STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017955	A. BUILDING: _____ B. WING _____	R-C 01/16/2026

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BETHEL MENASHA I	1645 CENTURY OAKS COURT MENASHA, WI 54952

(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 01/06/2026 with additional information gathered through 01/16/2026, Surveyors conducted a complaint investigation and a verification visit at Bethel Menasha I. The complaint was substantiated. Two (2) of 2 previous deficiencies were repeat violations. Eight (8) new deficiencies were identified. As a result of the survey, a total of 10 deficiencies were identified. Per state statutes a $200.00 revisit fee was assessed. Census: 8	{N 000}		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after law enforcement was called to the facility as a result of an incident that jeopardized the health, safety,	N 164		

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

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N 164	Continued From page 1 or welfare of residents. The police responded to the facility on 12/09/2025 and 12/20/2025 regarding alleged incidents impacting Resident 7 and potentially other residents safety and welfare. The provider did not send written reports to the Department within 3 days to report the police response. Findings include: On 01/12/2026, Surveyor reviewed Department records for the facility. During 2025, the provider did not submit any self-reports regarding incidents when law enforcement was called to the facility. On 01/06/2026 at approximately 1 PM, Surveyors interviewed Resident 7 in his/her bedroom. Resident 7 stated, "I've had to call the cops multiple times on [Licensee C] for threatening to take my belongings. I called the police and made several reports in December 2025. The police showed up here at the facility and talk to me about my concerns." Resident 7 then showed Surveyors two different business cards s/he had in his/her bedroom from Fox Crossings Police Department (FCPD). Surveyor noted one business card had PO (Police Officer)-L's name on it and the second business card had PO-M's name on it. Resident 7 verified both PO-L and PO-M came to the facility to talk to him/her about his/her concerns of possible neglect, mistreatment and misappropriation occurring at the facility. On 01/12/2026, Surveyor requested records from the FCPD regarding police response during December 2025. FCPD indicated there were two times officers responded to the facility in	N 164		

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N 164	Continued From page 2 December 2025. The FCPD records revealed the following: ~12/09/2025 at 6:56 PM a welfare incident was created for the facility and indicated, "[Resident 7] request officer, states, [s/he's] doing an investigation and suspects embezzlement and abuse are occurring at assisted living, wants to speak to an officer...Dispatch [PO-L] at 7:33 PM... [Resident 7] lives at assisted living and believes that staff are embezzling money and abusing residents. [Resident 7] said [s/he] has no proof that the staff are embezzling, but firmly believes it. [Resident 7] also said staff abuse residents by yelling at them..." ~12/20/2025 at 8:47 PM an incident report was created for the facility by PO-N who was assisted by PO-M. The report indicated, "On 12/20/2025, at approximately 8:51 PM, [PO-N] was dispatched to the facility for an assist. The reporting party [Resident 7], stated [Licensee C] was threatening to take [his/her] things. On scene, [PO-N] spoke with [Resident 7] who was visibly upset. [Resident 7] was concerned about leaving for the holidays because [Licensee C] told [him/her] [s/he] was going to take [his/her] things...[Resident 7] brought up how [his/her] key was missing from [his/her] room and pointed to a spot [s/he] hung it. [Resident 7] stated [s/he] hadn't seen the key for approximately five days and believed staff had stolen it...[PO-N] and [PO-M] helped [Resident 7] look for the key on the floor and under some objects in case it fell, but [PO-M] and [PO-N] were unable to locate it. [Resident 7] made several comments about feeling unsafe and about wanting to leave. [Resident 7] was unable to explain what was making [him/her] feel unsafe when asked. [PO-M] consulted staff and requested they call	N 164		

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N 164	Continued From page 3 [Licensee C]...While speaking to [Licensee C] on the phone, [Licensee C] confirmed there were extra keys for the bedrooms and staff opened a lock box to make sure. [PO-N] asked [Licensee C] about [Resident 7] making comments about [Licensee C] saying [s/he] was going to take [his/her] things in [his/her] room. [Licensee C] explained [s/he] told [Resident 7] [s/he] was welcome to pack [his/her] things and leave but never threatened [s/he] was going to take [Resident 7's] things. [Licensee C] stated [Resident 7] has been causing issues recently as [s/he] had been bothering other residents...Advised [Licensee C] officers would tell [Resident 7] about the spare key and that [s/he] would be able to lock [his/her] door before [s/he] left..." On 01/13/2026, Surveyor reviewed Resident 7's observation notes, which documented Resident 7 called the police and they responded to the facility in December 2025. The observation note indicated the following: ~12/20/2025 at 9:15 PM, "...[Resident 7] proceeded to the kitchen drawer and collected some keys and [s/he] started trying to break into the snack locker. [Resident 2] was yelling that the keys were [his/her] and both of them started exchanging words...[Licensee C] also called and [s/he] tried to calm [him/her] down and [s/he] started throwing tantrums and cussing [Licensee C] out too...By 9 PM [Resident 7] called the cops and they both came into the building to interview [Caregiver-I] and also about how things got worse. They also spoke to [Licensee C] to get some information. [Resident 7] told the cops that [s/he] needs new set of keys for [his/her] door. The cops came into the med room requesting for additional keys..."	N 164		

