STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011359	A. BUILDING: _____ B. WING _____	R-C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VIEW	6526 W BLUEMOUND RD MILWAUKEE, WI 53213

(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 07/29/2024, Surveyor conducted a complaint investigation and verification visit at Golden View. As a result of the investigation, 3 deficiencies were identified. One deficiency is a repeat violation from previous Statement of Deficiency (SOD) CU9L19 dated 04/19/2023. One violation from previous SOD CU9L19 was corrected. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 30	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 record review and interview, the provider did not ensure 1 of 1 resident received medications as prescribed by his/her physician. Resident 25 did not receive all medications as prescribed for the months of May 2024, June 2024, and July 2024. Findings include:	N 352		

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

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N 352	Continued From page 1 On 07/29/2024 at 9:00 AM, Surveyor reviewed Resident 25's medical record. Resident 25 was admitted 01/08/2020 with diagnoses including diabetes mellitus (type II), dementia, major depressive disorder, chronic obstructive pulmonary disorder (COPD), and chronic hepatitis. On 07/29/2024 at 9:00 AM, Surveyor reviewed Resident 25's Medical Administration Records (MARs) from May 2024 through date of survey (07/29/2024). According to Resident 25's MAR, Resident 25 was scheduled to receive an Ensure supplement shake 4 times a day. The physician's order indicated Resident 25 was to receive an Ensure shake twice daily, once in the morning and once in the evening. According to Resident 25's MAR, Resident 25 did not receive his/her Ensure shake on the following dates: May 2024 05/02/2024 10AM Reason: Not available 05/12/2024 8 PM Reason: Not available 05/16/2024 10 AM Reason: Not available 05/17/2024 8 PM Reason: Not available 05/18/2024 10 AM Reason: Not available 05/20/2024 10 AM Reason: Not available 05/21/2024 10 AM Reason: Not available 05/25/2024 8 PM Reason: Not available 05/26/2024 8 PM Reason: Not available June 2024 06/27/2024 8 PM Reason: Not available 06/28/2024 8 PM Reason: Not available	N 352		

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N 352	Continued From page 2 July 2024 07/06/2024 8 PM Reason: Not available 07/07/2024 8 PM Reason: Not available 07/08/2024 8 PM Reason: Not available 07/09/2024 8 PM Reason: Not available 07/10/2024 8 PM Reason: Not available 07/18/2024 8 PM Reason: Not available 07/20/2024 2 PM Reason: Not available On 07/29/2024 at 12:00 PM, Surveyor interviewed and discussed the above concern with Administrator O. Administrator O stated there was room in the refrigerator for the ensure shakes, but the bulk of the ensure shakes were stored downstairs. Administrator O reported staff had to go get them. Administrator O stated, "Staff were too lazy to go get a shake for Resident 25 and just didn't give it on those dates. I will be following up."	N 352		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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N 386	Continued From page 3	N 386		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident's Individual Service Plan (ISP) identified their needs and desired outcomes. Resident 25 was prescribed ensure supplement shakes and was not included in the ISP.

This is a repeat deficiency. See Statement of Deficiency (SOD) CU9L19, dated 04/19/2023.

Findings include:

On 07/29/2024 at 9:00 AM, Surveyor reviewed Resident 25's medical record. Resident 25 was admitted 01/08/2020 with diagnoses including diabetes mellitus (type II), dementia, major depressive disorder, chronic obstructive pulmonary disorder (COPD), and chronic hepatitis.

On 07/29/2024 at 9:00 AM, Surveyor reviewed Resident 25's Medical Administration Record (MAR). According to Resident 25's MAR, Resident 25 was scheduled to receive an Ensure supplement shake 4 times a day. The physician's order indicated Resident 25 was to receive an Ensure shake twice daily, once in the morning and once in the evening.

On 07/29/2024 at 9:15 AM, Surveyor reviewed Resident 25's ISP. Resident 25's ISP indicated the provider was monitoring Resident 25's weight monthly. Staff were to document Resident 25's intake for each meal. There was no documentation indicating Resident 25 was to receive an Ensure shake twice daily.

