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	0016677	A. BUILDING: _____ B. WING _____	C 10/22/2025

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N 000	Initial Comments On 09/24/2025 and 10/08/2025, Surveyors conducted onsite visits, with additional information gathered through 10/22/2025, for a complaint investigation and self-report review. The complaint was substantiated. Twenty-nine (29) deficiencies were identified. Ten (10) of 29 deficiencies were repeat violations. Four (4) of 29 deficiencies are being cited for a third time. See Statements of Deficiency (SOD) 8CNU11, dated 01/21/2020, SOD 8CNU12, dated 09/21/2022, SOD 8CNU13, dated 09/01/2023, and SOD 8CNU14, dated 07/11/2024. Census: 16	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.	N 158		

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 and interview, the provider did not investigate Resident 3's allegation of abuse, take immediate steps to ensure his/her and other residents's safety, document the allegation, and report as necessary.

Caregiver E was found to have physically restrained a resident to manage their behaviors following Adult Protective Services (APS) and Division of Quality Assurance (DQA) investigation. Caregiver E maintained employment at the facility. Resident 3 alleged abuse against Caregiver E during bathing. No investigation or reporting requirements were followed following the allegation of caregiver misconduct and Caregiver E remained working at the facility fulltime. No interventions were implemented to protect Resident 3 and other residents.

This requirement is being cited for a third time. See Statements of Deficiency (SOD) 8CNU11, dated 01/21/2020 and SOD 8CNU12, dated 09/21/2022.

Findings include:

On 09/24/2025 and 10/08/2025, Surveyors conducted onsite visits at the facility.

On 09/24/2025, Surveyor reviewed Resident 3's record and noted s/he was admitted to the facility on 09/05/2019 with diagnoses of mild intellectual disabilities, multiple sclerosis and post traumatic stress disorder.

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N 158	Continued From page 2 On 09/24/2025, Surveyor reviewed Resident 3's Individual Service Plan (ISP) dated 09/24/2025 and noted: "BATHING .... [Resident 3] requires partial/full assistance from staff to complete bathing tasks. [Resident 3] does need assistance with washing [his/her] hair, back, buttock and lower body. Staff should also assist in drying off hard to reach areas. Staff need to encourage [Resident 3] to complete as much as [s/he] can independently. [Resident 3] does need some verbal queuing and reminding of maintaining some physical independence on doing some of [his/her] ADL's and will require some staff assistance especially with [his/her] lower half when showering and the sit to stand when transferring. DRESSING .... [Resident 3] requires partial assistance from staff to complete dressing tasks. [Resident 3] needs assistance tying [his/her] shoes and putting [his/her] Ted hose on [his/her] lower legs. Staff should assist [Resident 3] with putting on [his/her] depends, pants, sock and shoes and then [Resident 3] is able to do [his/her] shirt and fix [his/her] hair on [his/her] own." On 10/02/2025, Surveyor reviewed Managed Care Organization (MCO) case notes which read the following: On 09/19/2025, " .... [MCO Registered Nurse (RN)AA] noted [AA-B] called to report [Resident 3] is reporting inappropriate touching from [Caregiver E] when showering [Resident 3] independently. [RN-AA] asked [AA-B] if staff shower residents independently without another staff present. [AA-B] responded, "No, never. I will go to the grave defending [Caregiver E]" [RN-AA] and [MCO Care Coach (CC) BB] completed a joint call to [sic] [AA-B]. [RN-AA] reiterated it is important to complete a private phone call with [Resident 3] regarding reported concerns from	N 158		

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[Resident 3]. [AA-B] requested to call [RN-AA] back after bringing phone to [Resident 3]. [RN-AA] received return phone call with [AA-B] and [Resident 3] and [RN-AA] added in [CC-BB]in phone call. [RN-AA] again reiterated as this would be preferred as a private phone call with [Resident 3]. [RN-AA] and [CC-BB] could hear [AA-B] directing responses asked to [Resident 3] vs [Resident 3] answering for [him/herself] .... [RN-AA] then asked [Resident 3] if [s/he] is ever showered by [him/herself] by [Caregiver E] touching [Resident 3] inappropriately. [Resident 3] immediately responded, "yes". [RN-AA] and [CC-BB] could continue to hear [AA-B] directing responses from [Resident 3] but [Resident 3] didn't hesitate or pause when answering yes when asking about showering ...."

On 09/19/2025, " .... [CC-BB] noted [AA-B] reported that [s/he] has a good relationship with [Resident 3], so following [Resident 3's] meeting with the county [AA-B] met with [Resident 3] to discuss things [Resident 3] has said about [Caregiver E]. [AA-B] stated that [Resident 3] has been requesting for [Caregiver E] to complete [his/her] cares, but that [Resident 3] has also stated that [Caregiver E] has touched her inappropriately. [AA-B] further stated that when [Resident 3] was asked when this was occurring, [s/he] was stating it was while [s/he] was being bathed. [AA-B] reported that [Resident 3] told her that [Caregiver E] was using a washcloth to touch [Resident 3's] private areas. [AA-B] reported [s/he] had a conversation with [Resident 3] about how [s/he] would be cleaning [Resident 3's] private parts the same way ...."

" .... [RN-AA] added in [CC-BB]in phone call to the Community-Based Residential Facility (CBRF) to speak with [Resident 3] 1 on 1 via

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phone. [AA-B] remained present for the duration of the phone call and could be heard in the background guiding [Resident 3's] answers .... [Resident 3] discussed a previous incident and [Caregiver E] .... [Resident 3] expressed feeling ashamed .... also expressed questioning "is it my fault," "do I belong here," "I don't feel like I belong anywhere," "I am struggling to grasp reality" [AA-B] could be heard in the back telling [Resident 3] that [s/he] does belong. [CC-BB and RN-AA] reiterated to [Resident 3] that [s/he] was not in trouble and that [interdisciplinary team (IDT)] appreciated [Resident 3] sharing this .... When asked specifically about [Caregiver E] [Resident 3] stated that [s/he] is no longer able to give [him/her] baths anymore. When asked why [Resident 3] paused for an extended period of time where [AA-B] could be heard speaking to [Resident 3] and stated, "because of accusations I made," when asked what [Resident 3] had meant by this [Resident 3] was unable to elaborate."

On 09/24/2025, CC-BB noted " .... visit with [Resident 3] at the CBRF today .... [Resident 3] was in good spirits today. [Resident 3] reportedly had spoken to police yesterday. [AA-B] reports [Resident 3's] attitude has since then improved, [AA-B] further reported that [Resident 3] had told them "The truth, nothing happened."

On 10/08/2025, at approximately 9:40 AM, Surveyor interviewed Resident 3. Surveyor asked Resident 3 how do facility staff treat you? Resident 3 stated, " .... [Caregiver E] is not good, [s/he] helped [him/her] shower other times but this time when [s/he] washed [him/her] down there, (pointed towards his/her genital area) it felt good but not in a good way." Resident 3 explained, " .... I wanted [Caregiver E] to shower me because [s/he] is hot. Why do hot guys only go with pretty girls?"

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N 158	Continued From page 5 Surveyor reviewed provider's employee roster and noted Caregiver E was hired as a caregiver full time on 10/28/2024. On 10/08/2025, at approximately 9:30 AM, Surveyor interviewed Acting Administrator (AA)-B who stated s/he was notified of the allegation of Caregiver E inappropriately touching Resident 3, but s/he wasn't sure of the date. AA-B said s/he did not investigate as the Managed Care Organization (MCO) would not let him/her in Resident 3's room when they were interviewing him/her. AA-B said s/he did not talk to Resident 3 about it, but didn't think it happened as Caregiver E said Resident 3 made it up. AA-B indicated s/he would vouge for Caregiver E. Surveyor inquired whether AA-B documented his/her interview with Caregiver E and s/he said no, s/he will. AA-B reported to Surveyors that s/he terminated Caregiver E after the MCO told him/her to. Surveyors did not receive any documentation verifying interviews and investigation into the allegation. On 10/08/2025 at 3:30 PM, Surveyor interviewed ADRC Manager (APS)-O who stated when s/he asked AA-B why Caregiver E was fired, AA-B said "because everyone was telling [him/her] [s/he] had to, but could not give a reason why." On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged s/he did not investigate or document his/her investigation of an allegation of caregiver misconduct involving Resident 3 and Caregiver E. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws	N 158		

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N 158	Continued From page 6 N0207 83.15(1) Administrator Qualifications N0230 83.19 Orientation N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments	N 158		
N 159	83.12(2)(b) Non-caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Non-caregiver or resident. When there is an allegation of abuse or neglect of a resident, or misappropriation of property by a non-caregiver or resident, the CBRF shall follow the elder abuse reporting requirements under s. 46.90 Stats., or the adult at risk requirements under s. 55.043, Stats., whichever is applicable. This Rule is not met as evidenced by: Based on record review and interview, the provider did not investigate and report allegations of sexual abuse between Resident 2 and Resident 4, and did not follow the adult at risk requirements under s. 55.043, Stats. for allegations of sexual abuse between Resident 2 and Resident 3, and Resident 2 and Resident 4. The provider was made aware that Resident 2 who had memory impairment and alcohol abuse disorder was alleged to have made sexual advances and sexual contact with Resident 3 and Resident 4. The provider did not follow reporting requirements following investigation of the allegations made by Resident 3. The provider did not investigate, follow reporting	N 159		

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requirements, or report the allegations to the department regarding Resident 4.

Findings include:

The provider is licensed to provide services for up to 50 residents who may be physically disabled, developmentally disabled, advanced aged, terminally ill, and/or have Alzheimer's/dementia.

On 07/27/2025, the department received a self-report alleging resident to resident sexual contact.

On 09/24/2025, Surveyors conducted a self-report review. Surveyor reviewed the self-report dated 08/19/2025 completed by Former Manager C which reported on 07/26/2025 at 6:30 PM, Resident 3 was found in Resident 2's room. Resident 3 reported touching between Resident 2 and Resident 3 occurred. Resident 2 said nothing happened. "After reaching out to [Guardian P] this is an ongoing behavioral issue with [Resident 3]. Incident took place 7-25-25, I was in & interviewed [Resident 3] & [Resident 2] this evening. After I took statements from [Resident 3], [Resident 2], & [Caregiver M]. Due to [Resident 3] not always telling the truth & [Resident 2] action to put [Resident 3] on in hall & yell for help removing [Resident 3] & talking with [Guardian P], we can't say it happened or not."

On 09/24/2025, Surveyor reviewed Caregiver M's handwritten note included with the self-report information of his/her observations. "Staff saw [Resident 2] pushing [Resident 3] out of [Resident 2's] room. The door had been shut. [S/he] was yelling at staff to help or get out of the way. [S/he] asked staff what my job was. I told [him/her] I

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was a caregiver. [Resident 2] told me I shouldn't be working here. [S/he] put [his/her] face close to mine. [S/he] was yelling loud with bad words. Staff had to get away from [him/her]. [Resident 3's] pants were half down. [Resident 3] said 'you don't want to know,' when I asked [him/her] what happened."

On 09/24/2025, Surveyors reviewed Resident 2's record and noted s/he was admitted to the facility on 07/23/2025 with diagnoses of vascular dementia, alcohol abuse with alcohol-induced psychotic disorder, alcohol dependence, depression, anxiety disorder and insomnia. Resident 2 had an appointed guardian.

RESIDENT 2 & RESIDENT 3
On 09/24/2025, Surveyors reviewed Resident 3's record and noted s/he was admitted to the facility on 09/05/2019 with diagnoses of mild intellectual disabilities, multiple sclerosis and PTSD (Post Traumatic Stress Disorder).
On 09/24/2025, at approximately 9:30 AM, Surveyors interviewed Acting Administrator B (AA-B), who explained s/he began working at the facility on 08/18/2025. AA-B acknowledged awareness of Resident 3 alleging sexual abuse towards Resident 2. S/he indicated it happened prior to beginning employment with the facility. Surveyors inquired if any referrals were made to Adult Protective Services (APS) or law enforcement. AA-B said, yes APS and law enforcement were at the facility the day prior. Surveyors asked AA-B if s/he knows who called them. AA-B stated, s/he did not know who called them.

On 09/24/2025 at approximately 11:30 AM, Surveyors interviewed ADRC Manager (APS-O) with Adult Protective Services (APS) who

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reported conducting an investigation of allegation of sexual abuse involving Resident 2 towards Resident 3. APS-O indicated they were notified by the Managed Care Organization (MCO) of the allegations, and APS reported the allegations to law enforcement.

On 09/24/2025 Surveyors reviewed a police report dated 09/23/2025. The police report noted a sexual assault occurred at the facility; alleged victim listed as Resident 3. Police report noted APS-O reported the alleged sexual assault to law enforcement on 09/19/2025. Detective S and Sexual Assault Advocate T (SSA-T) investigated at the facility on 09/23/2025 at approximately 6:00 PM. Detective S asked AA-B why an alleged sexual assault was not reported to police by the facility. AA-B stated, " ... the investigation was handled in house, it was determined that the interaction between [Resident 2] and [Resident 3] was consensual, and [s/he] was unaware that things like this needed to be reported to police."

Detective S wrote, "The workers in this care facility need training in what it means to be a mandated reporter. I'm requesting that Adult Aging and Disability Resource Center (ADRC) either works with the facility in assisting with this training or provides its administrators with training resources, if necessary."

On 10/08/2025 at 12:30 PM, Surveyor interviewed AA-B who confirmed being aware of the sexual assault allegations reported by Resident 3 towards Resident 2. AA-B stated s/he talked with Resident 2 and Resident 3 about the allegations but did not document the conversations. Additionally, AA-B explained s/he did not investigate or report Resident 3's allegations to the department or authorities, and

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no option was presented to Resident 3 to have a medical evaluation or to be seen by a Sexual Assault Nurse Examiner (S.A.N.E.) to be examined.

RESIDENT 2 & RESIDENT 4
On 10/08/2025, Surveyors reviewed Resident 4's record and noted s/he was admitted to the facility on 04/16/2025 with diagnoses of schizoaffective disorder - bipolar type, anxiety disorder, and paranoid personality disorder.
On 09/24/2025 at approximately 11:30 AM, Surveyors interviewed APS-O who reported conducting an investigation for allegations of sexual abuse involving Resident 2 towards Resident 4. APS-O indicated they were notified by the MCO of the allegations on 09/16/2025.

On 10/02/2025, at 4:20 PM, Surveyor interviewed APS-O who stated s/he would follow up with law enforcement regarding the allegations.

On 10/08/2025, Surveyors reviewed the department's provider record and did not find evidence of self-report information regarding the incident.

On 10/08/2025 at 12:30 PM, Surveyor interviewed AA-B who confirmed being aware of the sexual assault allegations reported by Resident 4 towards Resident 2. AA-B stated s/he talked with Resident 2 and Resident 4 about the allegations but did not document the conversations. AA-B explained s/he did not report Resident 4's allegations to the department, APS, or law enforcement, and no option was presented to Resident 4 to have a medical evaluation for a SANE exam.

On 10/15/2025, Surveyors reviewed a police

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report dated 10/07/2025. The police report indicated a sexual assault occurred at the facility; alleged victim listed as Resident 4. Police report noted APS-O reported the alleged sexual assault on 10/06/2025 involving Resident 2 and Resident 4. Police Officer U and Sexual Assault Advocate V (SSA-V) investigated at the facility on 10/06/2025 at approximately 1:02 PM.
Police Officer U and SSA-V interviewed Resident 4 who indicated, " ...I told [AA-B] ... approximately a week after the incident." Police Report noted, "This report has been sent to the [District Attorney's Office] for review as well as ADRC."

On 09/24/2025 at approximately 11:30 AM, Surveyors interviewed ADRC Manager (APS) O with Adult Protective Services (APS) who reported conducting 2 investigations of allegations of sexual abuse involving Resident 2 towards Resident 3 and Resident 4. APS-O indicated they were notified by the Managed Care Organization (MCO) of the allegations, and APS reported the allegations to law enforcement.

On 10/15/2025, at approximately 2:00 PM, Surveyors interviewed AA-B who acknowledged they did not investigate and self-report to the department Resident 4's allegations of sexual assault against Resident 2 and did not report to APS or law enforcement Resident 3 and Resident 4's allegations of sexual assault against Resident 2.

Cross Reference:
N0158 83.12(2)(a) Caregiver Investigating Abuse & Neglect
N0170 83.12(5)(b) Notification: Abuse And Neglect Allegations
N0196 83.14(2)(a) Licensee Ensures Facility

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(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 159	Continued From page 12 Complies With Laws N0207 83.15(1) Administrator Qualifications N0230 83.19 Orientation N0289 83.27(2)(c) Admissions Compatible With Program Statement N0348 83.32(3)(d) Rights Of Residents: Free From Mistreatment N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0383 83.35(1)(c) Listed Areas For Assessments N0433 83.38(1)(i) Behavior Management	N 159		
N 170	83.12(5)(b) Notification: abuse and neglect allegations. The CBRF shall immediately notify the resident ' s legal representative when there is an allegation of physical, sexual or mental abuse, or neglect of a resident. The CBRF shall notify the resident ' s legal representative within 72 hours when there is an allegation of misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not immediately notify Resident 2's legal representative, Guardian H, when there were allegations of sexual abuse with Resident 3 and Resident 4. Findings include: On 08/19/2025, the department received self-report information reporting Resident 3 alleged abuse towards Resident 2. Resident 2's guardian was not notified immediately upon allegations of Resident 3 having sexual relations with Resident 2 and upon	N 170		

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	0016677	A. BUILDING: _____ B. WING _____	C 10/22/2025

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N 170	Continued From page 13 Resident 4 alleging sexual abuse towards Resident 2. On 10/20/2025 at 3:28 PM, Surveyor interviewed Guardian H who stated s/he was not made aware by the provider that residents had alleged sexual abuse towards his/her ward, Resident 2 on 07/25/2025 (Resident 3) and 09/16/2025 (Resident 4). Guardian H indicated s/he was notified by Resident 2's Managed Care Organization (MCO) on 09/23/2025 who was notified by Adult Protective Services (APS) also on 09/23/2025. Surveyor note: Resident 2's legal guardian was not notified by the provider of allegations made against Resident 2. Resident 2's legal guardian and MCO were unable to advocate and intervene due to lack of notification and collaboration to ensure Resident 2 and other residents' safety. On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B. AA-B acknowledged they did not contact Guardian H upon learning of any incidents and allegations of sexual abuse as required. AA-B acknowledged Resident 2's MCO was also not notified of incidents and allegations towards Resident 2. Cross Reference: N0159 83.12(2)(b) Non-Caregiver: Investigating Abuse & Neglect N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0433 83.38(1)(i) Behavior Management	N 170		
N 196	83.14(2)(a) Licensee ensures facility complies with laws	N 196		

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N 196	Continued From page 14 The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure the community-based residential facility (CBRF), and its operation complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) 8CNU12, dated 09/21/2022. Findings include: The provider has held a standard license as a class CNA (non-ambulatory) CBRF since 12/01/2018 with the ability to serve up to 50 residents who may be physically disabled, terminally ill, developmentally disabled, of advanced age, and/or have irreversible dementia/Alzheimer's. At the time of survey, 16 residents resided at the facility. On 08/19/2025, the department received self-report information regarding an investigation of an allegation of resident-to-resident sexual abuse. On 09/04/2025, the department received complaint information alleging resident care needs were not being met and there was no registered nurse oversight for medically complex residents. On 09/24/2025 and 10/08/2025, with additional interviews, record reviews and information	N 196		

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N 196	Continued From page 15	N 196		

gathered through 10/22/2025, Surveyors conducted a complaint investigation and self-report review.

At the time of onsite visits on 09/24/2025 and 10/08/2025, Acting Administrator (AA)-B was the assigned Administrator at the facility per Licensee A overseeing daily operation of resident care and staff supervision. Surveyor reviewed AA-B's record and noted s/he was hired from out-of-state on 08/18/2025. S/he did not receive a background check, caregiver background check, and out of state background checks, was not screened for communicable disease, and did not receive any training upon hire, including orientation. AA-B was not a trained and qualified administrator and was not a trained and qualified caregiver. AA-B said s/he was signed up for the December 2025 CBRF Administrators course. AA-B indicated s/he was hired off of a professional employment social media site by Licensee A.

On 10/13/2025 and 11/10/2025, 2 of 2 Managed Care Organizations (MCO) providing public funding for residents at the facility issued 60-notices for contract termination with the provider. In review of MCO notices of termination, "standards of performance and quality management," "service standards," and policy development and implementation were cited as means for termination as they related to contract violations. These 2 MCO's were the only MCO's assigned and available to provide public funding in this county. At the time of survey 15 of 16 residents a the facility were publicly funded.

On 10/13/2025 at 8:00 AM, Nurse Practitioner (APNP L) shared as of 10/01/2025, [visiting physician services] were no longer accepting new

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N 196	Continued From page 16	N 196		

admissions for physician care and oversight at the facility due to ongoing care concerns with currents patients seen at the facility.

On 10/16/2025 at 11:35 AM, Surveyors interviewed Licensee A by phone who verified s/he was aware of the scheduled survey exit conference with Surveyors on 10/15/2025 at 2:00 PM. Licensee A said s/he had to drive to Milwaukee to pick up a nurse who would be providing training to staff. Surveyor inquired why s/he could not call in for the exit conference, drive down at a different time, or request to reschedule the exit conference, and s/he said s/he could talk about the survey now. Licensee A said the nurse that was at the facility providing training was giving Standard Precautions training and s/he (Licensee A) did not feel s/he needed that training.
Licensee A said s/he entered this business with his/her ex-spouse and s/he was not an expert in it, but retained the business post-divorce.
Licensee A stated s/he was "not good" at all of the care specifics and "paperwork" that was required and emphasized "that's why I hire people to do all that." As discussed, Licensee A acknowledged per DHS 83.15(3)(a) The administrator shall supervise the daily operation of the CBRF, including but not limited to, resident care and services, personnel, finances, and physical plant. The administrator shall provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.
(b) The administrator shall be responsible for the training and competency of all employees.
(c) A qualified resident care staff shall be designated as in charge whenever the administrator is absent from the CBRF.

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N 196	Continued From page 17 Licensee A stated AA-B's employment social media page showed s/he had experience running a facility in the past, in Michigan. Licensee A stated s/he assumed AA-B was qualified, but did not confirm s/he had the required Administrator qualifications. Licensee A verified AA-B was not qualified in Wisconsin or have awareness of Wisconsin regulation related to Administrator qualifications and responsibilities. Licensee A stated s/he no longer went to the facility unless s/he had to. S/he said AA-B told him/her that s/he was fixing things and it was his/her understanding that things at the facility were better. Licensee A acknowledged neither Licensee A or AA-B were credentialed and qualified to be the facility administrator and oversee daily operations. Surveyors and Licensee A discussed the survey findings and Licensee A stated s/he was told by AA-B that things were improving and that residents were happy. S/he acknowledged Surveyor findings. Licensee A verified awareness of Adult Protective Services (APS) and law enforcement involvement, DQA surveys, OCQ investigations, Ombudsman check-in visits, and MCO contract termination. As a result of Licensee A not upholding his/her responsibilities as the licensee, 16 complaint investigations conducted from 01/21/2020 through 12/03/2025 resulted in deficiencies. On 09/24/2025, with additional information gathered through 10/22/2025, 29 deficiencies were identified. Ten (10) of 29 deficiencies were repeat violations. Four (4) of 29 deficiencies are being cited for a third time. See Statements of Deficiency (SOD) 8CNU11, dated 01/21/2020, SOD 8CNU12, dated 09/21/2022, SOD 8CNU13, dated 09/01/2023, and SOD 8CNU14, dated	N 196		

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N 196	Continued From page 18 07/11/2024. Licensee A was identified to have violations in training and proficiency for management and staff; investigating, reporting, and permitting risk related to resident abuse; resident rights; providing a homelike and safe environment; behavior management; communicable disease screening and infection control; program services; nurse delegation; assessing and providing adequate care; and treatment. On 10/15/2025 at 2:00 PM, Surveyor interviewed AA-B who acknowledged Surveyor findings. On 10/16/2025 at 11:35 AM, Surveyors interviewed Licensee A who verbalized understanding of the health and safety concerns for residents at the facility. Cross Reference: N0158 83.12(2)(a) Caregiver Investigating Abuse & Neglect N0159 83.12(2)(b) Non-Caregiver: Investigating Abuse & Neglect N0170 83.12(5)(b) Notification: Abuse And Neglect Allegations N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0219 83.17(1) Licensee Conduct Caregiver Background Checks N0220 83.17(2)(a) Employees Screened For Communicable Disease N0230 83.19 Orientation N0239 83.20 Department-Approved Training Courses N0289 83.27(2)(c) Admissions Compatible With Program Statement N0302 83.28(4)(a) Resident Health Screening And Documentation	N 196		

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N 196	Continued From page 19 N0305 83.28(6) Resident Rights, Grievance Procedure, Rules N0310 83.29(2) Admission Agreement Include Services, Charges N0348 83.32(3)(d) Rights Of Residents: Free From Mistreatment N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0353 83.32(3)(i) Rights Of Residents: Adequate Treatment N0358 83.32(3)(n) Rights Of Residents: Safe Environment N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0383 83.35(1)(c) Listed Areas For Assessments N0393 83.35(5)(a) Initial Evaluation Of Evacuation Limitations N0416 83.37(2)(e) Other Administration Given Or Delegated By RN N0427 83.38(1)(c) Leisure Time Activities N0431 83.38(1)(g) Health Monitoring N0433 83.38(1)(i) Behavior Management N0435 83.38(1)(k) Transportation N0439 83.39(1) Infection Control Program N0481 83.43(1) Environment Safe, Clean, And Comfortable Y3234 50.09(1)(e) Treatment Y3244 50.09(1)(L) Care	N 196		
N 207	83.15(1)(a)-(e) Administrator Qualifications The administrator of a CBRF shall be at least 21 years of age and exhibit the capacity to respond to the needs of the residents and manage the complexity of the CBRF. The administrator shall have any one of the following qualifications: (a) An associate degree or higher from an accredited college in a health care related field.	N 207		

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N 207	Continued From page 20 (b) A bachelor's degree in a field other than in health care from an accredited college and one year experience working in a health care related field having direct contact with one or more of the client groups identified under s. HFS 83.02(16). (c) A bachelor ' s degree in a field other than in health care from an accredited college and have successfully completed an assisted living administrator ' s training course approved by the department or the department's designee. (d) At least 2 years experience working in a health care related field having direct contact with one or more of the client groups identified under s. HFS 83.02(16) and have successfully completed an assisted living administrator ' s training course approved by the department or the department's designee. (e) A valid nursing home administrator ' s license issued by the department of regulation and licensing. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure Acting Administrator B (AA-B) exhibited the capacity to respond to the needs of the residents and manage the complexity of the CBRF and meet the qualifications of an administrator. Findings include: Per DHS 83.15(1), an administrator shall have 1 of the following qualifications: - An associate degree or higher from an accredited college in a health care related field. - A bachelor's degree in a field other than in	N 207		

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N 207	Continued From page 21 health care from an accredited college and 1 year experience working in a health care related field having direct contact with one or more of the client groups. - A bachelor's degree in a field other than in health care from an accredited college and have successfully completed an assisted living administrator's training course approved by the department or the department's designee. - At least 2 years experience working in a health care related field having direct contact with one or more of the client groups and have successfully completed an assisted living administrator's training course approved by the department or the department's designee. - A valid nursing home administrator' s license issued by the department of regulation and licensing. On 09/24/2025 at approximately 8:00 AM, Surveyor interviewed AA-B. AA-B was hired on 08/18/2025 for the administrator position. AA-B explained s/he had experience owning and managing an assisted living facility in Michigan. Surveyor asked AA-B if s/he had completed the assisted living administrator's training course or had an educational background meeting the qualifications of an administrator. AA-B stated s/he was unaware of the administrator qualifications and full scope of responsibilities. AA-B acknowledged the administrator was responsible for supervising the daily operations of the facility. On 09/24/2025 at approximately 9:50 AM, Surveyor interviewed Licensee A, who discussed AA-B's experience in operating an assisted living	N 207		

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N 207	Continued From page 22	N 207		

facility in Michigan. Surveyor asked Licensee A if AA-B had completed the assisted living administrator's training course or had an educational background meeting the qualifications of an administrator. Licensee A stated AA-B did not meet the qualifications, but s/he would have AA-B sign up for the administrator training course as soon as possible. Licensee acknowledged AA-B had been working as the facility administrator since 08/18/2025 and s/he did not have the qualifications per DHS 83 prior to assuming the role.

On 10/08/2025 at 12:30 PM, Surveyor interviewed AA-B. AA-B stated s/he did not have an associate's degree, bachelor's degree, valid nursing home administrator license and had not taken the assisted living administrator's course. AA-B stated s/he thought taking the administrator course would be very helpful and confirmed s/he was signed up to complete the course in December. AA-B stated Licensee A was no longer running things and s/he was in charge as of yesterday (10/07/2025).

On 10/15/2025, Surveyor requested from AA-B any additional documentation of training AA-B received. At 1:53 PM, Surveyor received written correspondence from AA-B "No ,I [sic] was given a stack of papers to sign and was shown how to get into the computer ECP [electronic resident record]...This is all so bad ,I'm [sic] starting to give up hope."

Cross Reference:
N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws
N0219 83.17(1) Licensee Conduct Caregiver Background Check
N0220 83.17(2)(a) Employees Screened For

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N 207	Continued From page 23 Communicable Disease N0230 83.19 Orientation N0239 83.20 Department-Approved Training Courses	N 207		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks were conducted and documented at the time of hire for 3 of 3 employees reviewed (Acting Administrator [AA] B, Caregiver F, and Caregiver G). A complete caregiver background check (CBC) consists of 3 components: 1. A background disclosure (BID) filled out by the employee, 2. A criminal history record search from the Department of Justice (DOJ),	N 219		

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N 219	Continued From page 24 3. The Governmental Findings Report (GRF) letter to alert the employers to findings, restrictions and licenses from the Department of Health Services (DHS). This is a repeat deficiency, see Statement of Deficiency (SOD) 8CNU12, dated 09/21/2022. Findings Include: On 10/08/2025, Surveyors reviewed AA-B, Caregiver F, and Caregiver G's employee records. AA-B was hired on 08/18/2025. AA-B's employee record did not contain a complete CBC to include BID, DOJ, and GRF. AA-B moved to Wisconsin from Michigan, and his/her record did not contain an out-of-state background check. Caregiver G was hired on 08/28/2025. Caregiver G's employee record did not contain a complete CBC to include BID, DOJ, and GRF. Caregiver F was hired on 10/04/2025. Caregiver F's employee record did not contain a complete CBC to include BID, DOJ, and GRF. On 10/08/2025, at approximately 12:15 PM, Surveyors interviewed AA-B, who stated s/he apparently did not complete the correct check for Caregiver F and s/he thought AM Supervisor D completed Caregiver G's background checks. AA-B indicated s/he was unsure whether Licensee A conducted a background check on him/her or not. On 10/16/2025, at approximately 2:15 PM, Surveyors interviewed Licensee A who reported being unaware Caregiver F and Caregiver G's	N 219		

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N 219	Continued From page 25 caregiver background checks were not completed. Licensee A stated AA-B should have submitted them. Licensee A stated s/he thought s/he had completed AA-B's caregiver background check but must have forgot. Licensee A reported s/he will ensure all caregiver background checks are completed from now on at the time of hire. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed were screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment. Caregiver F was not screened for	N 220		

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N 220	Continued From page 26	N 220		

clinically apparent communicable disease, including tuberculosis, Acting Administrator (AA)-B was not screened for communicable disease, and Caregiver G was not screened for tuberculosis.