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N 164	Continued From page 4 On 01/06/2026 at approximately 4:35 PM, Surveyors conducted an interview with Administrator A and asked about law enforcement being called to the facility by Resident 7 in December 2025. Administrator A stated, "[Resident 7] told me [s/he] called the police one time, but didn't say why...I'm not sure if the police came here or talked to [him/her] on the phone." On 01/12/2026 at approximately 1:35 PM, Surveyors conducted an interview with Administrator A regarding the above FCPD records. Administrator A indicated s/he was responsible for reporting incidents to the department and verified no reports involving law enforcement were submitted to the department. Administrator A then stated, "I was gone during the 12/20/2025 incident with [Resident 7] and [Licensee C]...If [Licensee C] or staff would've told me the police were here I would've reported it, but I don't recall receiving any call or text from staff or [Licensee C]." On 01/13/2026 at approximately 9:04 AM, Surveyor spoke with Licensee C regarding police involvement at the facility. Licensee C indicated s/he did not inform Administrator A of the police presence at the facility on 12/20/2025, but confirmed Administrator A has access to observation notes for all residents. Cross Reference: N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations N0348 DHS 83.32(3)(d) Rights of Residents: Free from Mistreatment	N 164		

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N 196	Continued From page 5	N 196		
N 196	83.14(2)(a) Licensee ensures facility complies with laws 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 CBRF and its operation complied with all laws governing the CBRF. Licensee C did not ensure deficiencies from the previous survey Statement of Deficiency (SOD) #2EPW13, dated 08/25/2025 were corrected or that special orders were complied with. A total of 10 deficient practices were identified as a result of the current survey. Findings include: Prior to conducting the onsite visit on 01/06/2026, Surveyor reviewed the facility's compliance history. On 11/14/2025, the provider was issued a Statement of Deficiency (SOD) #2EPW13 for the previous survey ending on 08/25/2025. The SOD identified two deficiencies and included a Notice and Order letter which read in part, --"Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety and	N 196		

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N 196	Continued From page 6 welfare of the residents. AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements." --SPECIAL ORDER: "Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of Statement of Deficiency 6DQN12 and a copy of this Notice and Order letter. The licensee shall retain documentation, acceptable to the department, to verify compliance with Order #1. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager. Required evidence will be made available to the department representatives upon request." --"According to Wis. Admin. Code DHS §§ 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made. Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made." On 01/06/2026, Surveyors conducted a verification visit to confirm correction of the two deficiencies and compliance with the orders.	N 196		

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N 196	Continued From page 7 Additional information was collected through 01/13/2026. Based on the resident rosters provided by Administrator A on 01/06/2026 at 9:30 AM, and a follow up email from Administrator A on 01/08/2026 at 10:21 AM, Surveyor determined the following: --7 of 8 residents had legal representatives --7 of 8 residents had care managers NOTIFICATION: --On 01/06/2026 at 9:00 AM, Surveyor interviewed Administrator A and requested documentation to verify residents' legal representative and case managers were given a copy of SOD 6DQN13 and the Notice and Order letter. Administrator A replied, "I don't know if I wrote anything down but I met with them a couple days after, we had meetings here." Administrator A subsequently said s/he met with 1 guardian, but the rest of the people s/he spoke with via phone. Administrator A did not indicate s/he provided written copies of the SOD or Notice and Order letters and confirmed s/he did not have documentation in the form of a certified mail receipt, email or in any other format as evidence s/he provided notification as required. --On 01/13/2026 at 9:04 AM, Surveyor interviewed Licensee C and asked about the special orders. Licensee C said if Administrator A did not send the SOD and Notice and Order letter to care managers, it may be because of their impression the care managers receive the SODs from the Department. --On 01/12/2026 at 10:05 AM, Surveyor interviewed Resident 8's legal representative,	N 196		

