STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017288	A. BUILDING: _____ B. WING _____	R-C 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD AT MULBERRY	1281 W MAIN ST WHITEWATER, WI 53190

(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 05/20/2025, Surveyor conducted a standard survey and verification visit at Glenwood at Mulberry. Five deficiencies were identified. One of 5 deficiencies were repeat violations. See Statement of Deficiencies (SODs)) YOGC11, dated 01/02/2024, and SOD YOGC12, dated 07/30/2024. All other violations from SOD YOGC12, dated 07/30/2024 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 19	{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, interview, and record review, the provider did not ensure 4 of 4 resident records reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. From 04/11/2025 to 05/20/2025, Resident 7 did not receive his/her Polyethylene glycol as	{N 352}		

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

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{N 352}	Continued From page 1 prescribed. From 11/30/2024 to 05/20/2025, Resident 8 did not receive his/her Polyethylene glycol as prescribed. From 03/07/2025-05/20/2025, Resident 9 did not receive his/her Polyethylene glycol as prescribed. From 04/01/2025 to 05/20/2025, staff administered Resident 10's insulin on 5 occurrences even though his/her blood sugar fell within parameters to hold his/her insulin. Additionally, Resident 10 did not receive his/her hypertension medication on 04/21/2025. This is a repeat deficiency. See Statement of Deficiencies (SODs) YOGC11, dated 01/02/2024 and YOGC12, dated 07/30/2024. Findings include: On 05/20/2025 at 9:30 AM, Surveyor observed the provider's long and short hall medication carts with Nurse Manager J and identified the following: Example 1: Resident 7 Resident 7's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily dose of 17 grams. The container included a pharmacy label including Resident 7's practitioner's prescription for polyethylene glycol including, "Dissolve 17 Grams (=1 capful) in 4-8 ounces of liquid and drink by mouth two times a day." The pharmacy label included a delivery date to the facility of 04/11/2025. Surveyor observed approximately 1/2 of the medication remained within the container. Nurse Manager J observed and verbally	{N 352}		

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{N 352}	Continued From page 2 confirmed 1/2 of the container remained. Resident 7 was admitted to the provider on 08/11/2021 with a diagnosis of hypertension. Resident 7's most recent individual service plan (ISP) dated 05/23/2023 indicated medications were administered by staff. Surveyor reviewed Resident 7's April to May 2025 medication administration record (MAR) and identified the following: Resident 7 was administered 71 doses of polyethylene glycol between 04/12/2025-05/20/2025 from a 30-dose container, based on Resident 7's practitioner's order, with 1/2 of the medication remaining in the container. Example 2: Resident 8 Resident 8's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily dose of 17 grams. The container included a pharmacy label including Resident 8's practitioner's prescription for polyethylene glycol including, "Dissolve 17 Grams (1 capful) of powder in 8 ounces of liquid and drink by mouth once daily for regular BM." The pharmacy label included a delivery date to the facility of 11/30/2024. Surveyor observed approximately 1/4 of the medication remained within the container. Nurse Manager J observed and verbally confirmed 1/4 of the container remained. Resident 8 was admitted to the provider on 08/28/2018 with diagnoses including severe protein-calorie malnutrition, hypo-osmolality, and hyponatremia. Resident 8's most recent ISP dated 05/19/2023 indicated medications were	{N 352}		

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{N 352}	Continued From page 3 administered by staff. Resident 8 passed away on 05/16/2025. Surveyor reviewed Resident 8's December 2024 to May 2025 MARs and identified the following: Resident 8 was administered 165 doses of polyethylene glycol between 12/01/2024-05/16/2025 from a 30-dose container, based on Resident 8's practitioner's order, with 1/4 of the medication remaining in the container. Example 3: Resident 9 Resident 9's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily dose of 17 grams. The container included a pharmacy label including Resident 9's practitioner's prescription for polyethylene glycol including, "Dissolve 1 capful (17 Grams) in 4-8 ounces of water or juice and drink by mouth once daily." The pharmacy label included a delivery date to the facility of 03/07/2025. Surveyor observed approximately 1/4 of the medication remained within the container. Nurse Manager J observed and verbally confirmed 1/4 of the container remained. Resident 9 was admitted to the provider on 03/02/2022 with a diagnosis of dementia. Resident 9's most recent ISP dated 05/23/2023 indicated medications were administered by staff. Surveyor reviewed Resident 9's March to May 2025 MARs and identified the following: Resident 9 was administered 67 doses of polyethylene glycol between 03/08/2025-05/20/2025 from a 30-dose container, based on Resident 9's practitioner's order, with	{N 352}		

