

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Lincoln Park Nursing and Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 C A Becker Dr Racine, WI 53406	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure 1 (R9) of 3 residents were free of significant medication errors.*R9 did not receive 2 doses of R9's ordered medications, carvedilol and tramadol. Eliquis was pulled from the Facility's Omnicell (medication dispenser) for R9 on 5/23/2025. R9 was not prescribed Eliquis, per physician orders. Findings include:The Facility's policy titled Administering Medications, with a revised date of May 2025, documents in part, . 3. Medications [NAME] be administered in accordance with the orders, including any required time frame. The Facility's policy titled Automated Medication Dispensing System (AMDS), with a revision date of 06/03/2025, documents in part . 2. Medications removed from the AMDS must have a corresponding Physician/Prescriber's order. R9 was admitted to the facility on [DATE] with diagnoses which include fracture of right fibula, Cardiomyopathy (a disease of the heart muscle that makes it harder for the heart to pump blood to the rest of the body), heart failure and kidney failure.R9's Comprehensive Assessment, Minimum Data Set (MDS), was not completed prior to R9 expiring. Surveyor reviewed R9's Physician orders and noted the following orders:*Carvedilol Oral Tablet - give 6.25 mg (milligrams) by mouth two times a day for hypertension, with a start date of 05/22/2025. *Tramadol HCl Oral Tablet 50 mg- give 50mg by mouth every morning and at bedtime for pain, with a start date of 05/22/2025. Surveyor reviewed R9's Medication Administration Record (MAR) and Treatment Administration Record (TAR) schedule for May 2025. Surveyor noted R9's Carvedilol and Tramadol are marked as 09 in R9's MAR, on 05/23/2025 at 9 AM; indicating Other / See Nurse Notes, per the documents chart codes. Surveyor reviewed R9's progress notes and noted a Nurse note, dated 05/23/2025, documents R9's Carvedilol and Tramadol were not given due to awaiting pharmacy. Surveyor requested a list of medications that are held in contingency (medications available at and a list of medications dispensed through the Facility's Automated Medication Dispensing System (AMDS) for R9 while at the Facility. The Facility provided document, titled Omni Inventory, documents the Facility has the medications, Carvedilol and Tramadol available in contingency.The Facility provided document, titled Omnicell, Transaction by Patient, with a date range of 05/22/2025 through 05/23/2025, documents R9 had a medication, Eliquis 5mg, dispensed on 05/23/2025, at 7:23 PM, by Licensed Practical Nurse (LPN)-C. Surveyor noted that Eliquis is a prescription blood thinner medication used to prevent and treat blood clots. Surveyor noted R9 does not have an order for Eliquis. Surveyor reviewed possible drug interactions (which occur when another substance changes how a medication works, possibly increasing side effects or changing its effectiveness.) using the website drugs.com interaction checker, for R9's current medications with Eliquis. Surveyor noted 3 of R9's medications would have a moderate interaction, indicating Moderate clinical significance, usually avoid combinations and use under special circumstances. Surveyor noted R9's prescribed aspirin showed to be a major interaction, indicating highly clinically significant, usually avoid combination and the risk of interaction outweighs the benefit. On 07/08/2025, at 09:01 AM, Surveyor informed Director of Nursing (DON)-B of the above concerns. Surveyor asked DON-B why R9's Carvedilol was not pulled from contingency on 05/23/2025. DON-B indicated that the Carvedilol in contingency was not the correct dose as ordered for R9. Surveyor noted the Carvedilol in contingency is 3.125 mg, and R9 could receive 2 to achieve R9's prescribed dosage. DON-B indicated that the physician should have been called the to review. On 07/08/2025, at 10:16 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding the above concerns. NHA-A indicated the expectation would be to contact the Director of Nursing, Medical Director or pharmacy and the Physician should have been called for clarification for R9's prescribed medications. On 07/08/2025, at 12:01 PM, Surveyor spoke with LPN-C via phone. LPN-C indicated LPN-C does not recall taking out Eliquis for R9 through the AMDS. On 07/08/2025, at 12:40 PM, Survey informed the Facility of the above concerns. No further information provided at time of write up.</p>		