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N 386	Continued From page 4 On 07/29/2024 at 9:45 AM, Surveyor interviewed Administrator O. Administrator O stated that Resident 25's weight and intake were being monitored to ensure Resident 25 maintained a healthy weight. Administrator O stated that s/he knew Resident 25 was to receive an Ensure shake twice daily and as needed (PRN). Administrator O acknowledged the ISP should have been updated to reflect Resident 25 was to receive an Ensure shake twice daily.	N 386		
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 record review and interview, the provider did not ensure documentation of medication administration was completed for 1 of 1 resident. Resident 25's Medication Administration Record (MAR) had numerous dates where administration was not entered for the months of May 2024, June 2024, and July 2024.	N 415		

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N 415	Continued From page 5 Findings include: On 07/29/2024 at 9:00 AM, Surveyor reviewed Resident 25's medical record. Resident 25 was admitted 01/08/2020 with diagnoses including diabetes mellitus (type II), dementia, major depressive disorder, chronic obstructive pulmonary disorder (COPD), and chronic hepatitis. On 07/29/2024 at 9:00 AM, Surveyor reviewed Resident 25's MARs for the months of May 2024, June 2024, and July 2024. The following dates were not documented for medication administration in Resident 25's MAR. May 2024 05/02/2024- 2 PM Ensure 05/03/2024- 4 PM Acetaminophen 05/07/2024- 8 PM Ensure 05/08/2024- 8 PM Ensure 05/13/2024- 10 AM Ensure 05/13/2024- 2 PM Ensure 05/14/2024- 2 PM Ensure 05/14/2024- 8 AM Acetaminophen 05/22/2024- 2 PM Ensure 05/23/2024- 2 PM Ensure 05/24/2024- 10 AM Ensure 05/24/2024- 2 PM Ensure 05/28/2024- 2 PM Ensure 05/29/2024- 2 PM Ensure 05/31/2024- 2 PM Ensure June 2024 06/04/2024- 2 PM Ensure 06/08/2024- 2 PM Ensure 06/09/2024- 10 AM Ensure	N 415		

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06/09/2024- 2 PM Ensure
06/17/2024- 2 PM Ensure
06/18/2024- 2 PM Ensure
06/19/2024- 2 PM Ensure
06/20/2024- 2 PM Ensure
06/21/2024- 2 PM Ensure
06/22/2024- 2 PM Ensure
06/23/2024- 2 PM Ensure
06/24/2024- 8 AM Aspirin, atorvastatin, docusate sodium, donepezil, Ensure, escitalopram, acetaminophen, Novolin 70-30 flex pen, gabapentin
06/24/2024- 10 AM Ensure
06/24/2024- 2 PM Ensure
06/27/2024- 2 PM Ensure

July 2024

07/01/2024- 8 AM Aspirin, atorvastatin, docusate sodium, donepezil, Ensure, escitalopram, gabapentin
07/04/2024- 10 AM Ensure
07/04/2024- 2 PM Ensure
07/06/2024- 10 AM Ensure
07/06/2024- 2 PM Ensure
07/06/2024- 8 AM Novolog 70-30 Flex pen
07/07/2024- 2 PM Ensure
07/08/2024- 10 AM Ensure
07/08/2024- 2 PM Ensure
07/10/2024- 2 PM Ensure
07/11/2024- 8 AM Novolog 70-30 Flex pen
07/11/2024- 10 AM Ensure
07/11/2024- 2 PM Ensure
07/12/2024- 10 AM Ensure
07/12/2024- 2 PM Ensure
07/15/2024- 2 PM Ensure
07/16/2024- 2 PM Ensure
07/17/2024- 5 PM Novolog 70-30 Flex pen
07/19/2024- 2 PM Ensure
07/21/2024- 2 PM Ensure

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N 415	Continued From page 7 07/22/2024- 2 PM Ensure 07/23/2024- 2 PM Ensure 07/26/2024- 10 AM Ensure 07/26/2024- 2 PM Ensure On 07/29/2024 at 12:00 PM, Surveyor interviewed and discussed the above concern with Administrator O. Administrator O confirmed medication administration should have been documented accurately whether the medication was administered or not. Administrator O confirmed there were numerous dates in Resident 25's MAR from 05/01/2024 through 07/29/2024 that should have been documented by staff and were not completed. Administrator O stated s/he would be following up with staff to ensure accurate documentation in all resident MARs.	N 415		