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{N 352}	Continued From page 4 1/4 of the medication remaining in the container. Example 4: Resident 10 On 05/20/2025 at 9:47 AM, Surveyor observed the provider's long and short hall medication carts with Nurse Manager J. Surveyor observed 6 medication cards within the bottom drawer of the medication cart. Resident 10's medication card of Furosemide 10 mg was observed, which noted a pharmacy label including Resident 10's practitioner's prescription for Furosemide including "take 1 tablet by mouth two times daily (8AM/5PM)." The pharmacy label included a filled date of 04/21/2025. Surveyor observed 1 pill left in the medication card for 5PM on 04/21/2025. Surveyor asked about the 1 pill remaining. Nurse Manager J checked the provider's electronic health record (EHR) and reviewed Resident 10's April 2025 MAR, which staff signed out as given on 04/21/2025: 5PM administration. Nurse Manager J reported staff did not administer the 5pm dose. Nurse Manager J reported their pharmacy was down the street and medication filled dates would be the same delivery date to the facility. Resident 10 was admitted to the provider on 04/01/2025 with diagnoses including diabetes and hypertension. Resident 10's most recent ISP dated 04/02/2025 indicated medications were administered by staff. Resident 10's physician orders included "Humalog 100 Units/ml Kwikpe with directions to inject 5 units under the skin three times daily with meals and do not administer if BS under 80, with a start date of 04/01/2025." Surveyor reviewed Resident 10's April to May 2025 MAR and identified the following 5	{N 352}		

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{N 352}	Continued From page 5 occurrences insulin was administered even though his/her blood sugar fell within parameters to hold. The dates included: -04/08/2025 (lunch administration): Blood sugar documented as 72, Humalog administered -04/08/2025 (dinner administration): Blood sugar documented as 78, Humalog administered -04/09/2025 (breakfast administration): Blood sugar documented as 61, Humalog administered -04/24/2025 (breakfast administration): Blood sugar documented as 69, Humalog administered -04/26/2025 (breakfast administration): Blood sugar documented as 75, Humalog administered On 05/20/2025 at 8:55 AM, Surveyor observed Caregiver L perform a medication administration pass to Resident 10. Caregiver L reported Resident 10 has their blood sugar checked before each meal and if under 80, s/he did not receive insulin. On 05/20/2025 at 9:55 AM, Surveyor interviewed Nurse Manager J. Nurse Manager J checked the provider's EHR while inspecting the medication cart. Nurse Manager J confirmed the above filled dates for poly glycol were the most recent deliveries for Resident 7, Resident 8, and Resident 9. Nurse Manager J acknowledged if the above medications were administered as prescribed the containers would have been emptied much earlier and requests for refills would have been sent to the pharmacy. Surveyor expressed concern with the amount still left in each container and staff continuing to document as administered. Nurse Manager J reported staff must be documenting as given, without administering the medication. On 05/20/2025 at 1:30 PM, Surveyor interviewed	{N 352}		

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{N 352}	Continued From page 6 Assistant Administrator I, Nurse Manager J, and Administrator M. The management team acknowledged an understanding of the concerns that staff were not consistently following physician orders in regard to polyethylene glycol and insulin. Nurse Manager J reported s/he would provide retraining to staff.	{N 352}		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was safeguarded from conditions that are hazardous to residents. Findings include: On 05/20/2025 at 11:18 AM, Surveyor toured the provider's mechanical/sprinkler room with Memory Care Director N. The following was identified: -The wall directly behind the sprinkler system, Surveyor observed a black substance consistent with mold scattered in circles from the floor to ceiling. The black substance was also scattered along the bottom of the wall behind the	N 358		

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N 358	Continued From page 7	N 358		

baseboard molding. (Photos 1, 2, 3, 4).

On 05/20/2025 at 1:30 PM, Surveyor interviewed Assistant Administrator I, Nurse Manager J, Memory Care Director N, and Administrator M. Administrator M reported the facility is over 30 years old and lately, pin holes within the pipes have caused many water leaks. Administrator M stated all leaks had been fixed and the provider's regional maintenance director treated the black substance and was waiting too prime/paint. Surveyor questioned the method of treatment since the black substance still covered the entire wall behind the sprinkler system and observed behind the baseboard molding. Administrator M stated s/he did not have any evidence of the black substance being treated or a plan to remediate the situation.

"How do molds affect people?

Exposure to damp and moldy environments may cause a variety of health effects, or none at all. Some people are sensitive to molds. For these people, exposure to molds can lead to symptoms such as stuffy nose, wheezing, and red or itchy eyes, or skin. Some people, such as those with allergies to molds or with asthma, may have more intense reactions. Severe reactions may occur among workers exposed to large amounts of molds in occupational settings, such as farmers working around moldy hay. Severe reactions may include fever and shortness of breath.

How do you keep mold out of buildings and homes?

