STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018219	A. BUILDING: _____ B. WING _____	R-C 09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW PERSPECTIVE WAUKESHA	1701 EAST BROADWAY WAUKESHA, WI 53186

(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
{U 000}	INITIAL COMMENTS On 09/29/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at New Perspective Waukesha, a certified residential care apartment complex (RCAC) located in Waukesha, WI. As a result of the survey, 1 deficiency was identified. The deficiency is a repeat deficiency. See Statement of Deficiencies (SOD) 90DR12, dated 10/10/2024, and SOD 90DR11, dated 06/04/2024. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 61	{U 000}		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management.	U 118		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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This Rule is not met as evidenced by:
Based on record review, observation, and interview, the provider did not ensure that 3 of 3 tenants reviewed received health monitoring, medication administration, and medication management services in accordance with their needs.

Tenant 3 did not receive approximately 42 doses of his/her polyethylene glycol from 08/17/2026 - 09/29/2026 due to the updated order not having been input in the provider's electronic medication administration record. Tenant 3 was prescribed lidocaine jelly to be administered daily via syringe urethrally. Staff report identified that the provider's staff were not administering this medication, and it was thought that Tenant 3's home health team members were administering it; however, Tenant 3 was reported to only receive home health services 3 days/week.

Tenant 4's Humalog KwikPen insulin pen in current use was being used approximately 2 weeks after its manufacturer's recommended use timeframe. The provider had directives for staff to notify the nurse (with subsequent notification to Tenant 4's primary care provider) when his/her blood sugar levels were less than 70 or greater than 450-451. On 15 of 20 occasions that Tenant 4's blood sugar levels were within these notification parameters, there was no evidence of follow up notification and monitoring having been conducted.

Tenant 5 was prescribed isosorbide mononitrate with prescription instructions to hold if his/her systolic blood pressure was less than 110. There was no evidence that staff were taking his/her

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blood pressure to ensure the medication's administration within the prescribed parameter.

This is a repeat deficiency. See Statement of Deficiencies (SOD) 90DR12, dated 10/10/2024, and SOD 90DR11, dated 06/04/2024.

Findings include:

Example 1 - Tenant 3's polyethylene glycol and lidocaine administration

On 09/29/2026, at approximately 11:55 a.m., Surveyor observed the first floor medication cart with Caregiver J. One drawer of the medication cart contained 4 bags of lidocaine HCl 2% jelly 10 mL syringes. The pharmacy label on each of the bags identified that the syringes were prescribed to Tenant 3, contained prescription instructions to "Apply 10 mL urethrally every day," and identified that each bag was dispensed with 10 syringes. Surveyor observed that 3 of the 4 bags, dispensed one each on 09/30/2025, 05/12/2026, and 08/10/2026, still contained 10 syringes each. The fourth bag, dispensed on 02/27/2026, contained 9 syringes. Surveyor asked Caregiver J about the lidocaine syringes. Caregiver J reported s/he didn't know what the lidocaine was prescribed for but knew that staff did not administer it. Caregiver J reported s/he thought maybe Tenant 3 had a hospice team and that it was members from that team that administered it.

On 09/29/2026, Surveyor reviewed parts of Tenant 3's record. Tenant 3 was admitted to the provider on 06/19/2024. Tenant 3's record identified that staff administered and managed his/her medications. Tenant 3's medication list did not identify a prescription for the lidocaine jelly.

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U 118	Continued From page 3 Tenant 3's prescriptions included an order for polyethylene glycol powder with instructions to, "Mix 17 gms in 4-8 ounces of juice or water and take by mouth once daily" due to constipation. This order was active from 08/28/2025 until 08/17/2026 when the order then changed that day for him/her to be administered 17 grams of powder twice daily instead of once daily. Surveyor reviewed Tenant 3's medication administration records (MARs) from 08/14/2026 - 09/29/2026. Surveyor did not observe any entry for the lidocaine jelly. The MARs from 08/17/2026 - 09/28/2026 showed only 1 administration entry for Tenant 3's polyethylene glycol, even though his/her order changed to 2 daily administrations on 08/17/2026. Surveyor observed no evidence from the MARs that Tenant 3 was administered his/her second daily dose of polyethylene glycol during that period - approximately 42 days of missed administrations. At approximately 1:50 p.m., Surveyor interviewed Executive Director K about the above discrepancies. Executive Director K reported s/he would look into them. At approximately 2:09 p.m., Executive Director K reported that Tenant 3 received home health services and it was the provider's staff's understanding that the home health agency staff were supposed to be administering the lidocaine. Executive Director K reported s/he was still looking into it for more information. At approximately 2:25 p.m., Executive Director K reported that s/he confirmed the order for once daily lidocaine from the pharmacy still showed as being current but that Tenant 3 was not receiving daily home health services - rather, they were	U 118		

