

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020551	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/21/2026
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SAMARITAN FIELDS CBRF **531 E WASHINGTON ST**
WEST BEND, WI 53095

(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
N 000	Initial Comments On 07/21/2026, Surveyor conducted a complaint investigation at Samaritan Fields CBRF, a Community-Based Residential Facility (CBRF) in West Bend, WI. One deficiency identified. Complaint substantiated. Census: 27	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed received all prescribed medications in the dosage and at the intervals prescribed by a practitioner. Findings include: On 06/24/2026, the Department received a complaint that alleged concerns regarding medication administration. On 07/21/2026, at approximately 11:30 AM, Surveyor reviewed Resident 1's record. Resident 1's record identified the following: -On 06/26/2026, Resident 1 was prescribed	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER SAMARITAN FIELDS CBRF		STREET ADDRESS, CITY, STATE, ZIP CODE 531 E WASHINGTON ST WEST BEND, WI 53095		
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N 352	Continued From page 1 Eliquis 5 MG tablet- "Take 1 tablet by mouth 2 times daily." -Resident 1's Medication Administration Record (MAR) for for June and July 2026 indicated on 06/26/2026-07/06/2026, Resident 1 did not receive his/her Eliquis 5 MG tablet, two times daily indicating Resident 1 missed 22 doses of his/her Eliquis. On 07/21/2026 at approximately 11:45 AM, Surveyor interviewed Assisted Living (AL) Nurse B. AL Nurse B stated s/he did not know it was an issue until Resident 1's outside agency Nurse Practitioner brought it to his/her attention stating Resident 1 was not receiving his/her Eliquis. AL Nurse B then contacted pharmacy with Resident 1's outside agency Nurse Practitioner on 07/06/2026 is when the Eliquis was finally sent to the facility and on 07/07/2026, Resident 1 finally received his/her first dose of Eliquis. On 07/21/2026 at approximately 12:43 PM, Administrator A contacted pharmacy. Administrator A stated pharmacy did receive the order on 06/26/2026 for the Eliquis to be filled but did not send because they were waiting on a discontinue order from the anticoagulation clinic. Administrator A contacted anticoagulation clinic and they stated since it is the same type of medication as before, typically it would just be discontinued but nobody from the facility contacted them to verify Resident 1 was only supposed to be on Eliquis. On 07/21/2026 at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1 did not receive 22 doses of his/her Eliquis because the facility did not follow up on the status of the medication being filled. Administrator A stated	N 352		

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N 352	Continued From page 2 s/he would be following up with his/her AL Nurse B to ensure orders are being followed up on when the facility does not receive them in a timely manner.	N 352			