STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019070	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGREGATIONAL HOME INC	13900 W BURLEIGH RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 09/25/2025, with information gathered through 09/30/2025, Surveyor conducted an abbreviated licensure survey at Congregational Home Inc. Four deficiencies were identified. Census: 21	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 3 of 3 resident. Resident 6 did not receive his/her Fluticasone (nasal spray), acetaminophen, aspirin, Hydralazine (medication for high blood pressure), Ciprofloxacin (antibiotic), Florastor (probiotic), and Vitamin D3. Resident 9 received his/her scheduled Systane eye ointment after the medication was expired. Resident 10 received his/her Baclofen (muscle relaxant) after the medication was expired. Findings include: Example 1: Resident 6	N 352		

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

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N 352	Continued From page 1 On 09/25/2025, at approximately 2:00 PM, Surveyor and Med Passer C observed the medications stored in the med cart. Surveyor observed Resident 6's blister cards of acetaminophen, aspirin, Hydralazine, Ciprofloxacin, Florastor, and Vitamin D3 with the Monday, September 22, 2025, tablets remaining. Med Passer C stated s/he did not know why the medications had not been administered. Surveyor observed a bottle of Resident 6's Fluticasone with a Dispensed Date of 07/14/2025 and a handwritten open date of 07/15/2025. Surveyor observed an unopened bottle of Fluticasone with a Dispensed Date of 08/12/2025. On 09/25/2025, Surveyor reviewed Resident 6's record. Resident 6 moved into the facility 09/22/2025. Resident 6's September 2025 Medication Administration Record (MAR), dated 09/01/2025 to 09/25/2025, did not document a rationale as to why s/he did not receive his/her acetaminophen, aspirin, Hydralazine, Ciprofloxacin, Florastor, and Vitamin D3 on 09/22/2025. On 09/25/2025, at approximately 3:00 PM, Surveyor interviewed Director B. Director B informed Surveyor that Resident 6 had moved into the facility after residing in the adjoining residential-care apartment complex (RCAC). Director B stated s/he would follow up with the staff to determine why Resident 6 did not receive his/her medications on 09/22/2025. On 09/26/2025 at 1:10 PM, Director B emailed Surveyor and stated Resident 6 had not received his/her medications that day due to him/her	N 352		

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N 352	Continued From page 2	N 352		

participating in an activity.

On 09/30/2025 at 7:24 AM, Surveyor emailed Chief Executive Officer (CEO) A and Director B and asked for clarification on how resident medications were handled if they were on a scheduled outing/event.

On 09/30/2025 at 3:13 PM, CEO A emailed Surveyor and stated that Resident 6 not receiving his/her medications on 09/22/2025 was an oversight on the staff's part.

Example 2: Resident 9

On 09/25/2025, at approximately 2:00 PM, Surveyor and Med Passer C observed the medications stored in the med cart. Surveyor observed 2 plastic containers which contained opened tubes of Resident 9's Systane lubricant eye ointment, nighttime: one with a dispensed date of 05/08/2025 and the other 07/18/2025. The eye lubricant orders were "Apply ¼ inch ribbon to both eyes twice daily for dry eyes." Surveyor asked Med Passer C which tube of ointment staff were utilizing. Med Passer C stated s/he was not sure as s/he did not complete evening med pass.

On 09/25/2025, Surveyor reviewed Resident 9's September 2025 MAR, dated 09/01/2025 to 09/25/2025, which documented:
"Systane Ophthalmic Gel 0.4-0.3% - Instill 1 application in both eyes at bedtime for dry eyes. Start Date: 12/03/2024."
The MAR documented the eye ointment had been administered as prescribed.

On 09/30/2025 at 10:50 AM, Surveyor emailed CEO A and Director B requesting the 2025

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pharmacy delivery reports for Resident 9's Systane lubricant eye ointment.

On 09/30/2025 at 3:13 PM, CEO A emailed Surveyor back and submitted a delivery report dated 01/01/2025 to 10/01/2025 which documented delivery on 05/08/2025 and 05/15/2025. CEO A stated that starting in July 2025, Resident 9's family started to provide the over-the-counter medication.

"Systane® OINTMENT 3.5 g can be used for 30 days after opening, as long as the product has not expired. Always check the label for the expiration date." (Source: Systane website, Systane Ointment, 2024, https://systane.myalcon.com/en-ca/products/systane-nighttime/#:~:text=Systane%C2%AE%20OINTMENT%20FAQs,%C2%AE%20OINTMENT%20is%20preservative%20free (retrieval date - September 30, 2025).)