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visiting 3 days per week. Executive Director K reported that Registered Nurse (RN) L was following up with Tenant 3's home health team to see if there had been a change to his/her lidocaine order from their records. Regarding Tenant 3's polyethylene glycol, Executive Director K confirmed the order change as it was written for twice daily administration. Executive Director K reported that the pharmacy had missed inputting the change into the provider's system and that the provider's staff missed the error when the new order began.

At approximately 2:33 p.m., Executive Director K reported that as far as staff could see, the order for once-daily lidocaine administration was current.

At approximately 2:48 p.m., Surveyor observed Tenant 3's polyethylene glycol supply with Caregiver M. Surveyor observed 1 container prescribed to Tenant 3. Caregiver M confirmed that that was the only container being used for Tenant 3. The pharmacy label on the container identified prescription instructions of, "Take 1 capful (17 grams) by mouth [illegible] a day mix powder with water for constipation ..." The illegible section was crossed out with marker and a handwritten annotation of "once" was written by it, indicating that it was to be administered once daily. The manufacturer's label on the container identified that it contained 30 once-daily doses, and a handwritten annotation at the top of the bottle indicated that it was opened on 09/19/2026. Surveyor noted that even if started on 09/20/2026 (the day after it was opened), at the frequency with which it was prescribed the container should have been approximately 36% full if administered twice daily. Surveyor observed the container to be approximately 75% full.

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U 118	Continued From page 5 At approximately 2:54 p.m., Surveyor discussed his/her concerns regarding Tenant 3's lidocaine administration oversight and the administration of his/her polyethylene glycol. Executive Director K reported understanding of Surveyor's concerns and denied having any questions. Example 2 - Tenant 4's blood sugar monitoring and Humalog pen According to the U.S. Food & Drug Administration's (FDA's) label for Humalog, in-use KwikPens are to be used within 28 days upon opening (Source: FDA, Humalog Labeling-Package Insert, May 7, 2025, https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/020563s214,205747s038lbl.pdf (retrieved 09/29/2026).). On 09/29/2026, at approximately 12:25 p.m., Surveyor observed one of the 2nd floor medication carts with Care Team Manager G. Surveyor observed a Humalog 100 units/mL KwikPen insulin pen prescribed to Tenant 4. The prescription label on the pen identified a set of sliding scale administration instructions for its use. A handwritten annotation on the pen under the "Date Opened" sticker identified that it was started 08/18/2026. Surveyor asked Care Team Manager G about the pen still being in use over a month after it was opened but Care Team Manager G reported that s/he would have to ask someone else about it since s/he didn't typically handle medication administration. There were no other Humalog KwikPens observed in use for Tenant 4. On 09/29/2026, Surveyor reviewed parts of Tenant 4's record. Tenant 4 was admitted to the	U 118		

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provider on 06/16/2021 with diagnoses including type II diabetes mellitus. Tenant 4's record identified that staff administered and managed his/her medications. Tenant 4's prescriptions included Humalog 100 units/mL KwikPen with an associated sliding scale to be given twice daily - once in the morning and once in the evening. A note within the Humalog entry within Tenant 4's MARs for August and September documented that nursing was to be updated if Tenant 4's blood sugar checks prior to these administrations showed a blood sugar level of >451.