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N 196	Continued From page 8 Guardian G. Guardian G stated s/he was unaware of the SOD issued in November and s/he did not receive any sort of communication from Administrator A about it. POSTING: --On 01/06/2026 at 10:26 AM, Surveyor walked through the facility and observed the SOD was not posted. During a return visit on 01/12/2026, Surveyor again observed the SOD was not posted. On 01/12/206 at 12:17 PM, Surveyor was with Administrator A in the common area of the facility and asked about the requirement for the SOD to be posted. Administrator A replied, "It's usually up here (posted)" but agreed it was not currently posted. During the aforementioned interview with Licensee C, s/he said s/he did not know anything about whether Administrator A posted the SOD in the facility. NEW DEFICIENCIES: As a result of the verification visit beginning on 01/06/2026, Surveyors determined 2 of 2 of the previous deficiencies were uncorrected: --DHS 83.32(3)(L) Rights of Residents: Least Restrictive Environment - the provider restricted all residents' access to food and on 01/06/2026, restricted Resident 2 from the dining room. --DHS 83.43(1) Environment Safe, Clean, and Comfortable - some environmental concerns identified during the previous survey were not addressed and new concerns were identified. In addition, 8 new deficiencies were identified; including 1 deficiency related to Licensee C commingling funds of residents from different facilities.	N 196		

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N 196	Continued From page 9 As a result of the survey, a total of 10 new deficiencies were identified. Cross Reference: N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations N0348 DHS 83.3(3)(d) Rights of Residents: Free From Mistreatment N0356 DHS 83.32(3)(l) Rights of Residents: Least Restrictive Environment N0366 DHS 83.34(1) Limitations On Control of Resident Funds N0367 DHS 83.34(2)(a) Resident Funds Under $200, Not Commingled N0368 DHS 83.34(2)(b) Accounting Method for Tracking Resident Cash N0481 DHS 83.43(1) Environment Safe, Clean, and Comfortable N0492 DHS 83.45(1)(a) Exterior Areas	N 196		
N 214	83.15(3)(a) Administrator shall supervise daily operation 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.	N 214		

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N 214	Continued From page 10 This Rule is not met as evidenced by: Based on observation, interview and record review, Administrator A did not supervise the daily operation of the CBRF to ensure residents received proper care and treatment, their health and safety were protected and their rights were respected. Findings include: The Department received a complaint alleging concerns with administrator oversight. During onsite visits 01/06/2026 and 01/12/2026, and with information collected through 01/13/2026, Surveyors investigated 1 complaint and completed a verification visit for 2 previously identified deficiencies. Surveyors made observations and conducted interviews with residents, facility staff and a legal guardian. Surveyors reviewed facility records, guardianship records and law enforcement records. Based on the evidence collected, the complaint was substantiated and 2 of 2 previous deficiencies were uncorrected. A toatl of 10 new deficiencies were identified. In summary: --Administrator A did not ensure resident rights were protected; access to food was restricted for all residents and a repeat deficiency was identified related to caregivers using punitive approaches while restricting a resident from the common area. --Administrator A did not obtain written authorization from Resident 8's legal representative to manage Resident 8's funds and did not maintain a written accounting system for	N 214		

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N 214	Continued From page 11 use of the funds. --Administrator A misappropriated Resident 8's funds by making large purchases using Resident 8's credit card without authorization from his/her guardian. Administrator A also managed funds for residents in excess of $200 without written authorization from the guardian and without maintaining an accounting system. --Administrator A did not ensure the inside environment was safe, clean and well maintained. In addition, the exterior areas were not well maintained or safe. On 01/12/2026 at approximately 1:57 PM, Surveyors reviewed the above concerns with Administrator A. Administrator A did not dispute the findings and did not offer additional insight or information. N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0348 DHS 83.3(3)(d) Rights of Residents: Free From Mistreatment N0356 DHS 83.32(3)(l) Rights of Residents: Least Restrictive Environment N0366 DHS 83.34(1) Limitations On Control of Resident Funds N0367 DHS 83.34(2)(a) Resident Funds Under $200, Not Commingled N0368 DHS 83.34(2)(b) Accounting Method for Tracking Resident Cash N0481 DHS 83.43(1) Environment Safe, Clean, and Comfortable N0492 DHS 83.45(1)(a) Exterior Areas	N 214		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment	N 348		