Example 3: Resident 10

On 09/25/2025, at approximately 2:00 PM, Surveyor and Med Passer C observed the medications stored in the med cart. Surveyor observed a blister card of Resident 10's Baclofen (muscle relaxant) that was dispensed 08/12/2024 with an order that stated, "Take 1 tablet by mouth twice a day with meals" and had an Exp Date of 08/22/2025.

On 09/25/2025, Surveyor reviewed Resident 10's record.

Resident 10's September 2025 MAR, dated 09/01/2025 to 09/25/2025, documented: "Baclofen Oral Tablet 10 MG - Give 1 tablet by mouth two times a day for muscle spasms. Take

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N 352	Continued From page 4 with meals. Start Date: 05/15/2025." The medication had been documented as administered as prescribed. On 09/25/2025, at approximately 3:00 PM, Surveyor interviewed Director B. Surveyor explained his/her observation of Resident 10's medication. Director B stated s/he would discuss the concern with his/her staff.	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the Individual Service Plan (ISP) was updated when there was a change in needs and physical or mental condition for 2 of 2 residents. Resident 6's ISP was not updated to include that s/he was a sit-by assist during meals. Resident 8's ISP was not updated to include	N 389		

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guidelines regarding his/her incontinence.

Findings include:

The provider is licensed to provide services for up to 21 residents in the client groups advanced aged and irreversible dementia/Alzheimer's.

Example 1: Resident 6

On 09/25/2025, at approximately 12:00 PM, Surveyor observed staff members sit down next to Resident 6 and verbally and physically assist Resident 6 with his/her meal. The staff members were continuously cueing member to eat and at one point stating, "pick up the fork, okay, put it into your mouth, ok, pull the fork out of your mouth, chew."

On 09/25/2025, Surveyor reviewed Resident 6's record.

Resident 6 moved into the facility, 11/21/2023, with diagnoses including Alzheimer's, dementia, mood disturbance, and anxiety.

Resident 6's "Eating/Nutrition: Diet - regular, Meals in dining room."

Resident 6's "Individual Service Plan," dated 08/12/2025, which documented:
"Eating: Alert nurse for any food refusal and/or difficulty with solid foods. Date Initiated: 11/28/2023."
"The resident is resistive to redirection from staff at times. ... needing reminders for meals."

On 09/25/2025, at approximately 1:30 PM, Surveyor interviewed Registered Nurse (RN) D. Surveyor asked for clarification on what

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N 389	Continued From page 6 assistance Resident 6 required during meals. RN D stated that Resident 6 had been declining and required sit-by assist during meals. RN D and Surveyor reviewed Resident 6's ISP and RN D stated s/he would update the ISP accordingly. Example 2: Resident 8 On 09/25/2025, at approximately 10:45 AM, Surveyor toured the facility and noted a urine like scent emanating into the hallway from Resident 8's room. Surveyor entered Resident 8's room where the urine like scent was stronger. On 09/25/2025, Surveyor reviewed Resident 8's record. Resident 8 moved into the facility, 03/18/2025, with diagnoses including epilepsy, mood disturbance, and failure to thrive. Resident 8's ISP, dated 04/17/2025, documented: "Encourage the resident to discuss/express feelings about self-care deficit." The ISP did not document his/her toileting routine and/or that s/he dealt with incontinence. On 09/25/2025, at approximately 1:30 PM, Surveyor interviewed RN D. Surveyor explained his/her observation of Resident 8's room. RN D stated s/he was aware that Resident 8's room could have a urine like scent and that Resident 8 did not want to partake in daily self-care. RN D and Surveyor reviewed Resident 6's ISP and RN D stated s/he would update the ISP accordingly.	N 389		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is	N 406		

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discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 4 of 4 resident's expired medications were separated from medications in current use in the facility and disposed of.

Resident 1's expired Acetaminophen was stored with his/her current prescribed medications.

Resident 3's and Resident 4's expired Geri-Kot Laxative were stored with his/her current prescribed medications.

Resident 5's expired Refresh Tears lubricating

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eye drops were stored with his/her current prescribed medications.

Resident 10's expired Baclofen, Geri-Kot Laxative, and antacid/calcium were stored with his/her current prescribed medications.

Findings include:

On 09/25/2025, at approximately 2:00 PM, Surveyor and Med Passer C observed the medications stored in the med cart.

