

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</b></p> <p>Based on interviews, record review, and review of professional standards of practice, the facility did not ensure that the services provided by nursing personnel met the professional standards of quality for 1 of 6 residents (R1).</p> <p>R1 was admitted to the facility with orders for Point of Care glucose testing (POCT) 4 times daily before meals and at bedtime. Facility did not monitor blood glucose levels while R1 was a resident in facility.</p> <p>Evidenced by:</p> <p>The facility's policy entitled, Diabetes Management, dated 6/29/17, states, in part: .</p> <p>Purpose: To develop a practice in which our facility consistently provides care for the resident with diabetes .</p> <p>Admission, Quarterly and Change in Condition Evaluations . Individualized approaches for protection must be initiated upon admission .Additional evaluations to be included upon admission and throughout stay:</p> <p>Upon Admission and Throughout Stay: . Blood Glucose Monitoring, parameters for Care .</p> <p>Management of Diabetes Mellitus (DM):</p> <p>Blood glucose monitoring:</p> <ul style="list-style-type: none"> <li>-Ideal range is 70 to 100 milligrams per deciliter (mg/dl)</li> <li>-Results &lt;70 or&gt;400 indicate hypo or hyperglycemia require immediate follow up.</li> <li>-Determine with the physician/extender if the individual has specific parameters to monitor .</li> </ul> <p>R1 was admitted to the facility on [DATE], and has diagnoses that include Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy. With type 2 diabetes the pancreas doesn't make enough insulin), epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures), and nausea with vomiting.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Admission Minimum Data Set (MDS) Assessment, dated 3/28/24, shows R1 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R1 is cognitively intact.</p> <p>R1's hospital discharge date d 3/22/24 lists under additional orders: POCT Glucose: 4 times daily before meals and at bedtime, notify Primary Care Physician if blood glucose less than 70 or greater than 340.</p> <p>R1's Medication Administration Record (MAR) for March and April 2024 does not include the order for POCT Glucose monitoring 4 times a day before meals and at bedtime; notify Primary Care Physician if blood glucose less than 70 or greater than 340.</p> <p>On 4/24/24 at 5:15 PM, Surveyor interviewed DON B (Director of Nursing) and asked if looking at the discharge summary/orders if there is an order for POCT Glucose monitoring for 4 times a day before meals and at bedtime; notify Primary Care Physician if blood glucose less than 70 or greater than 340. DON B indicated yes. Surveyor asked if the order was on the MAR for March or April and DON B indicated no. Surveyor asked if the POCT glucose was being monitored and DON B indicated no. Surveyor asked if it should be and DON B indicated yes. DON B indicated there were two discharge orders and it should have been clarified.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41788</b></p> <p>Based on interview and record review, the facility did not ensure the provision of pharmaceutical services (including procedures that assure that accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 out of 3 sampled residents (R1).</p> <p>R1 did not receive her ordered amlodipine on 3/23/24.</p> <p>R1 did not receive her ordered Ezetimibe on 3/23/24.</p> <p>R1 did not receive her ordered dose of carbamazepine on 3/23/24.</p> <p>Evidenced by:</p> <p>The facility policy, entitled Administering Medications, with a revision date of December 20212, states, in part: .</p> <p>Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed.</p> <p>Policy Interpretation and Implementation: .</p> <p>3. Medications must be administered in accordance with the orders, including any required time frame.</p> <p>4. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meals) .</p> <p>18. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the Medication Administration Record (MAR) space provided for that drug and dose.</p> <p>19. The individual administering the medication must initial the resident's MAR on the appropriate line after giving each medication and before administering the next ones.</p> <p>20. As required or indicated for a medication, the individual administering the medication will record in the resident's medical record:</p> <p>a. The date and time the medication was administered .</p> <p>The facility policy, entitled Adverse Consequences and Medication Errors, with a revision date of April 2014, states, in part: .</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy Statement: The interdisciplinary team evaluates medication usage in order to prevent and detect adverse consequences and medication-related problems such as adverse drug reactions (ADRS) and side effects .</p> <p>Policy Interpretation and Implementation: .</p> <p>6. Examples of medication errors include:</p> <p>a. Omission - a drug is ordered but not administered .</p> <p>g. Wrong time .