Findings include:

On 10/08/2025 at 10:00 AM, Surveyor reviewed the employee records of Caregiver F, Caregiver G and AA-B. Records indicated the following:

Caregiver F was hired on 10/04/2025. Caregiver F's record did not have documentation that Caregiver F was screened for clinically apparent communicable disease, including tuberculosis within 90 days before the start of employment.

AA-B was hired on 08/18/2025. AA-B's record did not have documentation AA-B was screened for clinically apparent communicable disease within 90 days before the start of employment.

Caregiver G was hired on 08/28/2025. Caregiver G's record did not have documentation Caregiver G was screened for tuberculosis within 90 days before the start of employment.

On 10/08/2025 at approximately 11:00 AM, Surveyor interviewed AA-B. AA-B stated s/he had obtained a communicable disease screen for him/herself but did not realize the nurse did not complete the communicable disease screening. AA-B stated s/he was unaware that Caregiver G did not have a Tuberculosis test administered. AA-B stated AM Supervisor C was supposed to ensure Caregiver F completed the screening for clinically apparent communicable disease, including tuberculosis but this was not completed. AA-B stated s/he will ensure screenings for

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N 220	Continued From page 27 clinically apparent communicable disease for all staff are completed within 90 before the start of employment. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0239 83.20 Department-Approved Training Courses N0302 83.28(4)(a) Resident Health Screening And Documentation N0439 83.39(1) Infection Control Program	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees obtained orientation training prior to performing any job duties which shall include the following: (1) Job responsibilities; (2) Prevention and	N 230		

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N 230	Continued From page 28	N 230		

reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition.

This is a repeat deficiency, see Statement of Deficiency (SOD) 8CNU11, dated 01/21/2020.

Findings include:

On 10/08/2025, 11:00 AM, Surveyor requested Acting Administrator B's (AA-B) and Caregiver F's record to review from AA-B.

Caregiver F was hired on 10/04/2025 as a caregiver. Caregiver F's record did not have evidence Caregiver F received orientation in job responsibilities; prevention and reporting of resident abuse, neglect and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; and recognizing and responding to resident changes of condition before working.

AA-B was hired on 08/18/2025 as the Administrator and to assist on the floor as a caregiver as needed. AA-B's record did not have evidence AA-B received orientation regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; and

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N 230	Continued From page 29 recognizing and responding to resident changes of condition before working. On 10/15/2025 at 1:20 PM, Surveyor received training documentation from AA-B: Policies and procedures completed 09/11/2025 by Ombudsman J and Change of Condition training post-test without evidence of a review by anyone or date. On 10/08/2025 at 10:00 AM, Surveyor interviewed AA-B. AA-B acknowledged s/he had not completed orientation and did not provide orientation to Caregiver F. AA-B indicated s/he has had to work the floor as a caregiver 4 times so far. AA-B confirmed s/he did not know there was an orientation requirement. AA-B confirmed s/he began working without orientation because the facility needed help. AA-B acknowledged orientation training has to be completed prior to performing job duties. On 10/15/2025 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware that Caregiver F did not receive orientation but thought someone completed it with AA-B but did not know who. Licensee A stated s/he will ensure orientation is provided to all new staff from now on. Cross Reference: N0158 83.12(2)(a) Caregiver Investigating Abuse & Neglect N0159 83.12(2)(b) Non-Caregiver: Investigating Abuse & Neglect N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0239 83.20 Department-Approved Training Courses N0348 83.32(3)(d) Rights Of Residents: Free	N 230		

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N 230	Continued From page 30 From Mistreatment Y3234 50.09(1)(e) Treatment	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees (Acting Administrator [AA] B, Caregiver F and Caregiver G) obtained all department approved training as required.	N 239		

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N 239	Continued From page 31 AA-B, Caregiver F and Caregiver G who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in Standard Precautions prior to assuming these duties. AA-B who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties. Findings include: On 10/08/2025, at approximately 10:45 AM, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from AA-B for him/herself, Caregiver F and Caregiver G. AA-B was hired on 08/19/2025. AA-B 's record did not contain evidence of training or evidence of meeting an exemption for Standard Precautions. AA-B did not receive training in Standard Precautions before assuming job responsibilities. Caregiver F was hired on 10/04/2025. Caregiver F's record did not contain evidence of training or evidence of meeting an exemption for Standard Precautions. Caregiver F did not receive training in Standard Precautions before assuming job responsibilities. Caregiver G was hired on 08/28/2025. Caregiver G's record did not contain evidence of training or evidence of meeting an exemption for Standard Precautions. Caregiver G did not receive training in Standard Precautions before assuming job responsibilities.	N 239		

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N 239	Continued From page 32 On 10/08/2025, Surveyor verified AA-B, Caregiver F and Caregiver G were not on the Community-Based Care and Treatment training registry for Standard Precautions. AA-B was hired on 08/18/2025. AA-B 's record did not contain evidence of training in medication administration and management or an exemption for medication administration and management training prior to assuming these job duties. On 10/08/2025, Surveyor reviewed the August and September 2025 schedule and noted AA-B was scheduled and worked at least 4 shifts as a caregiver, 2 of the shifts were on night shift. On 10/08/2025 a 11:56 AM, AA-B verified s/he worked independently and was responsible for passing medications and wound care when s/he worked the floor. On 10/08/2025, Surveyor verified AA-B was not on the Community-Based Care and Treatment training registry for medication administration. On 10/08/2025, at 11:56 AM, Surveyor interviewed AA-B, AA-B confirmed Caregiver F and Caregiver G did not complete all required department approved training or qualified for an exemption. Additionally, AA-B stated s/he did not complete all required department approved training or qualified for an exemption but would schedule all required department approved training for him/herself, Caregiver F and Caregiver G. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0352 83.32(3)(h) Rights Of Residents: Receive Medication	N 239		

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N 239	Continued From page 33 N0416 83.37(2)(e) Other Administration Given Or Delegated By RN N0439 83.39(1) Infection Control Program	N 239		
N 289	83.27(2)(c) Admissions compatible with program statement A CBRF may not admit or retain any of the following persons: A person who has physical, mental, psychiatric or social needs that are not compatible with the client group as described in the CBRF ' s program statement. This Rule is not met as evidenced by: Based on record review and interview, the provider admitted and retained Resident 4 and Resident 5 who had physical, mental, psychiatric or social needs that were not compatible with the client group as described in the provider's program statement. Resident 4 and Resident 5 had diagnoses of mental illness/emotional disturbance, which was not identified on the provider's license and program statement. This is a repeat violation, see Statement of Deficiency (SOD) 8CNU12, dated 09/12/2022. Findings include: The provider is licensed as a Class CNA (non-ambulatory) community-based residential facility (CBRF) to provide services to up to 50 individuals who may be physically disabled, developmentally disabled, terminally ill, of advanced age and/or have irreversible dementia/Alzheimer's disease. On 09/04/2025, the department received	N 289		

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complaint information alleging resident care needs were not being met.

On 09/24/2025 and 10/08/2025, Surveyor conducted complaint investigations.

RESIDENT 4
On 09/24/2025 at approximately 9:35 AM, Surveyors interviewed Acting Administrator (AA) B. AA-B reported law enforcement and Adult Protective Services (APS) were at the facility the night prior regarding an allegation of abuse involving Resident 4.

At approximately 1:48 PM, Surveyor interviewed AA-B who described Resident 4 as having significant mental health concerns and trauma from his/her childhood that caused him/her to make false allegations. S/he indicated Resident 4 was relocated from his/her apartment complex to the facility following him/her having "mental health outbursts" and making false allegations.

Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 04/16/2025 with diagnoses of schizoaffective disorder, bipolar type, anxiety disorder, paranoid personality disorder, and unspecified convulsions.

RESIDENT 5
On 09/24/2025, Surveyor reviewed resident records including resident face sheets and diagnoses lists.
Surveyor noted Resident 5 was admitted to the facility on 07/28/2022 with diagnoses of Tourette's disorder, attention and concentration deficit, unspecified nonpsychotic mental disorder, and psychiatric disorder.

On 09/24/2025 at 10:01 PM, Surveyor

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N 289	Continued From page 35 interviewed Morning (AM) Supervisor D who listed Resident 4 and Resident 5 as individuals who displayed behaviors. AM Supervisor D indicated Resident 4 was known to talk about and fixate on inappropriate things, as well as making false allegations. S/he said Resident 5 was known to refuse showers and assistance with personal cares, housekeeping, and s/he was known to yell, swear, manipulate, and "blew up" at staff. On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who verified Resident 4 and Resident 5 were part of the mental health client group, which was not a listed client group on the license. On 10/16/2025 at approximately 11:35 AM, Surveyors interviewed Licensee A who stated s/he did not realize s/he wasn't licensed to provide services to individuals with mental health illnesses, but would request to add it from the department. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0159 83.12(2)(b) Non-Caregiver: Investigating Abuse & Neglect N0348 83.32(3)(d) Rights Of Residents: Free from Mistreatment N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0433 83.38(1)(i) Behavior Management	N 289		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician,	N 302		

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N 302	Continued From page 36 physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, Resident 1 was not screened within 90 days before or 7 days after admission for clinically apparent communicable disease, including tuberculosis (TB), and document the results of the screening. This is a repeat deficiency. See Statement of Deficiency (SOD) 8CNU12, dated 09/21/2022. Findings include: On 09/24/2025, Surveyors conducted a complaint investigation. At 2:05 PM, Surveyor interviewed Licensee A who indicated Resident 1 had been residing at the facility since 08/22/2025. Licensee A verified s/he required care and services and was receiving it at the facility. Licensee A verified s/he did not complete admission paperwork with Resident 1. At approximately 1:48 PM, Surveyor requested to review Resident 1's resident record. Acting	N 302		

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N 302	Continued From page 37 Administrator (AA) B stated Resident 1 did not get screened for TB or communicable disease prior to or since admission to the facility. On 10/15/2025 at approximately 2:00 PM, Surveyors interviewed AA-B who verified s/he was unable to find communicable disease and TB screening for Resident 1. Cross Reference: N0310 83.29(2) Admission Agreement Include Services, Charges N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0439 83.39(1) Infection Control Program	N 302		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and interview, Resident 1 was not provided and explained to resident rights, house rules, and the grievance procedure including written information regarding the	N 305		

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names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility.
Resident 1 moved to the facility and began receiving services on 08/22/2025. As of 09/24/2025, Resident 1 had not received and completed any admission paperwork.

Findings include:

On 09/04/2025, the department received complaint information alleging resident needs were not being met.

On 09/24/2025, Surveyors conducted a complaint investigation.

At 2:05 PM, Surveyor interviewed Licensee A who verified Resident 1 had been residing and receiving services at the facility since 08/22/2025. S/he indicated s/he did not complete admission paperwork with Resident 1.

At approximately 1:48 PM, Surveyor requested to review Resident 1's resident record. Acting Administrator B stated s/he did not have a resident record for Resident 1 and indicated Licensee A brought Resident 1 here as s/he needed care.

On 10/15/2025 at approximately 2:00 PM, Surveyors interviewed Licensee A who indicated s/he found a signed copy of Resident 1's review of resident rights, grievance policy, and house rules, and would send it to Surveyors. As of 10/20/2025, Surveyors did not receive evidence of resident rights, grievance, and house rules being reviewed with Resident 1.

Cross Reference:

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N 305	Continued From page 39 N0310 83.29(2) Admission Agreement Include Services, Charges N0352 83.32(3)(h) Rights Of Residents: Receive Medication	N 305		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within	N 310		

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N 310	Continued From page 40 the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, Resident 1 was not given in writing and explained orally an admission agreement to the facility. Resident 1 moved to the facility and began receiving services on 08/22/2025. As of 09/24/2025, Resident 1 had not received and signed an admission agreement to reside and receive services at the facility. Resident 2 had a designated legal representative who was not given in writing and explained orally an admission agreement to the facility. Resident 2 signed the admission agreement. Findings include: On 09/04/2025, the department received complaint information alleging resident needs were not being met. On 09/24/2025, Surveyors conducted a complaint investigation. At 2:05 PM, Surveyor interviewed Licensee A who verified Resident 1 had been residing at the facility since 08/22/2025. Licensee A verified s/he required care and services and was receiving it at the facility. S/he indicated s/he did not complete admission paperwork with Resident 1. At approximately 1:48 PM, Surveyor requested to review Resident 1's resident record. Acting Administrator (AA) B stated s/he did not have a resident record for Resident 1 and indicated Licensee A brought Resident 1 here as s/he had	N 310		

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N 310	Continued From page 41 nowhere to go and needed care. AA-B verified Resident 1 did not receive and sign an admission agreement explaining services and charges. On 10/20/2025 at 3:28 PM, Surveyor interviewed Guardian H who identified as being Resident 2's legal guardian. Guardian H said s/he had not reviewed or signed an admission agreement for Resident 2 to reside at the facility. S/he indicated having asked AA-B about it and was told s/he was working on it. On 10/20/2025, Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 07/23/2025 and the admission agreement in his/her record was signed by Former Manager C and Resident 2. On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who stated Resident 2's admission was prior to him/her being employed at the facility. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0302 83.28(4)(a) Resident Health Screening And Documentation N0305 83.28(6) Resident Rights, Grievance Procedure, Rules N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0393 83.35(5)(a) Initial Evaluation Of Evacuation Limitations	N 310		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment	N 348		

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N 348	Continued From page 42 In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from mistreatment. Be free from physical, sexual and mental abuse and neglect, and from financial exploitation and misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 4 was free from sexual abuse. This is a repeat deficiency being cited for the third time. See Statement of Deficiency (SOD) 8CNU11, dated 01/21/2021 and SOD 8CNU12, dated 09/21/2022. Findings Include: The provider is licensed to provide services for up to 50 residents who may be physically disabled, developmentally disabled, advanced aged, terminally ill, and/or have Alzheimer's/dementia. At the time of survey, the census was 16 residents. On 09/24/2025 at approximately 11:30 AM, Surveyors interviewed ADRC Manager (APS) O with Adult Protective Services (APS) who reported conducting an investigation of allegations of sexual abuse involving Resident 2 towards Resident 4. APS-O indicated they were notified by the Managed Care Organization (MCO) of the allegations, and s/he reported the allegations to law enforcement.	N 348		

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N 348	Continued From page 43 RESIDENT 2 On 09/24/2025, Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 07/23/2025 and noted a notification "pinned" on his/her record dated 07/29/2025 that stated, "Make sure [Resident 2] isn't in [fe/male] residents room or [fe/male] residents in [his/her] room." Surveyor reviewed Resident 2's individualized service plan (ISP) with print date 09/24/2025 and noted the following: Diagnosis: ...Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, Alcohol abuse with alcohol-induced psychotic disorder, Alcohol dependence with other alcohol-induced disorder, Depression, Anxiety disorder, Insomnia due to other mental disorder, Alcoholic polyneuropathy. RESIDENT 4 On 10/08/2025, Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 04/16/2025 with diagnoses of schizoaffective disorder - bipolar type, anxiety disorder, and paranoid personality disorder. Resident 4 has an activated Power of Attorney Health Care and was able to make [his/her] needs known. On 10/08/2025, Surveyor reviewed Resident 4's MCO case notes: 09/16/2025 Care Coach (CC) X wrote- "The [MCO] interdisciplinary team (IDT) met with the member [Resident 4] at [his/her] Community-Based Residential Facility (CBRF) ...for [his/her] scheduled six-month review ...The team transitioned to a conference room for additional space. When asked if [s/he] had any concerns to discuss, the member disclosed that	N 348		

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approximately 10 days prior, [Resident 2] had pulled down [Resident 4's] pants and touched [him/her] inappropriately ...
[CC X] interviewed [Caregiver Y] regarding the relationship between [Resident 4] and [Resident 2]. [Caregiver Y] reported that the two residents frequently sat together and had been observed entering each other's [sic] rooms and closing the doors. [Caregiver Y] described [Resident 2] as having exhibited inappropriate behavior toward ... [other] residents but stated [s/he] had not personally witnessed any sexual activity between [him/her] and the member. [CC X] instructed [Caregiver Y] to ensure the two residents remain separated moving forward. [Caregiver Y] acknowledged the directive and stated [s/he] would inform [his/her] supervisor."

09/16/2025 written by MCO Registered Nurse (RN) W-
"Member reported sexual abuse allegation towards another resident, Details are provided within IR [MCO incident report]. Encouraged [Resident 4] reporting sooner."

On 10/15/2025 Surveyors reviewed a police report dated 10/07/2025. The police report noted a sexual assault occurred at the facility; alleged victim listed as Resident 4. Police report noted ADRC Manager O reported the alleged sexual assault to law enforcement on 10/06/2025. Police Officer U and Sexual Assault Advocate U (SSA-U) investigated at the facility on 10/06/2025 at approximately 1:02 PM. Police Officer U and SSA-U made contact with AA-B who stated," .... [Resident 4] usually wears dresses and short shorts. [AA-B] stated that [Resident 4] had some past trauma from sexual abuse from [his/her] younger days. [AA-B] also stated that she was not aware of [Resident 4] and [Resident 2] being in

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contact with each other as well as [s/he] had never seen them together before." Police Officer U asked Resident 4 if [s/he] told a staff member about the incident, [s/he] stated yes [s/he] told [AA-B], approximately a week after the incident. Resident 4 stated that it's easier to speak with [AA-B] due to [his/her] past history of abuse as well."

Surveyor note: It was unknown what had been discussed between AA-B and Resident 4 regarding AA-B's personal experience with abuse as referenced in the police report.

On 10/08/2025, Surveyors reviewed Resident 2's observation notes:
On 08/29/2025, " ...Elder [Resident 2] has been very intoxicated for the last 4 days. Today, [s/he] had [Resident 4] in [his/her] room with the door locked however nothing inappropriate happened per [Resident 4]. They were just talking. Writer educated both on having conversations in a more common area from now on ..."

Surveyor note: Resident 2 and Resident 4's records did not reflect any additional documentation regarding observations of residents being alone together and in one another's rooms, as well as any follow up.

On 10/08/2025, at approximately 10:48 AM, Surveyor interviewed Resident 4 who stated, "I told [AA-B] that [Resident 2] pulled down my pants when I was in his/her room, ... and [Resident 2] will not take no for an answer, so I am not visiting [Resident 2] in [his/her] room anymore." Resident 4 said Resident 2 sexually assaulted him/her more than one time. Resident 4 detailed being a sexual assault victim most of his/her life and stated s/he had a counselor but

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N 348	Continued From page 46 didn't have an appointment until April 2026. On 10/08/2025 at 12:30 PM, Surveyor interviewed AA-B who stated s/he was aware of the sexual assault reported by Resident 4 and talked with Resident 4 and Resident 2 about visiting only in common areas from now on. AA-B stated s/he did not discuss the sexual assault allegation with Resident 2 since s/he was intoxicated and does not remember anything that happened during that time. On 10/21/2025 at 1:08 PM, Surveyor interviewed APS-O who stated they investigated the allegation of sexual abuse of Resident 2 towards Resident 4 and substantiated harm. On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who verified Resident 4 alleged sexual assault against Resident 2, and APS and law enforcement conducted investigations. AA-B acknowledged the allegations were found to be substantiated by APS. On 10/16/2025 at approximately 11:00 AM, Surveyors interviewed Licensee A who acknowledged Resident 4 was found to have been abused by Resident 2. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0159 83.12(2)(b) Non-Caregiver: Investigating Abuse & Neglect N0230 83.19 Orientation N0289 83.27(2)(c) Admissions Compatible With Program Statement N0383 83.35(1)(c) Listed Areas For Assessment N0433 83.38(1)(i) Behavior Management Y3234 50.09(1)(e) Treatment	N 348		

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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 Resident 1, Resident 2, Resident 7, Resident 8, and Resident 9 received medications as ordered by their practitioner. Resident 1 did not receive his/her blood pressure and blood thinner medications upon discharge from the hospital following a stroke. Resident 7 did not receive his/her Warfarin for 3 days following an INR and no communication was given to his/her physician. Resident 7 had ongoing wounds that required to be changed regularly and continuously covered. Resident 7's wound supplies ran out and s/he did not get wound care treatment as ordered. S/he also did not receive doses of his/her psychotropic medication and medicated shampoo. Resident 8 was in unstable condition and did not receive doses of his/her pain patch, psychotropic medication, blood pressure medication, antibiotic for bacterial infection on his/her skin, and supplemental Boost drink. Resident 8 had a skin infection and did not receive wound and skin treatment as ordered. Resident 8's medications did not arrive with him/her upon admission to the facility and provider did not obtain replacements.	N 352		

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Resident 8 did not receive medication 04/17/2025 PM - 04/19/2025 AM.

Resident 9 was found to have impaired skin integrity and required nystatin powder, which s/he did not receive as ordered.

Findings include:

The provider is licensed as a Class CNA (non-ambulatory) community-based residential facility (CBRF) to provide services to up to 50 individuals who may be physically disabled, developmentally disabled, terminally ill, of advanced age and/or have irreversible dementia/Alzheimer's disease.

On 09/04/2025, the department received complaint information alleging residents were not receiving medications as ordered.

On 09/24/2025 and 10/08/2025, Surveyor conducted complaint investigations. Surveyors reviewed Resident 1, Resident 7, Resident 8, and Resident 9's records.

RESIDENT 1
On 09/24/2025, Surveyor reviewed Resident 1's face sheet and individual service plan (ISP) with "start date" 09/11/2025 and noted s/he was admitted to the facility on 08/22/2025 in the morning with diagnoses of cerebral infarction. Resident 1 was his/her own person and able to make his/her needs known. Resident 1 required assistance with medication administration and management.

Surveyor reviewed Resident 1's August 2025 Medication Administration Record (MAR) and noted the following medication orders and days

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N 352	Continued From page 49 where s/he did not receive his/her medication as ordered: Atorvastatin 40 mg - take 1 tablet by mouth daily. Started 08/22/2025. 08/22/2025 notation blank Lisinopril 40 mg - take 1 tablet by mouth every evening. Hold if systolic blood pressure less than 100. Started 08/22/2025. 08/22/2025 "Not in house" Rivaroxaban 10 mg - take 1 tablet by mouth daily with supper for 41 days. Take with food. Started 08/22/2025. 08/22/2025 notation blank 08/23/2025 "not in cart" On 10/13/2025 at 11:19 AM, Surveyor interviewed RN K who reported having a delay in updating Resident 1's orders in the MAR due to him/her being an emergency placement from the hospital. RN K indicated Resident 1 did not have a primary physician and s/he had to get established with the onsite visiting nurse practitioner to fully get all medications filled by the pharmacy as ordered, which caused delay. Licensee A was supposed to pick up Resident 1's medications from the pharmacy upon discharge, but no one picked up his/her prescriptions. On 10/16/2025 at 11:30 AM, Surveyors interviewed Licensee A who said Resident 1 didn't have any money and s/he didn't know how to get home. Resident 1's medications needed to be picked up but the pharmacy was an hour away, so noone was able to pick up his/her medications. RESIDENT 7 Surveyor reviewed Resident 7's face sheet and	N 352		

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N 352	Continued From page 50 ISP with updated date 07/16/2025 and noted s/he was admitted to the facility on 05/31/2018 with diagnoses of diabetes, Parkinson's disease, multiple sclerosis, obesity, paroxysmal arial fibrillation, congestive heart failure, and unspecified dementia. Resident 7 had an activated Power of Attorney for Healthcare (POAHC) and required staff to administer and manage his/her medications and treatments. Surveyor reviewed Resident 7's July 2025 MAR and noted the following medication and treatment orders and days where s/he did not receive his/her medication or treatment as ordered. "Dressing Change" - "Clean [genitals] with Vashe cleanser and gauze and pat dry. Apply microcin gel to wound bed and cover with xeroform...Cover entire [area] with cupped ABD [sterile dressing] pad. Change twice daily and as needed if dirty." Started 07/14/25. (not listed out individually) 07/16/2025 "not all supplies here" 07/17/2025 "Out of supplies. Will order from pharmacy." 07/18/2025 "Supplies not in. Have been reordered." 07/19/2025 "writer did everything but the Xeroform due to not having supplies." Surveyor reviewed Resident 7's observation notes and noted on 07/30/25, "Writer went to patient room ...patient's abd pad was not [present] as ordered. Patient's fabric chuck pad was also rolled up under [him/her]." Surveyor note: Vashe wound cleanser is considered a medical supply. According to Mayo Clinic, "Vashe Wound Cleanser Solution OTC is a saline-based wound cleanser containing hypochlorous acid (HOCl) as the primary active	N 352		

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N 352	Continued From page 51 ingredient. HOCl is a natural substance produced by the human body's white blood cells to fight infection and promote healing. Vashe reduces risk of infection by killing a broad spectrum of bacteria and fungi. It can be used for cleansing, irrigating, moistening, and debriding (loosening and removing dead tissue) acute and chronic wounds ...intended for use by healthcare professionals and patients under the supervision of a healthcare professional." Source: https://store.mayoclinic.com/vashe-wound-cleanser-solution.html?srsltid=AfmBOop3YKep7Y49E5PHUfkrGb94kVvUYQwp5G3r2MYrEM4sJQnbkni9 Retrieved 10/20/2025. Surveyor note: According to McKesson Medical-Surgical, Microcin gel is "For use by healthcare professionals in the management, via debridement of partial and full thickness wounds including stage I-IV pressure ulcers ...Significant itch relief in first 24 hours. Effective cleansing, irrigation, and moistening of wounds to ensure a sterile environment and help speed up the healing process. Removes microorganisms and debris gently and completely." Source: https://mms.mckesson.com/product/977772/Sonoma-Pharmaceuticals-84750 . Retrieved 10/21/2025. Surveyor note: According to The Wound Pros, "An ABD Pad, short for Abdominal Pad, is a specialized medical dressing designed to manage and protect moderate to heavily exuding wounds. Known for its exceptional absorbency and versatility, the ABD pad is a crucial component in wound care ...The ABD pad is a multilayered dressing that absorbs and retains significant amounts of wound exudate while providing a protective barrier. Its unique construction includes a soft, non-woven outer layer cushions	N 352		

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the wound site, a high-absorbency middle layer that traps moisture, and a backing that prevents leakage, keeping the wound environment clean and dry." Source: https://www.thewoundpros.com/post/the-role-of-abd-pad-in-wound-care. Retrieved 10/21/2025.

Surveyor reviewed Resident 7's observation notes and noted on 07/17/25, "Message left for [durable medical equipment] to restock [Resident 7's] supplies for dressing change..."

Next INR (international normalized ratio - measurement of time it takes for blood to clot) 07/22/25
Warfarin 8 mg - Take 8 mg on Tuesday, Thursday, and Saturday 07/15/25, 07/17/25, 07/19/25. Started 07/15/25.
07/17/2025 "gone from drawer"
07/19/2025 "still awaiting from pharmacy"

Warfarin 6 mg - Take 6 mg on Monday, Wednesday, Friday, and Sunday 07/16/25, 07/18/25, 07/20/25, 07/21/25. Started 07/16/25.
07/18/2025 "not in cart"

Surveyor reviewed Resident 8's observation notes and noted on 07/18/25 "home health called for an update on [Resident 8's] warfarin they are just sending us new ones, no charge to [him/her], they should be arriving tonight."
07/19/25 "warfarin still not delivered from pharmacy"

Surveyor note: Resident 7 went 3 days without receiving his/her prescribed Warfarin. According to Mayo Clinic, "Warfarin is used to prevent or treat blood clots... It is also used for blood clots that may be caused by certain heart conditions ... or after a heart attack. Warfarin is an

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anticoagulant (blood thinner) that decreases the clotting ability of the blood." Source: https://www.mayoclinic.org/drugs-supplements/warfarin-oral-route/description/drg-20070945. Retrieved 10/21/2025.

Ketoconazole 2% Shampoo - Apply, lather and rinse - Lather into the rash area, scrub and then rinse 3x weekly on shower days. Started 03/26/24.
07/18/2025 "not in cart"

Abilify 5 mg - Take 5 mg by mouth daily. Started 07/30/25.
07/31/2025 "Medication has not been sent from the pharmacy"

Surveyor reviewed Resident 7's observation notes and noted on 08/01/2025 (2 days after medication was ordered) Former Manager C "Spoke with [pharmacy], Abilify was denied by ins [insurance] ...they are working on [prior authorization]."

On 09/24/2025 at 10:01 AM, Surveyor interviewed AM Supervisor D who indicated having issues with Resident 7's medications getting to the facility regularly, including his/her wound care supplies. S/he said with his/her orders changing regularly and his/her hospital visits, there were supply and insurance issues. Surveyor inquired whether staff completed wound care on Resident 7 and s/he said s/he goes to the wound clinic. Surveyor clarified whether staff are to apply any treatments or medicated bandages for Resident 7 and s/he said yes, but they didn't always have the supplies needed.

