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 10/21/2025

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 10/21/2025, Surveyor conducted a verification visit at Glenwood at Mulberry. Two deficiencies were identified. Two of 5 deficiencies were repeat violations. See Statement of Deficiencies (SODs)) YOGC11, dated 01/02/2024, SOD YOGC12, dated 07/30/2024, and SOD YOGC13, dated 05/20/2025. All other violations from SOD YOGC13, dated 05/20/2025 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 2 of 2 residents records reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. From 09/16/2025 to 10/21/2025, 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. This deficiency is being cited for the 4th time. See Statement of Deficiencies (SODs) YOGC11, dated 01/02/2024, SOD YOGC12, dated 07/30/2024, and SOD YOGC13, dated 05/20/2025. Findings include: On 10/21/2025 at 11:43 AM, Surveyor observed the provider's long medication cart with Nurse Manager J and Caregiver O. The following was found: 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 09/16/2025. Surveyor observed approximately 1 dose of the medication remained within the container. Caregiver O observed and verbally confirmed 1 dose of the medication remained in the container. 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 07/31/2025 indicated medications were administered by staff. Surveyor reviewed Resident 7's September to October 2025 medication administration record (MAR) and identified the following:	{N 352}		

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{N 352}	Continued From page 2 Resident 7 was administered 67 doses of polyethylene glycol between 09/16/2025 to 10/21/2025 from a 30-dose container, based on Resident 7's practitioner's order, with 1 dose of the medication remaining in the container. On 10/21/2025 at 11:45 AM, Surveyor interviewed Caregiver O. Caregiver O reported Resident 7 takes his/her Poly Glycol 2x/day and was accepting of this medication during his/her shift. Caregiver O reported Resident 7 usually had a bowel movement (bm) at night. On 10/21/2025 at 11:50 AM, Surveyor interviewed Nurse Manager J regarding Resident 7's poly glycol. Nurse Manager J reported s/he tried to get Resident 7's poly glycol changed to as needed, but his/her doctor did not want to change the order and confirmed s/he is prescribed this medication 2x/day. On 10/21/2025 at 12:52 PM, Surveyor interviewed Nurse Manager J. Nurse Manager J reported s/he called the pharmacy, and they noted the last 3 delivery dates of Resident 7's poly glycol as 7/15, 8/19, and 9/16. Surveyor questioned why Resident 7's medication still had 1 dose left remaining in the container if given 2x/day. Surveyor shared if given as prescribed, Resident 7 would have run out of his/her poly glycol on approximately 10/01/2025. Nurse Manager J acknowledged the same concern was present from the previous survey with staff continuing to document as given but not administering the medication. Nurse Manager J stated, "the documentation supports that." On 10/21/2025 at 1:35 PM, Surveyor conducted an exit conference and shared findings with Assistant Administrator I, Nurse Manager J, and	{N 352}		

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{N 352}	Continued From page 3 Administrator M. Nurse Manager J reported s/he was going to explore how to unit dose poly glycol, so the provider can hold staff accountable for administering medication as prescribed. Nurse Manager J reported staff were retrained on medication administration following the previous survey, but acknowledged concerns remained.	{N 352}		
{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 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. This is a repeat deficiency. See Statement of Deficiency (SOD) YOGC13, dated 05/20/2025. Findings include: On 10/21/2025 at 12:17 PM, Surveyor observed 2 dryers on the left side of the room with Administrator M. One dryer vent was made of flexible material. One dryer vent was made of semi-rigid material. Administrator M reported both dryers were fixed following the previous survey in May 2025, but both dryer vents had issues staying connected. Administrator M acknowledged both dryers were replaced with non-rigid material. Surveyor asked if the provider	{N 488}		

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{N 488}	Continued From page 4 had evidence of the UL rating and manufacture's specifications for both dryer vents. Administrator M stated s/he could not produce that at this time. Surveyor shared the provider could submit a waiver if the above information was obtained and submitted to the Department for review. Administrator M stated s/he would work with the provider's maintenance person to come up with a plan.	{N 488}		