</p> <p>R1 was admitted to the facility on [DATE] and has diagnoses that include Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy; with type 2 diabetes the pancreas doesn't make enough insulin), epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures), and essential hypertension (a type of high blood pressure that occurs without an identifiable cause).</p> <p>R1's Admission Minimum Data Set (MDS) Assessment, dated 3/28/24, shows R1 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R1 is cognitively intact.</p> <p>R1's Physician Orders for March 2024 include:</p> <p>-Ezetimibe Oral Tablet 10 MG (Milligrams)- Give 1 tablet by mouth in the morning for Antihyperlipidemic Treatment. Order Date: 3/22/24 Order Start Date: 3/23/24 No End Date.</p> <p>-Amlodipine Besylate Oral Tablet 5 mg- Give 1 tablet by mouth in the morning for Hypertension. Order Date: 3/22/24 Order Start Date: 3/23/24. No End Date.</p> <p>- Carbamazepine oral tablet 200 mg (Carbamazepine)- Give 400 mg by mouth at bedtime related to Epilepsy . Give two 200 mg tabs to equal 400 mg by mouth every hour of sleep. Order Date: 3/23/24 Start Date: 3/23/24. No End Date.</p> <p>This was not administered for 3/23/24 8:00 PM.</p> <p>R1's Medication Administration Record (MAR) for March 2024 shows:</p> <p>Amlodipine besylate oral tablet 5 mg (Amlodipine Besylate): Give 1 tablet by mouth in the morning for Hypertension. Order Date: 3/22/24 5:00 PM D/C (discontinue) Date: 4/8/24 4:26 PM: was not administered on 3/23/24 8:00AM dose. The sign out box has a (9) and initialed indicating Other, See Nurse Notes. A check mark is placed in the box when the medications are administered.</p> <p>Of Note: there was no indication in the nurse notes on 3/23/24 why medication was not administered.</p> <p>Ezetimibe oral tablet 10 mg (Ezetimibe)- Give 1 tablet by mouth in the morning for Antihyperlipidemic Treatment. Order Date: 3/22/24 5:00PM D/C Date: 4/8/24 4:26 PM: was not administered on 3/23/24 at 8:00AM. The sign out box has a (9) and initialed Other, See Nurse Notes indicating it was not given.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Of Note: there was no indication in nurse notes on 3/23/24 why medication was not administered.</p> <p>Carbamazepine oral tablet 200 mg (Carbamazepine)- Give 400 mg by mouth at bedtime related to Epilepsy . Order Date: 3/23/24 5:00 PM D/C Date: 4:26 PM was not administered for 3/23/24 8:00 PM. The sign out box has a (9) and initialed indicating Other, See Nurse Notes indicating it was not given.</p> <p>DON B supplied a transaction from pharmacy showing Carbamazepine 100 mg tabs (2) Chew were taken out of the pharmacy contingency on 3/23/24 at 8:14 PM. Of note: the order is for 400 mg by mouth at bedtime.</p> <p>On 4/24/24 at 9:50 AM, Surveyor interviewed RN C (Registered Nurse) and asked what the process was to administer medication that is not available in med cart. RN C indicated if the medication is not found in the drawer look throughout the medication cart in case it was placed somewhere else in the cart. If the medication is still not found in the medication cart go to the Omnicell (contingency medications). If it is not in the Omnicell call pharmacy to see if the medication was sent and if it is to be expected that day. If the medication is not coming that day call the NP (Nurse Practitioner) to get a Hold order or see if NP wants to order a substitute medication. RN C indicated pharmacy can send out a Stat medication as well. RN C indicated the facility also has the option to use Walgreens as a backup. Surveyor asked if there is any reason why a medication should not be administered and RN C indicated if one follows the steps to obtain the medication no, medications should be given as ordered.</p> <p>On 4/24/24 at 8:50 AM, Surveyor interviewed LPN D (Licensed Practical Nurse) and asked what the process is to obtain a medication that may not be available on the medication cart. LPN D indicated look in the bottom drawer of the medication cart to see if it was misplaced. Then call pharmacy to see if the medication was sent to the facility. If it was not and it is an emergent medication have the pharmacy send the medication Stat. Surveyor asked what an emergent medication would be, and LPN D indicated blood pressure medications and seizure medications would be examples of emergent meds. LPN D indicated one would look in the contingency box. If a medication is not in the contingency box call the NP for a different order. Surveyor asked if there would be any reason a resident should not receive a medication that was ordered and LPN D indicated only if NP orders to hold it, otherwise all medications should be administered.</p> <p>On 4/24/24 at 5:15 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B if it is her expectation that ordered medications are to be administered and DON B indicated yes. Surveyor asked DON B what the process is for a medication that may not be available in facility was. DON B indicated one would check Omnicell and pull it from there. Don B indicated one would call pharmacy to see when the medication is to be expected. DON B indicated if the medication is not available in the Omnicell one would call NP for options. DON B indicated the likelihood of a medication being unavailable to administer is very low. Surveyor asked DON B if there are any reasons why a medication should not be administered, and DON B indicated no.</p>		