On 10/15/2025 at 2:30 PM, Surveyors interviewed AA-B who stated s/he was not aware of Resident

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N 352	Continued From page 54 7 not having his/her medications. RESIDENT 8 Surveyor reviewed Resident 8's face sheet and ISP with update date 05/21/2025 and noted s/he was admitted to the facility on 04/17/2025. Resident 8 had diagnoses of unspecified dementia with mood disturbance, personal history of other venous thrombosis and embolism, hypertension, dermatitis, chronic pain, cellulitis, and ileostomy status. Resident 9 required assistance from staff for medication and treatment management, administration, and oversight. Surveyor reviewed Resident 8's May-June 2025 MAR and noted the following medication and treatment orders and days where s/he did not receive his/her medication or treatment as ordered. Lidocaine 4% patch - apply to painful area of back- on for 12 hours. Started 05/06/2025. 05/07/2025 "not in cart" 05/11/2025 "pharmacy did not deliver" 05/16/2025 "Medication not in house" 05/20/2025 "could not find" 05/27/2025 "can not find" 05/28/2025 "can not find" 06/08/2025 notation blank 06/09/2025 notation blank 06/14/2025 "could not find" 06/23/2025 notation blank Miconazole 2% cream -Apply topically twice daily. (location not specified) Started 05/15/2025. 05/15/2025 "can not find" 05/16/2025 "orders unclear ...dr. [doctor] to call to clarify" 05/21/2025 "can not find" 05/22/2025 "can not find"	N 352		

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N 352	Continued From page 55 05/25/2025 "cannot find" 06/25/2025 "none in cart" Surveyor note: According to Cleveland Clinic, "Miconazole is an antifungal medication that comes as a skin cream. You can apply this cream to your affected skin as directed to treat fungal or yeast infections." Source: https://my.clevelandclinic.org/health/drugs/20834-miconazole-skin-cream. Retrieved 10/22/2025. Silver sulfadiazine 1% cream - Apply topically daily. Apply to a thickness of 1/16 inch (nickel thick). Started 05/15/2025. 05/16/2025 "orders unclear ...dr. to call to clarify" Surveyor note: According to Mayo Clinic, "Silver sulfadiazine cream is used to prevent and treat wound infections in patients with second- and third-degree burns. Patients with severe burns or burns over a large area of the body must be treated in a hospital. Silver sulfadiazine is an antibiotic. It works by killing the bacteria or preventing its growth." Source: https://www.mayoclinic.org/drugs-supplements/silver-sulfadiazine-topical-route/description/drg-20068819. Retrieved 10/20/2025. Zinc oxide 20% ointment - "Oral (by mouth)" - Apply topically daily. Started 05/15/2025. 05/16/2025 "orders unclear ...dr. [doctor] to call to clarify" Carvedilol 1.56 mg - take 1.56 mg by mouth twice daily. Hold if blood pressure less than 95/55 or pulse less than 55. Started 06/04/2025. 06/04/2025 "not here" Cefdinir 300 mg capsule - Take 300 mg in the morning and 300 mg in the evening for 9 days.	N 352		

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N 352	Continued From page 56 Started 06/13/2025. 06/14/2025 "Not here" Mirtazapine 15 mg - take 15 mg by mouth every night at bedtime. Started 06/19/2025. 06/19/2025 "not in drawer" 06/20/2025 "medication not in house" 06/21/2025 "not in cart" 06/22/2025 "not here" 06/23/2025 "Medication not found in house." 06/24/2025 "not in cart" 06/26/2025 "not here" Boost/Ensure -Give patient one can of Boost/Ensure four times daily. Started 06/23/2025. 06/23/2025 "Waiting for supplies" 06/24/2025 "not here" 06/24/2025 "Called [pharmacy] will send out" 06/24/2025 "not delivered from pharmacy" 06/24/2025 "not here" 06/25/2025 "Not here yet" 06/25/2025 "Not here yet" 06/25/2025 "not here from pharmacy" 06/25/2025 "not delivered from pharmacy" 06/26/2025 "Boost not yet delivered." 06/26/2025 "Has not yet been delivered from pharmacy" 06/26/2025 "not here" 06/26/2025 "not here" 06/27/2025 "Need to call [physician's] office to get rx [prescriptions] sent to [pharmacy]" 06/27/2025 notation blank 06/27/2025 notation blank Atenolol 25 mg - Take 25 mg tablet daily. Do not give medication if systolic blood pressure is below 100 or if pulse is below 60 beats per minute. Started 06/24/2025. 06/24/2025 "Not here"	N 352		

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N 352	Continued From page 57 Surveyor reviewed Resident 8's observation notes and noted the following related to medication orders. 06/24/2025 "Spoke with [pharmacy] they will deliver Boost." On 09/24/2025 at 10:01 AM, Surveyor interviewed AM Supervisor D who stated s/he believed there were issues with Resident 8's insurance which caused some issues with getting his/her medications. S/he indicated not all staff were trained on how to do Resident 8's treatment around his/her stoma and it leaked all of the time. S/he said Resident 8's Ensure/Boost never did arrive to the facility. On 10/15/2025 at 3:00 PM, Surveyors interviewed AA-B who stated Resident 8 was "before my time" so s/he didn't know anything about Resident 8 not getting medications but heard about issues with his/her colostomy and skin. RESIDENT 9 Surveyor reviewed Resident 9's record and noted s/he moved to the facility on 04/16/2025 with diagnoses of type 2 diabetes mellitus, blindness, and cellulitis. Resident 9 was able to make his/her needs known and was his/her own decision maker. Resident 9 required assistance with medication and treatment administration and management. Surveyor reviewed Resident 9's September 2025 MAR and noted the following medication and treatment orders and days where s/he did not receive his/her medication or treatment as ordered. Nystatin (powder) - Apply topically every 12 hours	N 352		

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N 352	Continued From page 58 for 7 days. (location not specified) Started 04/14/2025 Second listed order of nystatin powder - Apply topically to chest daily. Start date 06/23/2025. 09/21/2025 "waiting on pharmacy" 09/22/2025 "not waiting on pharmacy" 09/23/2025 "waiting on refill" 09/24/2025 "waiting on refill" 09/25/2025 "Out, reordered from pharmacy" On 09/24/2025 at 10:01 AM, Surveyor interviewed AM Supervisor D who said Resident 9 received nystatin powder to his/her folds, chest, and sometimes between his/her legs. Surveyor inquired whether they ever ran out of nystatin powder and AM Supervisor D stated yes because of insurance not covering it. On 10/15/2025 at 2:30 PM, Surveyors interviewed AA-B who acknowledged residents did not receive medications as ordered. AA-B said s/he was working on it as the MCO's were also concerned about medication administration at the facility. S/he said s/he was looking into switching facility pharmacies as the current one was difficult to work with and medications did not come in timely. On 10/16/2025 at approximately 11:00 AM, Surveyors interviewed Licensee A who acknowledged residents did not receive medications as ordered. S/he stated "I thought that was all taken care of." Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0239 83.20 Department-Approved Training Courses N0353 83.32(3)(i) Rights Of Residents: Adequate	N 352		

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N 352	Continued From page 59 Treatment N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0416 83.37(2)(e) Other Administration Given Or Delegated By RN N0431 83.38(1)(g) Health Monitoring Y3244 50.09(1)(L) Care	N 352		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, Resident 8 did not receive prompt and adequate treatment to meet his/her needs. Resident 8 had an ileostomy which was placed on 03/15/2025 prior to admission to the facility on 04/17/2025. S/he required full assistance with colostomy care to ensure the stoma and skin around the stoma was clean and dry. Resident 8's skin was not kept clean and dry and s/he developed skin breakdown and bacterial contamination of the skin which affected his/her stoma and the skin on his/her abdomen. Resident 8 was sent to the hospital 5 times from 05/09/2025-06/13/2025. On 05/09/2025, s/he was admitted to the hospital for dermatitis and sepsis related to cellulitis. On 06/10/2025, s/he was admitted to the hospital for sepsis, tachycardia, and low blood pressure. Resident 8 did not receive prompt and adequate treatment to	N 353		

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N 353	Continued From page 60 meet his/her needs, was admitted to hospice on 06/26/2025, passed away at the facility on 06/28/2025. According to Medline plus.gov, "Ileostomy ...You had an injury, [blockage], or disease of your digestive system and needed an operation called an ileostomy. The operation changes the way your body gets rid of waste...Now you have an opening called a stoma in your belly. Waste will pass through the stoma into a pouch that collects it. You will need to take care of your stoma and empty the pouch several times a day. Things to know about your stoma include: The surface of your stoma is the lining of your intestine. It will be pink or red, moist, and a little shiny. Stomas are most often round or oval. A stoma is very delicate. Most stomas stick out a little over the skin, but some are flat ... The skin around your stoma should be dry. The feces that comes out of the stoma can be very irritating to the skin. So it is important to take special care of the stoma to avoid damage to the skin. Stoma appliances are either 2-piece or 1-piece sets. A 2-piece set consists of a baseplate (or wafer) and pouch. A baseplate is the part that sticks to the skin and protects it against irritation from feces. The second piece is the pouch into which feces empty. The pouch attaches to the baseplate, similar to a Tupperware cover. In a 1-piece set, the baseplate and appliance is all one piece. The baseplate usually needs to be changed only once or twice a week ... Be sure to treat any skin redness or skin changes right away, when the problem is still small. Do not allow the sore area to become larger or more irritated before asking your provider or ostomy nurse about it." Source: https://medlineplus.gov/ency/patientinstructions/000071.htm. Retrieved 10/20/2025.	N 353		

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N 353	Continued From page 61 Findings include: The CBRF is licensed to provide services for up to 50 individuals who may be physically disabled, developmentally disabled, terminally ill, of advanced age and/or have irreversible dementia/ Alzheimer's disease. On 09/04/2025, the department received complaint information alleging there was no nurse oversight for medically complex residents. On 09/24/2025, Surveyors conducted a complaint investigation. On 09/25/2025, Surveyor reviewed Resident 8's record and noted s/he was admitted to the facility on 04/17/2025. Resident 8 had diagnoses of dementia with mood disturbance, chronic viral hepatitis C, anemia, acute respiratory failure with hypoxia, hypokalemia, hypomagnesemia, hypertension, personal history of other venous thrombosis and embolism, chronic obstructive pulmonary disease, constipation, and had an ileostomy. S/he had a corporate guardian and was able to make his/her needs known. Resident 8 was not of advanced age. Surveyor reviewed Resident 8's Managed Care Organization's (MCO) case notes: On 10/10/2025, Surveyor reviewed Resident 8's Managed Care Organization (MCO) case notes and noted the following from Resident 8's history prior to facility admission: 03/14/2025 Resident 8 was sent to the emergency room (ER) from the skilled nursing facility (SNF) s/he resided at for evaluation of sharp abdominal pain around his/her right side ileostomy. Resident 8 was found to have "an enterocutaneous fistula with intra-abdominal abscess requiring an exploratory laparotomy for	N 353		

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drainage of intra-abdominal abscess and a new ostomy placed on his/her left side. [Resident 8] was placed on a ventilator, received IV antibiotics, and monitored until s/he was successfully intubated and stable for discharge back to the SNF."
04/15/2025 "[SNF] reports that [Resident 8] has declined therapy services, they have provided education and encouragement to participate for strengthening needs but [s/he] continues to decline ... Facility staff assists with ostomy cares. [S/he] is receiving a daily gauze change to [his/her] healing fistula ...Writer updated guardian, guardian of estate, CM [Care Manager], and Arbor Village on status and no skill need at this time to initiate discharge planning."

On 09/29/2025, Surveyor reviewed Resident 8's initial assessment dated 04/17/2025 and most recent "current ongoing ISP" dated 04/17/2025 which mirrored one another. Resident 8's ISP listed him/her to be "Independent with toileting. Continent bladder empties own colostomy bag ...RESIDENT'S DESIRED OUTCOMES: Maintain proper hygiene and independence with toileting ...Pain Management ...Stomach pain can verbalize when in pain ...RESIDENT'S DESIRED OUTCOMES: To be free of pain ...Short Term Illness: Colonoscopy [sic][colostomy]."
Surveyor note: Resident 8 was found to require full assistance with his/her colostomy care to include burping and changing his/her bags, and changing/replacing the ostomy wafer.

On 04/23/2025 PM, "COLOSTOMY CARE," was added to his/her April 2025 Task Administration Record (TAR) by Former Manager C, "Staff need to empty and clean [Resident 8's] colostomy bag twice per shift. The stool [feces] needs to be emptied into the bedpan. The bag needs to be

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rinsed out with the squeeze bottle with water. The bedpan needs to be cleaned after use. Staff need to check the wafer to be sure it is still in tact. [sic] The wafer and bag are changed weekly. If there are any concerns with the wafer staff need to contact management. Staff need to release air from the colostomy bag frequently through the shift. This will prevent bowel incontinence and relieve pressure from [Resident 8's] skin." Surveyor note: Resident 8 was not reassessed and his/her ISP was not updated to reflect any changes. No incident reports were located in Resident 8's record. Surveyor note: Colostomy care and direction on colostomy care was added to Resident 8's TAR 6 days after his/her admission despite his/her need for assistance at admission. The provider did not have a RN that provided oversight and care for Resident 8. Resident 8 did not have an established ostomy nurse following admission to the facility.

Surveyor Note: According to the National Library of Medicine, "Though dehydration is the most frequent etiology requiring readmission, irritant contact dermatitis and a host of other peristomal skin conditions are more common complications for ostomates. Wound, ostomy, and continence nurses are invaluable resources to both ostomy patients and providers. A few simple interventions can prevent or resolve most common peristomal complications. Good stoma care is possible in a resource-poor environment ...Peristomal cellulitis is somewhat uncommon compared with other peristomal skin complications. Cellulitis tends to arise from typical skin flora bacteria, most commonly Staphylococcus aureus. Cellulitis can present as an erythematous peristomal plaque ...Peristomal cellulitis is initially treated with oral antibiotics, but severe soft tissue infection may require parenteral antibiotics ...The overarching

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N 353	Continued From page 64 treatment strategy for most peristomal skin complications following correct diagnosis is to adjust the pouching system and add topical therapy to promote healing. To protect the skin and facilitate healing, the patient must be able to maintain a proper seal between the pouch appliance and skin. Undoubtedly, sustaining an adequate pouch seal can be one of the most difficult and frustrating aspects for new ostomates when managing skin complications. Frequent and conscientious follow-up and multidisciplinary care is required between the patient, surgeon, home health, and stoma care professional ....Excellent perioperative stoma care and education are essential for ostomates to feel confident in caring for and changing their pouching systems and to avoid dehydration. Many peristomal skin conditions are entirely preventable with meticulous skin and pouching system care. A variety of skin problems, some related to underlying disease and others related directly to issues with stoma care, require treatment either by a [specialty] nurse or an experienced physician ...Follow-up is critical for the patient with a new stoma both to educate the patient in correct stoma care and for early identification and treatment of peristomal skin conditions." Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC5498169/#sec2 . Retrieved 10/20/2025. Surveyor reviewed Resident 8's provider (observation and internal) notes, April-June 2025 Medication Administration Record (MAR), April-June 2025 TAR, hospital notes, physician correspondence, home health correspondence, MCO case notes, and hospice notes and noted the following regarding Resident 8's condition. Provider Notes - 04/19/2025 "[His/her] colostomy bag was emptied	N 353		

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N 353	Continued From page 65 and a complete mess from [him/her] opening the end independently and then not fastening it so it does not leak BM [feces]. Staff educated elder [Resident 8] on the importance of calling staff when it needs to be emptied between checks so this does not happen again. BM is getting on [his/her] skin and clothing and [s/he] is sitting in it. Writer reminded [him/her] to ring for assistance as needed at any time. [S/he] agreed. Bedding and clothing has been changed and washed and all fecal matter washed off skin." 04/24/2025 "Colostomy Care as needed." 04/24/2025 "Colostomy Care [bag] Was open on bottom, needed to be washed up bed & clothes change." Physician Correspondence - 04/30/2025 "[Resident 8] will need ostomy supplies ....[S/he] needs a referral to ostomy nurse for evaluation of [his/her] wafer as there is frequent leaking and does have skin breakdown. Current wafer is 1 ¾ inch Convatec sur-fit, nautra stomahesive [wafer type]. Can use stoma paste to help secure. For skin breakdown use skin prep, then stoma powder, then skin prep, then stoma powder then skin prep to Cake the area until it is resolved. Nystatin powder prn [as needed] tid [three times daily] for yeasty skin." Provider Notes - 05/01/2025 "Colostomy Care changed colostomy bag as it was leaking from the side and it was only one quarter of the way full." 05/03/2025 "Colostomy Care It was very fully when staff emptied it. Staff had to check the velkro [sic] as it was not sealed correctly. It leaked all over." 05/04/2025 "Reguloid Cap ...held due to frequent loose stools and breaking the skin down around the stoma."	N 353		

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N 353	Continued From page 66 05/04/2025 "Staff emptied [his/her] bag twice." 05/04/2025 "Changed [his/her] ostomy." Former Manager C 05/04/2025 "Elder is pulling colostomy bag off all shift. Writer witnessed [Resident 8] pulling at it so it will start leaking and then ring [his/her] light. Staff have been in there multiple times changing [his/her] colostomy bags and [s/he] is running out of supplies. Elder hit writer when [s/he] attempted to wipe up the loose BM on [Resident 8's] skin. Elder was screaming [profanity] over and over and grabbing writers [sic] arms. Writer told [him/her] that I havent [sic] even touched [him/her] yet and to please not put [his/her] hands on me as I am not harming [him/her] or even touching [him/her]. Elder yelled "The [profanity] you are, you are [profanity]." Writer explained to [him/her] that [his/her] behavior is out of control and writer left the room. Writer will fill out incident report and call [Licensee A]. Next oncoming staff ... will attempt to replace and clean [his/her] colostomy bag." Surveyor note: No incident report was found in resident record. 05/05/2025 "Asked to get another kind of ostomy supplies the kind they are sending us isn't sticking to [Resident 8's] skin." 05/05/2025 "this morning [Resident 8] took [his/her] colostomy bag off [his/her] side, no explanation was given, staff and [RN K] put a new one on late this morning." 05/06/2025 "colostomy bag was changed due to leakage." 05/06/2025 "Returned call to Wound Clinic for ostomy ...I need to schedule appt for [Resident 8] wound around ostomy." Physician Correspondence - 05/07/2025, Resident 8 was seen by visiting Nurse Practitioner (APNP) L and s/he received the following orders ...	N 353		

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N 353	Continued From page 67 1. Place a new referral to Ostomy nurse 2. Referral to Home Health: Skilled Nursing for ostomy teaching, wound monitoring 3. ...order 1 ¾ inch convex wafer, non-sting skin prep, and Eakin seal ring 4. Fluconazole 200 mg by mouth daily for 14 days 5. Augmentin 875/125 by mouth twice daily for 7 days 6. Home health to obtain labs: complete blood count (CBC), comprehensive metabolic panel (CMP)" 05/07/2025 "Skin care and wafer change orders: Change [every] 3 days and prn [as needed] Wash skin with warm mild soapy water (non-fragrance soap) Dry well (can leave open to air for a short time) Apply non-sting skin prop [sic], then layer of stoma powder, apply non-sting skin prep, stoma powder, then one more layer of non [sting] skin prep Apply [Eakin] seal to the area from 2-4 o'clock as there is a divot there that we need to fill. Apply water ring, ensuring the wafer is pressed down well, then bag, continue to press down and around the ring to stoma to get a good seal Use warm wash cloth to cover stoma for 10 minutes then repress down around the inside ring of wafer to continue to get a good seal around ostomy. The skin that is red and irritated around the wafer please apply nystatin cream BID [twice daily] for 14 days. 30 minutes prior to wafer care please give 1000mg of Tylenol po [by mouth] 30 minutes prior to wafer care please give 0.25mg lorazepam due to significant agitation and anxiety with wafer changes (max 2 doses in one day) Tylenol 1000mg po [by mouth] tid [three times daily] prn for pain or fever."	N 353		

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N 353	Continued From page 68 05/07/2025 new order Nystatin 100000unit/gm external cream (mycostatin) 30 g - apply to skin that is red and irritated around the wafer twice daily for 14 days. 05/09/2025 10:15 AM "[Resident 8] was sent to Hospital by squad this am. I believe [s/he] was throwing up stool [bowel]." Former Manager C 05/09/2025 "[Resident 8] was taken to the hospital this am [morning] after [s/he] took [his/her] colostomy bag off again, and refused to let staff assist [him/her] in replacing it, paramedics were called and [s/he] was taken to the hospital, concerns." 05/09/2025 "[Home Health] lm [left message] that they were coming to see [Resident 8] today ...I called & canceled as [s/he] is in ER [emergency room]." Hospital Notes / Emergency medical services (EMS) Care Report - 05/09/2025 " ...paged for a [fe/male] that is vomiting stool. On arrival at the scene the patient is conscious and breathing lying in bed. The patient's care giver [sic] states that the patient has had a rash on in [sic] the are [area] around where [his/her] ostomy bag goes. The patient was placed on a anti biotic [sic] for possible infection. The patient has been vomiting for the past hour and it seems to be dark. The patient seems to be very agitated with staff and EMS. The patient is assisted to the stretcher and noted to not have a ostomy bag on at this time. Staff report that the patient refused to let them put on one on due to the pain in the area ...The patient is noted to be tachycardic [high heart rate] on the monitor ...Skin: Cool, Pale ...Mental Status: Confused, Slowness and poor responsiveness, Strange and inexplicable behavior, agitation ...Abdomen Generalized: Rash, Tenderness."	N 353		

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N 353	Continued From page 69 Hospital Notes - Hospitalization 05/09/2025-05/14/2025: "Wound Care ... Wound Flank Left Moisture Associated Skin Damage (MASD): Date First Assessed 05/09/25..Level of Skin Injury: Partial Thickness Primary Wound Type: Moisture Associated Skin Damage ....Pink; Red; Friable ...Excoriated; Moist; Pain increase ...Attached to wound bed; Poorly defined ... Wound Buttock Left Pressure Injury: Date First Assessed 05/09/25 ...Initial Pressure Injury: Stage 1." 05/09/2025 visit "diagnoses: sepsis with acute renal failure without septic shock, due to unspecified organism (primary), cellulitis, acute kidney injury, ileostomy care" Provider Notes - 05/12/2025 "I spoke with ...discharge planning this morning. They are unable to get [his/her] ostomy to stop leaking as well. [S/he] is at a loss with ostomy as they have tried all different ideas. Ostomy nurse is out today. [hospital] stated that [s/he] was going to have the wound care team look at it." MCO Case Notes - 05/13/2025 "Writer placed call to [hospital] ... [Resident 8] admitted to the hospital with a diagnosis of Sepsis due to Abdominal wall cellulitis ...they are having trouble with [his/her] ostomy supplies and requested a [sic] ostomy consult and wound care consult. [Resident 8] has been refusing some treatments over the weekend and is not wanting to leave [his/her] ostomy supplies in place. No discharge date established at this time." Provider Notes - 05/15/2025 "[Home health nurse] was in today and changed [his/her] colostomy bag and did the	N 353		

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N 353	Continued From page 70 skin treatments. [S/he] wants writer to pass [a]long to staff that if [Resident 8] begins to leak at all we are to change it ASAP. [S/he] does not want any BM [feces] sitting on [his/her] skin at all. [S/he] went back to the bags that we used prior to [his/her] Hospital stay which are in stock in the med room. Per RN we are to cleanse the area around the stoma with only warm water and a washcloth. No soap. Please check [his/her] bag more often as the more often we check and empty the less it will leak. Will continue to monitor for leaking throughout my shift and change as needed. [S/he] also has new orders which have been put into the computer. Please watch out for these." 05/15/2025 "[Resident 8] had [his/her] bag changed this morning due to it leaking." 05/16/2025 Flagged by Former Manager C "Colostomy Care: if leaking change it." 05/16/2025 "[His/her] bag leaked this morning, home health came in, changed in, started leaking again, home health was called again." 05/16/2025 "[Resident 8's] colostomy bag has been changed x3 this shift. Elder is pulling at it even after staff telling [him/her] that he needs to leave it alone so it doesnt [sic] leak and break [his/her] skin down. Writer gave [him/her] a prn [as needed] Ativan [lorazepam] at 5pm prior to ....cleansing the area to change it completely. Ativan is not effective as [s/he] is now completely refusing any staff to touch it. Will attempt to redirect and change this as it is very important. Will continue monitor." 05/17/2025 "writer has attempted twice to change residents ostomy bag but [s/he] is refusing to let staff touch it...it is in fact leaking & ativan has been given so staff will continue to attempt to change." 05/17/2025 "resident will not allow staff to change it, says its to [sic] painful."	N 353		

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N 353	Continued From page 71 05/17/2025 "staff has called [home health], residents wound is inflamed and red." 05/17/2025 "Did not eat today, had taken [his/her] colostomy bag off again during shift. Staff tried several times to assist [him/her] in putting it back on but the skin was inflamed and red, plus very painful for [him/her] to handle, Emergency services was called and they took [him/her] to the ER. Concerns." 05/17/2025 "resident was sent to the hospital this afternoon per [RN K] d/t [due to] resident refusing to let staff take care of [his/her] ostomy bag ...skin is very red & raw again." Physician Correspondence - 05/18/2025 "Patient seen for admission to home care focused on ostomy appliance and education with facility staff to maintain ostomy appliance and improve irritated skin. Initially we have followed the crusting technique and use of Eakin seal to apply a secure wafer. This has been done multiple times by writer and facility staff without success. Patient also has followed up in emergency room due to severe pain that has been had with this appliance change, but ultimately they had a nurse from the floor come down and apply the ostomy which also was leaking shortly after [his/her] return to the facility. Staff managed to best of their abilities over night [sic] and again called for assistance today. Writer made visit this evening to apply wafer again. With today's attempt we were able to cleanse the skin thoroughly and pat dry without additional leaking to compromise the seal. Writer placed Due Derm [sic] and Eakin seal to divet to aide [sic] in a better seal. Writer has not heard back from staff on this application if it has been successful or not, time will tell. Just wanted you to be aware of the struggle this weekend to care for the skin and keep an appliance in place as prescribed	N 353		

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N 353	Continued From page 72 ...Please advise further any additional direction to aide in success of this ostomy appliance application or if patient could be referred to wound and ostomy for follow up again. Hopeful to see progress as the skin heals if it is able, but this has been challenging with all the leaking this weekend. It was also noted by staff and a concern of writers that patient may be pulling this appliance off, but we are unable to say that with certainty." 05/19/2025 "Received a phone call from [RN K] [s/he] states that [Resident 8's] skin looks "horrible". It is much worse than when [s/he] was put in the hospital for it this last time. [S/he] just changed [Resident 8's] wafer again, [RN K] is concerned if something is not done this could turn into cellulitis, septic. [S/he] apologized for the continuous updates, however it is in [his/her] hopes that something can be done before it gets worse ...I did check [hospital medical records] it does not appear an appointment has been made at this time." 05/19/2025 "Received a phone call from [Former Manager C] stating [Resident 8's] ostomy looks awful, infected and red. [S/he] states the wafer will not stick or stay, it is continuously leaking all over, [s/he] states [home health] will come out and put it on in [sic] an hour after [s/he] leaves it is right back to where it was, [Resident 8] also went to the ER for a visit over the weekend but was not there a long [sic] ... is just asking what [s/he] should do in the meantime." 05/19/2025 APNP L wrote orders for Tramadol 50 mg by mouth as needed every 8 hours for pain. Bactrim DS 1 tab by mouth twice daily for 7 days. Diagnosis cellulitis - take with 8 ounces of water. "Please get [Resident 8] schedule with the ostomy nurse ASAP [as soon as possible]." MCO RN EE's Case Notes -	N 353		

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N 353	Continued From page 73 05/19/2025 "[Resident 8] provides little input to plan at this time, [s/he] is having discomfort and difficulty with [his/her] ileostomy site and did not wish to discuss any further ... [Resident 8] was in the process of having [his/her] ileostomy wafer changed at time of visit. Writer assisted CBRF staff with cleaning up [Resident 8]. [Resident 8] in extreme discomfort during cleaning and ileostomy change due to red irritated skin surrounding [his/her] ostomy site. [His/her] ostomy site is flush with [his/her] skin and there is difficulty getting [his/her] wafer to secure in place causing stool leakage to occur, which is irritation and burning [his/her] surround skin. [Home Health Skilled Nursing] RN arrived and completed ostomy change ...contact to [Resident 8's] [primary care physician] for better pain management options ... [Resident 8] did not wish to participate in [his/her] assessment at this time. [Former Manager C] provides additional information to IDT to complete assessment. [Former Manager C] reports concerns regarding [Resident 8's] level of care at this time if they are not able eto find a solution to get [his/her] ostomy supplies to remain in place. [Resident 8] is receiving home health skilled nursing visitation for ostomy care and management, wound care, and teaching and training to staff. [Former Manager C] is working on scheduling [Resident 8] for wound care with an ostomy nurse do to [Resident 8's] frequent changes in ostomy appliance with change DMS [durable medical supplies] provider to a more local provider for ease and timeliness for supply delivery ..." 05/20/2025 ER Only "irritant contact dermatitis due to fecal incontinence ...around ostomy site ...Referral made to wound and ostomy care nurse." 06/01/2025-06/02/2025 ER Only "abdominal pain; ostomy problem ...contact dermatitis	N 353		

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N 353	Continued From page 74 ...hypomagnesemia ...new orders for cephalexin 4 times a day for 7 days ..." Hospital Notes - 06/01/2025 "[Resident 8], present via EMS for evaluation of weakness and skin breakdown around colostomy. Patient states that [s/he] is in assisted living. [His/her] stoma bag has not been changed and [s/he]does not know for few weeks now. [S/he] tells me due to constant leakage of abdominal contents, skin around the colostomy bag is raw and painful. Chart reviewed, patient was seen in this emergency department approximately 8 days ago for more or less of the same concern. It was documented that [his/her] skin breakdown has been treated with Bactrim, topical cream and some tramadol. During the visit, case management was involved given the report that [s/he] does not have good supervision and/or care at Arbor Village where [s/he] lives." Provider Notes - 06/01/2025 "Resident requested 911, would not state what was bothering [him/her] and refused vitals. 911 notified, resident sent out via ambulance." 06/02/2025 "Elder is back from the hospital with new orders for Antibiotics ...Colostomy bag is intact with no leaking." 06/06/2025 "Holter monitor will be shipped here & [Resident 8] will need to wear it for 7 days. I explained that [Resident 8] will have surgery on the 11th & plan is to spend the night. Will start when [s/he] gets back." 06/08/2025 "Did our best with colostomy care- not sufficient supplies here due to home health not wanting to return with correct supplies." 06/10/2025 "before lunch [s/he] was taken to the hospital, low blood pressure. Concerned."	N 353		

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N 353	Continued From page 75 Hospital Notes - 06/10/2025 " ... presents with hypotension. Patient does not really have any complaints and states that [s/he] was forced to come here by staff at [his/her] assisted living facility. [S/he] cannot provide much additional history. Per staff, they had not noticed anything majorly out of the ordinary in the past couple of days. This afternoon [s/he] would not eat lunch which is abnormal for [him/her]. They checked [his/her] blood pressure was in the 80s so they called 911. SBP [systolic blood pressure] 70s when paramedics arrived ...Staff at [his/her] facility reports that [s/he] chronically has loose stool in [his/her] ostomy and they actually felt like it was more formed recently. [S/he] has been on multiple courses of antibiotics recently for suspected cellulitis around [his/her] ostomy site, and apparently they are changing the dressing 4 times per day. No fevers reported ...[S/he] states that [s/he] has a chronic cough which is no worse than baseline ...Staff at facility not sure why [s/he] has an ostomy. They state [s/he] was supposed to go to the [clinic] tomorrow to have the ostomy reversed ...Visit Diagnosis: Hypotension ...Hypomagnesemia, Sepsis with acute renal failure without septic shock ...mood disorder ...Discharge [hospital] date 06/13/2025." 06/10/2025 "Physical Exam General: chronically ill and cachectic appearing ...Abdomen: Soft, non-tender, non-distended w/o [without] rigidity or guarding. Ostomy L [left] side of abdomen." Surveyor observed a picture of Resident 8's stoma and abdomen in Resident 8's hospital record and noted reddened and pink skin spanning from Resident 8's midline to his/her side and down across his/her beltline. The skin around Resident 8's stoma was visibly reddened and raw around the entirety of the stoma. Surveyor observed Resident 8's fingernails in the	N 353		

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picture to be approximately ¾ inch long, tinged yellowish brown in color, and had visible feces underneath and along the cuticles of his/her nails.

Provider Notes -
06/11/2025 "Spoke with [home health] explain [sic] that [Resident 8] is in ICU [intensive care unit]."

Home Health Notes -
06/20/2025 "Call from [Former Manager C]. [S/he] states that [APNP L] was out to see [Resident 8] yesterday, but wanted to update that patient refused breakfast this AM [morning] and is also refusing Lunch [sic] today. Staff have offered alternate foods and encouragement. [S/he] is drinking some. Staff feel [s/he] is urinating ok still. They are emptying ostomy a few times a day with no concerns. [His/her] BP [blood pressure] has been low, but they did not have one available today. Last one was on 18th at 93/52. They did not have a weight on [him/her]. [S/he] does not take ensure or meal supplement. [Resident 8] states [s/he] is just not hungry. I did advise that yesterday [home health] was updated to draw labs and it looks like they will be there on the 24th. Updated to get a weight today so we can track weight loss if [s/he] continues to not eat. Educated to push fluids to prevent dehydration. Continue to encourage to eat."
06/23/2025 "Received another call from [Former Manager C], [s/he] states patient is still not eating, [sic] this has been going on since last Wednesday. They did try to weight [Resident 8], but [s/he] refused, [Former Manager C] stated [Resident 8] is very thin, can see [his/her] ribs. [S/he] is also refusing all liquids other than a couple sodas here and there."

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Physician Correspondence -
06/23/2025 APNP L wrote "What is [Resident 8's] [sic] thoughts on why [s/he] is not eating? Abdominal discomfort, pain, depression? Is [s/he] drinking fluids? Boost or ensure, 4 cans per day. Does [s/he] want to go on hospice care?"