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N 348	Continued From page 12 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 observation, interview and record review, the provider did not ensure Resident 8 was free from misappropriation. DHS 13.03(12)(12) "Misappropriation of property" means any of the following...Intentionally using or attempting to use...financial transaction card ...to obtain credit, money, goods, services or anything else of value without the authorization or consent of the individual and by representing that he or she is the individual or is acting with the authorization or consent of the individual." Administrator A used Resident 8's credit card to purchase a couch in the amount of $341.24, a slushy machine in the amount of $299.99, a bubble machine in the amount of $179.99, patio cushions in the amount of $100.79 and a razor in the amount of $255.94. All 5 purchases were made without authorization of Resident 8's legal decision maker. The couch was in the common living room of the facility and replaced a couch that was in poor repair. The slushy machine and bubble machine were used at picnics attended by residents of this facility and 3 sister facilities. As of 01/12/2026, the razor was unaccounted for.	N 348		

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N 348	Continued From page 13	N 348		

Findings include:

The Department received a complaint alleging concerns with Administrator A's management of resident funds.

Prior to conducting the onsite visit, Surveyor reviewed the survey history. During the previous survey ending on 08/25/2025, the Department identified a deficiency related a living room couch that was in poor repair.

On 01/06/2026 at 10:26 AM, Surveyor entered the facility and observed a new couch in the common living room. Surveyor interviewed Resident 8 at 11:25 AM and asked about the new couch. Resident 8 said s/he did not know anything about it. Surveyor noted that upon entry to the facility at 10:26 AM, just prior to the interview at 11:25 AM and again at 4:46 PM, Resident 8 was observed sitting in a recliner in the living room by the front door; s/he was not sitting on the couch.

Upon request at 12:08 PM, Administrator A provided Surveyor with a receipt for the couch. The receipt indicated the order was placed on 08/26/2025 from Amazon, the cost was $341.24 and the couch was shipped to Resident 8. The payment method was a Visa card and the last 4 digits were listed.

On 01/06/2026 3:23 PM, Surveyors interviewed Administrator A and indicted they wanted to talk about the use of Amazon to purchase items for residents. Administrator A immediately replied, "It's [Resident 8]'s couch. [His/her] guardian said [s/he] had money to spend. It's [his/her] couch. It replaced the one that had been there before..." Later in the interview Administrator A also stated,

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"the guardian put the extra money on there (the prepaid Visa card) for the couch." Administrator A stated s/he did not have documentation from the guardian requesting or authorizing this purchase. Surveyor informed Administrator A of the interview with Resident 8 where s/he denied any knowledge of the couch, and Administrator A described Resident 8 as being confused and sometimes not even knowing what state s/he lived in. Administrator A confirmed Resident 8's credit card ends with the same 4 numbers listed on the receipt for the couch. During this interview, Administrator A stated twice s/he implemented the system of using the prepaid cards to make purchases on Amazon because s/he did not want to manage cash for residents.

On 01/07/2026 at 1:08 PM, Surveyor interviewed Resident 8's guardian. Guardian R said the provider manages Resident 8's funds via the use of a prepaid Visa card and s/he volunteered concerns about Administrator A not providing receipts for purchases. Guardian R said his/her expectation was those funds were to be used for things like community outings and snacks. During the interview, Guardian R accessed the online account information associated with Resident 8's Visa card. As Guardian R reviewed the account statement s/he said, "Hmmm. That's weird. Well, in August...there was something purchased on Amazon for $100.79 and...for $341.00" Surveyor asked Guardian R if s/he authorized purchase of a couch in August and s/he replied, "I never consented to a couch being purchased." Guardian R expressed surprise over the purchases, indicated s/he did not add funds to the card for the purchases and said Administrator A did not send receipts. As Guardian R continued to review the statement s/he identified other concerning purchases. Guardian R provided

