Printed: 06/15/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 Collins Road Jefferson, WI 53549	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			

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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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2024
NAME OF PROVIDER OR SUPPLIER Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 Collins Road Jefferson, WI 53549	
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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)		
Evel of Harm - Minimal harm or potential for actual harm Residents Affected - Few			ronic obstructive pulmonary eart failure), malignant neoplasm of esident is alert and oriented x sident is on a general diet with Mobserved. Takes medications ties daily living). WC (wheelchair) aff. HOB (head of bed) elevated for ns. residents pain is controlled with es or mouth pain. Resident has as ordered. Staff will assess pain ctor) if current pain strategies are e of 9/12/24 has a BIMS (brief is is answered for scheduled pain in and non medication interventions. Pain frequency is assessed as reference with day to day activities is 24, at 2335 (11:35 p.m.), in four times a day related to wedge for the fracture with routine healing se NP (nurse practitioner) did not one HCI tablet 5 mg (milligram) cture of second thoracic vertebra, inding delivery. This eMAR note Other pain assessment: Resident inday evening. He takes the oxy is coming Monday in the afternoon. Durs medical group] contacted at there was no active order. In total et issue resolved. This nurses note

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Facility ID: 525271

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CTATEMENT OF DEFICITIONS	(VI) DDO\(DED\(C\)	(70) MILITIDE E CONCETTUATION	(VZ) DATE CURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525271	A. Building B. Wing	11/18/2024
		-	
NAME OF PROVIDER OR SUPPLII	ΕR	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alden Estates of Countryside, Inc		1130 Collins Road Jefferson, WI 53549	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0755 Level of Harm - Minimal harm or potential for actual harm	R1's nurses note dated 7/13/24, at 14:38 (2:38 p.m.), documents Scheduled Oxycodone due at 1600 (4:00 p. m.) was administered @ (at) 1430 (2:30 p.m.) due to pharmacy not approving removal from cubex until 1430 (2:30 p.m.). This nurses note was written by LPN-C.		
Residents Affected - Few	Surveyor reviewed R1's July 2024 MAR and noted R1 did not receive the scheduled Oxycodone 5mg on 7/12/24 at 2200 (10:00 p.m.), and on 7/13/24 at 0400 (4:00 a.m.), 1000 (10:00 a.m.), and 1600 (4:00 p.m.).		
	R1's eMAR note dated 9/13/24, at 20:07 (8:07 p.m.), documents Oxycodone HCI tablet 5 mg (milligram) Give 1 tablet by mouth four times a day related to wedge compression fracture of second thoracic vertebra, subsequent encounter for the fracture with routine healing (S22.020D) unavailable, on the way from pharmacy - cubex unavailable earlier. This eMAR note was written by RN-G.		
	R1's eMAR note dated 9/14/24, at 12:00 p.m., documents Oxycodone HCI tablet 5 mg (milligram) Give 1 tablet by mouth four times a day related to wedge compression fracture of second thoracic vertebra, subsequent encounter for the fracture with routine healing (S22.020D) awaiting authorization from NP to pharmacy. This eMAR note was written by LPN-F.		
	R1's eMAR note dated 9/14/24, at 17:14 (5:14 p.m.), documents Oxycodone HCl tablet 5 mg (milligram) Give 1 tablet by mouth four times a day related to wedge compression fracture of second thoracic vertebra, subsequent encounter for the fracture with routine healing (S22.020D) Enroute from pharmacy. Medication will arrive with next pharmacy delivery per pharmacist. This eMAR note was written by RN-G. Surveyor reviewed R1's September 2024 MAR and noted R1 did not receive the scheduled Oxycodone 5mg on 9/8/24 at 0400 (4:00 a.m.), 9/13/24 at 1600 (4:00 p.m.) & 2200 (10:00 p.m.), 9/14/24 at 0400 (4:00 a.m.), 1000 (10:00 a.m.), & 1600 (4:00 p.m.).		
	Give 1 tablet by mouth four times a subsequent encounter for the fraction	R1's eMAR note dated 10/18/24, at 04:14 (4:14 a.m.), documents Oxycodone HCl tablet 5 mg (milligram) Give 1 tablet by mouth four times a day related to wedge compression fracture of second thoracic vertebra subsequent encounter for the fracture with routine healing (S22.020D) non avail (available) to ogive sic (give). This eMAR note was written by RN-H. R1's eMAR note dated 10/18/24, at 14:31 (2:31 p.m.), documents Oxycodone HCl tablet 5 mg (milligram) Give 1 tablet by mouth four times a day related to wedge compression fracture of second thoracic vertebra subsequent encounter for the fracture with routine healing (S22.020D) awaiting new script. This eMAR note was written by LPN-I.	
	Give 1 tablet by mouth four times a		
	R1's eMAR note dated 10/23/24, at 17:21 (5:21 p.m.), documents Oxycodone HCl tablet 5 mg (mi Give 1 tablet by mouth four times a day related to wedge compression fracture of second thoracic subsequent encounter for the fracture with routine healing (S22.020D) Medication unavailable. Aw arrival from pharmacy. This eMAR note was written by LPN-J.		cture of second thoracic vertebra,
	1	R1's October 2024 MAR and noted R1 did not receive the scheduled Oxycodone 5mg or 00 p.m.), 10/18/24 at 0400 (4:00 a.m.) & 1000 (10:00 a.m.) and 10/28/24 at 2200 (10:00	
	(continued on next page)		

