STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010589	A. BUILDING: _____ B. WING _____	08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE GARDENS	900 O'KEEFFE AVE 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 08/02/2023, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at Prairie Gardens, a community-based residential facility (CBRF) located in Sun Prairie, WI. As a result of the survey, 7 deficiencies were identified. Census: 36	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 that 1 of 3 residents reviewed received all prescribed medications in the dosages as prescribed by a practitioner. Resident 4 received the incorrect dosage of sliding scale insulin on 4 occasions from 07/11/2023 through 08/02/2023. Findings include: On 08/02/2023, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider on 01/03/2022 with diagnoses including type II diabetes mellitus. Resident 4's prescriptions included insulin aspart 100 unit/mL with the	N 352		

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

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N 352	Continued From page 1	N 352		

instructions to inject separate baseline dosages at breakfast, lunch, and dinner, in addition to the following sliding scale: <151 = 0 units; 151-200 = 2 units; 201-250 = 4 units; 251-300= 6 units; >300 = 8 units.

In reviewing Resident 4's medication administration record (MAR) from 07/11/2023 - 08/02/2023, Surveyor observed the following 4 discrepancies:

- 07/14/2023 (breakfast insulin administration): Blood sugar documented as 151 (within the parameters for 2 units of insulin), 0 units administered documented

- 07/14/2023 (lunchtime insulin administration): Blood sugar documented as 247 (within the parameters for 4 units of insulin), 6 units administered documented

- 07/15/2023 (suppertime insulin administration): Blood sugar documented as 311 (within parameters for 8 units of insulin), 5 units administered documented

- 07/30/2023 (lunchtime insulin administration): Blood sugar documented as 267 (within parameters for 6 units of insulin), 4 units administered documented

On 08/02/2023, at approximately 2:00 p.m., Surveyor interviewed Administrator A and Director of Nursing B. Director of Nursing B acknowledged Surveyor's concern with the above discrepancies and reported that s/he would follow up with staff to address insulin administration.

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N 419	Continued From page 2	N 419		
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 medications administered by the facility were kept locked. Findings include: On 08/02/2023 at 8:27 AM, Surveyor toured the environment. Surveyor observed the kitchenette in the back of the dining room. Inside the cabinets, which were unlocked, Surveyor observed the following medications: Over the counter medications such as, 1 box of 30 Lidocaine patches, 1 box of 5 Lidocaine pain relief patches, 2 tubes of muscle rub cream, 1 box of 90 Lidocaine patches, 4 tubes of Ketoconazole cream, Acetaminophen suppositories, 1 tube of Triamcinolone cream, 3 Albuterol inhalers, 1 bottle of Robafen cough syrup, 2 bottles of cough DM, 2 tubes of Hydrocortisone, 1 tube of Fluocinonide, 1 tube of Betamethasone Dipropionate lotion, 1 tube of Nystatin, 2 bottles of Mucinex DM Cough relief, 1 bottle of Robitussin Cough+Chest Congestion DM, 2 bottles of Earwax removal aid, 1 bottle of Cold & Flu, 1 bottle of Nystatin Topical Powder, 1 bottle of Polyvinyl Alcohol Lubricating Eye drops, 4 bottles of Polyethylene Glycol, 7 bottles of Milk of Magnesia, 1 bottle of Antacid-Antigas, 2 bottles of Geri-Lanta Liquid, The above medications belonged to the following residents: Resident 5, Resident 6, Resident 7,	N 419		

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N 419	Continued From page 3 Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, and Resident 23. On 08/02/2023 at 2:09 PM, Surveyor interviewed Administrator A and Director of Nursing (DON) B. DON B stated the cabinet observed by the Surveyor was the facilities' medication overflow. DON B stated s/he was aware that medications needed to be kept locked, but due to the number of medication staff used the kitchenette cabinet.	N 419		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all freezing units were maintained	N 452		

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N 452	Continued From page 4 at 0°F or below. Surveyor observed the freezer at 40°F. Findings include: On 08/02/2023, Surveyor conducted a tour of the facility and observed the following: On 08/02/2023 at 9:45 AM, Surveyor interviewed Cook E. Cook E stated the walk-in freezer near the back of the pantry does not work properly and currently holds at 40°F. Cook E stated s/he has brought up the issue to Administrator A, but all s/he did was put up a sign on the door of the walk-in freezer. Surveyor observed the following sign on the walk-in freezer door: "This freezer is not working very well especially when it gets warm in the kitchen. Please do not open and shut the door unless you need something out of it. Also please make sure door is closed tight and white cord is not stuck in the door. Thank You!" On 08/02/2023 at 9:57 AM, Surveyor toured the walk-in freezer and observed 2 temperatures gauges, 1 read 40°F and the other read 50°F. Stored inside the freezer was the following: a box of 6 plant-based burger patties that read "keep frozen", 2 bags of frozen soybeans in a pod, 8 one-pound tubs of unopened cool whip, 1 three pound box of chocolate chip cookie dough that read "keep frozen", 3 twelve pound boxes of sausage links that read "keep frozen", 2 fifteen pound boxes of applewood bacon that read "keep frozen", and 2 twelve pound boxes of pork sausage patties that read "keep frozen." On 08/02/2023 at 2:09 PM, Surveyor interviewed Administrator A and Director of Nursing (DON) B.	N 452		