MCO Case Notes -
06/25/2025 "[Former Manager C] reports [Resident 8] has been withdrawn and has had a loss of appetite ...[Resident 8's] guardian and [his/her] [primary care physician] have met and it was decided that a referral be sent to Hospice services to purse comfort care dx [diagnosis] of adult failure to thrive. [Resident 8] will discharge from [home health skilled nursing services] and sign onto [hospice]."

Provider Notes -
06/26/2025 "[Resident 8] just signed on to [hospice]."
06/27/2025 "Colostomy Care Emptied; leaking. Soiled bag replaced, needs wafer."
06/28/2025 "Elder refused AM meds, cares, vitals, breakfast and lunch. [S/he] did however take a tramadol around 1030am for pain. Refused morphine at this time as well. Colostomy bag has been empty all shift. No input with fluids or food. States 'Just leave me alone.'"
06/28/2025 9:09 PM "Same as [s/he] was this morning, not able to eat or drink. No BM in [his/her] bag all day. Rapid resperations [sic]."
06/28/2025 11:30 PM "Deceased."
07/01/2025 "[Resident 8] was discharged from the system ...Deceased - Unexpected."

Hospice Notes -
06/29/2025 [postmortem note] "other sequelae of cerebral infarction, vascular dementia with mood

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disturbance, major depressive disorder, recurrent, severe protein-calorie malnutrition, diverticulitis of large intestine with perforation and abscess without bleeding, acquired absence of other specified parts of digestive tract, and ileostomy status" were added to Resident 8's diagnoses list. "Functional Limitations: DYSPNEA [SHORTNESS OF BREATH] WITH MINIMAL EXERTION; OSTOMY ...Mental Statuses: FORGETFUL; DEPRESSED; LETHARGIC; AGITATED."

On 10/13/2025 at 8:00 AM, Surveyor interviewed APNP L who became Resident 8's primary care provider upon admission to the facility. S/he said Resident 8 had a history of depression, hepatitis C, alcoholism, and intravenous (IV) substance use. S/he had moderate dementia. APNP L reported Resident 8 got an infection on his/her abdomen leading to hospital admission and bowel resection redo surgery with placement of the colostomy on the left side of his/her abdomen. S/he described Resident 8 as having developed completely broken-down skin around his/her stoma and described the skin as being raw, fragile, and extremely tender. Surveyor inquired whether his/her skin was broken down upon admission to the facility and s/he said no, it developed and progressively worsened as time went on after admission to the facility. S/he said s/he questioned whether or not Resident 8 was getting active ostomy care, however due to the loose stool Resident 8 had, how fragile his/her skin became, the ostomy wafer did not always stay secured, leading to leaking and the skin becoming wet. Resident 8 was in a lot of pain, so would take the ostomy bags off him/herself to get relief as well. Resident 8 was sent to the emergency room multiple times for dehydration and symptoms of infection. APNP L stated s/he

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ordered wound and ostomy consults. A referral was made to home health for wound care, but no ostomy nurse was ever secured by the provider for Resident 8. S/he indicated Resident 8 needed out of network ostomy care given the complexity of the skin integrity.

On 09/24/2025 at approximately 2:05 PM, Surveyor interviewed Licensee A who said Resident 8 had a colostomy. S/he stated "[Resident 8] kept having loose stools, I didn't know what to do." Licensee A indicated staff would send Resident 8 to the hospital because s/he was just always full of loose bowel or his/her stomach was red, s/he would seem to be better and then "get sent back here [from the hospital]." "I felt bad for the [wo/man]." Surveyor inquired why Resident 8 was having loose stools and Licensee A said s/he did not know. Licensee A said it "was bad" and s/he did not expect him/her to pass away when s/he did. Licensee A acknowledged they were unable and did not meet Resident 8's needs at the facility.

In conclusion, Resident 8 was admitted to Arbor Village with a newly placed left-side ileostomy. Resident 8 required nurse oversight, home health skilled nursing care, regular PCP visits, pain management, wound care, ostomy care, multiple hospital visits, and ongoing care exceeding intermediate level care. Resident 8 experienced multiple infections, sepsis, high heart rate, high magnesium levels, and low blood pressure requiring treatment and intervention. Provider staff were not trained and did not have the skilled oversight to manage Resident 8's care appropriately.
Resident 8's colostomy care was not initiated by staff for approximately 6 days after admission to the facility. Resident 8 did not receive home

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N 353	Continued From page 80 health services until after his/her hospital visit almost a month after admission to the facility on 05/09/2025. Resident 8 did not ever get to the wound clinic and was not seen by an ostomy nurse (WNOC) as required and ordered by APNP L. Resident 8 did not receive prompt and adequate treatment that met his/her needs, and passed away related to his/her condition. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0383 83.35(1)(c) Listed Areas For Assessments N0416 83.37(2)(e) Other Administration Given Or Delegated By RN	N 353		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure all residents were safeguarded from environmental hazards to which it was likely the residents would be exposed, including both conditions that were	N 358		

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N 358	Continued From page 81 hazardous to anyone and conditions that were hazardous to the residents because of the residents' conditions or disabilities. Resident 3's bedroom door was heavyweight and did not open and close without excessive force, which posed a fire and privacy concern. Resident 3 was unable to fully close his/her door independently. Resident 3's door handle was not secured on the door. Resident 9 was legally blind and was able to ambulate independently. Resident 9 was located 3 doors and a hallway down from the nurse's station. Two hallways intersected separating the nurse's station and the shared shower room. Resident 9 had to cross the intersecting hallways to access the shower room. Resident 9 voiced a history of and concern of colliding with someone in the intersection. The facility's main hallway stretched from the entrance to the nurse's station and contained multiple resident rooms and shared bathrooms. The hallway was utilized by residents, visitors, and provider staff. The hallway's laminate flooring included a section that was raised approximately 1 to 1.5 inches higher than the next section of laminate flooring and spanned approximately 4 inches in width causing a visual and physical trip hazard. The section of raised flooring was located between the entrance and the nurse's station, in front of Resident 9's room. This requirement is being cited for a third time. See Statements of Deficiency (SOD) 8CNU12 dated 09/21/2022 and (SOD) 8CNU13 dated 09/01/2023. Findings include:	N 358		

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N 358	Continued From page 82 On 09/04/2025, the department received complaint information alleging resident needs were not being met. On 09/24/2025 and 10/08/2025, Surveyors conducted onsite complaint investigations at the facility. The provider is licensed to provide services for up to 50 residents who may be physically disabled, developmentally disabled, advanced aged, terminally ill, and/or have Alzheimer's/dementia. At the time of survey, 16 residents resided at the facility. RESIDENT 3 On 09/24/2025, Surveyors reviewed Resident 3's record and noted s/he was admitted to the facility on 09/05/2019 with diagnoses of mild intellectual disabilities, multiple sclerosis and PTSD (Post Traumatic Stress Disorder). Surveyor reviewed Resident 3's individual service plan (ISP) dated 09/19/2019 and noted: "Transferring - Staff Assistance ...[Resident 3] needs to be transferred by the sit to stand ONLY. [S/he] has not been doing well with transfers and this is the safest way ... Risk - Fall ...Staff is to use sit to stand to prevent further falling ...Ambulation - Monitor and Cue [Resident 3] is no longer ambulating in hallways and utilizes [his/her] wheelchair to get around the building. [S/he] is progressively losing the ability and strength in lower extremities due to MS [multiple sclerosis]. [Resident 3] uses [his/her] foot pedals on [his/her] wheelchair. [His/her] legs will drag if [s/he] does not use [his/her] foot pedals ....Resident needs more than 2 minutes to	N 358		

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N 358	Continued From page 83 evacuate the CBRF ...Physical Disabilities - [Resident 3] does use a wheelchair at all times. [S/he] is able to self-propel in wheelchair." On 09/24/2025 at approximately 1:46 PM, Surveyor interviewed Resident 3 in his/her room. Upon entering Resident 3's room s/he requested to have his/her door closed. Surveyor observed Resident 3's door was held open using a garbage can. Surveyor moved the garbage can out of the way and noted the door swung shut, but did not close tightly. Surveyor noted the door was heavyweight, solid wood and was not hollow. The door stopped at the door frame appearing misaligned requiring force using body weight to push the door closed completely. Surveyor attempted to open the closed door which was difficult and required pulling the door open using extra strength. Resident 3 stated s/he never closed the door because s/he was unable to close or open it as it was too heavy and required too much force. Surveyor observed Resident 3 to be in a wheelchair. Resident 3 stated s/he was able to open and close other doors without issue, but his/her door was heavy and got stuck often. Surveyor noted the knob handle of the door was also loose. Resident 3 said the handle had been loose for quite some time and s/he had a hard time turning it. On 10/06/2025 at approximately 9:30 AM, Surveyor interviewed AA-B who verified Resident 3's door was heavy and did not fully close without force. S/he described Resident 3 as being wheelchair bound and not someone who had the physical strength due to his/her diagnosis of MS. AA-B verified Resident 3 was not able to open and close his/her door independently. AA-B acknowledged concern for Resident 3's privacy and also indicated the metal garbage can held	N 358		

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the door open, so Resident 3 was able to get in and out of the room. AA-B said Resident 3 would not be able to get out of his/her room if the door was closed and there was an emergency such as a fire.

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who stated there were more doors than just Resident 3's that were heavyweight and did not align with the door frame to easily close tightly. AA-B said Licensee A would be going through and fixing each one.

RESIDENT 9
On 09/24/2025, Surveyors reviewed Resident 9's record and noted s/he was admitted to the facility on 04/16/2025 with diagnoses of cataract disease, blindness and cellulitis.

Surveyor reviewed Resident 9's most recent ISP dated 04/28/2025 and noted:
"Bathing - Monitor and Cue ...Toileting - Partial Assistance ...Vision - Staff Assistance ...Physical Disabilities - Blind ...Mobility and Transferring - Independent."

On 09/24/2025, Surveyors observed Resident 9 independently ambulate to the bathroom located 2 doors down from his/her room at least 3 times from 9:30 AM to 3:00 PM. Resident 9 walked swiftly and with his/her head down.

On 09/24/2025, Surveyors observed from the nurse's station Resident 3, Resident 5, Resident 6, Resident 11, Resident 12, and Resident 13 walk or drive their wheelchair swiftly through the 4-way intersection of hallways. At approximately 1:17 PM, Surveyor noted to AM Supervisor D that residents moved swiftly through the hallways. AM Supervisor said "yeah, sometimes it can be hard

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to stop a collision because you can't see around the corner and some of them go way too fast."

On 09/24/2025 at approximately 1:30 PM, Surveyor interviewed AA-B who mentioned Resident 12 had a power wheelchair. S/he said Resident 12 drove "way too quick" on it and s/he has had to talk with Resident 12 about slowing down, so s/he doesn't hit someone.

On 09/24/2025 at approximately 10:50 AM, Surveyor interviewed Licensee A who said s/he did not usually allow power scooters or wheelchairs, but because Resident 12 was able to navigate his/her well, s/he allowed him/her to have it. Licensee A said s/he had to adjust the setting on it, so it didn't go so fast though, as s/he had run into others, especially at the crossing hallways.

On 10/08/2025 at 11:14 AM, Surveyor observed a hallway corner mirror on the ceiling to the left of the nurse's station for the T hallway intersection. No corner mirror was on the ceiling for the 4-way intersection of hallways to the right of the nurse's station.
On 09/24/2025 at approximately 12:05 PM, Surveyor interviewed Resident 9 in his/her room. Resident 9 stated s/he hadn't been showering because of where the resident shared shower room was in the facility. Resident 9 explained s/he was legally blind, and s/he was "scared" to walk across the hallway without a handrail and around the corner because people who use wheelchairs will run into him/her. S/he stated s/he cannot see them coming and they cannot see him/her coming around the corner.

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged the 4-way intersection

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posed a safety hazard to Resident 9 when trying to get to the shower room, as well as a safety hazard for residents who move quickly down the hallways. AA-B asked "what am I supposed to do about that?" AA-B indicated s/he would add it to Licensee A's maintenance list to put a mirror up.

RAISED FLOORING
On 10/08/2025 at approximately 10:00 AM, Surveyors observed the main hallway of the facility that started at the entrance of the facility and spanned to the back of the building and separating resident rooms, shower rooms, other hallways, common living room, kitchen, and nurse's station had a faux wood laminate flooring. The laminate flooring had individual faux wood planks. Surveyor was walking down the hallway at approximately 10:00 AM when s/he tripped on the flooring where a raised 1 to 1 1/5 inch from the 4 inch plank of laminate.

At approximately 10:30 AM, Surveyor tripped on the spot again. The difference in height posed a tripping hazard for ambulatory residents and a hindrance in the safe movement with the use of mobility devices. Surveyor noted the laminate plank appeared to be chipped, exposing the black undercoating of the laminate, but it was not visibly raised making it deceiving to an individual's depth perception.

At approximately 12:45 PM, other Surveyor tripped over the raised laminate spot on the floor. Surveyor noted the raised plank was located between Resident 9's room and the shared toilet bathroom 2 doors down from Resident 9. Surveyor noted Resident 9 was legally blind and had to walk past or over the laminate spot every time s/he went to and from the bathroom. Surveyor noted the area of raised laminate was

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N 358	Continued From page 87 also utilized by all residents to exit the building, get to the nurse's station, get to the dining room for meals and activities, go outside, access restrooms, get to the Administrator's office, and access resident rooms. On 10/16/2025 at approximately 1:30 PM, Surveyors interviewed Licensee A, who explained when the laminate flooring becomes loose it was super glued back down. Licensee A stated s/he was unaware of the laminate flooring that was raised and would repair it. Surveyor expressed concern for the overall condition of the laminate flooring. Licensee A stated s/he would consider replacement if it were found to be unrepairable. Licensee A stated s/he was unaware Resident 3's door not closing and opening properly but will fix it today. Cross Reference: N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0383 83.35(1)(c) Listed Areas For Assessments N0481 83.43(1) Environment Safe, Clean, And Comfortable Y3244 50.09(1)(L) Care	N 358		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct	N 381		

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N 381	Continued From page 88 the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 3 of 3 residents (Resident 1, Resident 3, and Resident 7). The provider did not assess Resident 1's needs, abilities, and physical and mental condition before admitting him/her to the facility on 08/22/2025. The provider did not assess Resident 3 and Resident 7 upon a change in needs, abilities or condition. This is a repeat deficiency. See Statement of Deficiency 8CNU12, issued 3/10/2023. Findings include: On 09/04/2025, the department received complaint information alleging resident needs were not being met. On 09/24/2025, Surveyors conducted a complaint investigation. RESIDENT 1 On 09/24/2025 at approximately 1:48 PM, Surveyor requested to review Resident 1's resident record. Acting Administrator (AA) B stated s/he did not have a resident record for Resident 1 and indicated Licensee A brought Resident 1 here as s/he had nowhere to go and needed care. Administrator B verified Resident 1 was not assessed.	N 381		

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N 381	Continued From page 89 Surveyor reviewed provider's electronic resident record (ERR) and noted Resident 1 had an individual service plan (ISP) dated 09/11/2025 and had been admitted to the facility on 08/22/2025. Resident 1's record did not have evidence of an assessment. On 09/24/2025, Surveyor reviewed Resident 1's individual service plan (ISP) dated 09/11/2025 with no diagnoses listed, and noted the following: Bathing - requires partial assistance from staff to complete bathing tasks. Dressing - requires partial assistance from staff to complete dressing tasks. Eating Diet - Low Sodium - requires partial assistance from staff to complete eating tasks. Grooming - requires partial assistance from staff to complete grooming tasks. Mobility and Transferring Ambulation - "[Resident 1] may need assistance at times due to weakness. Staff need to monitor and offer assistance. [Resident 1] does not like to ask for help. [S/he] would prefer to do things independently. Staff need to respect [his/her] desire to be independent but also be available to offer assistance when needed." Resident Toileting - requires partial assistance from staff to complete toileting tasks. Medication Management - requires staff to manage/administer medications. Physical Disabilities - may have weakness at times due to stroke, may need staff assistance to get up from a seated position. "[Resident 1] does not like to ask for help. [S/he] will say that [s/he] is able to complete tasks but staff need to observe if [Resident 1] is having a difficult time standing, etc. and offer assistance." On 09/24/2025 at 2:05 PM, Surveyor interviewed	N 381		

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Licensee A who described Resident 1 as requiring assistance from staff as s/he had physical weakness and limitations. S/he indicated Resident 1 had confusion and was not safe to return to his/her home alone.

On 09/24/2025 at 10:30 AM, Surveyor interviewed AM Supervisor D who said Resident 1 had a stroke, leading to hospitalization and now placement at the facility. Surveyor inquired whether Resident 1 required assistance from staff and AM Supervisor D said it depended on the day and time of day, as his/her weakness varied, so it was important staff checked in with Resident 1 on how s/he was feeling.

On 10/08/2025 at approximately 1:10 PM, Surveyor interviewed Resident 1 who reported Licensee A told him/her that s/he had to be to the medication cart at the exact medication times, or s/he won't get his/her medications. Resident 1 said s/he was told "it was the least [s/he] could do." Resident 1 described Licensee A as "not thinking before [s/he] speaks ...doesn't always mean the way it comes out." Resident 1 said staff would not always answer his/her call light timely, put his/her socks on - will just hand them to him/her to put on him/herself, not bring him/her his/her medications, s/he had to get to the kitchen at a certain time since s/he didn't like the eggs served, and wouldn't wake him/her to use the bathroom at 10:00 PM to prevent an incontinence episode through the night. Surveyor inquired whether s/he had discussed his/her care plan with Acting Administrator (AA)-B or Licensee A and s/he said no. Resident 1 indicated s/he wanted to move.

On 10/16/2025 at approximately 11:30 AM, Surveyors interviewed Licensee A who said s/he

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felt that since Resident 1 was able to get down for his/her medications, it was good to encourage him/her to be down for his/her medications as s/he knows how busy it was during medication pass time and the same with getting down for breakfast.

On 10/15/2025 at 2:00 PM, Surveyors interviewed Acting Administrator (AA)-B who acknowledged Resident 1 was not assessed to identify his/her needs prior to or following admission and his/her ISP was not specific to his/her needs.

RESIDENT 3
On 09/24/2025, Surveyor reviewed Resident 3's record and noted s/he was admitted to the facility on 09/05/2019 with diagnoses of mild intellectual disabilities, multiple sclerosis and PTSD (Post Traumatic Stress Disorder).

Surveyor reviewed Resident 3's ISP with print date 09/24/2025 and noted s/he required assistance from staff for toileting: "Staff is to use the sit to stand for transfers to the bathroom. The urge to use the bathroom can happen strongly and quickly ... Have individual go to the bathroom every 2 hours while awake and at night [s/he] can stretch it to every 4 hours." Surveyor note: Resident 3's ISP said s/he required partial assistance, but due to his/her transfer and ambulation status, and the bathroom being located down the hall from Resident 3's room, s/he was fully dependent on staff for toileting.

On 09/24/2025, Surveyor reviewed Resident 3's provider observation notes:

08/07/2025 12:45 PM - Supervisor D wrote, "When [Supervisor D] was getting [him/her] up this morning [Resident 3] requested the bedpan.

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[Resident 3] did not urinate and stated [s/he] was done so [Supervisor D] continued washing [him/her] up and got [him/her] dressed. [Supervisor D] then lifted [him/her] in the lift and [Resident 3] intentionally urinated all over [his/her] fresh clean clothes. Then requested to be put on the toilet. [Supervisor D] granted [him/her] wishes and reminded [him/her] has a 20 minute timer and other people are waiting to get up for the day. [Resident 3] did not void on the toilet. [Supervisor D] then went into the bathroom and asked [him/her] why [s/he] urinated all over [his/her] clean clothes when [s/he] was just on the bedpan. [Resident 3] instantly started to cry so [Supervisor D] left the bathroom. [Supervisor D] then chatted with [Resident 3] and told [him/her] that [his/her] behaviors are starting to elevate again. [Resident 3] refuses to do excersises,[sic] lift [his/her] weights, put [his/her] clean clothes away. [Supervisor D] told [Resident 3] that [his/her] room needs to be straightened up and [s/he] then stated [s/he] had to go to the bathroom so [s/he] didnt [sic] have to clean [his/her] room. [Supervisor D] then put [him/her] on the toilet and [s/he] did not void and was dry. [Resident 3's] behaviors are starting to increase."

08/15/2025 1:30 PM - Supervisor D wrote, "[Resident 3] has been refusing to do [his/her] exercises and weight lifting [sic] daily."

08/25/2025 5:45 PM - Caregiver N wrote, "[Resident 3] had urinary incontinence while playing on tablet at the nurses [sic] station this afternoon."

08/28/2025 9:15 AM - RN-K wrote, "[Resident 3] had episode of incontinence in dining area this morning. [RN-K] stated that this has been happening more frequently over the past month.

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N 381	Continued From page 93 [RN-K] sent fax to [Advanced Practice Nurse Practitioner (APNP) L)] so [s/he] can address this." 09/02/2025 9:00 AM - RN-K wrote, "Order received from [APNP-L] to get a [Urinalysis (UA)] and draw labs." 09/02/25 11:15 AM - RN-K wrote, "[RN-K] drew [Resident 3's] labs and collected a clean catch urine specimen. [RN-K] dropped everything off at [PCP's] lab." 09/03/25 4:15 PM - RN-K wrote, "[Resident 3's] urinalysis and lab results came back and showed patient to have a [Urinary Tract Infection (UTI)] and elevated liver enzymes. Macrobid 100 [milligrams(mg)] ordered [twice daily (BID)] for 7 days and [Comprehensive Metabolic Panel (CMP)] ordered for Monday. [RN-K] will go there Monday and draw lab." 09/05/25 9:45 AM - Supervisor D wrote, "[Resident 3] not feeling well. [S/he] is currently on an antibiotic for UTI. [S/he] hasnt [sic] gotten out of bed since yesterday around lunch time, refused supper and breakfast this morning. [S/he] is pale, yellow looking. Complaining of lower left side back pain. Nausea. Zofran given around 830am. [Supervisor D] called the rescue squad to have [him/her] evaluated at the [Emergency Room (ER)]. [RN-K] is aware. Will update when [Supervisor D] hears back from ER." 09/05/25 2:00 PM - Supervisor D wrote, " .... [Supervisor D] called the ER for an update on [Resident 3]. [S/he] was diagnosed with Pancreatitis, gullstones [sic] and possibly getting [his/her] Gull bladder [sic] removed. [S/he] was transferred to Green Bay hospital."	N 381		

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N 381	Continued From page 94 09/05/25 2:15 PM - RN-K wrote, "Fax received from [Primary Care Physician (PCP)] office stating that [Resident 3's] urine culture came back positive for e.coli [sic] and that [Resident 3] is on Macrobid, which covers this bacteria. [Resident 3] is currently in the hospital." 09/07/25 1:30 PM - Supervisor D wrote, "[Resident 3] is receiving surgery today. Unsure what time however will pass on to 2nd shift to call for an update sometime after supper." On 10/15/2025 at 3:00 PM, Surveyors interviewed Acting Administrator (AA)-B who verified delays in Resident 3 getting tested and treated for a UTI. Surveyors inquired whether there were any recent assessments completed for Resident 3, and s/he said no. AA-B said 'we didn't know what was going on ...it's so hard to tell what's true or not with [Resident 3].'" AA-B acknowledged Resident 3 was not assessed for change in condition. RESIDENT 7 On 09/24/2025, Surveyor reviewed Resident 7's ISP with update date 07/16/2025. Resident 7 was admitted to the facility on 05/31/2018. Resident 7 had diagnoses of Parkinson's disease, multiple sclerosis, dementia, paroxysmal atrial fibrillation, chronic obstructive pulmonary disease, congestive heart failure, obesity, depression, type 2 diabetes, dysphagia, and neurogenic dysfunction of the urinary bladder. Resident 7 had an activated Power of Attorney for Healthcare (POAHC), had an indwelling catheter, and received home health and wound care services. Surveyor reviewed Resident 7's most recent assessment dated 11/29/2024 for a change in condition. No assessments were completed for	N 381		

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Resident 7 since 11/29/2024.

On 09/24/2025, Surveyor reviewed Resident 7's record "status log" and noted Resident 7 was listed as being admitted to the hospital on 02/05/2025-02/11/2025, 05/31/2025-06/02/2025, 07/08/2025-07/13/2025, and 09/24/2025 when s/he then discharged to an alternate facility.

On 09/24/2025, Surveyor reviewed Resident 7's hospital records and noted the following "Hospital Problems" diagnoses and reasons for admission upon emergency room (ER) evaluation:

-02/05/2025 - Severe dementia due to Parkinson's disease, with mood disturbance (CMD)

-05/31/2025 - pressure injury of buttock, unstageable, unspecified laterally; acute cystitis without hematuria; delirium; urinary tract infection (UTI) associated with indwelling urethral catheter, subsequent encounter. Resident 7 was sent to the ER with urinary complaint, altered mental status, genital problem.

-07/08/2025 - urinary tract infection, associated with indwelling urethral catheter, initial encounter; subtherapeutic international normalized ratio (INR); sepsis with acute renal failure and septic shock; acute metabolic encephalopathy; chronic obstructive pulmonary disease. Resident 7 presented to the ER with reported fatigue and abdominal pain.

-09/24/2025 - sepsis; acute cystitis without hematuria; sepsis with acute respiratory failure; dementia due to multiple sclerosis with alteration of behavior. On 09/29/2025, Resident 7 was diagnosed in the hospital with sepsis due to

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N 381	Continued From page 96 gram-negative UTI. Resident 7 had presented to the ER with an altered mental status. On 09/24/2025 at approximately 10:30 AM, Surveyor interviewed AM Supervisor D who stated Resident 7 had high needs due to his/her immobility, behaviors, catheter, and wounds. Surveyor inquired whether Resident 7 was hospitalized often and AM Supervisor D said not often, but s/he has gotten multiple UTI's that required him/her to be seen. AM Supervisor D stated home health and wound care assisted with Resident 7's care. On 10/15/2025 at 2:30 PM, Surveyors interviewed AA-B who verified no assessments in 2025 were completed or in Resident 7's record upon change of condition on 02/05/2025, 05/31/2025, 07/08/2025, and 09/24/2025 and no assessments were conducted prior to or upon discharge from the hospital. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0310 83.29(2) Admission Agreement Include Services, Charges N0393 83.35(5)(a) Initial Evaluation Of Evacuation Limitations Y3244 50.09(1)(L) Care	N 381		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need	N 383		

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N 383	Continued From page 97 for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess Resident 2, Resident 4, Resident 8, and Resident 9 for all required areas applicable to each resident. Resident 2 was not assessed for his/her history of alcohol use and abuse, mental health and behavioral health including sexual tendencies, oral health, sensory/visual impairment, physical disabilities, pain, cognition, capacity for self-care and self-direction, fall risk, and social	N 383		

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participation. Resident 2 was not reassessed. Resident 2's individual service plan (ISP) did not reflect his/her needs.

Resident 4 was not assessed for his/her mental and emotional health care including sexual abuse history, interpersonal relationships, self-concept and social interactions. Resident 4 was reassessed identifying no assessed changes. Resident 4's individual service plan (ISP) did not reflect his/her needs.

Resident 8 was not assessed for his/her short term and long-term care needs of his/her ileostomy, skin integrity, pain, mobility, mental health, nursing procedures, and capacity for self-care. Resident 8 had a newly placed ileostomy and wound care needs that could require skilled nursing care oversight. Resident 8 was assessed as having a 'colonoscopy' and being able to change his/her colostomy bag independently which was not accurate. Resident 8 was not reassessed. Resident 8's ISP did not reflect his/her needs and interventions.

Resident 9 was not assessed for his/her history of mental and behavioral health including refusals of cares and assistance, skin integrity, sensory/visual impairment, dressing, wound care and coordination, diabetes management, capacity for self-care, and sleeping arrangements. Resident 9's ISP did not reflect his/her needs and interventions.

Findings include:

On 09/04/2025, the department received complaint information alleging resident needs were not being met.

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N 383	Continued From page 99 On 09/24/2025 and 10/08/2025, Surveyors conducted onsite complaint investigations. RESIDENT 2 On 09/24/2025, Surveyor reviewed Resident 2's record and noted s/he moved to the facility on 07/23/2025 with diagnoses of protein-calorie malnutrition, vascular dementia, alcohol abuse with alcohol-induced psychotic disorder, alcohol dependence with other alcohol-induced disorder, depression, anxiety disorder, left eye blindness, hereditary and idiopathic neuropathy, alcoholic polyneuropathy, encephalopathy, and repeated falls. Resident 2 had an appointed guardian and was able to make his/her needs known. On 09/24/2025, Surveyor reviewed Resident 2's electronic pre-admission assessment dated 07/17/2025 and noted the following: "Does resident have any recurring illnesses? [No box checked] ...Oral Health [Oral Health box checked] ...Does resident have any physical disabilities? [No box checked] ...Vision Describe resident's current vision needs/status and whether or not staff assistance is needed. [Vision box checked] ...Resident's Needs: (Specify resident's current vision needs) [nothing written] ...Does resident have any PRN [as needed] psychotropic medications? [check boxes left blank] ...Describe resident's maturity level. [Maturation box not checked] ...Does resident have any mental illnesses? [No box checked] ...Describe resident's motivation and attitude and whether or not staff assistance is needed. [Motivation and Attitude box check; staff assistance box not checked] ...Does resident display aggressive/combative behaviors [No box checked] ...Does resident display destructive behaviors? [No box checked] ...Is resident a fall risk? [No box checked] ...Education [box not	N 383		

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checked] ...List any family and community relationships/contacts that are important to resident. [no box checked] ...Describe resident's interpersonal skills. [no box checked]." Former Manager C was listed as filing the report.

On 09/24/2025, Surveyor reviewed Resident 2's electronic assessment also titled Initial Assessment dated 09/29/2025 and listed as Acting Administrator (AA) B filing the report. No changes or additions were made from Resident 2's prior assessment.

On 09/24/2025 at 9:45 AM, Surveyors interviewed AA-B who described Resident 2 as being combative and "blacking out" when s/he was intoxicated. Surveyors inquired whether Resident 2 had a history of drinking and AA-B stated "yes, [s/he] was evicted from [previous provider] because of it." AA-B also said Resident 2 had been complaining of a toothache and believed s/he was drinking to help with the pain.

On 10/08/2025 at approximately 10:30 AM, Surveyor interviewed Resident 2 who denied alcohol intake and any behavioral health and mental health needs. Resident 2 shared with Surveyor that s/he had a toothache and was hoping to schedule a dentist appointment soon. S/he indicated s/he provided his/her own oral care.

On 10/09/2025 at 2:00 PM, Surveyors interviewed MCO Provider Quality Supervisor (PQS) R and MCO Program Manager (PM) S. PM S described Resident 2 as having a history of alcohol dependence and becoming verbally aggressive when intoxicated. Surveyor inquired whether this was new for Resident 2 and PM S said no as s/he had incidents at his/her previous placement but

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did not come by alcohol use or abuse honestly. PM S stated Resident 2 was involuntarily discharged from his/her previous CBRF related to alcohol use and an incident of sexual abuse while Resident 2 was intoxicated, which was reported as having been shared with Licensee A and Former Manager C.

On 10/10/2025 at 1:49 PM, Surveyor received written information from PQS R that stated Licensee A conducted an in-person assessment at his/her previous facility of Resident 2.

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who verified Resident 2 was not assessed for all his/her abilities and needs as multiple areas of the assessment was left blank or did not have comprehensive information. His/her assessment did not include his/her known alcohol abuse and behaviors, past incidents, self-awareness, and self-care. Resident 2's ISP was not updated to reflect his/her needs, abilities, and interventions.