Tenant 4's MARs also showed entries for blood sugar monitoring that was occurring each morning, midday, and evening (corresponding to meal times); as well as bedtime blood sugar monitoring. Instructions for the 3 daily mealtime-associated entries documented, " ...Resident has [his/her] own meter on [his/her] arm and a 'cell phone' type reader to check levels PRIOR TO ALL MEALS USE this method!...Notify nurse if blood sugar is less than 70 or greater than 450. Nurse to notify [primary care provider]." Instructions for the bedtime-associated entry documented, "Obtain blood sugar at bedtime ...Notify nurse if blood sugar is less than 70 or greater than 450. Nurse to notify [primary care provider]."

Tenant 4's MARs, reviewed from 08/01/2026 - 09/29/2026, identified 20 total occasions in which Tenant 4's blood sugar levels were recorded as <70 or >450. Between Tenant 4's MARs and "Notes & Incidents" report, Surveyor observed that 15 of the 20 occasions contained no evidence of staff conducting follow-up actions or notifications in accordance with the parameters. These included:

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U 118	Continued From page 7 - 08/02/2026 (morning): Blood sugar level of 53 - 08/04/2026 (midday): Blood sugar level of 478 - 08/04/2026 (evening): Blood sugar level of 478 - 08/07/2026 (midday): Blood sugar level of 40 - 08/11/2026 (morning): Blood sugar level of 56 - 08/12/2026 (morning): Blood sugar level of 53 - 08/13/2026 (morning): Blood sugar level of 59 - 08/26/2026 (morning): Blood sugar level of 66 - 09/04/2026 (evening): Blood sugar level of 456 - 09/05/2026 (midday): Blood sugar level of 68 - 09/12/2026 (morning): Blood sugar level of 54 - 09/17/2026 (evening): Blood sugar level of 457 - 09/20/2026 (morning): Blood sugar level of 55 - 09/22/2026 (midday): Blood sugar level of 63 - 09/24/2026 (morning): Blood sugar level of 62 At approximately 2:25 p.m., Surveyor reviewed the above occasions with Executive Director K and requested any evidence of follow-up notifications in accordance with the blood sugar monitoring directives for Tenant 4. At approximately 2:33 p.m., Executive Director K reported to Surveyor that s/he asked RN L and RN L reported that whatever was in the notes already provided to Surveyor was all the information there was. Executive Director K reported that RN L recalled occasions where staff called him/her to report high and low blood sugar levels for Tenant 4 but that s/he forgot to document them. At approximately 2:54 p.m., Surveyor discussed the above concerns regarding Tenant 4's blood sugar monitoring and Humalog pen usage with Executive Director K. Executive Director K reported understanding of Surveyor's concerns and denied having any questions. Example 3 - Tenant 5's blood pressure monitoring	U 118		

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U 118	Continued From page 8 On 09/29/2026, Surveyor reviewed parts of Tenant 5's record. Tenant 5 was admitted to the provider on 05/02/2022 with diagnoses including essential hypertension. Tenant 5's record identified that staff administered and managed his/her medications. Tenant 5's prescriptions included isosorbide mononitrate 30 mg tablets with instructions to, "Take 1 tablet by mouth once daily *hold if [systolic blood pressure]<110." Surveyor reviewed Tenant 5's MARs from 08/14/2026 - 09/28/2026 and noted that staff initialed off on all administrations of his/her isosorbide (46 administrations). Within the MARs, Surveyor did not observe any recording of blood pressures ensuring that staff correctly administered Tenant 5's isosorbide within his/her administration parameter. At approximately 1:50 p.m., Surveyor requested from Executive Director K any evidence of staff conducting daily blood pressures for Tenant 5 to ensure the correct administration of his/her isosorbide. At approximately 2:25 p.m., Executive Director K confirmed with Surveyor that staff were not documenting any evidence of blood pressure checks. Executive Director K reported that since it was brought up by Surveyor staff adjusted Tenant 5's MARs to make an entry space for staff to record his/her daily blood pressure readings. At approximately 2:54 p.m., Surveyor interviewed Executive Director J. Surveyor discussed the concern that without any documented evidence of recordings, it was unable to be verified that staff were checking Tenant 5's blood pressures daily and administering his/her isosorbide correctly. Executive Director J reported understanding of	U 118		

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U 118	Continued From page 9 Surveyor's concerns and denied having any questions.	U 118		