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N 452	Continued From page 5 Administrator A and DON B stated they were unaware that the walk-in freezer was not working properly. Surveyor read the sign that was observed on the freezer door. Administrator A denied making the sign. Surveyor expressed concern for the large amount of food that stated "keep frozen" was being maintained at 40°F or higher. Administrator A and DON B stated they would look into the issue further.	N 452		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was safe, clean, and comfortable. Findings include: On 08/02/2023, Surveyor toured the facility and observed the following: At 8:35 AM in the dining room kitchenette, Surveyor observed a cabinet under the sink contained many mouse droppings covering the cabinet floor. At 9:56 AM, Surveyor observed the back door of the kitchen covered in brown rust like substance. The rust went from the handle all the way down to	N 481		

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N 481	Continued From page 6 the bottom of the door. At 9:59 AM, Surveyor observed the stove in the kitchen covered in crumbs and grease stains. At 11:16 AM, Surveyor observed in the back hallway near Resident 1's room a light fixture hanging from the wall with wires exposed. At 11:18 AM, Surveyor toured the laundry room with Caregiver D and observed that the fire strobe, the sprinkler head, and the area behind the dryers contained thick dust coverings. At 11:27 AM, next to the medication cart an electrical outlet was observed without a cover. At 1:00 PM, the stairway across from Resident 2's room had a hole in the wall with wires exposed. On 08/02/2023 at 2:09 PM, Surveyor shared concern with Administrator A and Director of Nursing (DON) B. Administrator A stated s/he has a service that comes in monthly to trap mice. Administrator A took note of the above concerns and stated s/he will start working on the environment.	N 481		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 499		

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N 499	Continued From page 7 did not ensure all cleaning compounds and toxic substances were stored in a secure area. The provider had many areas with unsecured toxic substances. Findings include: The provider is licensed to serve up to 47 residents with diagnoses of advanced age and physically disabled. On 08/02/2023, Surveyor toured the facility and observed the following: At 8:35 AM in the dining room kitchenette, Surveyor observed a cabinet under the sink with the following cleaning compounds: furniture polish, drain opener, RTU sanitizer, In-Cide disinfectant, and glass cleaner. At 8:39 AM, in another cabinet, Surveyor observed TB quat disinfectant and organic stain remover. At 8:57 AM, in another kitchenette, directly outside the kitchen entrance, Surveyor observed a cabinet under the sink with the following cleaning compounds: odor eliminator, oven & grill cleaner, disinfectant cleaner, In-Cide disinfectant, TB quat disinfectant, RTU sanitizer, and rust/lime/calcium all-purpose cleaner. At 10:02 AM, in the activity room kitchenette, Surveyor observed 2 cleaning compounds in the cabinet under the sink. At 10:13 AM, while touring the 2nd floor, Surveyor observed a closet unlocked with a cleaning cart. On top of the cleaning cart, chemicals were observed.	N 499		

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N 499	Continued From page 8 At 10:16 AM, on the 2nd floor a kitchenette near the top of the stairs, Surveyor observed a cabinet under the sink with the following cleaning compounds: Comet deodorizing cleanser, disinfectant cleaner, RTU sanitizer, and odor eliminator. On 08/02/2023 at 2:09 PM, Surveyor shared concern with Administrator A and Director of Nursing (DON) B. DON B stated staff have become complacent when cleaning and have not returned the chemicals to our locked areas. Surveyor expressed concern for the many areas toxic substances were observed unsecured. DON B confirmed it was an ongoing concern and stated s/he will be retraining staff.	N 499		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that one enclosed furnace room and the laundry room, which were both on a common level with resident bedrooms, had	N 640		

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N 640	Continued From page 9 self-closing doors. Findings include: On 08/02/2023, at approximately 11:20 a.m., Surveyor observed the laundry room with Caregiver D. Upon leaving the room, Surveyor observed that the door did not fully close. Caregiver D reported s/he noticed the door did not close all the way but wasn't sure how long it had been like that. At approximately 1:45 p.m., while touring the environment, Surveyor observed a door not fully closed near Resident 3's room. Upon opening the door, Surveyor observed a furnace in the enclosed room. At approximately 1:55 p.m., Surveyor interviewed Administrator A and discussed the above concerns. Administrator A reported s/he was not sure why the doors did not fully self-close but reported s/he would address them. Administrator A reported that the doors were usually kept closed and locked, and s/he was not sure if a maintenance person had accidentally left the furnace room door open earlier that week.	N 640		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge.	Z 010		

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Z 010	Continued From page 10 If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that every reasonable effort was made to contact the clerk of courts and obtain a copy of the criminal complaint when Caregiver C was charged of 947.01(1) Disorderly Conduct twice and 940.19(1) Battery once within the last 5 years from the date the information was obtained. Findings include: On 08/02/2023, Surveyor conducted a review of 4 employees to verify compliance with staff background check requirements. Surveyor	Z 010		

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Z 010	Continued From page 11 requested Caregiver C's background check from Director of Nursing B. The Department of Justice (DOJ) background check for Caregiver C, hired on 10/11/2021, was completed on 10/18/2021. The check showed that Caregiver C was charged twice with 947.01(1) Disorderly Conduct and once with 940.19(1) Battery. All three charges were issued on 02/09/2021. There was no additional information in Caregiver C's background check about the charges or the results of them. On 08/02/2023, at approximately 10:50 a.m., Surveyor interviewed Director of Nursing B. Director of Nursing B confirmed s/he did not have any additional information about Caregiver C's charges and reported s/he was not aware of the requirement to obtain additional information when staff were charged or convicted of certain serious crimes.	Z 010		