RESIDENT 4
On 09/24/2025, Surveyor reviewed Resident 4's face sheet and noted s/he was admitted to the facility on 04/16/2025 with diagnoses of schizoaffective disorder, bipolar type, anxiety disorder, and paranoid personality disorder. Resident 4 had a Power of Attorney Healthcare (POAHC) and was able to make his/her needs known.

On 09/24/2025, Surveyor reviewed Resident 4's pre-admission assessment dated 04/16/2025 completed by Former Manager C and noted the following:
"Physical Health - Vitals required? [No box checked] Oral Health [No box checked]

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N 383	Continued From page 102 Medications: Does resident have any PRN [as needed] psychotropic medications? [Check box: checked "Yes"] ...Mental and Emotional Health: Interaction [Check box: checked "Yes"] - Describe resident's interactions with others and specify individual needs- "Independent" ...Maturation [Check box checked "Yes"] - Describe resident's maturity level and specify individual needs: "good" ...Mental Illness [Check box: checked "Yes"] ...Motivation and Attitude [Check box: checked "Yes"] Describe resident's motivation and attitude and specify individual needs: "energy good" ...Self-Concept [Check box: unchecked] ...Social Participation: Interpersonal Relationships [No box checked]." Surveyor reviewed Resident 4's most recent ISP dated 07/23/2025 and noted the following: behavioral patterns indicated "Not Applicable", Mental Health indicated "Not Applicable", s/he required staff assistance for medication management, housekeeping, laundry, finances, and meals. Resident 4's 30-day assessment dated 05/23/2025 did not reflect any changes and updates. On 10/08/2025 at 9:45 AM, Surveyors interviewed AA-B who explained Resident 4 was admitted to the facility requiring supervision as s/he had a situation with a neighbor at his/her apartment complex. AA-B confirmed s/he had not updated Resident 4's assessment, stating s/he did not know this had to be done. On 10/06/2025 at approximately 3:30 PM, Surveyor interviewed Family Care Manager (FCM) DD who described Resident 4 as having "high mental health needs." S/he said Resident 4 had been residing in an apartment complex prior	N 383		

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to moving to the facility and reported having experiences of sexual abuse that made him/her feel unsafe there. FCM-DD said Resident 4 was relocated to a supervised setting to better support Resident 4's mental health needs and vulnerability related to his/her history.

On 10/15/2025, at approximately 2:30 PM, Surveyors interviewed Licensee A who acknowledged Resident 4 was not assessed for all required areas and did not identify all of his/her needs and interventions.

RESIDENT 8
On 09/25/2025, Surveyor reviewed Resident 8's face sheet and noted s/he was admitted to the facility on 04/17/2025 with diagnoses of chronic viral hepatitis C, iron deficiency anemia, hypomagnesemia, hypokalemia, unspecified dementia, mild, with mood disturbance, hypertension, chronic obstructive pulmonary disease, acute respiratory failure with hypoxia, gastro-esophageal reflux disease, constipation, ileostomy status, and personal history of other venous thrombosis and embolism. Resident 8 had an appointed guardian and was able to make his/her needs known.

On 09/25/2025, Surveyor reviewed Resident 8's most recent assessment listed as "30 Day Assessment" dated 05/23/2025 and completed by Former Manager B. Resident 8's assessment listed the following:
"Weekly Vitals and Weight ...Daily Per [home health] ...Does resident have any chronic illnesses? [No box checked] ...Does resident have any short-term illnesses? [Yes box checked] ...Resident's needs: Colonoscopy [sic] ...Ambulation ...Independent with ambulation. With Walker ...Independent with transfers ...Does

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resident have physical disabilities? [No box checked] ...Restorative/Rehabilitative Care [No Restorative/Rehabilitative Care Needs box checked] ...Does resident have a history or presence of pain? [Independent box checked] ..."Stomach pain can verbalize when in pain. Resident's Desired Outcomes: To be free of pain ...Does resident require any nursing procedures? [Yes box checked] [notation blank] ...Toileting - Independent ...Continent bladder empties own colostomy bag. Resident's Desired Outcomes: Maintain proper hygiene and independence with toileting ...Does resident require bowel movement monitoring? [Yes box checked] ..."

On 09/25/2025, Surveyor reviewed Resident 8's ISP dated 05/21/2025 and noted:
"Resident requires partial assistance from staff to complete bathing tasks ...partial assistance from staff to complete dressing tasks ....Independent with dressing ...partial assistance from staff to complete grooming tasks ....Independent with ambulation. With Walker. Independent with transfers ....Independent with toileting. Continent bladder. Empties own colostomy bag ...Stomach pain can verbalize when in pain ...Short Term Illness Colonoscopy [sic] ...Resident requires staff assistance/interventions to maintain positive interactions with others. Needs encouragement - appears isolated ...Aggressive/Combative: Not Applicable ... Self-Concepts: Aware of condition and limitations ....Mental Illness: Depression."

On 09/25/2025, Surveyor reviewed Resident 8's Task Administration Record (TAR) dated 04/23/2025:
"Colostomy Care - Staff need to empty and clean [Resident 2's] colostomy bag twice per shift. The stool needs to be emptied into the bedpan. The bag needs to be rinsed out with the squeeze

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bottle with water. The bedpan needs to be cleaned after use. Staff ned to check the wafer to be sure it is still in tact. The wafer and bag are changed weekly, unless leaking (Needs to be changed) . [sic] If there are any concerns with the wafer staff need to contact management. Staff need to release air from the colostomy bag frequently through the shift. This will prevent bowel incontinence and relieve pressure from [Resident 2's] skin." Written by Former Manager C.

No other assessments were in Resident 8's record.

On 10/15/2025 at 2:00 PM, Surveyor inquired with AA-B whether any other assessments were completed for Resident 8 and s/he said whatever was in his/her record was what they had for him/her as s/he had no idea.

RESIDENT 9
On 09/24/2025, Surveyor reviewed Resident 9's record and noted s/he moved to the facility on 04/16/2025 with diagnoses of type 2 diabetes with hyperglycemia, cataract, blindness in one eye, essential hypertension, and cellulitis. S/he was his/her own person, able to make his/her needs known, and moved from his/her own apartment to the facility. Resident 9 was transitioning into middle adulthood.

On 09/24/2025, Surveyor reviewed Resident 9's pre-admission assessment dated 04/16/2025 ... "Vitals required? [Daily Weight; Weekly Vitals and Weight; Monthly Vitals and Weight - no box checked] ...Does resident have any chronic illnesses? [No box checked] Does resident have any short-term illnesses? [No box checked] Does resident have any recurring illnesses? [No box

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checked] ...Oral Health ...Teeth Pulled ...Vision ...Legally Blind ...Measurable Goals ...[blank] ...Restorative/Rehabilitative Care - Resident requires staff assistance completing designed restorative/rehabilitative program. Walking ...Measurable Goals ...[blank] ...Is resident a diabetic? [No box checked] ...Pain History and Management [box checked] ...Measurable Goals ...[blank] ...Does resident require any nursing procedures? [No box checked] ...Does resident have any mental illnesses? [No box checked] ...Describe resident's motivation and attitude and whether or not staff assistance as needed. [Motivation and Attitude - Staff Assistance] ...Self-Concept [no box checked]."

On 09/24/2025, Surveyor reviewed Resident 9's 30-day assessment dated 05/23/2025 and noted no changes or additions.

On 09/24/2025, Surveyor reviewed Resident 9's ISP dated 04/16/2025 listed the following "Diabetes Management - Not Applicable ...Aggressive Combative - Not Applicable ...Self-Abusive Behavior - Not Applicable ...Chronic Illness - Not Applicable ...Eye Sight ...Staff Assistance As Needed Every Day ...Legally Blind ...Pain Management - [Describe presence/intensity of pain and interventions used for managing pain] ...Physical Disabilities Blind ...Recurring Illness - Not Applicable ...Short Term Illness - Not Applicable ...Mental Illness - Not Applicable ... Attitude - Not Applicable ...Interaction -[Describe resident's interactions with others and specify individual needs] ...Maturation - [Described resident's maturity level and specify individual needs]. Good ...Self-Concepts - Not Applicable ...Verbal - Not Applicable ..." On 05/05/2025 skin care was added to Resident 9's ISP, "Skin Care to BLE

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N 383	Continued From page 107 [bilateral/both lower extremities] Allow warm soapy towels to sit on site BLE and feet daily, and scrub to aid in removal of the thick layers of dry skin, dead skin. Apply lotion daily to soften to aid removal." Surveyor note: Resident 9's ISP did not list his/her needs related to diabetic management, refusals, pain history, toenail care, dressing preferences, sleeping preferences, vision needs, and specific wound care. On 10/07/2025, Surveyor reviewed Resident 9's provider observation notes: 04/18/2025 "[Resident 9] refused supper stating "I dont like anything they serve here." [AM Supervisor D] then told [him/her] after supper we would be helping [him/her] shower and [s/he] said "Oh No, I already showered." Writer explained to [Resident 9] that a foul odor was coming from [him/her] and that we needed to do a skin check assessment, vitals and weight. [S/he] rolled her eyes and said [profanity]. Writer then told [him/her] that [s/he] has to shower like everyone else here and that not only is it part of the rules to be clean, it is ...good for [his/her] health. [S/he] stated "Im not happy about this and you'd better be quick." Writer then explained to [him/her] that in order for us to do a proper assessment we have to wash and check over every body part. Writer and caregiver found redness [on his/her chest] very inflamed with an odor along with under [him/her] stomach folds. Caregiver ...washed them very well, dried and writer then applied [his/her] scheduled Nystatin powder to [chest] and under skin folds. Writer tried to put dry washcloths [sic] [on chest] and [under] stomach but [Resident 9] stated "No [profanity] and get ...out of my room." Writer then explained that we mean well and just have [his/her] best interest in mind. Writer also noticed [his/her]	N 383		

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toenails are very long and [s/he] refused them to be trimmed. [Resident 9] refused vital signs and weight tonight, however writer figured the shower and skin assessment was good enough for the day. We will attempt vitals and weight tomorrow."

04/19/2025 "Staff attempted to assist [him/her] with HS [bedtime]cares and [Resident 9] stated "No, just get ...out of my room." Writer then left [his/her] room ...[His/her] legs are very swollen but [s/he] will not cooperate and lay in [his/her] bed to elevate [his/her] legs/feet. Licensee A is aware of [him/her] not following the rules."

04/20/2025 "[Resident 9's] foot is very swollen. try [sic] to ask [him/her] if [s/he] will put it up. [s/he] is refusing at this time but the swelling will go down if it is elevated."

05/06/2025 "[RN K] spoke with nurse from [physician] office regarding swelling and pain to left leg and foot. Verbal order given for 1,000 mg acetaminophen every 8 hours as needed for pain. [Physician] would like to see the patient in [the] office to address the swelling further. Writer notified [Former Manager C] and [s/he] is going to assist with scheduling an appt for the patient tomorrow during business hours to have [his/her] leg and foot evaluated."

06/07/2025 "Skin Care to BLE ...Refused by Resident ...due to leg weeping, resident did not want treatment done at this time."

06/08/2025 "[Resident 9's] left leg has open area that was [sic] a blister that opened. Writer cleansed the wound thoughout the weekend. [His/her] room has been cleaned and floor mopped with clean towels placed on the floor under [his/her] leg to catch the fluids weeping

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from the wound."

06/09/2025 "Writer cleansed [Resident 9's] open blisters, mopped [his/her] floor and put a clean dry towel down under [his/her] legs to catch any weeping fluids. Writer also applied 2 border bandages to catch any weeping so that does not go into the other open wound on [his/her] ankle. Will continue to monitor weeping and change dressing PRN [as needed]."

On 10/20/2025, Surveyor reviewed Resident 9's physician and hospital records and noted: 05/08/2025, Former Manager C called the physician office and reported "[Resident 9] is refusing staff to lotion [his/her] feet and legs. [S/he] allows he warm soapy wraps. [S/he] sl [sic] edema, a NP [Nurse Practitioner] will be addressing soon."

06/25/2025 ED (emergency department) to hospital admission - discharged 06/28/2025: "Chief Complaints: Foot Pain ...Derm [dermatology] Problem, Leg Pain. Visit Diagnoses: Cellulitis of left lower extremity (primary), Morbid obesity ...Primary hypertension, Sepsis ...due to unspecified organism ...Type 2 diabetes mellitus."

Surveyor noted the following additional diagnoses not listed in Resident 9's provider record: depression with anxiety, iron deficiency anemia, mixed dyslipidemia, morbid obesity, non compliance, nasopharyngeal mass, onychomycosis of multiple tonenails wih type 2 diabetes mellitus, venous stasis dermatitis.

"[Patient has a weeping wound on the anterior part of the ankle. Pt reports difficulty with ambulation d/t [due to] pain from the foot and

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N 383	Continued From page 110 lower leg ...Comments: Edematous left lower with erythema noted to lateral ankle and lower leg ...Given extent of cellulitis will admit." "PCP was notified 6/6/2025 of open area about the size of a quarter with multiple blisters ...recommendation made to cleanse the area with saline and cover with Mepilex. PCP was subsequently notified 6/10/2025 of 2 open areas of left lower leg ...macerated looking with a large blister on [his/her] shin, recommendation made to continue cleansing with saline and Mepilex and to ensure patient has 2 layer compression stockins on in the morning and off at bedtime twice weekly on shower days however upon further review it appears the assisted living facility did not have compression stockings. PCP notified yesterday 6/24/2025 of wound having odor and appearing cellulitic ...Patient is essentially without complaint, since [s/he] is blind [s/he] was not aware of the wound or erythema ...Hospitalization 3/13-4/16/2025 for left leg cellulitis with sepsis after which patient was discharge to facility for short-term rehab." "[S/he] has [type 2 diabetes mellitus] but does not monitor [his/her] blood sugar levels due to a fear of needles." 06/26/2025 Resident 9's left lower leg required wound debridement - "multiple areas of crusted drainage. After removing scabs and crusting multiple full-thicken wounds with mixture of viable and nonviable tissue at base found, but also lots of areas of healed tissue under the scabs found. Moderate serous drainage. Severe edema, and erythema." Wound Care Consult 06/25/2025 "Open wound of unknown etiology left inferior lower extremity, hypertrophic [toe] nails, poor hygiene, cellulitis LLE ..."'	N 383		

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N 383	Continued From page 111 Surveyor reviewed provider observation notes and noted on 07/03/2025, Resident 9 was seen by Home Health. Surveyor note: Home Health services were not initiated and started until post hospitalization on 06/23/2025-06/26/2025 although Resident 9 moved into the facility with a history of lower extremity edema, blisters, dermatitis and cellulitis. Resident 9 had been admitted to the facility from his/her own apartment and hospitalization in need of rehabilitation with ambulation to increase mobility and strength. Surveyor noted in Resident 9's hospital records, s/he was hospitalized again on 07/23/2025-07/26/2025 for cellulitis of left lower extremity, multiple open wounds of left lower extremity, sepsis without acute organ dysfunction, as well as open wound of right lower extremity. On 09/25/2025, Surveyor reviewed Resident 9's April-June 2025 Task Administration Record (TAR) and noted the following resident refusals and noted 46 shifts where staff documented Resident 9 refused to complete dressing. 7 of 10 showers were not documented as being completed or not. 13 of 19 days where Resident 9 was documented as refusing his/her lower extremities to be washed and lotion applied. Resident 9's PCP was not notified of his/her ongoing refusals. Resident 9's assessment and ISP were not updated to reflect changes. April 16-30/2025: 9 documented days for dressing; 3 undocumented/blank days for dressing 2 of 2 undocumented/blank for showers May 2025: 14 documented days for dressing; 9 undocumented/blank days for dressing	N 383		

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4 of 4 undocumented/blank for showers
9 documented days lower leg skin care (started 5/5/2025); 3 undocumented/blank
June 2025: 13 documented days for dressing; 2 undocumented/blank days for dressing
1 of 4 documented for showers; 1 of 4 undocumented/blank for showers
5 documented days for skin care (placed on hold/discontinued on 06/11/2025)

On 09/24/2025 at approximately 10:10 AM, Surveyor interviewed AM Supervisor D who described Resident 9's care needs as him/her requiring daily weights, having wound care for blisters on his/her lower legs, refusing: changing clothes, skin care treatments, showers, blood sugar checks and having his/her legs raised. AM Supervisor D also said Resident 9 preferred to not wear underwear or bottoms and would walk in the hallway to the shared bathroom without pants on. S/he said staff told him/her daily "to put clothes on." AM Supervisor D said Resident 9 was very picky about his/her food and rarely ate what was listed on the menu.

On 09/24/2025 at 12:05 PM, Surveyor interviewed Resident 9 who was observed to be sitting on his/her chair with his/her shirt up and over his/her head, exposing his/her stomach and bare legs. Resident 9 was friendly and welcoming to Surveyors' visit. Resident 9's door was open and s/he was sitting in his/her recliner with his/her feet down, diagonal from the door making him/her completely visible from the hallway without having to step into his/her doorway. Resident 9 stated s/he could not wait to go back home to his/her apartment and his/her preference to be at his/her own home with an aide than live at the facility. Surveyor noted Resident 9 had ACE wrap bandages around both

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of his/her legs, ankles and feet. Surveyor noted Resident 9's toenails were approximately 2 inches long, thick, yellow, jagged, and egregious. Surveyor asked if his/her feet hurt and s/he said no. Resident 9 said RN K was facilitating a podiatry visit to get his/her toenails cut. Resident 9 shared s/he did not like the bed and slept in his/her recliner because s/he can't get out of the bed. Surveyor asked whether s/he wanted his/her door closed and s/he said s/he didn't care who saw him/her as s/he couldn't see his/herself anyways. Resident 9 noted s/he had to walk down the hallway to the bathroom as s/he did not have one in his/her room which s/he did not prefer, but also wasn't going to put more clothes on too as "when I have to go, I have to go quick."

On 09/24/2025 at approximately 12:00 PM, Surveyors interviewed ADRC Manager (APS)-O who said s/he observed Resident 9's toenails to be approximately 2 inches long, very thick, and dirty. APS-O indicated Resident 9 was diabetic. APS-O indicated Resident 9's room was located near the entrance of the facility, s/he preferred to keep his/her door open, and was known to sit in his/her recliner without pants and/or his/her shirt up, exposing his/her stomach and legs to anyone walking into the facility. APS-O said s/he had requested AA-B explore moving Resident 9's room to a more private space to support his/her preference of keeping his/her door open and wearing minimal clothing. APS-O said s/he also encouraged AA-B to explore routine podiatry for Resident 9, as well as all residents. APS-O reported AA-B was not receptive to the requests and suggestions.

On 10/09/2025 at 3:30 PM, Surveyors interviewed MCO Provider Quality Supervisor (PQS)-Q and MCO Program Manager (PM)-R who reported the

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N 383	Continued From page 114 MCO having concerns with Resident 9's care needs not being met, to include wound care, dressing, and podiatry care. PM-R said Resident 9 had a history of refusing vision appointments and to have his/her toenails trimmed. Resident 9 had a history of refusals and non-compliance with physician orders. PM-R said the MCO has had extensive conversations with Resident 9 and AA-B about Resident 9 having more privacy as Resident 9 was known to sit with his/her shirt up and over his/her head, exposing his/her stomach, and bare legs, and walking in the hallway to the bathroom without bottoms on. Resident 9's room was one of the first resident rooms on the main hallway connecting the main entrance to the nurse's station. Resident 9 preferred to sit in his/her recliner and s/he was visibly seen from the hallway when walking by. Resident 9 reported having no concern of privacy nor whether others see him/her naked or partially dressed. As of 10/09/2025, no interventions had been put in place by the provider for Resident 9's physical body exposure to other residents, staff, and visitors of the facility. PM-R and PQS-Q voiced awareness of the length and state of Resident 9's toenails and indicated their had been evidence of the MCO making attempts to obtain podiatry care for Resident 9 without agreement from Resident 9. There was no evidence of coordination or attempts to complete nail care or contact podiatry by the provider. PQS-Q noted the facility did not have a RN to complete nail care for Resident 9 as s/he was diabetic and his/her nails were thick and long. PM-R said the MCO care team was exploring opportunities for Resident 9 to move back to his/her own apartment with services, including skin and wound care. On 09/24/2025 at 10:01 AM, Surveyor	N 383		

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interviewed AM Supervisor D who described Resident 9 as someone who refused cares and assistance from staff often. S/he said s/he refused assistance changing, medications, meals, to sleep in his/her bed, blood sugar checks, having his/her legs wrapped, and topical treatments. AM Supervisor D said Resident 9 had weepy legs that required wrapping and s/he had redness under skin folds that required powder. AM Supervisor D said Resident 9 was often "in a mood" and would swear at staff when refusing. S/he said Resident 9 didn't have any mental health diagnoses, but "[s/he] totally has something." AM Supervisor D indicated Resident 9 had lived in an apartment alone prior to the facility and s/he "didn't know how [Resident 9] managed that." S/he said Resident 9 was known to not wear bottoms, walk the halls from his/her room to the bathroom and back without underwear, and to clog the toilet with toilet paper. AM Supervisor D said staff were to check the shared bathroom Resident 9 used every half hour to clean it up as Resident 9 would make a mess.

On 09/24/2025 at 12:05 PM, Surveyor interviewed Resident 9 who reported not liking the food at the facility, preferring to live on his/her own versus living at the facility, having toenails that needed to be cut by a podiatrist, having troubles getting out of the bed, and concerns with his/her wound care not getting done. Resident 9 said s/he preferred his/her medications crushed and in yogurt, which the facility did not assess or always provide. Resident 9 indicated s/he preferred to have his/her door open and did not care if others saw him/her.

On 09/24/2025 at 2:15 PM, Surveyor observed Resident 9 to be sitting in his/her recliner, with the door open, with only a t-shirt on, and a blanket

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covering his/her head. Resident 9's bare legs, lower stomach, and groin were exposed and visible from the hallway when walking by Resident 9's room.

On 10/13/2025 at 8:30 AM, Surveyor received written correspondence from PQS-Q which stated "[Resident 9] states [s/he] has not refused any [medications] that have been offered to [him/her]. [S/he] states [s/he] is also accepting of cares. But [s/he] has refused showers, asking staff to come back at a different time. Regarding food, [s/he] is very particular about [his/her] preferences. [S/he] often requests simple foods ...and is vocal about what [s/he] does and does not like ...[Resident 9] has expressed discomfort with sleeping in the bed at the facility."

On 09/24/2025 at approximately 2:30 PM, Surveyor interviewed AA-B who stated s/he had tried many ideas on how to get Resident 9 to not refuse cares and to cover him/herself up rather than exposing his/her groin, bottom, and legs when walking from his/her room to the bathroom. AA-B verified Resident 9 had not been assessed for his/her needs related to dressing, exposing him/herself, medications, and sleeping arrangements, and wound care. AA-B acknowledged Resident 9's care needs were not met at the facility.

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged residents were not assessed for all required areas.

On 10/15/2025, at approximately 2:30 PM, Surveyors interviewed Licensee A who confirmed s/he completed the pre-admission assessments on all residents. Licensee A stated s/he was not aware resident assessments needed to be

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N 383	Continued From page 117 updated, stating that is the facility administrator's job. Cross Reference: N0159 83.12(2)(b) Non-Caregiver: Investigating Abuse & Neglect N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0289 83.27(2)(c) Admissions Compatible With Program Statement N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0353 83.32(3)(i) Rights Of Residents: Adequate Treatment N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0393 83.35(5)(a) Initial Evaluation Of Evacuation Limitations N0416 83.37(2)(e) Other Administration Given Or Delegated By RN N0431 83.38(1)(g) Health Monitoring Y3244 50.09(1)(L) Care	N 383		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record.	N 393		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not evaluate 1 of 1 resident's (Resident 1's) ability, limitations, need for assistance, and time to evacuate the CBRF.

This is a repeat deficiency. See Statement of Deficiency 8CNU11, issued 6/10/2020.

Findings include:

The provider is licensed as a non-ambulatory (CNA) CBRF to provide services for up to 50 residents who may be developmentally disabled, physically disabled, of advanced age, terminally ill, and/or have Alzheimer's/dementia.

On 09/24/2025 at 2:05 PM, Surveyor interviewed Licensee A who verified Resident 1 had been residing at the facility since 08/22/2025. Licensee A indicated Resident 1 required assistance from staff as s/he had physical weakness and limitations. S/he indicated Resident 1 had confusion and was not safe to return to his/her home alone.

At approximately 10:01 AM, Surveyor interviewed AM Supervisor D who reported Resident 1 had good and bad days and s/he required assistance with cares and mobility from staff some days and other days, s/he was more independent. S/he said Resident 1 utilized both a walker and a wheelchair, but primarily a wheelchair.

At approximately 1:48 PM, Surveyor requested to review Resident 1's resident record. Acting Administrator (AA) B stated s/he did not have a resident record for Resident 1 and indicated

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N 393	Continued From page 119 Licensee A brought Resident 1 here as s/he had nowhere to go and needed care. On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who verified Resident 1 was not evaluated for his/her ability, limitations and time to evacuate the facility. Cross Reference: N0305 83.28(6) Resident Rights, Grievance Procedure, Rules N0310 83.29(2) Admission Agreement Include Services, Charges N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments	N 393		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure non-licensed employees were delegated by a registered nurse (RN) to administer injectables and stomal treatments. Resident 7 had long-standing orders for daily insulin administration for diabetes mellitus. An LPN or RN did not administer the insulin and staff were not delegated by an RN to administer insulin injections.	N 416		

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N 416	Continued From page 120 Resident 8 had an ileostomy and required stoma medicated treatments related to ongoing infections. An LPN or RN did not complete Resident 8's stomal treatments and ostomy wafer changes and the staff who did were not delegated by an RN to apply the treatments and complete the ostomy wafer changes. Findings include: On 09/04/2025, the department received complaint information alleging staff were administering insulin and other medications that required delegation by an RN. On 09/24/2025, Surveyors conducted a complaint investigation. RESIDENT 7 On 09/24/2025, at 9:35 AM, Surveyors interviewed Acting Administrator (AA) B who indicated Resident 7 received insulin and staff administered it to him/her. On 09/24/2025, Surveyor reviewed Resident 7's record and noted s/he was admitted to the facility on 05/31/2018 with diagnoses of Parkinson's disease, multiple sclerosis, obesity, type 2 diabetes mellitus, and long term current use of insulin. On 09/24/2025, Surveyor reviewed Resident 7's August-September 2025 Medication Administration Record (MAR) and noted orders for the following: Insulin Glargine 100 Unit/mL (Lantus, Basaglar, Semglee) - Inject 14 units subcuatenously every night at bedtime. Started 04/13/2025	N 416		

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N 416	Continued From page 121 Surveyor noted Resident 7 was administered injectable insulin daily by caregiver staff since s/he was admitted to the facility, with the most recent dosing change as 04/13/2025. Surveyor note: Resident 7's insulin was injected in both his/her abdomen and back of his/her arm subcutaneously. RESIDENT 8 On 09/24/2025, Surveyor reviewed Resident 8's record and noted s/he was admitted to the facility on 04/15/2025 with an ileostomy. Surveyor reviewed Resident 8's observation notes, physician notes, and hospital records and noted s/he had an irritated and inflamed stoma, irritation around his/her stoma, and a rash with cellulitis on the skin surrounding the stoma. Surveyor reviewed Nurse Practioner L's order dated 05/07/2025..." Apply non-sting skin prop [sic], then layer of stoma powder, apply non-sting skin prep, stoma powder, then one more layer of non [sting] skin prep Apply [Eakin] seal to the area from 2-4 o'clock as there is a divot there that we need to fill. Apply water ring, ensuring the wafer is pressed down well, then bag, continue to press down and around the ring to stoma to get a good seal Use warm wash cloth to cover stoma for 10 minutes then repress down around the inside ring of wafer to continue to get a good seal around ostomy. The skin that is red and irritated around the wafer please apply nystatin cream BID [twice daily] for 14 days. 30 minutes prior to wafer care please give 1000mg of Tylenol po [by mouth]." On 09/24/2025 at 10:00 AM, Surveyor interviewed AM Supervisor D who reported	N 416		

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N 416	Continued From page 122 Resident 7 was diabetic and s/he had orders for staff to administer his/her insulin daily. Surveyor inquired whether AM Supervisor D received training or delegation to administer insulin and s/he said "no one trained me here ...I was trained at the last place I worked." Surveyor inquired whether AM Supervisor D was trained at the facility to provide ostomy care and treatment to Resident 8. S/he said s/he "watched the home health nurse do it and went from there." On 10/16/2025 at approximately 11:35 AM, Surveyors interviewed Licensee A who verified s/he did not have an RN that trained staff. Licensee A stated s/he was not aware s/he had to have a nurse administer or delegate other administration to staff, but s/he was working on it. On 10/15/2025 at 2:00 PM, Surveyors interviewed Acting Administrator B who verified staff were not trained and delegated by an RN to administer insulin injections and provide ostomy care and treament. S/he said s/he was working on hiring an RN to do this. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0353 83.32(3)(i) Rights Of Residents: Adequate Treatment N0431 83.38(1)(g) Health Monitoring	N 416		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the	N 427		

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N 427	Continued From page 123 resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure a daily activity program to meet the interests and capabilities of residents was provided. This is a repeat deficiency. See Statement of Deficiency (SOD) 8CNU11, dated 01/21/2020 Findings include: The provider is a class CNA (non-ambulatory) community-based residential facility (CBRF) licensed to serve up to 50 residents who may be physically disabled, terminally ill, developmentally disabled, advanced aged, and/or have irreversible dementia/Alzheimer's. On 09/24/2025, Surveyors conducted an onsite visit from approximately 9:30 AM - 3:30 PM, Surveyors observed a morning activity with a local minister, but did not observe any other activities being provided throughout the day. Surveyors noted no activity calendar was posted in the facility.	N 427		

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N 427	Continued From page 124 On 10/08/2025 at approximately 10:35 AM, Surveyors toured the facility. Surveyor observed no activity calendar posted in the facility. Surveyor reviewed the facility records and found no activity calendar had been made to be posted for the current month of October 2025. On 10/08/2025 at 10:06 AM, Surveyor observed a large whiteboard located in the hallway leading to a common area, next to the nurse's station. Surveyor noted the white board had the menu, scheduled staff working, and the header "Activities." The white board did not list any activities. At approximately 10:30 AM, Surveyor observed AM Supervisor C write on the white board, "Pastor cancelled due to COVID in building ...Independent Activities and tablet time." On 10/08/2025 at approximately 10:45 AM, Surveyor interviewed Resident 3. Resident 3 explained they don't have activities there, but Licensee A takes them in the van to go shopping. On 10/08/2025, Surveyor reviewed provider's Program Statement: "Client Groups a. Irreversible Alzheimer's Dementia ... b. Advanced Age ... c. Terminally Ill ... d. Physically Disabled ... e. Developmentally Disabled ...Services focus on empowering each resident to reach his or her maximal level of independence in areas of health, activities of daily living, socialization, recreation, vocation, and quality of life. Our proposed plan includes a divided client-base between groups a thru d [sic] as shown above. Each client group has activity programming	N 427		

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N 427	Continued From page 125 tailored to their respective abilities. However, we also do activities jointly with members of the groups; these would include church services, exercise, arts and crafts and intergenerational programming, etc. This sometimes poses a challenge, but because of excellent staff to resident ratios and our staff is specifically trained in fostering positive interaction between both groups, we manage to have fun for all the participants. Activities for those in group e will be separated in a different common area as needed." Surveyor interviewed Acting Administrator B (AA-B) who verified an activity calendar was currently not posted. AA-B stated s/he was in the process of revising how activities would be scheduled and did not have a current activity calendar to post. Cross Reference: N0289 83.27(2)(c) Admissions Compatible With Program Statement N0230 83.19 Orientation N0239 83.20 Department-Approved Training Courses N0383 83.35(1)(c) Listed Areas For Assessments	N 427		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical	N 431		

