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 01/29/2025

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 01/29/2025, the bureau of assisted living Southern regional office conducted 2 complaint investigations and a verification visit at New Perspectives a CBRF located in Sun Prairie, WI. As a result of this survey, 2 violations of DHS Chapter 83 were issued. One complaint was substantiated Eight violations from previous statement of deficiency (SOD) ZZI813 dated 08/28/2024 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 29	{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 their medications in the dosage and at intervals prescribed by their practitioner. From 12/25/2024 to 01/28/2025, provider did not administer multiple dosages of resident medication as prescribed by their 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
	0015199	A. BUILDING: _____ B. WING _____	R-C 01/29/2025

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 352	Continued From page 1 This is a repeat of statement of deficiency (SOD) #6TPG11 dated 04/11/2019 & SOD ZZI814. FINDINGS INCLUDE: On 01/02/2025, The Department received a complaint regarding medication administration practices at the facility. On 01/29/2025, Surveyor arrived at facility for complaint investigation and a verification visit. EXAMPLE 1: Resident 21 On 01/29/2025, Surveyor reviewed Resident 21's facility record. According to Resident 21's facesheet s/he was admitted to the facility on 04/01/2022. Resident 21 had an activated power of attorney. On 01/29/2025, Surveyor reviewed Resident 21's January 2025 MAR, the following was documented: 1.) 01/14/2025 at 8:00 PM, Lidocaine Patch Pad 4% - "Med not available" 2.) 01/17/2025 at 8:00 AM, Lidocaine Patch Pad 4% - "New order - Not yet Arrived" 3.) 01/18/2025 at 8:00 PM, Lidocaine Patch Pad 4% - "Med not available" 4.) 01/19/2025 at 8:00 PM, Lidocaine Patch Pad 4% - "Med not available" EXAMPLE 2: Resident 22 On 01/29/2024, Surveyor reviewed Resident 22's facility record. According to the Resident 22's facesheet s/he was admitted to the facility on 04/25/2015. Resident 22's had an activated power of attorney.	N 352		

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 01/29/2025

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 352	Continued From page 2 On 01/29/2025, Surveyor reviewed Resident 22's January 2025 MAR, the following was documented: 1.) 01/05/2025 at 11:00 AM, Acetaminophen 500 mg tablet - "Missed - Med Incident Initiated" 2.) 01/05/2025 at 11:00 AM, Carbidopa/levodopa 25 mg-100 mg - "Missed - Med Incident Initiated" On 01/29/2025, Surveyor reviewed Resident 22's observation notes: 1.) On 01/01/2025 at 2:56 PM, Facility Nurse CC documented the following, "Resident did not receive [his/her] mid-day medication of Acetaminophen 500 mg tablet and carbidopa-levo 25mg-100mg on 12/25/2024. No adverse reactions noted ..." 2.) On 01/14/2025 at 12:28 PM, Facility Nurse CC documented the following, "Resident did not receive [his/her] scheduled mid-day dose on 1/5/25 of acetaminophen 500mg & carbidopa-levo 25mg-100mg. No adverse reaction noted ..." EXIT INTERVIEW: On 01/29/2025 at 12:02PM, Surveyor discussed the above concerns with Regional Nurse BB and Facility Nurse CC. Facility Nurse CC stated Resident 21 didn't receive his/her lidocaine patch pad 4% on the dates indicate above, because staff didn't realize there were extra pads in the nurse's office. Facility Nurse CC explained that on 12/25/2024 and 01/15/2025, staff had called into work which resulted in a mid-day medication not being administered to Resident 22. CROSS REFERENCE: DHS Chapter 83.36(1)(a) Adequate Staffing To Meet Resident Needs	N 352		

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 01/29/2025

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 396}	Continued From page 3	{N 396}		
{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 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 Statement of Deficiency (SOD) ZZI812 dated 05/15/2024 and SOD ZZI813 dated 08/28/2024. Findings include: On 01/29/2025 Surveyor reviewed the call light logs for 3 residents. Example 1: Resident 5 On 01/29/2025, 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	{N 396}		

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 01/29/2025

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 396}	Continued From page 4 assistance on the following dates: 01/23/2025- 46 minutes 01/25/2025- 49 minutes 01/25/2025- 41 minutes 01/27/2025- 30 minutes 01/27/2025- 30 minutes 01/27/2025- 26 minutes Example 2: Resident 7 On 01/29/2025, Surveyor reviewed Resident 7's 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 07/07/2024, 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: 01/22/2025- 41 minutes 01/22/2025- 60 minutes 01/23/2025- 39 minutes 01/23/2025- 49 minutes 01/23/2025- 52 minutes 01/23/2025- 33 minutes Example 3: Resident 21 On 01/29/2025, 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.	{N 396}		

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 01/29/2025

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 396}	Continued From page 5 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: 01/22/2025- 29 minutes 01/26/2025- 52 minutes 01/27/2025- 109 minutes 01/28/2025- 30 minutes INTERVIEWS: On 01/29/2025 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. When I say something staff just tell me "We are so short staffed or I'm the only one here."" On 01/29/2025 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 01/29/2025 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,"	{N 396}		

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 01/29/2025

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 396}	Continued From page 6 On 08/28/2024 at 4:00 PM, Surveyor discussed the above concern with Regional Director AA . Regional Director AA stated that call light response times have improved since last survey, but acknowledged that improvements can be made to meet the needs of residents. CROSS REFERENCE: DHS Chapter 83.32(3)(h) Rights Of Residents: Recieve Medication	{N 396}		