facility with Administrator A. Administrator A walked past a medication cart. Surveyor observed the keylock in	N 419		

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N 419	Continued From page 34 the medication cart was in the "out" position (Picture 23). Administrator A acknowledged when the keylock of the medication cart is in the "out" position then the cart is unlocked. Administrator A acknowledged residents had access to where the unlocked medication cart had been stored. Administrator A then pushed the keylock back to the "in" position to lock the medication cart. CROSS REFERENCE: N0352 DHS Chapter 83.32(3)(h) Rights of Residents: Receive Medication N0406 DHS Chapter 83.37(1)(d) Disposition of Medications N0409 DHS Chapter 83.37 (1)(j) Proof-Of-Use Record N0415 DHS Chapter 83.37(2)(d) Documentation of Medication Administration	N 419		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that resident rooms were free from odors. Residents 19, 20 and 21 rooms smelled strongly of urine. Findings include: On 08/28/2024 at 10:30 AM, Surveyor entered Resident 19 and 20 (shared apartment). The entire apartment smelled strongly of urine. Residents 19 and 20 declined to be interviewed.	N 489		

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N 489	Continued From page 35 On 08/28/2024 at 10:45 AM, Surveyor interviewed Caregiver O. Caregiver O stated that Resident 19 and 20 apartment always smells bad "because they refuse to wear incontinence products and soil themselves often." Caregiver O stated that Resident 20 always has soiled clothing and staff empty the clothes bin several times a day. On 08/28/2024 at 11:00 AM, Surveyor entered Resident 21's apartment. Resident 21's living room and bathroom smelled very strongly of urine. On 08/28/2024 at 11:15 AM, Surveyor interviewed Caregiver O. Caregiver O stated that Resident 21 has dementia and is incontinent. On 08/28/2024 at 4:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated that Residents 19 and 20 refuse to use incontinence products and soil clothing often. Administrator A acknowledged that Residents 19, 20 apartment as a strong urine odor as well as Resident 21's bedroom due to leaving soiled clothing in the hampers.	N 489		