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N 431	Continued From page 126 health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 10 received health monitoring that met their needs. Resident 10 had type 2 diabetes mellitus with hyperglycemia. S/he had orders for his/her blood sugar to be taken twice a day. Eighteen (18) documented blood sugar checks were not done due to test strips not being in the facility and 34 blood sugar checks were not documented as being conducted from 07/02/2025-09/09/2025. Findings include: On 09/04/2025, the department received complaint information resident care needs were not being met. On 09/24/2025 and 10/08/2025, Surveyors	N 431		

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N 431	Continued From page 127 conducted onsite complaint investigations. RESIDENT 10 On 10/08/2025, Surveyor reviewed Resident 10's record and noted Resident 10 was admitted to facility on 07/01/2025 with diagnoses of type 2 diabetes mellitus with hyperglycemia, dementia with Lewy Bodies, and COPD. Resident 10 required assistance from staff for medication management and administration and vital checks to include blood sugar checks. Resident 10 was able to make his/her needs known. On 10/08/2025, Surveyor reviewed Resident 10's July-September 2025 TAR and noted the following: Monitor Blood Sugar - check blood sugar levels in AM before breakfast and after supper at night (7:30 AM and 6:00 PM) Surveyor note: No blood sugar parameters were noted. Surveyor noted no documentation of blood sugar checks on the following days: 07/02 AM, 07/13 PM, 07/14 AM, 07/14 PM, 07/19 AM, 07/23 PM, 07/24 PM, 07/28 PM, 07/30 PM, 08/01 AM, 08/01 PM, 08/04 AM, 08/10 PM, 08/12 PM, 08/13 PM, 08/17 PM, 08/18 PM, 08/19 AM, 08/21 AM, 08/22 PM, 08/23 AM, 08/24 AM, 08/25 PM, 08/26 PM, 08/28 AM, 08/28 PM, 08/30 PM, 08/31 AM, 09/02 AM, 09/03 AM, 09/04 AM, 09/06 PM, 09/08 AM, 09/09 AM. None (9) checks in July, 19 checks in August, and 6 checks in September (through 09/12/2025) were not documented as completed. Blood sugar checks were identified as "Other" for blood sugar checks not being completed on 07/09 PM, 07/10 AM, 07/10 PM, 07/16 PM, 07/31 AM, 07/31 PM, 08/02 AM, 08/03 AM, 08/04 PM,	N 431		

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N 431	Continued From page 128 08/05 AM, 08/07 AM, 08/07 PM, 08/08 AM, 08/10 AM, 08/14 AM, 08/15 AM, 08/16 AM, 08/20 PM. Scheduled Care Notations indicated staff documented blood sugar checks as other due to "no test strips" in the facility. Six (6) blood sugar checks in July and 12 checks in August were documented as not completed due to not having test strips. Surveyor note: Of the blood sugar checks taken, Resident 10's blood sugars ranged from 62 to 227. No parameters or normal limits listed for Resident 10's levels and no communication with his/her physician regarding blood sugars were noted. Resident 10 had a history of high blood sugar which was treated by an oral medication. On 10/20/2025, Surveyor reviewed Resident 10's hospital notes from 09/12/2025 and noted Resident 10 was hypoglycemic (low blood sugar) upon admission to the hospital and had unstable blood sugars throughout his/her hospitalization from 09/12/2025-09/23/2025. On 10/20/2025 at 2:21 PM, Surveyor interviewed Family Member HH. S/he said staff were supposed to monitor Resident 10's blood sugars. S/he was not aware that they had not been consistently taking them. Family Member 10 indicated they did not monitor Resident 10 well and his/her oxygen levels were all over the place as well. 08/05/2025 "Called [PCP] ...I also asked about blood sugar. [PCP] wants [Resident 10] tested daily before breakfast." On 09/25/2025 at approximately 3:00 PM, Surveyor interviewed MCO Family Care Manager (FCM)-DD who said they (MCO) had been making weekly or more visits to the facility	N 431		

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N 431	Continued From page 129 regarding allegations of abuse, but also related to blood sugars not being checked as ordered, medications not being administered in alignment with vital parameters, and daily and weekly weights not being completed. On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged Resident 10's blood sugar checks were not completed as ordered due to them not having Resident 10's test strips for around 2 months. Cross Reference: N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0416 83.37(2)(e) Other Administration Given Or Delegated By RN Y3244 50.09(1)(L) Care	N 431		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not manage Resident 2, Resident 3, and Resident 4's behaviors that may have been and were harmful to him/herself and others.	N 433		

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Resident 2 was involuntarily discharged from a previous Community Based Residential Facility (CBRF) following incidents of belligerence, sexual behaviors, and self-care deficits related to alcohol inebriation. Resident 2 was known to obtain alcohol in the community and indulge in excessive consumption leading to behaviors. Resident 2 moved to the facility on 07/23/2025. No interventions and safeguards were implemented upon admission to the facility. Resident 2 had incidents of alcohol consumption and behaviors documented as starting on 07/25/2025. Hourly checks when sober and half hour checks when "believed" to be intoxicated were implemented on 09/26/2025. No other interventions for supporting Resident 2 and protecting other residents were implemented.

Resident 3's individual service plan (ISP) identified him/her to be vulnerable to relationships with others, putting him/her at risk of being exploited. Resident 3's ISP identified s/he should be discouraged from being in other residents' rooms. Resident 3 was found in Resident 2's room. No interventions were implemented to protect Resident 3 prior to or following the incident.

Resident 4 had a history of being sexually exploited and had paranoid delusion leading to behaviors. Resident 4 was not assessed and interventions were not implemented to protect Resident 4 and support his/her behavioral health needs.

This is a repeat deficiency. See Statement of Deficiency (SOD) 8CNU12, dated 09/21/2022.

Findings include:

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N 433	Continued From page 131 On 08/19/2025, the department received self-report information reporting Resident 3 was found in Resident 2's room, and s/he had reported having relations with Resident 2. RESIDENT 2 On 09/24/2025, Surveyor reviewed Resident 2's record and noted s/he moved to the facility on 07/23/2025 with diagnoses of protein-calorie malnutrition, vascular dementia, alcohol abuse with alcohol-induced psychotic disorder, alcohol dependence with other alcohol-induced disorder, depression, anxiety disorder, left eye blindness, hereditary and idiopathic neuropathy, alcoholic polyneuropathy, encephalopathy, and repeated falls. Resident 2 had an appointed guardian. Surveyor noted Resident 2's electronic record included a notice written by Former Manager B dated 07/29/2025 " Make sure [Resident 2] isn't in [fe/male] residents room or [fe/male] residents in [his/her] room. [Resident 2] will walk to get vodka & hide it in [his/her] room. [S/he] is know[n] to have full-blown seizures. [Resident 2] also gets aggressive when drinking." Surveyor reviewed Resident 2's pre-admission assessment dated 07/17/2025 was silent to Resident 2 requiring restrictions with visits with other residents, alcohol intake and behaviors related to consumption, and seizure activity. Surveyor reviewed Resident 2's ISP dated 07/17/2025 which listed the following: "TRANSFERRING - INDEPENDENT ...Independent with transfers with four wheeled walker ...POSITIONING - INDEPENDENT ...HOUSKEEPING - STAFF ASSISTANCE ...LAUNDRY - STAFF ASSISTANCE ...TRANSPORTATION ...[provider] assist with [Resident 2's] transportation preference and	N 433		

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N 433	Continued From page 132 needs ...VISION ...Left eye blind ...COMMUNICATION ...Independent." Surveyor reviewed Resident 2's July-August 2025 Task Administration Record (TAR) and noted Monthly Vitals and Housekeeping - Staff Assistance were the only tasks to be signed off on for Resident 2. On 10/14/2025, Surveyor reviewed Resident 2's provider observation and internal notes, and noted the following related to resident-to-resident interactions, alcohol consumption and behaviors: 07/26/2025 "[Resident 2] was up in staffs [sic] face yelling and cursing and [his/her] body language was threateninging. [sic]" 07/27/2025 "Diclofenac sodium (voltaren gel) No Pass: Refused by Resident 'Are you stupid? I don't use this." 07/27/2025 "When giving [Resident 2] [his/her] morning medications, [s/he] noticed the volteran gel [sic] and nose spray in my hand and said 'What the hell is that for? Ive never taken that in my life. Are you stupid? Im starting to realize that everyone here is not intelligent.' [sic all] Writer explained to [Resident 2] that these are prescribed from [his/her] [doctor] and that [s/he] must have taken them before. [Resident 2] stated, 'No, you're just incompitent.' [sic]" 07/30/2025 "[Resident 2] refused breakfast and lunch today. Writer brought [his/her] 8am [sic] medications in to [him/her] this morning and [s/he] asked me why everyone keeps giving [him/her] medication that [s/he] has never taken before. Writer told [him/her] that these are the same scheduled meds [s/he] has been taking for a long time. Elder [Resident 2] stated 'That is	N 433		

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N 433	Continued From page 133	N 433		

complete [profanity], these medications are meant to make me sick so that you [staff] can do whatever you please.' Writer asked him if he would like to speak to the Administrator and he replied, "No, thats [sic]not going to do anything but piss me off even more." Writer shut [his/her] door and left room. When writer asked if [s/he] would like some lunch around lunchtime writer could smell a strong odor of liquor. Elder had a water cup full of alcohol and stated 'No no, everyone leave me the [profanity] alone.' ...Per [Licensee A] if any behaviors start with [Resident 2] we are to call the [police]. [S/he] also refused [his/her] 2pm meds. 'Im [sic] sick of everyone knocking on my [profanity] door.'"

Resident 2 refused medications 07/30/2025-08/01/2025.

08/07/2025 "There is evidence that Elder is drinking Alcohol today. [s/he] came down for breakfast and was very overstimulated by everyone in the dining room. [Resident 2] was talking to [Resident 11] and stated 'You keep coming into my room today.' Writer got [Resident 11] up this morning and assisted with [his/her] cares and then brought [him/her] up to the Nurses Station so [s/he] could visit with writer so there is no time [s/he] could have went into [Resident 2's] room. [Resident 2] was visibly intoxicated at this time. [S/he] was talking inappropriately and said to another peer "Are you [profanity][pejorative]?" [Resident 2] is also making inappropriate comments to staff wanting them to pull their pants down to see the 'goods.' Administration aware. Elder refused lunch and sat outside under the Gazebo and drank [his/her] alcohol instead of eating lunch. [S/he] took all medications... Will continue to monitor for behaviors towards staff and peers. [sic all]"

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N 433	Continued From page 134 08/10/2025 "Resident is drinking again. Ignoring staff, being rude and making rude comments. Took 8am medications however refused cream and spray per usual. Also refused 2pm medication due to ignoring staff when medication brought to [him/her] x2. [sic all]" 08/28/2025 "[Resident 2 said] 'Im [sic] so sick of taking these [profanity] meds' Resident is intoxicated. [sic all]" 08/29/2025 "Elder has been very intoxicated for the last 4 days. Today, [s/he] had [Resident 4] in [his/her] room with the door locked however nothing inappropriate happened per [Resident 4]. They were just talking. Writer educated both on having conversations in a more common area from now on. [Resident 2] is refusing [his/her] afternoon medications 'Im not taking those [profanity] medications anymore, you all are nuts.' Writer told [him/her] that [his/her] behavior is uncalled for and inappropriate. Elder was yelling at residents and staff to 'Shut the [profanity] up' Writer told [Resident 2] that [s/he] can go to [his/her room if the noise bothers him [him/her]. Resident replied 'This whole place is [profanity] up.' Elder staggers down the hallways, room smells of very strong alcohol." 09/06/2025 "[Resident 2] went for a "walk" this morning and got dropped off by a [wo/man] in a truck. [S/he] more than likely has alcohol that [s/he] brought back so please watch for alcohol consumption and document behaviors as needed ..." 09/17/2025 "Elder is visibly intoxicated today. [S/he] is drinking whisky [sic] on ice. Please chart any inappropriate behaviors."	N 433		

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N 433	Continued From page 135 09/20/2025 "[Resident 2] was complaining of a toothache today so PRN [as needed] APAP [acetaminophen] was given. Medication was not effective which then resident stated 'I'll just drink the pain away' Writer educated [him/her] on drinking alcohol with the medications [s/he] takes but that made [him/her] upset and snap at writer..." 09/23/2025 "[Resident 2] has been staying in [his/her] room, refusing to come out for meals and activities. [S/he] is generally a clean person, but [his/her] room is a mess. There is a distinct odor, evidence of urine on the floor, and flies. When writer attempted to gather [his/her] trash, resident got upset and started yelling ..." 09/24/2025 "[Resident 2] has yet to come out of [his/her] room today. [His/her] [guardian] has been notified per [AM Supervisor D]. [S/he] stated that [s/he] would get up and shower, and allow us to clean [his/her] room. While getting up, [Resident 2] fell, and requested that we leave [him/her] alone and let [him/her] get himself up. Later, the door was locked and [s/he] stated that [s/he] would like to be left alone. There is evidence of urine and feces on the floor as well as in the bed. Medications were refused. Staff will continue to monitor." 09/26/2025 "We are now implementing putting [Resident 2] on a 1 hour check until further notice. I have a 15 minute check sheet filled out in the orange folder. Please start this at 2pm. [sic all]" 09/28/2025 "[Resident 2] was going to go with to [department store] with [License A] and peers this morning however [Licensee A] reminded [Resident 2] that [s/he] would be checking	N 433		

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[his/her] bags for alcohol. [Resident 2] got visibly upset and went in the building and went and sat outside under the Gazebo. [S/he] refused to go on the [department store] trip. When writer opened the door for [him/her] when [s/he] was coming in from smoking '[s/he] said 'I can [profanity] take care of myself, I dont [sic] need any of yous [sic] to tell me what to do.' No alcohol consumption seen today. Will continue to monitor [his/her] behaviors. [sic all]"

09/30/2025 "Elder came into the dining room for lunch and got irritated about another resident talking too loudly in their own room and because there was too much going on around [him/her]. [S/he] is visibly intoxicated. Elder stated 'You know what, [profanity].' And left the dining room and went outside to sit under the Gazebo. Writer initiated 30 minute checks at this time."

Resident 2 refused all medications from 09/30/2025-10/04/2025.

On 09/24/2025 at 9:35 AM, Surveyors interviewed AA-B who described Resident 2 as sneaking out of the facility and coming back with liquor. Resident 8 would then go on a "binge" drinking and would be on the floor intoxicated as s/he would not get out of bed, would refuse any assistance, would not leave his/her room including to use the bathroom and eat, would be incontinent of bowel and bladder, and would become combative when staff attempted to assist. AA-B indicated Resident 8 was currently intoxicated and hadn't gotten out of bed all week.

On 09/24/2025 at 10:01 AM, Surveyor interviewed AM Supervisor D who walked with Surveyor down the resident room hallway. S/he said s/he had worked at the facility on and off

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over a number of years and was currently the day shift supervisor, working full time. AM Supervisor D indicated Resident 2 was in his/her bed sleeping. AM Supervisor D said "do you smell that? That's [him/her]," and pointed to Resident 2's room. AM Supervisor D verified with Surveyor that there was a strong urine and bowel odor throughout the hallway. Surveyor inquired whether Resident 2 had been changed and assisted, and AM Supervisor D said "couldn't tell 'ya,' [s/he] didn't let me in." S/he said Resident 2 was usually open to AM Supervisor D coming in his/her room, but often told other staff to "get the [profanity] out." S/he indicated Resident 2 was generally independent with activities of daily living (ADL's), except when s/he became intoxicated and then s/he "chooses or loses" all ability for self-care which was what explained the odor. AM Supervisor D recalled the last time Resident 2 had a situation of intoxication and refusing to leave his/her room, Resident 2 had urinated and defecated on the floor and on towels.

On 09/24/2025 at 1:00 PM, Surveyor interviewed AA-B who said when Resident 2 was sober, s/he was the nicest person and an artist, but for the last week and a half or so, Resident 2 had laid in his/her bed and drank (alcohol). Surveyor inquired where s/he got the alcohol and AA-B indicated s/he was picked up by a friend and they picked it up s/he believed. AA-B described Resident 2 as having depression, "pukes, pees, and poops all over [his/her] room, and is just unbearable." S/he will fall and refuse to shower. S/he said his/her bed needed to be changed, but s/he was not letting him/her or other staff do it, but s/he would go back in and try.

At approximately 2:00 PM, Surveyor observed Resident 2 in the dining room talking with

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Resident 11. S/he was freshly groomed and had damp hair from showering. Resident 2 presented in an approachable mood and did not present incoherent or under the influence per observation by Surveyor and AA-B.

On 10/08/2025 at approximately 9:30 AM, Surveyors conducted a second onsite visit. Surveyors interviewed AA-B who indicated s/he was giving Resident 2 a 30-day involuntary discharge notice because s/he "caught [him/her] smoking in [his/her] room ...for [his/her] drinking [alcohol] and violence ...all the sexual stuff ...and making [explicit] inappropriate comments to me and staff." AA-B indicated Resident 2 was currently drinking, while Surveyors were onsite.

Surveyor reviewed Resident 2's most recent ISP with updated date 09/26/2025. Surveyor noted "Hourly checks" were added to his/her ISP on that date ..."[Resident 2] is to be on hour checks Effective today. [sic all] All shifts, If [Resident 2] is drinking 30 min [minute] checks need to happen. All behaviors are to be charted." Resident 2's ISP was silent to alcohol use, intoxication, behaviors and other interventions.

Surveyor reviewed Resident 2's incident reports (two in record):
08/26/2025 Fall - "Staff not present. Alcohol consumption suspected based on behaviors." Report indicated Resident 2 told staff to leave him/her alone and did not allow staff to assess him/her.

09/26/2025 "Smoking in room" "Writer went to give [Resident 2] [his/her] 2pm medications and saw smoke visibly in [his/her] room. [S/he] was smoking a cigarette. Writer went and got administrator whom then went and spoke to

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[him/her] about the rules of not smoking inside the facility. Resident denied smoking inside [his/her] room."
Surveyor note: Guardian H was not notified of either of these incidents.

On 10/08/2025 at 10:04 AM, AM Supervisor D provided Surveyor with a binder and indicated Resident 2's checks were in it. Surveyor reviewed the binder and noted the first page as Resident 2's document titled "15 Minute Checks" with a handwritten note "1 Hour Checks when sober 30 minute [sic] checks when Drunk" for date "10/9-10/10/2025." (Date was incorrect). AM Supervisor D indicated Resident 2 was sober, so s/he was checking on him/her hourly that morning. S/he said "[Resident 2] had been drinking yesterday." Surveyor and AM Supervisor D reviewed sample historical checks and noted on 10/04/2025, 10/05/2025, 10/06/2025, and 10/07/2025, Resident 2 was on hourly checks (not half hour).

On 10/08/2025 at 10:00 AM, Surveyor interviewed AA-B who stated Resident 2 had not drank in quite a while. S/he said s/he believed 10/04/2025 was the last time s/he was known to be drinking alcohol.

On 10/08/2025 at approximately 10:30 AM, Surveyor interviewed Resident 2. Resident 2 was welcoming to Surveyor, presented with good hygiene and clean clothes, and was coherent and alert. Resident 2's room was clean, organized, and free from odors. Resident 2 invited conversation and talked about his/her past times to include artwork and shared pictures of his/her family from the past. Resident 2 said s/he enjoyed going to town to pick up snacks, juice, and water. Surveyor inquired whether s/he

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enjoyed any specific alcoholic beverages, and Resident 2 told Surveyor s/he did not drink (alcohol) often. S/he said s/he preferred water and did not prefer to be around others who drank. Surveyor inquired whether s/he had any friends or partners at the facility and Resident 2 said "no way, they all have issues."

On 10/13/2025 at 8:00 AM, Surveyor interviewed Nurse Practitioner (APNP) L who described Resident 2 as having a life of alcoholism. S/he became Resident 2's primary medical provider prior to his/her move to the facility, but within the past year. S/he said Resident 2 became belligerent and agitated with him/her if alcohol consumption was brought up, indicating s/he did not have a problem, denied any allegation of behaviors while intoxicated, and denied consuming alcohol to any extent. APNP L said s/he had witnessed Resident 2 completely intoxicated and Resident 2 could barely move or speak. S/he indicated having found multiple empty bottles of vodka in his/her room at the time. APNP L said s/he had worked with the Medical Director to ensure Resident 2 was on a medication regime safest possible with alcohol consumption. Surveyor inquired whether Resident 2 would deny drinking alcohol if asked and APNP L said absolutely, s/he was in deep denial.

On 10/10/2025 at 1:49 PM, Surveyor received email correspondence from MCO Provider Quality Supervisor (PQS Q), with written information regarding Resident 2 from Care Manager (CM) Z: "[Resident 2] will deny alcohol use when asked ...[Resident 2] does not discuss [his/her] current or past alcohol use ...[Resident 2] was using transportation opportunities [previously] ...so legal guardian changed PCP

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[primary care physician] and dentist to local providers to mitigate risks. However, [Resident 2] is allowed to leave the CBRF and is believed to go to a local gas station or store to purchase alcohol. [Resident 2] denies any issue with alcoholism."

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged Resident 2's alcohol consumption and behaviors when intoxicated were not documented and managed to meet Resident 2's needs. AA-B acknowledged no interventions were implemented to protect Resident 2 and other residents. AA-B stated "what am I supposed to do?"

RESIDENT 3
On 08/19/2025, the department received self-report information reporting an investigation involving relations between Resident 2 and Resident 3.

On 09/24/2025, Surveyors reviewed Resident 3's record and noted s/he was admitted to the facility on 09/05/2019 with diagnoses of mild intellectual disabilities, multiple sclerosis and post-traumatic stress disorder.

Resident 3's electronic resident record included a notification "[Resident 3] has history of inappropriate interaction with both males and females. Per [Guardian P] [Resident 3[is to only socialize with peers in a common area d/t [due to] history of false accusations. [Resident 3] is not to be in other residents' rooms nor are other residents to be in [his/hers] unattended. [Resident 3] is to utilize facility phone for all phone calls. Meetings with [Resident 3] should be done with at least one other person present."
Surveyor noted Resident 3's record did not

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include any approved rights limitations or approved restrictive measures in place with the MCO or department.

On 09/24/2025, Surveyors reviewed Resident 3's ISP dated 08/11/2025 and noted the following:
Maturation Status: "[Resident 3] does have a diagnosis of mild intellectual disability and does not display age-appropriate maturation. [Resident 3] is often dishonest if asked about doing things [s/he] should not be doing. [Resident 3] at times verbally says things to staff that are not appropriate. [S/he] needs to be reminded that this is not appropriate, and [s/he] needs to stop and think before [s/he] says something that will hurt others."
Mental Health/Interaction Directions: "[Guardian P] has requested that staff monitor [Resident 3's] interactions with others. [Resident 3] does desire a partner and will look to others for a relationship even if it is not a good fit. [Resident 3] is vulnerable due to the fact [s/he] wants so badly to have a relationship. [Resident 3] has a history of sexual activity. [Resident 3] will hide activity for fear of getting in trouble. Staff work with [Resident 3] on healthy boundaries, appropriate interaction with others, dressing appropriately, keeping doors closed during personal cares, toileting."

On 09/24/2025 at approximately 9:30 AM, Surveyors interviewed AA-B who stated Resident 3 told me s/he lied about the situation between him/her and Resident 2. AA-B shared, Resident 3 has a history of telling lies about other residents and s/he told Caregiver M, who seen him/her in Resident 2's room that nothing happened. AA-B stated s/he reminded Resident 3 of the facility policy; residents are not allowed in other resident's rooms unless staff are also in the room. AA-B explained residents can visit in the

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common areas whenever they want, Resident 3 knows the rules, s/he has been known to tell lies about having sex with other residents and causing problems.

On 09/24/2025 Surveyors reviewed a police report dated 09/24/2025. The police report noted a sexual assault occurred at the facility; alleged victim listed as Resident 3, reported by ADRC Manager Adult Protective Services (APS)-O on 09/19/2025. Detective S and Sexual Assault Advocate T (SAA-T) investigated at the facility on 09/23/2025 at approximately 6:00 PM. Detective S and SAA-T questioned AA-B and noted ..." [AA-B] told us that [Resident 3] likes attention and therefore embellishes stories and lies. [AA-B] had witnessed occasions where [Resident 3] lies to other workers in this facility as well as workers with other agencies ..." Detective S and SAA-T asked AA-B what s/he knew about the incident between Resident 2 and Resident 3. Report noted AA-B responded, "... Resident 3 stated the encounter was consensual." Detective S and SAA-T asked AA-B why s/he believed Resident 3 may have told ADRC a different story? AA-B stated, " ... [Resident 3] likes attention and believes [Resident 3] did not want to get in trouble for breaking the rules in the facility. There is a rule in place that nobody is to be in another resident's room without a staff member's permission."

Detective S and SAA-T noted, Resident 3 described a caregiver entered Resident 2's room and yelled "You know that you are not supposed to be in another person's room". Resident 3 did not remember if s/he was still in the room by Resident 2 or if they had already separated from one another when this happened.

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N 433	Continued From page 144 Detective S and SAA-T determined with Resident 3 that the sexual contact was consensual. Resident 3 stated s/he did not want to get in trouble for breaking the rules, therefore, had told some people that the contact between him/herself and Resident 2 was not consensual. SAA-T asked Resident 3 if s/he liked Resident 2, Resident 3 blushed and smiled. SAA-T then ensured Resident 3 that the feelings s/he was having were normal and it is also normal for people to want to have sex but would have to follow the facility rules. On 09/24/2025, at approximately 1:46 PM, Surveyor interviewed Resident 3 who stated, "It is all my fault that it happened. I knocked on [Resident 2's] door and went into [his/her] room." Resident 3 described having sexual relations with Resident 2. Resident 3 confirmed talking to Former Manager C and Caregiver M about what happened with Resident 2 but doesn't remember the exact date. Resident 3 stated, "It happened right after [Resident 2] moved in sometime." Surveyor asked Resident 3 if s/he talked to caregivers or anyone else about his/her feelings. Resident 3 expressed s/he was scared to talk to them because s/he would probably have to move again. S/he explained s/he has lived at over 7 places, and it was hard to move. Resident 3 stated s/he talked to AA-B about his/her feelings but felt nervous, like s/he was a bother. Resident 3 also expressed s/he feared being in trouble because it was all his/her fault. Resident 3 stated, I know the rules and I went into Resident 2's room, and I am not allowed to do this. Resident 3 expressed that s/he wanted a relationship but wasn't allowed to have one. Resident 3 shared his/her personally documented journal writings. Resident 3 read aloud, "My mind is confused like I don't belong anywhere. It feels	N 433		

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like my emotions are in a cluster. I have mixed feelings, and I cannot get myself out of my own head, I need help. I am scared to ask, my mind is focused on one thing then another. I am scared of reality, of what is going to happen. I feel like I am invisible, like I am living in a fairytale."

On 09/24/2025 at 9:30 AM, Surveyors interviewed AA-B about the incident who indicated s/he talked with Resident 2 and Resident 3 reminding them of the facility rule, "residents are not allowed to be in other resident's rooms with the door closed and without staff monitoring them." Surveyor asked AA-B whether s/he interviewed Resident 2 when s/he learned of the allegation and AA-B stated, "Yes, I did ask [Resident 2] about the allegations, and s/he was very angry, screamed at me "NO stop [profanity] asking me that" and get the [profanity] out of my [profanity] room." AA-B stated Resident 2 was drunk most of the time and spent most time in his/her room. Surveyors inquired whether anything else was done to protect Resident 3 and s/he indicated no.

On 10/08/2025 at 10:00 AM, Surveyor interviewed AM Supervisor D who stated Guardian P said Resident 3 made allegations against others all the time and it was one of his/her behaviors. Surveyor inquired whether any other residents were involved in allegations towards Resident 2, and s/he said not that s/he was aware. Surveyor inquired whether s/he was told to do anything different following the incident and AM Supervisor D said "not that I'm aware of ...just don't let Resident 3 in Resident 2's room."

On 09/24/2025 at approximately 2:05 PM, Surveyor interviewed Licensee A who acknowledged awareness of allegations of Resident 2 and Resident 3 having relations. S/he

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said Resident 3 made it all up. Surveyor inquired whether Licensee A read the police report as it determined that relations did occur and Resident 3 reported to law enforcement that it was consensual. Licensee A said s/he did not read it and presented shocked. Surveyor inquired whether Licensee A spoke to Resident 2 and Resident 3 about the situation, s/he said no. Licensee A indicated Resident 3 "makes up stories, I just assumed it was another thing [s/he] made up." Surveyor inquired whether anything was done to protect Resident 3 or other residents from Resident 2, s/he said "we keep an eye on them, you know. [Resident 2] is a really nice [person] as long as s/he isn't drunk."

On 10/21/2025 at approximately 12:02 PM, Surveyor interviewed Guardian P, who indicated Resident 3 had a history of seeking relationships with fe/males. Guardian P confirmed s/he was notified of the incident between Resident 2 and Resident 3. Guardian P stated s/he was not surprised it happened; s/he expressed s/he had concerns with the facility prior to the incident.

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged Resident 3 was vulnerable to relationships and it was difficult to assess his/her understanding and ability to consent. AA-B acknowledged there was nothing in place to assess Resident 2 and Resident 3's ability to consent and these behaviors.

On 10/16/2025, at approximately 11:30 AM, Surveyors interviewed Licensee A who stated s/he knew his/her residents and treated them very well. Licensee A stated, "I know I need to fix some things, but all the residents tell me they are happy." Licensee A stated Resident 3 had lived at the facility for a long time and had a history of

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N 433	Continued From page 147 telling lies, so it was hard to know when s/he was being truthful. RESIDENT 4 On 10/08/2025, Surveyors reviewed Resident 4's record and noted s/he was admitted to the facility on 04/16/2025 with diagnoses of schizoaffective disorder, bipolar type, anxiety disorder, and paranoid personality disorder. On 10/08/2025, Surveyors reviewed Resident 4's ISP dated 04/16/2025 and noted the following: Maturation Status: No entry Mental Health/Interaction Directions: No entry Mental Health/Mental Illness: No entry Mental Health Self-Concepts: No entry Behavior Patterns: No entry Social Participation/Communication: No entry Social Participation/Community Contacts: No entry Social Participation/Interpersonal Relationships: No entry On 10/22/2025, Surveyors reviewed Resident 4's observation notes and noted the following: 09/27/2025 6:30 PM - Caregiver N wrote, "[Caregiver N] observed [Resident 4] attempting to exit the building through the staff entrance and asked [Resident 4] what [s/he] was up to. [Resident 4] became agitated, throwing [his/her] backpack on the ground and kicking it around the corner to [his/her] door. [S/he] sat down in the chair outside of [his/her] door. Writer heard a noise and went to check on [Resident 4] when [Resident 4] stated "Stop harassing me", then kicked [his/her] backpack into [his/her] room and shut the door behind [his/her]." 09/28/2025 12:00 PM, Supervisor D wrote, "[Resident 4] has been very angry towards staff	N 433		

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and peers the last few days. [S/he] was yelling at other residents on the transport van when they spoke. [S/he] also yelled at caregivers."

