

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525558	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER Burnett Medical Center		STREET ADDRESS, CITY, STATE, ZIP CODE 257 W St George Ave Grantsburg, WI 54840	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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
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<p>F 0684</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 observation, interview and record review, the facility failed to ensure residents received care and treatment in accordance with professional standards of practice for 1 of 3 residents (R) (R1) reviewed.R1 was a brittle diabetic who did not receive medications per physician orders and provider was not notified of abnormal blood glucose levels.This is evidenced by:Facility policy, titled, Change in a Resident's Condition or Status, with a revised date of 02/2021, states in part: Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). 1. The nurse will notify the resident's attending physician or physician on call when there has been a(an): d. significant change in the resident's physical/emotional/mental condition; e. need to alter the resident's medical treatment significantly; f. refusal of treatment or medications two (2) or more consecutive times; i. specific instruction to notify the physician of changes in the resident's condition.Facility policy, titled, Management of Hypoglycemia, with a revised date of 11/2020, states in part: Purpose: To provide guidelines for managing hypoglycemia secondary to insulin therapy.Management of Hypoglycemia: 2. For Level 1 hypoglycemia (<70 mg/dL): a. Give the resident an oral form of rapidly absorbed glucose (15-20 grams); b. Notify the provider immediately;. d. Recheck blood glucose in 15 minutes.Facility policy, titled, Insulin Administration, with a revised date of 09/2014, states in part: Reporting: 1. Notify your supervisor if the resident refuses the insulin injection. Facility's current Continuing Care Center Standing Orders, with no date, states in part: 15. Diabetic Management: b. Notify provider if two BG results are < 70 or > 400 in a 24-hour timeframe and/or change in condition; if no condition change, notify provider on the next business day. 16. Hypoglycemia (BG < 70) d. Communicate occurrence of any hypoglycemic event to provider the next business day.R1 was admitted to the facility on [DATE] with pertinent diagnoses of type 2 diabetes mellitus, heart failure, and chronic kidney disease.R1's most recent quarterly Minimum Data Set (MDS) assessment, dated 09/01/25, noted a Brief Interview for Mental Status (BIMS) score of 15/15, indicating intact cognition. R1's medications include antiplatelets and hypoglycemics.R1's care plan, dated 02/05/25, with a target date of 11/23/25, states: Impaired nutrition related to brittle diabetes and unstable blood sugar with interventions to assist R1 in blood sugar control; if R1 refuses insulin, re-educate on insulin's action in bringing down high blood sugars or preventing hyperglycemia.R1's care plan, dated 02/19/25, with a target date of 11/23/25, states: R1 has diabetes mellitus with a goal to have no complications related to diabetes and interventions to give diabetes medication as ordered by doctor, educate that diabetes is a chronic disease and compliance is essential to prevent complications of the disease, if infection is present consult doctor regarding any changes in diabetic medications.R1's physician orders:01/27/25 (discontinued 09/10/25) glucose 4-gram chewable tablet Give 4 tablet orally as needed for HYPOGLYCEMIA related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS.02/03/25 BLOOD GLUCOSE MONITORING AS NEEDED as needed related to Type 2 diabetes mellitus without complications.02/20/25 Ondansetron HCl Oral Tablet 4 MG (Ondansetron HCl) Give 1 tablet by mouth every 6 hours as needed for NAUSEA.02/27/25 (discontinued 09/10/25) Insulin Degludec Soln Pen-Injector 200 Unit/ML Inject 28 unit subcutaneously one time a day related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS.09/10/25 (discontinued 09/23/25) glucose 4-gram chewable tablet Give 4 tablet orally as needed for HYPOGLYCEMIA related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS Administer if blood glucose is less than 70.09/23/25 glucose 4-gram chewable tablet Give 4 tablet orally as needed for HYPOGLYCEMIA related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS Administer if blood glucose is less than 80.07/24/25 FreeStyle Libre 2 Sensor Miscellaneous (Continuous Glucose System Sensor) Inject 1 applicator subcutaneously one time a day every 14 day(s) related to Type 2 diabetes mellitus without complications.08/22/25 (discontinued 09/30/25) Admelog SoloStar Subcutaneous Solution Pen injector 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 0 - 249 = 0U; 250 - 299 = 3U; 300 -349 = 4U; 350 - 399 = 5U; 400 - 999 = 6U >400 Give 6 Units, recheck in 2HRS Notify Provider, subcutaneously before meals and at bedtime related to TYPE 2 DIABETES MELLITUS.09/30/25 Admelog SoloStar Subcutaneous Solution Pen injector 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 0 - 249 = 0U; 250 - 299 = 3U; 300 - 349 = 4U; 350 - 399 = 5U; 400 - 999 = 6U >400 Give 6 Units, Recheck in 2HRS Notify Provider, subcutaneously before meals and at bedtime related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS Follow up with NP/MD</p>		