STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525271	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Countryside, Inc	1130 Collins Road Jefferson, WI 53549

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)
F 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that residents are free of any significant medication errors for 1 of 3 residents (R2) reviewed for medication errors.R2 was prescribed Levetiracetam (Keppra) (a medication used to treat seizures) for 7 days as a seizure prophylaxis. The facility failed to clarify, transcribe, and follow the physician order. R2 continued to receive the medication. This resulted in actual harm when R2 experienced a decline and was readmitted to the hospital, for Acute metabolic encephalopathy - Multifactorial at this point including continued use Keppra (serious condition characterized by diffuse brain dysfunction due to metabolic disturbances, often leading to confusion, memory loss or loss of consciousness; it's critical to identify and treat the underlying cause, it's often reversible with prompt treatment) requiring intravenous fluids, monitoring, and the discontinuation of the medication. The facility did not thoroughly investigate this medication error. This is evidenced by:Facility policy, titled Medication Errors, dated 09/2020, states in part, Policy: A medication error is defined as: any preventable event that may cause or lead to inappropriate medication use or resident harm while the medication is in the control of the health care professional or resident. Such events may be related to professional practice, health care products, procedures and systems, including prescribing; order communication; product labeling; packaging; compounding; dispensing; distribution; administration; education; monitoring, and use.On 11/25/25 at 11:13 AM, Surveyors interviewed DON B (Director of Nursing). DON B indicated the facility had no medication errors since 10/4/25.R2 admitted to the facility on [DATE] after being discharged from the hospital. R2 had been admitted to the hospital from [DATE] to 10/8/25 after falling at home and was diagnosed with a traumatic subdural and subarachnoid hemorrhage (bleeding between the brain's outermost covering and the brain and bleeding between the space between the brain and its second outermost layer) and diffuse traumatic brain injury with loss of consciousness status unknown (widespread brain injury). R2 also has diagnoses that include, in part: chronic kidney disease stage 3 (moderate kidney damage where the kidneys are not filtering blood as effectively as they should be), chronic combined systolic and diastolic heart failure (the heart's inability to pump blood and fill with blood properly), and dysphagia (difficulty swallowing). R2's admission Minimum Data Set (MDS) dated [DATE] indicates R2 has a Brief Interview for Mental Status (BIMS) of 10 out of 15, indicating he is moderately cognitively impaired.R2's facility progress note, dated 10/8/25 at 2:30 PM, states, Arrived to unit in w/c (wheelchair). Denies pain. Very hard of hearing even with hearing aids in. Pivot transfer with one assist.R2's hospital Discharge summary, dated [DATE], states in part, Hospital Course: (including consults and procedure details) .Keppra was initiated for 7 days for seizure prophylaxis per neurosurgical and neurology recommendations.Discharge Medications and Allergies.Start taking these medications. Levetiracetam (Keppra) 500 mg tablet - Disp (dispense)-2 tablet, R (refills)-0, Take 1 (one tablet by mouth 2 times daily, ePrescribe.R2's transfer orders for receiving facility, dated 10/8/25, states in part, Current Discharge Medication List.Start taking these medications.Levetiracetam 500 mg tablet, commonly known as Keppra, Quantity dispensed: 2 tablet / Instructions: Take 1 (one) tablet by mouth 2 times daily.R2's health facility transfer chart, dated 10/8/25, states in part, Assessment and Plan.Traumatic brain injury with intracranial hemorrhage (ICH): -Admit to ICU -CCM (chronic care management) consulted by ED (emergency department) MD (medical doctor) -Neurosurgery consulted, appreciate recs. (recommendations) -Keppra 500 mg BID (two times per day) for 7 days from injury for seizure ppx (prophylaxis). Hospital MAR (medication administration record): .Levetiracetam (Keppra) tablet 500 mg, Dose: 500 mg, Freq: 2 times daily, Route: PO (oral), Start: 10/04/25 1015, End: 10/10/25 0759.According to an article published by the University of Texas Health Science Center at Houston in 8/2005 and last reviewed 7/2024, titled, Post-Traumatic Seizure Prophylaxis in Patients with Traumatic Brain Injury Clinical Practice Guideline, post-traumatic seizures can occur following a traumatic brain injury (TBI) and levetiracetam is one of the top two commonly used anti-epileptic drugs for prophylaxis. The article states, Based on the American Academy of Neurology (AAN) and Brain Trauma Foundation (BTF) recommendations, using anti-seizure drugs during the first seven days after an injury has become the standard of care for PTS prophylaxis in severe TBI patients (https://med.[NAME].edu/surgery/post-traumatic-seizure-prophylaxis-in-patients-with-traumatic-brain-injury-clinical-practice-guideline/). According to the Epilepsy Foundation, Levetiracetam (Keppra) is a seizure medication. The website provides the following precautions and side effects, in part: How does the body digest Levetiracetam? The body gets rid of the drug through the kidneys. This may affect how much