Inspect buildings for evidence of water damage and visible mold as part of routine building maintenance. Correct conditions causing mold

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N 358	Continued From page 8 growth (e.g., water leaks, condensation, infiltration, or flooding) to prevent mold growth. Inside your home you can control mold growth by: Controlling humidity levels; Promptly fixing leaky roofs, windows, and pipes; Thoroughly cleaning and drying after flooding; Ventilating shower, laundry, and cooking areas." (Source: Centers for Disease Control and Prevention Website, Basic Facts about Mold and Dampness, November 14 2022, https://www.cdc.gov/mold/faqs.htm (retrieval date-May 29, 2025).	N 358		
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 proper documentation within the Medication Administration Record (MAR) for 1 of 4 residents reviewed.	N 415		

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N 415	Continued From page 9 The provider did not record Resident 7's blood pressure over 56 days when his/her medication (Losartan Potassium) required an assessment prior to administration. Findings include: On 05/20/2025, Surveyor reviewed resident records and identified the following; Example 1: Resident 7 Resident 7 was admitted to the provider on 08/11/2021 with a diagnosis of hypertension. Resident 7's most recent individual service plan (ISP) dated 05/23/2023 indicated medications were administered by staff. Resident 7's physician orders included the following: "Losartan Potassium 25 mg with instructions to take 1 tablet by mouth once daily in the morning, hold if systolic blood pressure less than 110, with a start date of 01/16/2025." Surveyor reviewed Resident 7's March to May 2025 MARs. Between 03/01/2025-05/20/2025, over 81 days, Resident 7's MARs had 56 missing entries for his/her blood pressure on the following dates: -03/01/2025 -03/02/2025 -03/03/2025 -03/04/2025 -03/05/2025 -03/06/2025 -03/07/2025 -03/10/2025 -03/11/2025 -03/12/2025 -03/14/2025	N 415		

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N 415	Continued From page 10 -03/15/2025 -03/16/2025 -03/17/2025 -03/19/2025 -03/26/2025 -03/27/2025 -03/28/2025 -03/29/2025 -03/30/2025 -03/31/2025 -04/01/2025 -04/02/2025 -04/03/2025 -04/04/2025 -04/06/2025 -04/07/2025 -04/08/2025 -04/09/2025 -04/11/2025 -04/12/2025 -04/13/2025 -04/14/2025 -04/15/2025 -04/17/2025 -04/18/2025 -04/21/2025 -04/22/2025 -04/23/2025 -04/27/2025 -04/28/2025 -04/30/2025 -05/01/2025 -05/02/2025 -05/05/2025 -05/06/2025 -05/07/2025 -05/08/2025 -05/09/2025 -05/10/2025 -05/11/2025	N 415		

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N 415	Continued From page 11 -05/12/2025 -05/14/2025 -05/15/2025 -05/16/2025 -05/19/2025 On 05/20/2025 at 8:40 AM, Surveyor observed Caregiver L perform a medication administration pass. Caregiver L reported Resident 7 takes Losartan that required a blood pressure check and had parameters in place. Caregiver L checked Resident 7's blood pressure which read 103/64. Caregiver L reported since Resident 7's systolic blood pressure is under 110, the medication would be held. Caregiver L reported staff was supposed to record Resident 7's blood pressure in the provider's electronic health record (EHR) prior to administration. On 05/20/2025 at 1:16 PM, Surveyor interviewed Nurse Manager J regarding the missing blood pressure checks from Resident 7's record. Nurse Manager J acknowledged Resident 7's vital history (attached to the MAR) did not accurately record his/her blood pressure from March to May 2025. Nurse Manager J stated some staff were recording blood pressure prior to administration of Losartan, but some were not. Nurse Manager J reported reeducation would be needed.	N 415		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent	N 488		

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N 488	Continued From page 12 tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 clothes dryers utilized a vent that was made of rigid vent tubing. Findings include: On 05/20/2025 at 11:22 AM, upon entry into the room, Surveyor observed 2 dryers on the left side of the room. One dryer vent was made of flexible material (newest). One dryer vent was made of semi-rigid material (oldest). On 05/20/2025 at 1:30 PM, Surveyor interviewed Assistant Administrator I, Nurse Manager J, and Administrator M. Administrator M reported the dryer on the left side was newer and when installing, the flexible vent was used. Surveyor noted both dryers were out of compliance and not made of rigid material. Administrator M reported s/he was unaware the provider's 2nd dryer vent was out of compliance. Administrator M stated s/he would have their maintenance director change out the dryer vents.	N 488		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may	N 525		

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N 525	Continued From page 13 be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly and at least one drill simulated the conditions during usual sleeping hours for 2 of 2 years reviewed (2023 and 2024). Findings include: On 05/20/2025, Surveyor reviewed the provider's safety records and identified the following: -There was no record of fire drills completed in the 2nd, 3rd and 4th quarters of 2023 and 2024. Additionally, there was no record of at least one drill simulating the conditions during usual sleeping hours in 2023 and 2024. On 05/20/2025 at 1:30 PM, Surveyor interviewed Assistant Administrator I, Nurse Manager J, and Administrator M. Assistant Administrator I reported s/he was in charge of keeping record of the provider's completed fire drills. Assistant Administrator I reported s/he did not work for the provider in 2023, but for 2024, s/he could not locate evidence any other fire drills were completed.	N 525		