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N 348	Continued From page 15 Surveyor Resident 8's monthly card statements which identified all purchases by date, vendor and amount. On 01/12/2026 at 10:05 AM, Guardian R joined Surveyors at the facility. Guardian R said s/he just met with Resident 8 and did not notice any new items in his/her room. Guardian R said one of the items s/he observed in the room was an electric razor that was plugged in and functional. Guardian R said s/he wanted to ask Administrator A about the razor because s/he wondered if it was one of the more expensive purchases s/he noticed on the account statement. Guardian R said Resident 8 just told him/her the razor observed in the room was Resident 8's and it works fine. On 01/12/2026 at 10:26 AM, Guardian R and Surveyors met with Administrator A to review the Amazon purchases on Resident 8's Visa card. Surveyor requested and reviewed receipts for all purchases. Concerns were identified with purchases, including but not limited to the following: May 2025: -05/15: $299.99 for a 92 oz "Slushy Machine" and $26.99 for self sealing water balloons. Shipped to Administrator A at Bethel Menasha III (sister facility.) -05/22: $179.99 for a 800 Watt "Bubble Machine", $9.95 "Foam Powder Pack" and $14.39 "Refill for Bubble Machines" Shipped to Administrator A at Bethel Menasha III. -As Administrator A printed these receipts s/he volunteered, "These are things that [Resident 8] wanted to buy. We had our picnic and [s/he] wanted to buy this stuff, the foam water toy that makes bubbles (and) the bubbles for the	N 348		

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machine." Guardian R asked where the bubble machine was now and Administrator A said, "It's in the garage, we use it in the summertime." Administrator A also said, "And then [s/he] wanted a slushy machine that's the $371 purchase and they used it on the July 4th picnic they had." Administrator A said the slushy machine was "probably in the basement (of Bethel Menasha III) or garage (Bethel Menasha I). They use it when they have picnics and gatherings." Administrator A clarified by "they" s/he meant this facility and the 3 sister facilities. Guardian R indicated s/he did not authorize these purchases.

July 2025:
-07/03: $255.94 for a "Electric Razor." Shipped to Resident 8 at Bethel Menasha I.
-Guardian R pointed out this was an expensive razor and asked Administrator A where it was because it was not the same as the one s/he observed earlier in Resident 8's room (the receipts included photos of the items purchased.) Administrator A provided different answers, but eventually acknowledged s/he did not know where the razor was. S/he explained the razor currently in Resident 8's room was purchased on Amazon 02/27/2025 using former Resident 11's credit card and provided the receipt showing the $79.96 electric razor billed to Resident 11. Guardian R asked Administrator A, "So why is a $250 razor purchased (in July)...when [Resident 8] said this morning the one [s/he] has in [his/her] room still works?" Administrator A replied, "I'm not sure I'll have to look into that."
-07/31: $100.79 for "Patio Chair Cushions." Shipped to Administrator A at Bethel Menasha III
-Administrator A said this was "billed to [Resident 8] by accident" and the cushions were purchased for the sister facility, Bethel Menasha IV. S/he said this should have been purchased with the

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licensee's credit card and s/he interned to reimburse Resident 8.

August 2025:
-08/26: $341.24 for "3 Seater Sofa for Living Room." Shipped to Resident 8 at Bethel Menasha I.
-Guardian R stated s/he did not authorize this purchase and asked Administrator A why s/he made it. Administrator A said s/he asked Resident 8 what s/he wanted to buy and Resident 8 said s/he needed a new couch for the house. Guardian R asked Administrator A if there was a witness to this conversation and Administrator A said there was not. Guardian R told Administrator A that Resident 8's funds were intended for Resident 8 for community outings, clothing, hygiene items or snacks. During a follow up interview at approximately 12:30 PM, Guardian R informed Administrator A that Resident 8 needed to be reimbursed for the couch and Administrator A agreed s/he would.

At 12:04 PM, Administrator A, Guardian R and Surveyors spoke with Resident 8 in his/her bedroom. Resident 8 said s/he did not recall purchasing or owning a slushy machine or a bubble machine. Administrator A asked Resident 8, "Do you remember the bubble machine this summer?" Resident 8 replied, "No." Administrator A asked Resident 8, "Do you remember drinking slushies?" Resident 8 said, "No, I don't remember that either." Guardian R asked Resident 8 about a recent movie s/he went to and Resident 8 said s/he didn't remember that either and commented, "I don't remember much." Surveyors observed a razor in the room that matched the photo on the receipt for the $79.96 razor purchased using Resident 11's credit card and Resident 8 said that was the only razor s/he had. The $255 razor, the

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slushy machine and the bubble machine were not in his/her room. Administrator A said the $255 razor would not be stored anywhere else inside the facility and again stated s/he did not know where it was.

At 12:20 PM, Administrator A, Maintenance Staff Q, Guardian R and Surveyors accessed the locked garage. All aforementioned individuals looked through the cluttered garage for 10 minutes for the slushy machine and bubble machine. The bubble machine was located, but the slushy machine was not. Surveyor suggested 3 times to look in the basement of Bethel Menasha III for the slushy machine because earlier Administrator A said it could be located there. Administrator A declined all 3 times.

