STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017171	A. BUILDING: _____ B. WING _____	C 08/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST COLETTA OF WI BONAVENTURE HEIGHTS	836 EAST RACINE STREET JEFFERSON, WI 53549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 08/26/2026, Surveyor conducted a complaint investigation and standard survey at St Coletta of WI Bonaventure Heights. One deficiency was identified. The complaint was substantiated. Census: 4	M 000		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a current record of all medical visits, reports and recommendations were maintained for 1 of 2 residents reviewed. The provider did not have documentation that Resident 1 had his/her labs checked 2 weeks after a medication change as requested by his/her physician. Findings include: On 08/26/2026 at 9:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 01/01/2020 with diagnoses including developmental delay and rheumatoid arthritis. Surveyor asked House Manager A if there had been any known medication errors with Resident 1. House Manager A stated yes, in June the provider was made aware that Resident 1 was not being administered the correct dosage of Methotrexate 20 mg. House Manager A explained	M 446		

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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M 446	Continued From page 1 that Resident 1 is to receive 8 tablets of 2.5 mg of Methotrexate once a week and that it appeared Resident 1 was not administered all 8 pills each time. Director of Case Management A stated that the provider informed Resident 1's primary care provider and scheduled an appointment with Resident 1's Rheumatologist. Surveyor reviewed a discharge summary dated 06/24/2026, after Resident 1 had seen his/her Rheumatologist. The discharge summary documented that Resident 1's Methotrexate was decreased from 20 mg a week to 15 mg a week; 7.5 mg in the morning and 7.5 mg in the evening. The discharge summary requested that Resident 1's labs be checked 2 weeks after the medication change. The medication change took effect on 06/25/2026. On 06/26/2026 at 9:39 a.m., Surveyor asked to review the follow-up documentation of Resident 1's labs. House Manager B stated that Resident 1 had his/her labs checked at two week and a month after the medication change. S/he stated that the provider does not have documentation of his/her labs being checked because Resident 1's power of attorney took him/her to the appointments. House Manager B and Director of Case Management A stated they understood that without having a summary of Resident 1's visit/labs, they would not be aware of changes were made and stated they had been relaying on Resident 1's power of attorney to relay the information correctly. Director of Case Management A stated s/he would have someone reach out to Resident 1's power of attorney to discussed providing discharge summaries for the provider's record.	M 446		