Example 1: Resident 1

Surveyor observed 2 blister cards of Resident 1's Acetaminophen 500 milligram (MG) that was dispensed on 09/30/2024 with an order that stated, "Take 2 tablets by mouth 3 times a day for pain" and had an Exp (expiration) Date of 08/2025. Surveyor observed a blister card of Resident 1's Acetaminophen 500 MG that was dispensed on 04/15/2024 with an order that stated, "Take 2 tablets by mouth 3 times a day for pain" and had an Exp Date of 04/15/2025.

On 09/25/2025, Surveyor reviewed Resident 1's September 2025 Medication Administration Record (MAR) which did not document that Resident 1 had a current prescription for Acetaminophen 500 MG; the order was for 650 MG.

Example 2: Resident 3
Surveyor observed a blister card of Resident 3's Geri-Kot Laxative 8.6 MG that was dispensed on 02/29/2024 with an order that stated, "Take 2 tabs (tablets) by mouth every 12 hours as needed for constipation" and had an Exp Date of 02/28/2025.

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N 406	Continued From page 9 On 09/25/2025, Surveyor reviewed Resident 3's September 2025 MAR which did not document that Resident 3 had a current prescription for Geri-Kot Laxative. Example 3: Resident 4 Surveyor observed a blister card of Resident 4's Geri-Kot Laxative 8.6 MG that was dispensed on 05/21/2024 with an order that stated, "Take 2 tabs (tablets) by mouth every 12 hours as needed for constipation" and had an Exp Date of 05/29/2025. On 09/25/2025, Surveyor reviewed Resident 4's September 2025 MAR which did not document that Resident 3 had a current prescription for Geri-Kot Laxative. Example 4: Resident 5 Surveyor observed a bottle of Resident 5's Refresh Tears lubricating eye drops that were opened on 10/21/2024 with an order that stated, "Instill 1 drop into both eyes every 12 hours as needed for dry eyes." The Exp Date had been crossed out. "Use before expiration date marked on container. Discard 90 days after opening. Store at 59°-77°F (15°-25°C)." (Source: Daily Med website, Refresh Tears Drug Facts, 06/2022, https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=329d1fe0-4432-4565-b7b1-65666bd86526#:~:text=Use%20before%20expiration%20date%20marked,THIS%20CARTON%20FOR%20FUTURE%20REFERENCE (retrieval date - September 30, 2025).) Example 5: Resident 10 Surveyor observed a blister card of Resident 10's Geri-Kot Laxative 8.6 MG that was dispensed on 04/05/2024 with an order that stated, "Take 2 tabs	N 406		

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(tablets) by mouth every 12 hours as needed for constipation" and had an Exp Date of 04/05/2025. Surveyor observed a blister card of Baclofen (muscle relaxant) that was dispensed 08/12/2024 with an order that stated, "Take 1 tablet by mouth once daily as needed" and had an Exp Date of 08/12/2025. Surveyor observed a blister card of Baclofen that was dispensed 08/22/2024 with an order that stated, "Take 1 Tab (tablet) by mouth once daily as needed for pain" and had an Exp Date of 08/22/2025. Surveyor observed a blister card of Baclofen that was dispensed 08/01/2024 with an order that stated, "Take 1 Tab by mouth once daily as needed" and had an Exp Date of 04/2025. Surveyor observed a blister card of Baclofen that was dispensed 06/21/2024 with an order that stated, "Take 1 Tab by mouth once daily as needed in addition to scheduled" and had an Exp Date of 04/30/2025. Surveyor observed a blister card of Antacid Calcium that was dispensed 06/21/2024 with an order that stated, "Chew and swallow 1 Tab by mouth as needed for heartburn" and had an Exp Date of 06/21/2025. Surveyor observed a blister card of Antacid Calcium that was dispensed 02/27/2024 with an order that stated, "Chew and swallow 1 Tab by mouth as needed for heartburn" and had an Exp Date of 02/27/2025. Surveyor observed a blister card of Antacid Calcium that was dispensed 08/01/2024 with an order that stated, "Chew and swallow 1 Tab by mouth as needed for heartburn" and had an Exp Date of 08/01/2025.

On 09/25/2025, Surveyor reviewed Resident 10's September 2025 MAR which did not document that Resident 10 had a current prescription for Geri-Kot Laxative.