Surveyors left the facility for approximately 1 hour and returned at 1:35 PM. When Surveyors entered Administrator A's office located in Bethel Menasha III, the slushy machine was there and s/he said it was found in the pantry of Bethel Menasha I.

Surveyor reviewed Resident 8's face sheet and current ISP on 01/12/2026 at 4:30 PM. Resident 8 was elderly and had diagnoses to include intellectual disability, psychotic disorder, schizophrenia and short term memory problems. Surveyor noted these diagnoses underscored the need for a legal decision maker. Resident 8's ISP did not identify a preference for slushies or activities like bubbles. Guardian R sent Surveyor an email on 01/13/2026, confirming Resident 8 was protectively placed at the facility. Court documents indicated the guardianship company was guardian of estate (finances) and person.

On 01/12/2026 at 4:00 PM, Guardian R contacted

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N 348	Continued From page 19 Surveyor to report 2 additional concerns. Concern 1 - Guardian R said upon further review of their agency's financial records, s/he learned that for more than a year, Resident 8 has also been mailed a $200 allowance check every month. Looking only at 2025, 11 of 12 checks had been signed over to the provider and cashed (total $2200.) Guardian R noted during multiple conversations about Resident 8's funds with Administrator A, both during the previous year and in a joint interview with Surveyors earlier in the day, Administrator A never mentioned the monthly checks; Administrator A framed all conversations in the context of the prepaid card. Guardian R said s/he planned to obtain more information from Administrator A. On 01/16/2026, Guardian R emailed Surveyor an accounting form sent by Administrator A. The form titled "PETTY CASH REPORT" for 2025 documented 9 monthly withdrawals of $20 each for resident "pocket money." During an interview with Guardian R on 01/16/2026 at 8:02 AM, Guardian R stated to Surveyor, "What [Resident 8] would have spent that on, I have no idea." Guardian R previously explained the guardianship company contracted with an outside agency since 2024 to take Resident 8 out on community activities and the guardianship company reimbursed the agency for those activities. Surveyor noted during the aforementioned interview with Resident 8, Surveyor asked about access to his/her money. S/he did not indicate s/he routinely received pocket money. S/he said, "I don't have any (money.)" Resident 8 added, "I'm told" I go to Administrator A "for my money. That's how you gotta do it. You ask [Administrator A] for it."	N 348		

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N 348	Continued From page 20 Concern 2 - Amazon purchases made in September 2025 using Resident 8's card were shipped to Administrator A to an address that was different than the facility. Guardian R expressed concerned these items were shipped to Administrator A's home address. On 01/13/2025, Surveyor further reviewed Amazon receipts previously provided by Administrator A. On 09/25/2025, purchases of $37.00 and $40.07 were made for hygiene products and both were shipped to Administrator A at an address other than the facility's. Surveyor searched online public records and determined the address matched an address associated with Administrator A. Surveyor recalled while in Resident 8's room on 01/12/2026, the hygiene products identified on the 09/25/2025 Amazon receipt were not observed. Instead, hygiene products of different brands and sizes were present and matched items purchased earlier in the year (identified on 02/27/2025 Amazon receipt.). During that observation, Surveyor asked Administrator A if Resident 8's hygiene products would be stored anywhere else in the facility and s/he said they would not; Resident 8's hygiene products would only be stored in Resident 8's room Cross Reference: N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations N0366 DHS 83.34(1) Limitations On Control of Resident Funds N0367 DHS 83.34(2)(a) Resident Funds Under	N 348		

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N 348	Continued From page 21 $200, Not Commingled N0368 DHS 83.34(2)(b) Accounting Method for Tracking Resident Cash	N 348		
{N 356}	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the least restrictive conditions. Residents' access to food and snacks were restricted and on 01/06/2026, Caregivers K and J restricted Resident from the dining room and threatened to video record Resident 2 if s/he did not comply with the restriction. This is a repeat deficiency. See Statement of Deficiency 2EPW13, dated 08/25/2025. Findings include: EXAMPLE 1: ACCESS TO FOOD The Department received a complaint alleging concerns with food supply and access.	{N 356}		

