| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0020508 | A. BUILDING: _____ B. WING _____ | R-C 10/29/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SIENNA CREST LODI | 215 DALE DRIVE LODI, WI 53555 |

| (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<br><br>On 10/29/2025, Surveyors conducted a verification visit at Sienna Crest Lodi, a CBRF in Lodi.<br><br>One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) LBL011, dated 02/11/2025 and SOD LBL012, dated 06/12/2025.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 20 | {N 000} | | |
| {N 431} | 83.38(1)(g) Health monitoring.<br><br>As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and | {N 431} | | |

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

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| {N 431} | Continued From page 1<br>other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the health of 1 of 4 residents reviewed was monitored and changes documented in the records.<br><br>Resident 5's blood pressure and pulse was not monitored 2 times daily as ordered from 09/23/2025 through 09/30/2025 and in the PMs as ordered from 10/01/2025 through 10/28/2025.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) LBL011, dated 02/11/2025 and SOD LBL012, dated 06/12/2025.<br><br>Findings include:<br><br>On 10/29/2025 at approximately 9:20 a.m., Surveyor reviewed Resident 5's record. Resident 5 was admitted to the provider's facility on 05/12/20253. Resident 5's record indicated the provider's staff administered Resident 5's medications. Resident 5's physician orders included an order, dated 09/23/2025, for Carvedilol 3.125 mg 2 times daily; hold if blood pressure is <110 or heart rate is <60. Resident 5's record identified the following concerns:<br><br>- Resident 5's blood pressure and pulse were not monitored from 09/23/2025 through 09/30/2025. The Carvedilol was administered 2 times daily.<br>- Resident 5's blood pressure and pulse was monitored in the AM only from 10/01/2025 through 10/28/2025. The Carvedilol was | {N 431} | | |

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| {N 431} | Continued From page 2<br>administered 2 times daily.<br><br>On 10/29/2025 at approximately 9:30 a.m., Surveyor reviewed concern with Operations Manager G that Resident 5's blood pressure and pulse were not monitored from 09/23/2025 through 09/30/2025 and then monitored only 1 time daily from 10/01/2025 through 10/28/2025. Operations Manager G reviewed Resident 5's record and replied, "You're right. I must have missed this."<br><br>On 10/29/2025 at approximately 9:45 a.m., Surveyor reviewed health monitoring concern with Administrator D. Administrator D replied, "Okay." | {N 431} | | |