

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/04/2025
NAME OF PROVIDER OR SUPPLIER Crossroads Care Center of Sun Prairie		STREET ADDRESS, CITY, STATE, ZIP CODE 41 Rickel Rd Sun Prairie, WI 53590	
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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306 Based on record review, interview, and facility policy review, the facility failed to ensure the interdisciplinary team had determined it was appropriate for a resident to self-administer medications for 1 of 1 resident's (R2) reviewed for medication self-administration out of 9 sampled residents. Findings include: Review of the facility's policy titled, Self Administration [sic] of Medication and Treatments and dated 04/22/24, revealed . If it is determined by a member of the interdisciplinary team, or the resident requests to self-administer, a self-administer assessment is completed, it is documented in the resident's chart and the physician is called for an order to self-administer medications and keep the medications at the bedside . Review of R2's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) revealed R2 was admitted to the facility on [DATE] with the diagnosis of chronic obstructive pulmonary disease. Review of R2's admission Minimum Data Set (MDS) located in the electronic medical record (EMR) under the MDS tab with an Assessment Reference Date (ARD) of 10/10/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R2 was moderately cognitively impaired. Review of R2's Physician's Orders located in the EMR under the Order tab, revealed on 10/03/24, the physician ordered Fluticasone-Salmeterol inhalation aerosol powder 250-50 MCG [microgram]/ACT [asthma control test] one puff orally two times a day and Tiotropium Bromide Monohydrate inhalation capsule 18 mcg inhale orally one time a day which was ordered on 10/04/14 by the physician. Special instructions to have resident rinse her mouth after use with water was also ordered. During an interview on 01/04/25 at 10:58 AM, Licensed Practical Nurse (LPN 1) stated, I offered to take the inhalers and put them in the medication cart for her, but the resident [R2] refused for me to do that. When asked what the nurses' next step should be, LPN1 replied, I need to let the MD [medical doctor] know and update the orders to reflect the resident could have the inhalers at the bedside. LPN1 reviewed the EMR of R2 and then stated, I did not see anything that says she [R2] can administer her own inhalers. When asked if R2 was allowed to keep the inhalers at the bedside and LPN1 stated, I believe so. (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525313	Facility ID: 525313 If continuation sheet Page 1 of 2

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/04/25 at 3:30 PM, LPN2 stated, If there was an order for the inhalers to be at the bedside I would have left them there. So, every time I found them at the bedside, I would check her orders to see if anything had changed, then explain to the resident that I had to keep the inhalers on the med [medication] cart and give them to her when she needed them. I would come back to work, and the inhalers were back at her bedside, and I would take them again and put them in the med cart. During an interview on 01/04/25 at 5:05 PM, Director of Nursing (DON B) stated, If the resident is able to self-administer medications, then the nurse will do an assessment, get MD order and then update the care plan. The DON B confirmed R2 had not been assessed or had MD orders to self-administer the inhalers that were ordered on 10/03/24 and 10/04/24.		