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{N 356}	Continued From page 22 At 10:33 AM, Surveyor toured the kitchen while accompanied by Caregiver J and Caregiver K. Surveyor observed the following: -the pass through counter into the kitchen had a wooden bowl labeled "Snacks only 10am, 2pm 5pm"; the bowl contained one apple. -the kitchen pantry had a plastic bin labeled "Snacks 10am/3pm/7pm." The bin contained a container of parmesan cheese, an open box of lasagna noodles, decorating sprinkles, loose pieces of pasta and a one hamburger bun. Other pantry shelves contained a minimal amount of food; an opened box of instant mashed potatoes, a box of opened pancake mix, a box of taco shells; two cans of peas, a can of fruit cocktail, an opened bag of cereal, a large can of plums and a large can of diced beats. -a kitchen cupboard contained an opened bag of tortilla shells, three boxes of pudding, a can of peaches, a can of chili and two other unidentifiable cans. -the main refrigerator contained one gallon of milk, butter and condiments. -a secondary refrigerator in the pantry contained 2 gallons of milk, a pitcher 1/4 full of juice, a jar of sauerkraut, a small bag of pepperoni, popcorn and a quart size Ziploc with what appeared to be cereal. -three of three freezers were full with frozen meat. Surveyor noted staples like sandwich meat, bread and cheese were not present in the home. Surveyor interviewed Caregiver J and Caregiver K. They confirmed Surveyor's observations and said there was no other food storage in the home. Caregiver J and Caregiver K explained meals are prepared in Building II (sister facility) and	{N 356}		

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delivered to this facility. They also explained additional food is located in the locked garage outside the home. Caregiver K explained they do not have a key to the garage and if a resident want something like a sandwich for a snack or meal alternative, they would need to call Manager O. Surveyor asked if Manager O was working at this facility or the sister facilities today, and Caregiver K said no. Caregiver K said the next option would be to call Administrator A and said if it was a weekend or Administrator A was off, s/he would call the facility's driver because s/he also has a key. Caregiver J said they could also go to Building III (sister facility) to get food supplies like bread.

At 10:50 AM, Surveyor interviewed Resident 2. Resident 2 described him/herself as a "picky eater" and said his/her favorite foods are sandwiches, buttered noodles and quesadillas. Resident 2 said his/her favorite snack is a sandwich and s/he also prefers a sandwich as a meal alternative. Resident 2 said the bread is locked in the garage and caregivers need to call Manager O if they want to get bread to make a sandwich for Resident 2. Resident 2 volunteered there is also a locked closet in the hall where snacks are kept. During a follow up interview at 2:48 PM, Resident 2 said the kitchen door is often locked, but there is no key, so Resident 2 has to jump through the open counter area to unlock the door for staff.

At 11:13 AM, Surveyor asked Caregiver J to unlock the hallway closet. It contained a jar of peanut butter, a jar of jelly, popcorn, an open container of cookies with one remaining, two packages of Jello and two 12 packs of soda. Resident 2 was present and excited about the cookie; s/he quickly grabbed it and ate it.

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{N 356}	Continued From page 24 Surveyor reviewed Resident 2's observation notes at 11:15 AM. An entry dated 11/08/2025 read, "[Resident 2] grabbed the keys from the med room [s/he] was trying to open the snack closet, staff asked [him/her] why is [sic] opening the closset [sic] [Resident 2] stated [s/he] weanted [sic] to get snacks..." At 12:55 PM, Surveyors interviewed Resident 7. Resident 7 said s/he is very unhappy living at the facility. S/he volunteered Administrator A does not allow him/her in the kitchen, the kitchen is "mostly" locked and it is very frustrating. Resident 7 said sometimes s/he jumps over the pass through counter to access the kitchen and pantry. Resident 7 said, "I go in there and I take a snack. I shouldn't have to ask. I'm my own guardian." Surveyor asked if there is ample supply of food and snacks. Resident 7 said, "there's nothing here" and s/he needs to look for "random" things when s/he wants a snack and s/he takes "whatever I can get my hands on." Surveyor reviewed Resident 7's most current face sheet and individual service plan (ISP) at 4:45 PM. The documents indicated Resident 7 was his/her own legal decision maker and the ISP did not identify the need for restricted access to the kitchen. Surveyors interviewed Administrator A at 4:15 PM and reviewed the aforementioned concerns about restricted access to food. While discussing the locked kitchen door Administrator A said, "That's not possible, the door doesn't lock...there is no key." Surveyors explained interviews indicated the door was locked regardless of whether there is a key and residents climbed over the counter to get inside and unlock the door when needed.	{N 356}		