09/30/2025 12:30 PM, Supervisor D wrote, "[Resident 4] has been very cranky towards staff and peers. [Supervisor D] talked to [his/her] this morning about why [s/he] has been so angry. [Resident 4] said "Because I want to tell everyone a story but I cannot because its inappropriate and i'll end up in a Psych ward." [Supervisor D] told [his/her] [s/he] understood [his/her] feelings. [Resident 4] chatted a bit more which then seemed to calm [his/her] mood for the rest of my shift. [sic all]"

10/06/25 8:30 PM, Caregiver GG wrote, "[Resident 4] was acting very strange today. [S/he] stated that someone was coming to pick [him/her] up. [S/he] has been pacing up and down the halls looking out the the [sic] front door and the back door waiting for [his/her] ride. [S/he] has a bag packed ready to go."

10/17/2025 12:30 PM - Supervisor D wrote, "[Resident 4] left the building with one of [his/her] friends without telling staff. [S/he] was seen getting into [his/her] friends car around 11:45am by peers who then told [Supervisor D]. Will have 2nd shift update when [s/he] gets back." Surveyor note: No follow up or awareness from AA-B was noted regarding observation notes written by staff.

On 10/08/2025 at approximately 10:58 AM, Surveyor interviewed Resident 4, who discussed a history of sexual assaults as a victim and as a preparator. Resident 4 expressed wanting to learn how to build healthy non-sexual relationships but doesn't know who can help.

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Resident 4 stated s/he has a counselor but doesn't have a counseling session scheduled until April 2026. Resident 4 discussed a fear of having (HIV) virus from a sexual assault that happened right before moving to this facility in April 2025. Surveyor asked if Resident 4 discussed any of the concerns with staff at the facility. Resident 4 stated, "I talked with [AA-B] but s/he is new so s/he can't help."

On 10/08/2025 at approximately 2:00 PM - Surveyors interviewed AA-B who stated, "Resident 4 will wear short shorts and tops around other residents. S/he has a history of sexual behavior, so it is hard to say if the incident with Resident 2 was or wasn't consensual." Surveyors asked if AA-B talked with Resident 2 about the allegation made by Resident 4. AA-B stated s/he has talked with Resident 2, but Resident 2 does not remember what s/he does when s/he is intoxicated.

On 09/24/2025 at 1:48 PM, Surveyor interviewed AA-B who described Resident 4 as having a history of being sexually assaulted and s/he would relive it often. S/he stated s/he believed s/he was made aware of the allegations of sexual assault towards Resident 2 in the last month and a half but could not recall the exact date or week. AA-B described Resident 4 as having a lot of "mental health outbursts which is why the allegations [of abuse] were made." S/he said Resident 2 was intoxicated at the times Resident 4 was alleged as having relations with Resident 2, so s/he denied any contact with Resident 4 and stated s/he did not know who Resident 4 was.

On 10/15/2025, Surveyors reviewed a Police Report dated 10/07/2025. Police Officer U and Sexual Assault Advocate U (SSA-U) investigated

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N 433	Continued From page 150 at the facility on 10/06/2025 at approximately 1:02 PM. Police Officer U and SSA-U contacted AA-B who stated," .... [Resident 4] usually wears dresses and short shorts. [AA-B] stated that [Resident 4] had some past trauma from sexual abuse from [his/her] younger days. [AA-B] also stated that [s/he] was not aware of [Resident 4] and [Resident 2] being in contact with each other as well as [s/he] had never seen them together before." AA-B acknowledged Resident 4 was observed and documented as having behaviors that were not assessed for appropriate interventions to manage those behaviors. On 10/10/2025 at approximately 3:30 PM, Surveyor interviewed APS- O who stated him/her and his/her team provided a great deal of education to AA-B and Licensee A on the importance of protecting and safeguarding Resident 4 from Resident 2. APS-O stated despite education and discussion, no changes were made to protect the residents at the facility from Resident 2 when s/he was intoxicated. On 10/16/2025 at approximately 11:30 AM, Surveyors interviewed Licensee A who acknowledged awareness of Resident 4 alleging sexual abuse against Resident 2. Licensee A indicated s/he was under the impression that Resident 4 had "made it up" based on what AA-B had told him/her and s/he heard from others. S/he described Resident 4 as having a "sexual past." Licensee A stated s/he was not aware that Resident 2 and Resident 4 were found alone in one another's rooms by staff per provider observation notes. Licensee A acknowledged safeguards were not put in place to protect Resident 4 from Resident 2 upon allegations of sexual abuse.	N 433		

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N 433	Continued From page 151 On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged Resident 2, Resident 3, and Resident 4's behavior needs were not managed to meet their needs. On 10/15/2025, at approximately 2:30 PM, Surveyors interviewed Licensee A who stated s/he conducted pre-admission resident assessments and determined admission. Surveyor inquired whether Licensee A was trained in conducting assessments and s/he said "yeah, that's why I want to be sure they're done right ...I know the residents that live [at the facility] very well." Licensee A stated, "yeah, my residents are like my family, I want them to be happy, so I feel like I am the best person to complete resident assessments." Licensee A acknowledged s/he did not know the client groups served by the facility, stating "these are things I have an administrator for, it is paperwork, I focus more on maintenance and working with residents when I am around but I do the assessments, so I know who is moving in." Licensee A was responsible for assessments to the facility and ensure compatibility amongst residents. Licensee A was aware Resident 2 had a history of behaviors that affected him/herself and others when intoxicated and becoming intoxicated impromptu. Licensee was aware Resident 3 and Resident 4 were vulnerable to relationships and did not put safeguards in place to protect them. Resident 2, Resident 3, and Resident 4's behaviors were managed to meet their needs. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0158 83.12(2)(a) Caregiver Investigating Abuse	N 433		

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N 433	Continued From page 152 & Neglect N0159 83.12(2)(b) Non-Caregiver: Investigating Abuse & Neglect N0170 83.12(5)(b) Notification: Abuse And Neglect Allegations N0310 83.29(2) Admission Agreement Include Services, Charges N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0383 83.35(1)(c) Listed Areas For Assessments	N 433		
N 435	83.38(1)(k) Transportation. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Transportation. The CBRF shall provide or arrange for transportation when needed for medical appointments, work, educational or training programs, religious services and for a reasonable number of community activities of interest. CBRFs that transport residents shall develop and implement written policies addressing the safe and secure transportation of residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide or arrange services adequate to meet the transportation needs for Resident 9 to his/her wound care appointments. Resident 9 had cellulitis with weeping blisters on	N 435		

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his/her lower legs which required skilled wound care oversight and treatment. Resident 9 missed 4 of 4 scheduled outpatient wound care appointments.

Findings include:

On 09/24/2025, Surveyor reviewed Resident 9's record and noted s/he was admitted to the facility on 04/16/2025 with diagnoses of type 2 diabetes mellitus with hyperglycemia, blindness, hypertension, and cellulitis. Resident 9 was his/her own person and able to make his/her needs known.

On 09/24/2025, Surveyor reviewed Resident 9's ISP with updated date 07/31/2025 and noted the following health monitoring and transportation needs:
"Transportation (Describe resident's transportation preference and needs)." No entry. Resident 9's ISP did not include medical appointment scheduling and coordination, and transportation preference and needs.

On 10/09/2025 at 3:30 PM, Surveyors interviewed Managed Care Organization (MCO) Provider Quality Supervisor (PQS)-Q who reported the MCO having concerns with Resident 9 missing wound care appointments. Resident 9 had scheduled and missed the following wound care appointments: 09/08/2025 - missed; rescheduled to 09/11/2025 - missed; rescheduled to 09/22/2025 - missed. When Resident 9's PCP called to offer a reminder of his/her appointment on the 22nd, Licensee A reported Resident 9 was behavioral, so they would get him/her ready an hour early. Resident 9 missed the appointment on 09/22/2025, and staff reported not knowing of the appointment.

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N 435	Continued From page 154 On 10/15/2025 at 2:00 PM, Surveyors interviewed Acting Administrator (AA)-B who denied having awareness of Resident 9 having wound care appointments. AA-B said Resident 9 had known cellulitis on his/her lower legs that required wound care. Surveyors inquired how appointments were known and coordinated and AA-B said there wasn't a way they kept track of appointments and it was one of the things s/he would be changing, so appointments didn't get missed. On 10/16/2025 at 11:30 AM, Surveyors interviewed Licensee A who said Resident 9 was "behavioral." S/he indicated we either didn't know about the appointments or Resident 9 would refuse to go. Surveyor inquired whether this was documented anywhere and Licensee A said s/he was not sure. Surveyor asked how appointments were documented and followed up on and s/he said staff just communicated with one another about them. Surveyor inquired whether s/he was aware of 4 wound care appointments for Resident 9 and s/he said no. Cross Reference: N0383 83.35(1)(c) Listed Areas For Assessments N0431 83.38(1)(g) Health Monitoring	N 435		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection.	N 439		

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N 439	Continued From page 155 This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. According to facility documentation, Resident 6 started showing ill symptoms on or around 09/11/2025. On 10/07/2025, Resident 6 was tested and was positive for COVID-19. The provider did not have an infection control program, did not provide personal protective equipment (PPE) to staff or residents, did not put signage on Resident 6's door, and did not have supplies outside of his/her room to don PPE prior to entering his/her room. Resident 6 shared a bathroom with a toilet, sink, and shower with at least 3 other residents. No precautions were put into place to protect other residents, staff and visitors from the spread of communicable disease and infection. This is a repeat deficiency. See Statement of Deficiency 8CNU12, issued 3/10/2023. Findings Include: The provider is licensed as a Class CNA (non-ambulatory) community-based residential facility (CBRF) to provide services to up to 50 individuals who may be physically disabled, developmentally disabled, terminally ill, of advanced age and/or have irreversible dementia/Alzheimer's disease. Per Wis. Admin. Code § DHS 145.03 (11) and 155.01(6), community-based residential facilities (CBRFs) are defined as health care facilities.	N 439		

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N 439	Continued From page 156 The Department's COVID-19 Assisted Living website (Source: www.dhs.wisconsin.gov/COVID-19/assisted-living.htm), last revised on 10/13/2025, noted the following: "COVID-19 guidance, recommendations, and resources Assisted living facilities (ALFs) care for residents who are elderly, who may also have chronic medical conditions that place them at higher risk of developing severe complications from COVID-19. ALFs typically provide some form of health care to their residents. This can range from passing medication to assistance with activities of daily living and more. ALFs should follow the CDC COVID-19 infection control guidance when providing health care to residents in order to improve their infection prevention and control practices and prevent the transmission of COVID-19." According to the Centers for Disease Control and Prevention (CDC), (Source: https://www.cdc.gov/covid/hcp/infection-control/), last revised on 05/08/2023, "Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses ...Establish a Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection ...Implement Source Control Measures." Retrieved 10/22/2025. On 10/08/2025 at approximately 9:28 AM, Surveyors waited at the entrance door of the facility to be let into the building. Surveyors noted a lime green piece of paper taped to the glass door with handwriting "CoVid [sic] In Building Use Mask." Upon entry to the building at approximately 9:31 AM, Surveyors observed a box of masks in the entrance way. Surveyors observed Caregiver I and Acting Administrator (AA) B upon entry,	N 439		

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neither staff wearing a mask. Surveyor interviewed AA-B in his/her office. AA-B reported Resident 6 tested positive for COVID-19 the day prior. Surveyor inquired what symptoms Resident 6 had and AA-B said chest congestion and body aches. S/he said Resident 6 "sounded terrible, so I tested [him/her] ...for influenza A, RSV [respiratory syncytial virus], and COVID [sic], and [s/he] was positive for COVID [sic]." Surveyor inquired what precautions were put into place for Resident 6 to not spread the virus. AA B indicated the sign about COVID was taped on the door and staff were wearing masks in Resident 6's room.

On 10/08/2025, Surveyor requested to review the provider's infection control policy or COVID-19 protocol. Acting Administrator (AA) B provided Surveyor with a folder that said "COVID-19". Inside the folder was a printout from the CDC website outlining COVID-19 guidelines. The printout was dated June 2022. Surveyor inquired whether there were updated guidelines or a policy. AA-B said s/he was not sure and said s/he would look. AA-B pulled out a binder titled Policies & Procedures and found a document that said "Infection Control." Surveyor noted the document had a different provider name on it and was dated as updated in 2008. The policy did not include any information about COVID-19 protocol. Surveyor inquired whether this was from the previous owner and AA-B stated, "Oh it must be. We don't have a policy for it then."

On 10/08/2025, Surveyor reviewed Resident 6's record and noted s/he was admitted to the facility on 10/08/2019 with diagnoses of hypertensive chronic kidney disease, chronic migraine, anxiety disorder, and bipolar disorder.

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N 439	Continued From page 158 Surveyor reviewed Resident 6's August-October 2025 facility observation notes: Surveyor note: AM Supervisor D refers to residents as "Elder." -09/11/2025 AM Supervisor D wrote, "Elder still nauseous from being sick the last few days so [s/he] requested to stay in [his/her] room for breakfast. Writer granted [his/her] wish ...[S/he] ate lunch in [his/her] room as well. No fever. [S/he] also complains of a stuffy nose and slight cough. Temp was 98.1." -09/14/2025 AM Supervisor D wrote, "[Resident 6] is still showing signs of a cold. Temp was 97.7. [S/he] states [s/he] is starting to feel a little better each day." -09/17/2025 AM Supervisor D wrote, "[Resident 6] has had a cold for the last week where [s/he] stayed in [his/her] room and ate meals and did not do [his/her] laps." -10/18/2025 Caregiver I wrote, "Resident has been saying that [s/he] hasn't been feeling good since last night." Surveyor note: Surveyors visited the facility on 10/08/2025. No observation notes regarding Resident 6's condition or staff monitoring him/her were written from 09/11/2025-09/14/2025, or from 09/14/2025-10/18/2025. Resident 6 was showing cold-like symptoms from 09/09/2025 through 10/18/2025. Resident 6's record did not reflect s/he was tested for COVID-19 on 10/07/2025, was positive for COVID-19, any follow up to monitor him/her and his/her condition, or how to prevent the spread of COVID-19. On 10/08/2025 at approximately 11:08 AM,	N 439		

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N 439	Continued From page 159 Surveyor toured the hallway Resident 6's room was in. Surveyor noted a bathroom with a shower room across the hall from his/her room. At least 3 other residents resided in this resident hallway and used the same shared bathroom as Resident 6. Surveyor observed Resident 6's door to be closed, no sign was on the door indicating s/he had COVID-19, and there was no PPE supplies outside of his/her room for staff to put on if needed. From approximately 9:30 AM to 11:45 AM, Surveyors did not observe any staff putting on or wearing PPE. On 10/09/2025, Surveyor reviewed the provider's electronic member records and noted on the first page "We have stopped the sign in at the front door. If a visitor has symptoms please encourage them to wear a mask during their visit. We will not be taking resident temperatures/oxygen levels daily. Please continue to monitor residents for symptoms, document and report to management any changes. Thank you." On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who verified Resident 6 shared a bathroom with other residents. AA-B verified staff were not wearing PPE. AA-B verified no precautions were put into place to prevent the spread of COVID-19 and other respiratory illness. On 10/16/2025 at 11:35 AM, Surveyors interviewed Licensee A who stated "I thought there were masks." Surveyor inquired whether Licensee A was aware of the current CDC guidelines for COVID-19 precautions and s/he said no. Surveyor inquired whether s/he had an infection control policy and s/he said s/he was not	N 439		

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N 439	Continued From page 160 sure. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0220 83.17(2)(a) Employees Screened For Communicable Disease N0239 83.20 Department-Approved Training Courses N0302 83.28(4)(a) Resident Health Screening And Documentation	N 439		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean and homelike. The resident shared shower room was not kept clean, the hallway laminate flooring was peeling, the interior and exterior were not in good repair, the carpeting squares were fraying and discolored, interior and exterior doors and windows were dirty and rusting, cigarette butts were not disposed of properly and picked up from the ground in the courtyard, and the facility had multiple flies throughout the building which bothered residents and staff.	N 481		

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(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 481	Continued From page 161 Findings include: The provider is licensed to provide services for up to 50 residents who may be physically disabled, developmentally disabled, advanced aged, terminally ill, and/or have Alzheimer's/dementia. At the time of survey, the census was 16 residents. On 09/24/2025 at approximately 11:00 AM, Surveyors toured the facility. Additional observations were made through 3:00 PM. On 10/08/2025 at approximately 10:00 AM, Surveyors toured the facility again. Surveyors observed the following during both visits: Shared resident shower room with toilet (located across from the nurse's station)- - floor tiles appeared to have brown, rust-colored discoloration across them, tiles appear cracked; grout between tiles appears aged and discolored. - ceiling appeared to have a covering that was lifted/peeled and was hanging down from the ceiling. -a floor squeegee mop leaning on the wall was darkened gray, black and soiled on the blade -metal baseboard heat/ventilation cover showed visible rust, dirt and paint peeling off the surface, and metal vent cover was lifting exposing heat coils - white toilet sealant at base of the toilet appeared cracked and separating from toilet base -metal double toilet paper holder showed visible rusting throughout the holder -grab bar behind toilet appeared discolored, possibly rusting Interior common areas of building -	N 481		

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N 481	Continued From page 162 -first unoccupied room on the left side of entry hallway contained white ceiling tiles with yellow staining with a similar discoloration pattern of previous liquid/water leaks -laminate flooring in the main hallway spanning from the front entrance to the back of the building was a faux light cedar color and contained multiple areas of chipped laminate which exposed the black flooring underlay. The chipped areas were repaired with clear glue. -carpet squares located in front of Resident 1 and Resident 6's rooms were fraying and discolored Interior/Exterior Doors & Windows - -main glass entrance door was visibly dirty with fingerprints, streaks, smudges, and surface grime causing the glass to appear cloudy. -Door frame and siding around the front entrance door was visibly dirty, had cobwebs, dirt, and leaves throughout the thick cobwebs -2 steel entrance/exit doors next to the nurse's station leading to the courtyard showed visible rusting, peeling paint and significant staining on both sides of the doors. -Resident 3's window did not contain a screen -Resident 2's windows were darkened with smears and debris. On 10/08/2025 at approximately 10:30 AM, Resident 2 told Surveyor "I wish I could see out of the windows." Upon walking the pathway to the courtyard outside, Resident 2's window appeared smokey colored, with cobwebs, debris, and dirty. Exterior of building - -facility siding was naturally tan, but was darkened, dusty, dirty, some sections covered in a greenish brown substance, some sections appeared -siding trim was warped and lifting off the building along the courtyard leaving foam insulation	N 481		

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between the siding and foundation exposed to the weather elements
-eavesdrops were only on ¼ of the building roof
-significant black staining was visible on exterior of building where roof and exterior siding adjoined
-pathway to outside courtyard had 2 chairs and 2 repurposed metal coffee containers on the cement directly outside the door and under the overhang. The coffee containers had multiple cigarette butts and other smoking materials
-cigarette butts, a significant amount of cigarette ashes and leaves were on the cement surface around the containers.
-building siding in this area showed significant dark staining
-a kitchen table wooden chair with a green cushion on the seat that appeared soiled was located in font of a second exit to the courtyard
-a 5-gallon plastic bucket with multiple cigarette butts and cigarette ashes on the cement surrounding the bucket were located next to the chair.

Flies -
On 10/08/2025, at approximately 10:15 AM, Surveyors observed many flies throughout the interior of the building, congregating in the activity area, dining area, bathrooms and resident rooms.

On 10/08/2025 at approximately 10:30 AM, Surveyor interviewed Resident 2. During interview, Surveyor observed multiple flies in Resident 2's room, landing on his/her face, hands, and clothes while talking. Resident 2 said "These [profanity] flies are just terrible and never leave ya' alone." Surveyor noted Resident 2's room was clean and free of odor.

On 10/08/2025, at approximately 10:20 AM, Surveyor interviewed Resident 3 in the dining

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area. Resident 3 was describing an injury s/he had on his/her foot and swatting his/her hand at several flies within 5 inches of his/her face as s/he talked. Resident 3 stated, "These [profanity] flies are everywhere and are driving me nuts." Resident 3 stated they were always bugging him/her in my room, in the bathroom, and in here when residents are eating. Surveyor asked Resident 3 if s/he talked to AA-B or Licensee A about the flies. Resident 3 stated, "I think so, but I don't know when."

On 10/08/2025 at approximately 10:58 AM, Surveyor interviewed Resident 4, who stated, "The flies in this place are everywhere because of the dirty diapers in the garbage." Surveyor observed several flies landing on or near Resident 4, who was continuously swatting at the flies while talking. Surveyor asked if s/he talked to AA-B about the number of flies bothering him/her. Resident 4 stated, yes but s/he said there is nothing they can do about them because of so many people living there.

Cleanliness
On 10/21/2025 at 1:57 PM, Surveyor interviewed Family Member II who reported Resident 10 having been hospitalized for 11 days before it was decided s/he wasn't going to return. Resident 10's room was located along the main hallway between the dining room and nurse's station. When Resident 10's family went to the facility to gather his/her items, Family Member II said Resident 10's room was never cleaned, it smelled outside of his/her apartment and was "really bad inside." Family Member II said "It was bad; there were urine soaked clothing and bedding still left in there."

On 10/20/2025 at 2:21 PM, Surveyor interviewed

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Family Member HH who said s/he visited frequently and didn't think the provider staff ever cleaned. S/he said s/he kept his/her own cleaning supplies in Resident 10's room as staff would not clean - would have to mop the floor, wipe stuff down, pick up laundry from the laundry room, empty garbage, clean clothes, take old coffee cups out, and clean the toilet. Family Member HH said staff would bring Resident 10's laundry basket with clean clothes to his/her room folded and expect Resident 10 to put them away. Resident 10 was not able to and stressed him/her out. Resident 10 would try to put the clothes away, but then mixed soiled and dirty clothes with clean clothes and end up putting on dirty clothes. "It was so bad." Family Member HH said Resident 10's room "smelled so bad." S/he said the shared shower room and bathrooms were very dirty.

On 10/08/2025, Surveyor reviewed Resident 10's individual service plan dated 08/21/2025 and noted s/he required full assistance from staff for laundry and housekeeping. According to Resident 10's provider notes and interview with Family Member HH and Family Member II, Resident 10 had a change in condition, requiring him/her to need more assistance with toileting as s/he was weaker and had an increase in incontinence.

On 10/15/2025, at approximately 1:30 PM, Surveyors interviewed AA-B, who acknowledged the areas of concern. AA-B said staff were to clean when they saw a mess and indicated there wasn't a specific cleaning schedule that s/he was aware of. AA-B voiced agreement in the facility having opportunity to be cleaner and said "I don't know how they let it get like this." AA-B stated "Licensee A has been working on fixing

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N 481	Continued From page 166 everything already. Next time you come back here everything will be done." AA-B verified awareness of the flies being all over the building. On 10/16/2025, at approximately 2:30 PM, Surveyors interviewed Licensee A, who stated we are almost done with all the things that needed to be cleaned and repaired. Licensee A stated s/he did not know of the concerns discussed with AA-B. Licensee A stated, "I am writing this all down as I thought everything was good; I was told we were just about done." Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0358 83.32(3)(n) Rights Of Residents: Safe Environment	N 481		
Y3234	50.09(1)(e) Treatment (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employes of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact.	Y3234		

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This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure every resident was treated with courtesy, respect and full recognition of their dignity and individuality, by all employees of the facility with whom the resident came in contact.

Resident 3 had diagnoses of intellectual disabilities, post-traumatic disorder, and multiple sclerosis (MS). Resident 3's strength varied by the day related to his/her MS. Resident 3 was told s/he was having behaviors and made to cry when s/he required assistance.

This requirement is being cited for a third time. See Statements of Deficiency (SOD) 8CNU12, dated 09/21/2022 and SOD 8CNU14, dated 07/11/2024.

Surveyor note: Resident 3 was also identified in SOD 8CNU14, dated 07/11/2024 as feeling ridiculed and not treated with respect.

Findings include:

The facility is licensed to serve up to 50 residents who may be developmentally disabled, physically disabled, terminally ill, of advanced age, and/or have irreversible dementia/Alzheimer's disease.

On 09/04/2025, the department received complaint information alleging residents were not treated with dignity and respect.

On 09/24/2025 and 10/08/2025, Surveyor conducted onsite visits at the facility.

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Y3234	Continued From page 168 On 10/08/2025, Surveyor reviewed the provider's program statement and noted: "Arbor Village, Inc. strives to provide compassionate and responsive care with a focus on the emotional, spiritual, social, recreational, intellectual and physical needs of each resident. In the delivery of our services we seek to encourage our residents to maintain their optimal level of independence. However, the residents are always informed that we offer and are happy to provide any of the following services in order to better meet their needs. Care and services to be minimally provided include the following: 24-hour supervision and supportive care." Surveyor reviewed provider's House Policies and Rules dated 03/23/2017: "We are so pleased that you have chosen to make Arbor Village your home. We are dedicated to providing you with compassionate care delivered with dignity and respect, while maintaining your independence, individuality, and comfort ...What are our Values? We strive to be honest, ethical, and sincere in all of our actions and communications. We treat one another with compassion, kindness, and respect ...We use teamwork to provide superior care and comfort to our Residents ...You are a person with individual needs and wants, feelings and emotions, and we strive to honor those and meet you where you are ...Non-Discrimination - [facility] affords equal treatment and access to its premises and services for all persons, without unlawful discrimination due to race, color, religion, sex, age, national origin, ancestry, and handicap. Bullying of any kind toward staff or other Residents with different needs and abilities will not be tolerated under any circumstances. Everyone must be treated respectfully at all	Y3234		

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Y3234	Continued From page 169 times." RESIDENT 3 On 09/24/2025, Surveyor reviewed Resident 3's record and noted s/he had diagnoses of multiple sclerosis and intellectual disabilities. Resident 3 was not of advanced age. On 09/24/2025, Surveyor reviewed Resident 3's individual service plan (ISP) dated 09/24/2025 and noted: "BATHING .... [Resident 3] requires partial/full assistance from staff to complete bathing tasks...does need some verbal queuing and reminding of maintaining some physical independence on doing some of [his/her] ADL's and will require some staff assistance especially with [his/her] lower half when showering and the sit to stand when transferring. DRESSING .... [Resident 3] requires partial assistance from staff to complete dressing tasks. [Resident 3] needs assistance tying [his/her] shoes and putting [his/her] Ted hose on [his/her] lower legs. Staff should assist [Resident 3] with putting on [his/her] depends, pants, sock and shoes...Toileting - Partial Assistance Staff is to use the sit to stand for transfers to the bathroom. The urge to use the bathroom can happen strongly and quickly...**** Have individual go to the bathroom every 2 hours while awake... ******** [Resident 3] MAY USE THE BEDPAN WHILE IN BED BUT [s/he] NEEDS TO HELP ASSIST STAFF WITH ROLLING TO GET [him/her] ON THE BEDPAN." On 10/15/2025, Surveyors reviewed Resident 3's observation notes and noted the following: 09/20/2025 11:30 AM - AM Supervisor C wrote, " .... [Resident 3] was trying to slide [him/herself] off the toilet this AM and slide [him/herself] out of the	Y3234		

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sit-2-stand lift. [AM Supervisor C] and other [Caregiver CC] had to boost [him/her] back onto the toilet so [s/he] wouldn't [sic] fall on the flood [sic]. When [AM Supervisor C] educated [him/her] on how what [s/he] did... was a behavior that would need to be documented [s/he] started to cry. [AM Supervisor C] made sure ...made sure [his/her] call light was within reach and left the bathroom. [Resident 3] then rang a bit later and had nothing done. Caregivers had to completely wash [him/her] up because [Resident 3] stated "I cant. [sic]"... Anymore behaviors will be documented accordingly."

10/11/2025 7:15 PM - Caregiver GG wrote, "at bedtime [Resident 3] didn't hang on to the side of the bed like [s/he] is supposed too [sic]. [s/he] falls backwards in bed and staff don't have [his/her] feet up yet. then [s/he] expects staff to stand there and wait a half hour when staff have other things to do. [Resident 3] wants stuff done [his/her] way or [s/he]'s not happy. [s/he] is in bed and has an attitude. when staff was making [his/her] bed [s/he] was asked... to move out of the way so they could make [his/her] bed and [s/he] still sat in the way." [sic all]

On 09/24/2025 at approximately 9:30 AM, Surveyors interviewed Acting Administrator B (AA-B) who stated s/he was told that Resident 3 was known to attention seek. Surveyor inquired whether s/he experienced Resident 3 "attention seeking" or if this was something s/he was told. AA-B said it was "something that everyone just knew about [Resident 3]." Surveyor inquired whether Resident 3 required assistance in the bathroom and AA-B said it depended on the day and Resident 3's attitude. Surveyor inquired whether Resident 3 had any complications related to his/her MS and AA-B said "oh yes, [his/her]

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legs are weak and 'get stuck' at times. It doesn't help that [s/he] isn't a small [wo/man]." AA-B indicated Resident 3 needed a lot of verbal encouragement to be reminded s/he can do things though once s/he was set up.

On 09/24/2025 at 10:01 AM, Surveyor interviewed AM Supervisor C who described Resident 3 as requiring hands-on assistance with transfers, dressing, bathing, toileting, and rolling off the bed pan, but was able to do things with his/her arms and hands once s/he was transferred and set up. AM Supervisor C said Resident 3 had a history of making false allegations and behaviors for seeking attention. Surveyor inquired what Resident 3 sought attention for and AM Supervisor C said "pretty much anything." AM Supervisor C said s/he can do things for him/herself, s/he "just chooses not to sometimes." AM Supervisor C indicated Resident 3 had gained weight and was more difficult to transfer by sit-to-stand and roll off the bed pan when in bed. Surveyor inquired whether there were any other contributing factors to his/her needs for more assistance and AM Supervisor C said "[s/he] has multiple sclerosis, so I'm sure that is affecting [his/her] movement." Surveyor inquired whether Resident 3 was treated differently than other residents and AM Supervisor C said no, Resident 3 "was just needy."

On 09/24/2025 at approximately 1:46 PM, Surveyor interviewed Resident 3 who shared his/her personally documented journal writings. Resident 3 read aloud, "My mind is confused like I don't belong anywhere. It feels like my emotions are in a cluster. I have mixed feelings, and I cannot get myself out of my own head, I need help. I am scared to ask, my mind is focused on

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one thing then another. I am scared of reality, of what is going to happen. I feel like I am invisible, like I am living in a fairytale."
Resident 3 expressed s/he fears being in trouble (because of a recent incident with another resident). Resident 3 voiced frustration that s/he had pain and weakness at times due to his/her MS. Resident 3 stated "sometimes I just want help; I feel like I can't ask for help [with cares]." Resident 3 said at times s/he was weak and didn't feel strong enough to do things and was sometimes incontinent because of this.

On 10/21/2025 at approximately 12:02 PM, Surveyor interviewed Guardian P who reported Resident 3 had a history of attention seeking behaviors, but also had a history of staff not treating him/her well due to his/her care needs. Guardian P voiced concern about the treatment and care Resident 3 received at the facility.

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged Resident 3 was not always treated with respect. Surveyors inquired whether AA-B had reviewed observation notes and how they were worded regarding Resident 3's cares and AA-B said "some; I don't have time to read them all." Surveyor noted notes indicated Resident 3 was told 's/he was behavioral' during cares, leading Resident 3 to cry, and AA-B said "they shouldn't be saying that."

On 10/16/2025, at approximately 11:30 AM, Surveyors interviewed Licensee A who stated s/he knows his/her residents and (felt s/he) treated them very well. Surveyors indicated Resident 3 felt that s/he wasn't always treated well. Licensee A indicated s/he thought Resident 3 was happy and "it's not that we don't want to help [Resident 3], it's that [s/he's] so attention

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seeking." Surveyor inquired whether Resident 3 had complications with his/her MS and Licensee A said, "I guess so, but that's why I have staff to help [him/her]."