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	525271	B. Wing	11/18/2024
NAME OF PROVIDER OR SUPPLIE	⊥ ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Alden Estates of Countryside, Inc		1130 Collins Road Jefferson, WI 53549	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0755 Level of Harm - Minimal harm or potential for actual harm	R1's eMAR note dated 11/6/24, at 21:22 (9:22 p.m.), documents Oxycodone HCI tablet 5 mg (milligram) Give 1 tablet by mouth four times a day related to wedge compression fracture of second thoracic vertebra, subsequent encounter for the fracture with routine healing (S22.020D) Medication unavailable. None left in cubex. Awaiting arrival from pharmacy. This eMAR note was written by LPN-J.		
Residents Affected - Few	Surveyor reviewed R1's November 2024 MAR and noted R1 did not receive the scheduled Oxycodone 5mg on 11/6/24 at 2200 (10:00 p.m.).		
	On 11/18/24, at 8:58 a.m., Surveyor asked RN (registered nurse)-K if there are times when a resident's narcotic medication is not available to administer. RN-K informed Surveyor she has had that happen. Surveyor asked RN-K for residents, who are not new admissions, how is their narcotic medication reordered. RN-K informed Surveyor in the MAR can check & order their medication or the sticker can be faxed to the pharmacy. On 11/18/24, at 10:28 a.m., Surveyor asked R1 if he has ever had problems with not having his narcotic pain medication. R1 informed Surveyor they have ran out of his medication. R1 explained one time the nurse followed up when he didn't have his medication and was told there was no prescription. R1 informed Surveyor this had happened three or four times. R1 informed he is on Oxycodone four times a day and was on the Oxycodone before he was admitted to the facility. R1 informed Surveyor when asked he rates his pain at 8. Surveyor asked R1 when he doesn't receive his Oxycodone how would he rate his pain. R1 replied I'd say it was off the chart. Surveyor asked R1 if he has problems with running out of his other medications. R1 replied never had a problem with them. R1 informed Surveyor he doesn't have any other complaints, the biggest thing is getting the medication, referring to the Oxycodone.		
	is reordered. LPN-C informed Surv she reorders the medication from the Surveyor if the medication is a narror request in writing and place this writhey come in. Surveyor asked LPN LPN-C explained on the card it has the NP not sending a prescription in doing it or there a glitch in the computer Surveyor asked LPN-C if there was there was an issue of getting his resurveyor she did her part by getting (contingency) unless there is a valid	Surveyor interviewed LPN (licensed practical nurse)-C regarding how medic d Surveyor she knows her residents and when they have three or four days from the pharmacy as the pharmacy is out of Chicago. LPN-C informed a narcotic and needs a script she will get a hold of the NP or will place the this written request in the folder at the nurses station which the NP grabs when LPN-C how does she know if the medication would require a new script. If it has the number of refills left. Surveyor asked if there are any concerns we ption in. LPN-C replied yes and explained she doesn't know if its the NP not be computer. LPN-C stated don't always get the medication when I need it. The was a problem with R1 not having his Oxycodone. LPN-C informed Survey his refilled and doesn't know if it was a computer glitch or not. LPN-C inform getting it ordered. LPN-C informed Surveyor she can't pull from the cubex a valid order.	
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NAME OF PROVIDER OR SUPPLIER Alden Estates of Countryside, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1130 Collins Road	
		Jefferson, WI 53549	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reordered at the facility. DON-B info will reorder the medication. DON-B faxed to the pharmacy. Surveyor as having their medication. DON-B info been a big concern. Surveyor informing during July, September, Octobe struggle when it comes to getting a tied until they receive the script from On 11/18/24, at 2:40 p.m., NHA (NI Administrator-M, DON-B, and Regi	or interviewed DON (Director of Nursing parmed Surveyor when the medication is explained there is a button in PCC or sked DON-B if there has been any comormed Surveyor she has been at the famed DON-B there were days when R1 er, and November. DON-B informed Suscript. DON-B explained they are worknown the MD or NP. Jursing Home Administrator)-A, Assistational Nurse Consultant-M were informed ided to Surveyor as to why the facility of the above dates to meet R1's needs.	s low, usually around 5, the nurses the sticker can be pulled out and aplaints regarding residents not acility for 3 months and has not did not receive his Oxycodone 5 receives sometimes there's a sting with a NP and their hands are not Administrator-L, Assistant d of the above findings.