Example 6: Resident 11

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N 406	Continued From page 11 Surveyor observed a blister card of Resident 11's Simethicone that was dispensed 06/11/2024 with an order that stated, "Chew and swallow 1 Tab by mouth four times daily as needed for gas/bloating" and had an Exp Date of 06/11/2025. Surveyor observed a blister card of Resident 11's Simethicone that was dispensed 08/02/2025 with an order that stated, "Chew and swallow 1 Tab by mouth four times daily as needed for gas/bloating" and had an Exp Date of 06/11/2025. Surveyor observed 2 blister cards of Resident 11's acetaminophen that was dispensed 09/30/2024 with an order that stated, "Take 2 Tabs by mouth three times daily for pain" and had an Exp Date of 08/2025. On 09/25/2025, Surveyor reviewed Resident 11's September 2025 MAR which did not document that Resident 11 had a current prescription for acetaminophen. On 09/25/2025, at approximately 3:00 PM, Surveyor interviewed Director B. Surveyor discussed his/her observation of the expired medications. Director B stated s/he would discuss the concern with Registered Nurse D as s/he was responsible for the oversight of the med cart.	N 406		
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	N 431		

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of residents and make arrangements for physical 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 observation, record review and interview, the provider did not ensure 5 of 5 resident received appropriate health monitoring to meet his/her needs.

Resident 1's, Resident 2's, Resident 4's, Resident 9's weight levels were not monitored.
Resident 2's and Resident 10's oxygen levels were not monitored.

Findings include:

Example 1: Weights

On 09/25/2025, Surveyor reviewed Resident 1's, Resident 2's, Resident 4's, Resident 9's record.

Resident 1 moved into the facility 10/15/2024.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019070	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGREGATIONAL HOME INC	13900 W BURLEIGH RD BROOKFIELD, WI 53005

(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
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Resident 1's September 2025 Treatment Administration Record (TAR) documented: "Monthly Weight and Vitals every day shift starting on the 8th and ending on the 8th every month. Start Date: 07/08/2024." The TAR did not document his/her weights.

Resident 2 moved into the facility 04/19/2024. Resident 2's September 2025 TAR documented: "Monthly Weight and Vitals every day shift starting on the 3rd and ending on the 3rd every month. Start Date: 08/03/2024." The TAR did not document his/her weights.

Resident 4 moved into the facility 10/06/2022. Resident 4's September 2025 TAR documented: "Monthly Weight and Vitals every day shift starting on the 6th and ending on the 6th every month. Start Date: 08/06/2024." The TAR did not document his/her weights.

Resident 9 moved into the facility 05/02/2023. Resident 9's September 2025 TAR documented: "Check Wt (weight) one time a day every 14 day(s). Start Date: 03/06/2025." The TAR did not document his/her weights on 09/04/2025.

On 09/25/2025, at approximately 3:00 PM, Surveyor interviewed Director B. Director B stated s/he would discuss the concern of not documenting weights with the staff.

On 09/30/2025 at 3:13 PM, Chief Executive Officer A emailed Surveyor and stated the provider reviewed the documentation process to ensure required documentation is not overlooked.

Example 2: Oxygen Levels

On 09/25/2025, at approximately 11:00 AM,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019070	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONGREGATIONAL HOME INC	13900 W BURLEIGH RD BROOKFIELD, WI 53005

(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 431	Continued From page 14 Surveyor toured the facility and observed oxygen concentrators in Resident 2's and Resident 10's rooms. On 09/25/2025, Surveyor reviewed Resident 2's and Resident 10's record. Resident 2's September 2025 TAR documented: "Administer oxygen 1-2 L (liter) per nasal canula to keep POX (pulse oximeter) > (greater than) 92% two times a day. Start Date: 09/05/2024." The TAR did not document his/her POX on 09/01 AM, 09/03 AM, PM, 09/05 PM, 09/10 AM, 09/18 PM Resident 10's September 2025 TAR documented: "Administer oxygen at 4 L per nasal canula to keep POX > (greater than) 88% every shift. Start Date: 05/16/2025." The TAR did not document his/her POX at night on 09/03, 09/09, 09/13, 09/14, 09/16, 09/18, 09/24 On 09/25/2025, at approximately 3:00 PM, Surveyor interviewed Director B. Director B stated s/he would discuss the concern of not documenting oxygen levels with the staff. On 09/30/2025 at 3:13 PM, Chief Executive Officer A emailed Surveyor and stated the provider reviewed the documentation process to ensure required documentation is not overlooked.	N 431		