On 10/20/2025 at 2:21 PM, Surveyor interviewed Family Member HH who visited the facility frequently from 04/17/2025-09/12/2025. Family Member HH described the facility as an unfriendly and uncomfortable place stating, "Staff were rude. You didn't walk in there and feel comfortable. It smelled and was not friendly environment. Caregivers were not very friendly. You would hear kitchen staff yell at residents who would ask for something and say 'you're gonna have to wait!' forcefully."

On 10/02/2025 at 4:23 PM, Surveyor interviewed ADRC Manager (APS)-O who said s/he had heard from multiple residents that Licensee A walked around and yelled at everyone. S/he said his/her experience with Licensee A was that s/he would say s/he didn't have time to talk with them and close the door on them, despite the resident concerns that APS-O wanted to discuss with Licensee A.

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who acknowledged concerns related to residents not always being treated with dignity, respect, and individuality.

On 10/16/2025 at 11:30 AM, Surveyors interviewed Licensee A who voiced confusion with how Resident 3 was not treated with dignity and respect without having the discussion with Surveyors. Licensee A said it was not his/her intention and did not support staff to treat residents poorly. Licensee A verified awareness of Treatment being a repeat violation.

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Y3234	Continued From page 174 Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications Y3244 50.09(1)(L) Care	Y3234		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not provide Resident 7 and Resident 10 with appropriate and adequate care within the capacity of the facility. Resident 7 required full assistance from staff for transferring, dressing, bathing, catheter care, incontinence care, and wound care. Resident 7	Y3244		

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Y3244	Continued From page 175	Y3244		

had a history of urinary tract infections (UTI) related to his/her catheter. Resident 7 had orders for staff to flush his/her catheter to prevent infection build up and staff were not trained for this, so it was not done. Resident 7 was hospitalized for e. coli UTI, sepsis, and wounds and discharged to an alternative placement where his/her care needs could be met.

Resident 10 required full assistance from staff for toileting and incontinence care. Resident 10 was not always toileted timely and had a history of UTI's. Resident 10 had been showing signs and symptoms of confusion and change in behavior, and there was a delay in obtaining a urinary analysis. Resident 10 was hospitalized on 09/12/2025 for UTI and sepsis and discharged back to the facility. Resident 10 had a change in condition on 09/23/2025 and was hospitalized for 7 days with e. coli UTI, sepsis, and chronic obstructive pulmonary disease exacerbation. Resident discharged from the hospital to an alternative placement.

Findings include:

The facility is licensed to serve up to 50 residents who may be developmentally disabled, physically disabled, terminally ill, of advanced age, and/or have irreversible dementia/Alzheimer's disease.

On 09/04/2025, the department received complaint information alleging resident needs were not being met.

On 09/24/2025 and 10/08/2025, Surveyors conducted onsite visits for a complaint investigation.

RESIDENT 7

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Y3244	Continued From page 176 On 10/08/2025, Surveyor reviewed Resident 7's record and noted s/he moved to the facility on 05/31/2018 with diagnoses of obesity, dementia with alteration of behavior and mood disturbance, major depressive disorder, Parkinson's disease, multiple sclerosis, obstructive sleep apnea, atherosclerotic heart disease, paroxysmal atrial fibrillation, congestive heart failure, chronic obstructive pulmonary disease, osteoarthritis, lumbosacral disc degeneration, and diabetes mellitus with insulin dependence. Resident 7 had an activated Power of Attorney for Healthcare (POAHC) and was not always able to make his/her needs known. Surveyor reviewed Resident 7's ISP dated 07/12/2024 and noted: Resident 7 required full assistance with all activities of daily living (ADL's) and transferred with a Hoyer lift. Resident 7 was wheelchair dependent and had a foley catheter. "Positioning - Staff Assistance - [Resident 7] must be repositioned frequently due to skin condition. [S/he] needs to be repositioned every hour if in a sitting position and every 2 hours when laying down. [S/he] should transfer into bed as often as able to get pressure off [his/her] wounds on [his/her] coccyx and [his/her] scrotum. [Resident 7] should transfer to [his/her] recliner onto [his/her] roho cushion and recline if sitting and visitin... Try to encourage [Resident 7] to lay in bed after meals to reduce pressure to the wound area. [Resident 7] needs to be repositioned every 2 hours during sleep hours." 05/30/2018 Note: Resident 7 had a history of reoccurring genital and coccyx wounds and poor skin integrity. Surveyor note: Resident 7's ISP had not been updated since 07/12/2024. Wounds	Y3244		

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Y3244	Continued From page 177 On 10/13/2025 at 11:19 AM, Surveyor interviewed RN K who visited the facility as needed for lab draws and to assist with as needed nurse orders. RN K indicated s/he did not provide training to staff and did not provide oversight to any staff for resident care. RN K indicated when a wound nurse was visiting Resident 7, RN K observed as the wound care nurse trained Former Manager B on Resident 7's wound care to his/her coccyx and genitals. RN K indicated Resident 7's coccyx was an open wound at that time and his/her genitals were described as appearing as "deep, open road rash." On 10/13/2025 at 8:00 AM, Surveyor interviewed Nurse Practitioner (APNP)-L who described Resident 7 as requiring more assistance than s/he normally saw at a CBRF and being medically complex as s/he was insulin-dependent, required ongoing anticoagulation testing, had seizure activity, had a foley catheter with complications, and had wounds. APNP-L said Resident 7 required assistance from staff to transfer with a Hoyer mechanical lift and then s/he was able to self-propel in his/her wheelchair. APNP-L said Resident 7 was generally always in his/her wheelchair, and s/he never saw him/her in bed or his/her recliner. Due to the friction between Resident 7's peri area and the wheelchair seat, s/he developed ongoing wounds on his/her genitals and coccyx areas. S/he said Resident 7 would have shearing with movement/self-propel of his/her wheelchair. Resident 7's wounds were monitored and managed by the outpatient wound center, but they continued to worsen at the facility prior to hospitalization. Foley Catheter Surveyor Note: According to the Centers of Disease Control (CDC), "An indwelling urinary	Y3244		

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Y3244	Continued From page 178	Y3244		

catheter is a thin, hollow tube inserted through the urethra into the urinary bladder to collect and drain urine. Once inserted, a balloon is inflated which keeps the catheter in place. An indwelling urinary catheter may be left in place for a period of days to weeks. The catheter is connected to a drainage bag that has a valve that can be opened to release urine as well as a separate port that can be used to collect a urine sample ...
Indwelling urinary catheters quickly become colonized with microorganisms after insertion. These microorganisms produce proteins and other substances that are sticky and facilitate the formation of biofilms. These biofilms make it impossible to eradicate the bacteria even with antibiotics ...
A CAUTI [catheter associated UTI] occurs when germs (usually bacteria) enter the urinary tract through the urinary catheter and cause symptoms. CAUTIs have been associated with increased morbidity, mortality, healthcare costs, and hospital length of stay. They require treatment with antibiotics." Source: https://www.cdc.gov/uti/hcp/clinical-guidance/index.html. Retrieved 10/21/2025.

Provider notes -
On 09/24/2025, Surveyor reviewed Resident 7's provider observation notes:

09/04/2025 "[RN K] spoke with ...PCP office ...who stated that in the notes from the urology office, that the patient was given an option to either flush the patient's catheter every other day, or to go on prophylactic antibiotics. [POAHC KK] chose every other day catheter flushes, which is not able to be done at Arbor Village. Writer left message on [POAHC KK's] voicemail to discuss changing this to prophylactic antibiotics instead, so that [Resident 7's] care plan can be supported

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Y3244	Continued From page 179 at Arbor Village. Writer will await call and reach out to urology clinic with any changes." 09/04/2025 1:59 PM "Foley Catheter care ...350cc [sic], writer opted not to empty [bag] a this time." 09/04/2025 "[RN K] spoke with [POAHC KK] and [s/he] gave permission for writer to speak with urology clinic and request prophylactic antibiotics as an option instead of every other day catheter flushes. Writer will reach out to urology clinic tomorrow to discuss this." 09/06/2025 "Foley Catheter care ...output.. 600 [cc's] when resident was in [his/her] wheelchair [his/her] pee back[ed] up and soaked [his/her] chair." 09/08/2025 "Please make sure to put a clothing protector on [Resident 7's] chair. [S/he] is leaking urine when [s/he] has stomach spasms and it is getting [his/her] chair cushion wet. Thank you." 09/19/2025 RN K "Patient's catheter due to be changed. Writer removed previous foley catheter and used sterile procedure to place a new 16F 5cc balloon catheter. Patient tolerated procedure well." 09/20/2025 "[Resident 7] was having bladder spasms and was a complete bed change when writer got [him/her] up this morning. Writer flushed [his/her] catheter with normal saline. [His/her] urine is clear with no sediment or unusual odors. Writer scrubbed [his/her] air mattress due to urine being soaked onto it however the urine stained the mattress. Just be aware that it is clean but its stained."	Y3244		

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Y3244	Continued From page 180 09/22/2025 "Writer and caregiver ...completed an occupied change after shift change due to resident being soaked in urine. [Genitals] were cleaned up and treated due to obvious irritation from being saturated." 09/23/2025 "Foley Catheter care ...Output 1000 Dark, cloudy, Will continue to monitor and update throughout course of [his/her] antibiotic treatment." Surveyor reviewed Resident 7's September 2025 Task Administration Record (TAR) and noted "Foley Catheter care [Resident 7] ...has a foley catheter due to inability to urinate on [his/her] own. Staff is to clean around the ...catheter daily and as needed to keep area clean. Monitor for any redness or infection at the insertion site and notify RN [Surveyor note: no RN to notify] if any changes occur. Staff will empty catheter every shift or as needed and record output. If any changes in color or odor of urine please notify supervisor." Surveyor noted staff were to sign off on the task at 5:00 AM, 1:00 PM, and 9:00 PM and log output. Surveyor noted 20 of 72 tasks for catheter documentation was left blank. On 10/13/2025 at 11:19 AM, Surveyor interviewed RN K who said s/he did not provide training to staff for resident care, as s/he only helped at the facility for very select skilled needs. RN K said staff had not received training for foley catheter care and Resident 7 had received orders for his/her foley catheter to be flushed every other day due to his/her history of UTI's. RN K said there was no one to train staff on how to flush the catheter and s/he questioned whether staff were cleaning it appropriately to begin with. RN K said s/he had requested from Home Health to provide	Y3244		

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Y3244	Continued From page 181	Y3244		

training to staff, but they did not provide training services. RN K said the provider did not have a nurse to delegate or train staff, so s/he did not feel comfortable having an order for Resident 7's foley catheter to be flushed if staff didn't know how to do it, so s/he coordinated an alternative with POAHC KK and the urology clinic. RN K said there was no one to change Resident 7's foley catheter and it was due to be changed in September, so s/he had to change it.

On 10/13/2025 at 8:00 AM, Surveyor interviewed APNP-L who referenced Resident 7 having a foley catheter. S/he had frequent UTI's and colonization (antibiotic resistant infections). At the time of interview, Resident 7 had discharged from the hospital to a skilled nursing facility (SNF) where APNP-L indicated said was a better placement for Resident 7's condition. APNP-L was not aware of any instances where Resident 7 refused cares or treatment.
APNP-L said Resident 7 was diagnosed with a UTI on 09/22/2025 and s/he had prescribed an antibiotic, which was 2 days before Resident 7 was admitted to the hospital for sepsis.

Hospital notes -
On 10/20/2025, Surveyor reviewed Resident 7's hospital notes from his/her hospitalization from 09/24/2025-09/30/2025. "Patient presents with altered mental status ....This is [an individual] with history of dementia, dysphagia MS, COPD, chronic [genital] wounds here for evaluation fever and confusion ...[POAHC KK] notes a recent foley change 10 days ago ...Today started with high fevers, increased confusion from [his/her] baseline. [S/he] has had a cough."
"chronically ill-appearing [over 60] [fe/male] ...chronic [genital] wounds."
Visit Diagnoses "Acute cystitis without hematuria

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Y3244	Continued From page 182 ...Sepsis, due to unspecified organism ...Sepsis with acute respiratory failure due to unspecified organism" "[POAHC KK] reports that [Resident 7] has a catheter due to bladder dysfunction. Two days ago, [POAHC KK] noticed [Resident 7's] urine becoming cloudy, prompting him/her to contact the doctor's office. A test confirmed a urinary tract infection (UTI), and [s/he] was started on Bactrim twice daily yesterday morning. [S/he] has a history or recurrent sepsis every 2 to 3 month due to [his/her] catheter, and it was suspected that [s/he] had sepsis again. [His/her] symptoms include confusion, lethargy, unusual behavior, which are typical for [him/her] during infections. [S/he] also appeared glassy-eyed and was unresponsive ...[S/he] was seen by a urologist 3 to 4 weeks ago, who recommended regular bladder flushing due to skin shedding and sediment accumulation in [his/her] bladder, which can lead to spasms and blockages. [S/he] is not on chronic antibiotics for UTI prevention... [Resident 7] has several wounds and a chronic foley catheter. [POAHC KK] states that [home health skilled nursing] was going to start visits this week to manage [his/her] wounds and foley, however due to hospitalization they will start next week. Surveyor note: Resident 7 discharged from the hospital to a skilled nursing facility (SNF) for rehabilitation and plans to discharge from there to an alternative CBRF. On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who said s/he felt s/he/they did everything they could for Resident 7 and felt that s/he received better care at the facility than s/he would/was elsewhere. AA-B said s/he thought Resident 7 didn't look good on 09/24/2025, which	Y3244		

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Y3244	Continued From page 183 was why s/he encouraged him/her to go to the hospital. S/he said s/he wouldn't have been okay with him/her going if s/he would've known s/he wouldn't be able to come back. AA-B said Adult Protective Services (APS) and the Managed Care Organization (MCO) were not supportive in having Resident 7 return to the facility given his/her level of care. AA-B acknowledged Resident 7 had high care needs and required assistance with foley catheter care and wound care than what was provided by the facility. RESIDENT 10 On 10/09/2025, Surveyor reviewed Resident 10's record and noted s/he was admitted to the facility on 07/01/2025 with diagnoses of type 2 diabetes with hyperglycemia, pyridoxine deficiency, heredity spastic paraplegia, neurocognitive disorder with Lewy bodies, mild cognitive impairment, visual impairment, chronic obstructive pulmonary disease (COPD), spondylosis, tremor, and ataxia. Resident 10 was his/her own person and able to make his/her needs known. Resident 10 was not of advanced age. Resident 10 was admitted to the hospital on 09/12/2025 and discharged from the hospital to an alternative CBRF on 09/23/2025. Surveyor reviewed Resident 10's ISP with updated date 08/12/2025 and noted: "Bathing - partial assistance ...independent with dressing ...requires staff monitoring and/or reminders and cues to complete dressing ...requires staff monitoring and/or reminders and cues to complete eating tasks ...Grooming - partial assistance ...partial assistance from staff when ambulating (as needed). [Resident 10] has a 4 wheeled walker with seat. [Resident 10] prefers to remain independent with mobility as long as [s/he] is able ...requires staff to complete	Y3244		

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Y3244	Continued From page 184	Y3244		

housekeeping ...requires staff to manage/administer medications ...Resident requires staff assistance with pain management. [Resident 10] utilizes rest/sleep, relaxation to control [his/her] pain ...Wandering risk - RESIDENT'S NEEDS [no entry] ALARM 10x Every Day Half hour checks 3x Every Day ...please remind [Resident 10] when meal times are until [s/he] gets used to being here ...fall prevention Encourage [him/her] to use [his/her] walker on a regular basis ...Remind [Resident 10] to do [range of motion] ...Please make sure [Resident 10 has alarm on to remind [him/her] to ring call light ...[Resident 10] needs to be additional [sic] supervision at this time. Make sure [Resident 10] has O2 [oxygen] on, [s/he] needs a little more assistance as [s/he] is a fall risk & forgets to ring for help."

Surveyor note: Resident 10's ISP was not updated to reflect changes in his/her incontinence care, 2-staff assist transfers when weak, preferring to eat in his/her room when not feeling well, laundry needs, elopement risk, nightmares and sleep walking, hallucinations, delusions, UTI symptoms, 1-assist with transfers, wheelchair for mobility, UTI interventions - likes to chew ice and history of dehydration, oxygen needs, smoking preferences, and changes in condition.

Surveyor reviewed Resident 10's provider (observation and internal) notes and hospital notes:

Provider Notes -
07/14/2025 "[Resident 10] seemed more disoriented this evening but said [s/he] was feeling fine."

07/17/2025 4:30 AM "Writer heard resident yelling

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Y3244	Continued From page 185	Y3244		

from across the facility. Resident stated that there is a ...[wo/man] in the corner. Writer turned on light and looked around before telling resident that there's no one there. Resident asked writer to take the [wo/man] with [him/her.] Will continue to monitor cognitive status."

07/21/2025 5:30 AM "Writer observed resident attempting to exit facility via main entrance with 4ww [wheeled walker]. When asked what [s/he] was doing, [Resident 10] stated that [s/he] was going for a walk. Writer asked if [s/he] would like to go to the patio to smoke instead, to which [Resident 10] replied 'Yes'."

07/25/2025 1:30 AM "Resident reported attempting to smoke inside facility while sleep walking. Writer educated resident on the safety hazards associated with smoking near oxygen while in use and suggested leaving lighter at nurse's station to be used as needed."

07/31/2025 11:45 PM "Writer observed [Resident 10] wandering the hallway with 4ww, yelling "[family member], let's go smoke". Writer approached [Resident 10] and asked if everything was alright to which [s/he] replied 'I'm looking for my [family member]." ...While outside [smoking], writer asked about [family member] and [Resident 10] replied 'I must've been sleep walking."

08/01/2025 "O2 [oxygen] level was low most of day. Had [Resident 10] on O2 most of the day."

08/03/2025 "unusual behavior. Was lying on bed instead of sitting in chair and asking questions 'I sleep with 2 teenagers in my bed plus my dog, how can I do this."

08/03/2025 "Looking for [family members], stated

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Y3244	Continued From page 186 [s/he's] 'Ready to go home.'" 08/05/2025 RN K "I was notified by [Former Manager C] that the patient has had increased confusion. Writer told [him/her] to call [his/her] PCP [primary care physician] and see what [they] wanted to do. Writer was notified that an ambulance was called and then notified soon after that they checked [him/her] out on scene and hat the patient's POA did not want [him/her] evaluated in the ER." 08/05/2025 "[Resident 10] has added confusion. Was going to get vitals to call Dr [doctor] for UA [urinalysis]. Full set of vitals B/P [blood pressure] 88/57, pulse 90, O2 sat [saturation] 90% w/o [without] O2, BS [blood sugar] 114. Spoke with [Family Member HH] & call squad after we laid [him/her] down & put O2 on. [Rescue] came vital[s] were stable. Call[ed] [Family Member HH] again & refused medical treatment as [Resident 10] has been like this in the past with UTI [urinary tract infection]. Called [PCP] asking about a UA." 08/05/2025 "very confused. [s/he] wasn't making any sense when answering staffs [sic] questions." 08/06/2025 "I spoke with [Family Member HH] & explained that we have order for UA. Was unable to obtain this morning. Will try again later, [Resident 10] stated that [s/he] was dizzy & sat down on floor." 08/06/2025 "checked on resident, oxygen was 87% room. Oxygen was put on resident at 3 liters." 08/06/2025 "oxygen is 81% at room air. Oxygen put...on	Y3244		

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Y3244	Continued From page 187 08/06/2025 9:15 PM "unable to obtain urine sample." 08/07/2025 9:30 AM "Writer also asked [Resident 10] how [s/he] was feeling and [s/he] stated that [s/he] thinks [s/he] fell last night and hit [his/her] head. [S/he] couldn't remember if it was a dream or if [s/he] actually fell." 08/07/2025 11:15 AM "patient vitals with blood pressure 84/53 and patient stated that [s/he] wasn't feeling well." 08/07/2025 "sent to ER for eval [evaluation]." Hospital Notes - 08/07/2025 ED to Hospital Admission: "Chief Complaints - hypotension, fall, fatigue Visit Diagnoses - altered mental status ...renal insufficiency, acute kidney injury, acute metabolic encephalopathy, chronic hypoxic respiratory failure ...COPD ...Hypomagnesemia, Lewy body dementia ...Parkinson's disease ...Type 2 diabetes mellitus ... Discharge Date 08/09/2025 Final Discharge Diagnoses: Acute on chronic toxic metabolic encephalopathy, likely due to Seroquel overdose on top of acute kidney injury; sudden onset of altered mental status; acute on chronic hypoxic respiratory failure." Medications Paused: furosemide, lisinopril, Seroquel Follow-up appointment on 08/15/2025. Surveyor note: There was no evidence Resident 10 was taken to his/her follow-up appointment on 08/15/2025 and his/her held medications were not followed up on post-hospital discharge. No follow up or additional communication was noted regarding Seroquel overdose.	Y3244		

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Y3244	Continued From page 188 Provider Notes - 08/10/2025 "[Resident 10] still has increased confusion thinking [s/he] can walk around without assistance. Multiple staff found [him/her] ambulating without [his/her] wheeled walker or wheelchair x4 this shift. Residents oxygen machine is set at 2 [liters] at this time ...[s/he] needs more help than [s/he] thinks. [S/he] is on 30 minute checks however writer checked on [him/her] more frequently due to increased confusion/falls. [S/he] complain of 7/10 hip pain at lunch ..." 08/18/2025 "Writer heard the front door alarm go off and noticed [Resident 10] walking out the front entrance door. When writer asked elder what [s/he] was doing [s/he] stated 'I'm going home' Writer explained to [him/her] that [s/he] lives here. Elder denied trying to leave facility. Oxygen was taken off by elder as well as personal alarm. Personal alarm was found inside [his/her] dresser in residents room." 08/18/2025 "Pulseox: 78 Elder had oxygen off at this time. Writer replaced oxygen on nose at 2 liters." 08/18/2025 "2 person transfer today. Very weak and tired." 08/18/2025 "[S/he] has increased weakness and confusion however all vitals WNL [within normal limits]. [S/he] was a 2 person transfer on and off all shift and was not able to do [his/her]ROM [range of motion] or ambulate to and from meals or bathroom. [S/he] was incontinent of both bowel and bladder this morning. [S/he] needed total assistance for AM cares and to eat for both meals. Administration aware."	Y3244		

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08/20/2025 "1st UA sent out this am was frozen. 2nd UA was dropped off at [clinic] after lunch."

09/12/2025 "Family stopped in today and decided to take [him/her] to the ER due to suspected pneumonia. However writer did not see any signs that elder needed to be seen. Writer took [his/her] oxygen this morning which was 91% on 2 liters of oxygen. This is pretty close to [his/her] normal and writer did not hear [his/her] cough on [his/her] shift."

09/12/2025 "Resident has been admitted to [hospital] following ED [emergency department] visit earlier this afternoon, to address [his/her] UTI, as well as COPD [chronic obstructive pulmonary disease] exacerbation."

Hospital Notes -
09/12/2025 "Visit Diagnoses: Acute cystitis (E.coli UTI) without hematuria (primary), severe sepsis ...hypoglycemia, solitary pulmonary nodule, COPD exacerbation ...acute respiratory failure with hypoxia, lactic acidosis ...sepsis due to gram-negative UTI."

"Urinalysis with evidence of infection. Due to this and [him/her] having tachycardia, tachypnea and an elevated lactate [s/he] does meet criteria for severe sepsis. Will place on antibiotics."
Resident 10 discharged from the hospital to an alternative CBRF on 09/23/2025.

On 10/20/2025 at 2:21 PM, Surveyor interviewed Family Member HH who stated the provider did not provider correct care to Resident 10. S/he said Resident 10 was known to like to chew on ice. Family Member HH experienced staff not bring him/her ice as requested even though at admission they were shown the commercial ice

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Y3244	Continued From page 190 machine located down the hall from Resident 10's room. Resident 10 would have to wait significant amount of time or staff would not bring it to him/her. Family Member HH was made aware that AM Supervisor D told Family Member II was told that getting ice for Resident 10 "was not [his/her] job." Family Member HH described Resident 10's first hospital visit as hospital staff reporting that s/he was so severely dehydrated his/her kidneys had almost shut down. Resident 10 was hospitalized twice from 07/01/2025-09/12/2025. Resident 10 did not return to the facility and was discharged from the hospital to an alternative CBRF. Family Member HH described Resident 10 as having a neurological condition that affected how his/her legs moved and full control of his/her legs, making him/her require assistance with walking and toileting. Family Member HH said staff did not prompt either hospitalizations and did not recognize Resident 10's changes in condition. S/he felt Resident 10 needed to be relocated prior to his/her most recent hospitalization. Family Member HH said Resident 10 had Lewy bodies which affected his/her orientation to place and time, as well as a history of hallucinations and nightmares. Upon discharge from the hospital the first time Resident 10's Seroquel was discontinued by the discharge physician. The facility did not question these orders, which Family Member HH said s/he was concerned about as that was when the hallucinations and sleep walking increased again. S/he requested the Seroquel to be restarted which decreased Resident 10's state of confusion and nighttime incidents. Family Member HH indicated s/he conversed with staff about Resident 10 going on a toileting schedule, but s/he was never put on one. They had just waited for him/her to become	Y3244		

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incontinent. Family Member HH indicated Resident 10 was continent, s/he just needed to be reminded and taken to the bathroom, so s/he didn't feel s/he had to go in his/her pants. Family Member HH said Resident 10 had reported to him/her that s/he was afraid to ask for help because staff would be rude to him/her and would say "I just changed you!" to him/her. Family Member HH said s/he was shocked to hear these things as it was their job to assist Resident 10. Family Member HH said Resident 10 was relocated upon discharge from the hospital due to the provider not being able to meet Resident 10's needs and monitor for his/her changes in condition. Family Member HH indicated Resident 10 was much happier in his/her new facility and was doing much better.

On 10/21/2025 at 1:45 PM, Surveyor interviewed Family Member II who stated Resident 10's time at the facility "was not a good experience." Family Member II said Resident 10 had a history of UTI's and upon visiting Resident 10, s/he found him/her sitting in his/her wheelchair with a puddle of urine underneath the chair. Family Member II questioned how long Resident 10 had been sitting there. When s/he asked staff if they could assist him/her to change, they told him/her that they would clean Resident 10 up after s/he ate. Family Member II said Resident 10 waited quite some time before staff came to assist him/her and when they did they just changed his/her clothes in his/her room, and did not take him/her to toilet or wash him/her up. S/he described Resident 10 as having "off days" after some time at the facility and s/he was made aware of Resident 10 leaving the facility around 2:30 AM and getting into the parking lot. When Family Member II was visiting, staff said in a condescending way to Resident 10, "see, you

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have family members that care for you, you should be nice and not get outside at 2:30 in the morning." Family Member II stated this comment made Resident 10 visibly embarrassed, which was upsetting.

Family Member II recalled when Resident 10 returned from the hospital the first time, staff said they would be checking on Resident 10 every half hour. Resident 10 was not checked on every half hour, and was not checked on upon return from the hospital. S/he put his/her call light on and asked for a cup of ice. It took an hour and a half with his/her call light on and Family Member II went to AM Supervisor D who was sitting at the nurse's station and asked for a cup of ice for Resident 10. AM Supervisor D reportedly stood up upset and said "I'll get it, but it's not my job." Family Member II reported hearing AM Supervisor D talking under his/her breath and rambling profanity. When Family Member II asked if s/he needed a cup or anything, AM Supervisor D yelled "I'm getting it!"
On 10/21/2025 at 1:57 PM, Surveyor interviewed Family Member JJ who reported having visited Resident 10 almost daily. Family Member II reported s/he felt Resident 10 "was not taken care of at all." Regarding Resident 10's most recent hospitalization, Family Member JJ was present for both times when s/he was sent to the hospital. The first time, s/he recalled Resident 10 "seeming off, sitting there and all of a sudden was mumbling." When Family Member JJ reported it to staff, they wouldn't do anything about it, so Family Member JJ pushed for them to call an ambulance. Upon hospitalization, Resident 10 was found to be so dehydrated it caused injury to his/her kidneys. Family Member JJ said Resident 10 had an increase in hallucinations and delusions of someone being with Family Member

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JJ when s/he visited, but then would say 'never mind.' Prior to his/her second hospitalization on 09/12/2025, Resident 10 had an awful cough, which was why Family Member JJ felt strongly about Resident 10's chance of having pneumonia. S/he went to talk to AA-B and said s/he wanted him/her to be seen for medical evaluation. S/he prompted an ambulance to be called as Resident 10 seemed off and delirious. After Resident 10 was in the ER, by 4:00 PM, s/he became unresponsive. Family Member JJ said if s/he would have waited any longer, s/he could have died. Resident 10 was diagnosed with low blood sugar, dehydration, UTI, and was septic. Resident 10 was hospitalized for 11 days. Resident 10's oxygen dropped to a 79% at the hospital as his/her oxygen levels were not being monitored and maintained at the facility. Family Member JJ said Resident 10 was now at a different facility and doing much better - not having to use oxygen, walking more, not having delusions, and not having significant changes in condition. "That place was bad."

On 10/22/2025, Surveyor reviewed written correspondence at 8:30 AM from MCO Provider Quality Supervisor Q who indicated MCO staff were not made aware of Resident 10's hospital admission, changes in condition, or need for medical attention until Resident 10's family notified them. Surveyor noted additional diagnoses listed for Resident 10 were: other disorders of electrolyte and fluid balance and dehydration.

On 10/15/2025 at 2:00 PM, Surveyors interviewed AA-B who reported s/he was the one who encouraged Family Member JJ to have Resident 10 sent to the hospital as s/he 'did not look good.' (contrary to what Family Member JJ reported)

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Y3244	Continued From page 194 Surveyor inquired about Resident 10's condition prior to hospitalization and AA-B said "I think [s/he] was fine. [S/he] was happy and I think liked it here." AA-B indicated s/he was not aware of any diagnoses Resident 10 received at the hospital and was unsure why Resident 10 was sick and moved. In conclusion, Resident 10 had increased confusion and episodes of delirium. Resident 10's physician ordered a UA on 08/05/2025. A UA sample was never obtained. On 08/07/2025, Resident 10 presented in a state of delirium and had low oxygen levels. S/he was hospitalized for acute kidney injury related to significant dehydration and Seroquel overdose. Resident 10 returned to the facility and no follow up from his/her hospitalization (or awareness of needed follow up) was completed by the facility. Resident 10 had increased confusion, episodes of exit seeking, delusions and hallucinations, and a change in condition related to weakness requiring 2-staff assistance, increased incontinence, and low oxygen levels. Resident 10 became weak, lethargic and unresponsive, and was sent to the hospital per family's request. Resident 10 was hospitalized for 12 days for E. coli UTI, severe sepsis, UTI, and exacerbation of COPD with acute respiratory failure with hypoxia, renal failure, and a progression in his/her Parkinson's disease and dementia with Lewy bodies. Resident 10 was relocated to an alternative CBRF upon discharge from the hospital due to his/her care needs not being met at the facility. On 10/16/2025 at 11:30 AM, Surveyors interviewed Licensee A who acknowledged Resident 7 and Resident 10's care needs were not adequately met at the facility.	Y3244		

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Y3244	Continued From page 195 Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0207 83.15(1) Administrator Qualifications N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0381 83.35(1)(a) Pre-Admission And Ongoing Assessments N0383 83.35(1)(c) Listed Areas For Assessments N0431 83.38(1)(g) Health Monitoring Y3234 50.09(1)(e) Treatment	Y3244		