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{N 356}	Continued From page 25 Administrator A maintained s/he did not think the door had been or could be locked. At 4:46 PM, Surveyor returned to the kitchen and observed the door was capable of being locked. Surveyors conducted a return facility visit on 01/13/2026 and at 10:14 AM, observed the wooden snack bowl on the counter was empty, the door to the pantry was locked and the food supply remained similar to the previous visit. On 01/13/2026, Surveyor met with Administrator A in the kitchen and shared concerns about limited food supply. Administrator A did not disagree with the observations other than to point out today s/he brought over a large box of oranges which were now on the counter. At 12:20 PM, Surveyor requested to enter the attached garage. Administrator A said s/he did not have a key to the garage. S/he indicated Manager O had a key, but s/he was working at a different location today. Administrator A subsequently contacted Maintenance Staff/Driver Q who arrived with a key and granted access to the garage. The garage contained refrigerators with ample food supplies. One refrigerator contained 4 loaves of bread and at least 4 gallons of milk. A freezer compartment was full of frozen pizzas. Another refrigerator contained approximately 20 packages of hot dog and hamburger buns. Yet another refrigerator was full with shredded cheese, sliced cheese, hot dogs, lunch meat and yogurt. Administrator A stated the food was intended for residents and it was kept in the garage due to lack of storage in the facility. Surveyor noted the facility had 2 mostly empty refrigerators and a pantry providing ample room to store the food. Administrator A did not offer additional information.	{N 356}		

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BETHEL MENASHA I	1645 CENTURY OAKS COURT MENASHA, WI 54952

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{N 356}	Continued From page 26 EXAMPLE 2: RESTRICTION FROM DINING ROOM At approximately 1:30 PM, Surveyors observed Resident 2 interacting with visitors in the living room. Surveyors subsequently learned the visitors were Resident 9's family members. Surveyors observed the interactions were pleasant. Surveyors interviewed Resident 2 at 2:48 PM. S/he said after Surveyors left the facility for lunch, Caregiver K upset him/her. Resident 2 said, "This afternoon when I was visiting with [Resident 9]'s family, [Caregiver K] told me to go to my room. I didn't want to. I was spending time with [Resident 9]'s family. [Caregiver K] was going to record me without my consent. I wasn't doing anything. I was chilling with [Resident 9 and his/her family]. Surveyor asked if Resident 9 requested privacy during the visit and Resident 2 replied, "No, not at all. [Caregiver J] also told me to go to my room... [s/he] was also going to record me. I said, 'No you're not going to record me without my consent.' I don't like it when people take videos of me without my consent." Surveyor interviewed Caregiver K at 2:58 PM. Caregiver K confirmed s/he told Resident 2 to leave the dining room because Resident 2 was sitting next to Resident 9 and his/her family while Resident 9 was eating. Surveyor asked what the specific concern was with Resident 2 and s/he replied, "Because [Resident 9] was eating, that was bad behavior." Surveyor asked for confirmation Resident 2 was only sitting by Resident 9 and neither Resident 9 nor the family were upset, and Caregiver K agreed. Caregiver K said, "I told [Resident 2] I would have to take a	{N 356}		

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{N 356}	Continued From page 27 video" if s/he didn't listen to the instruction to leave the dining room. Caregiver K maintained it was inappropriate for Resident 2 to be sitting by Resident 9 in the dining room and Administrator A was informed of the incident. Surveyors interviewed Administrator A at 3:23 PM. Administrator A said it was reported to him/her Resident 2 was told to leave the dining room because s/he was taking Resident 9's food. Surveyor shared the information from Resident 2 and Caregiver K that s/he was told to leave the dining room only because of Caregiver K's impression it was not appropriate to be there. Surveyor also informed Administrator A that Caregiver K acknowledged telling Resident 2 s/he would record him/her if s/he didn't listen. Administrator A said it would be inappropriate to threaten to record a resident for not agreeing to be restricted from the dining room. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations	{N 356}		
N 366	83.34(1) Limitations on control of resident funds. Authorization. Except for a resident in the custody of a government correctional agency, the CBRF may not obtain, hold, or spend a resident ' s funds without written authorization from the resident or the resident ' s legal representative. The resident or the resident ' s legal representative may limit or revoke authorization at any time by writing a statement that shall specify the effective date of the limitation or revocation.	N 366		

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N 366	Continued From page 28 This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain written authorization from residents or their legal representatives before obtaining, holding or spending resident funds. Findings include: The Department received a complaint alleging concerns with the Administrator A's management of resident funds. On 01/06/2026 at 3:23 PM, Surveyors interviewed Administrator A who said s/he manages funds for multiple residents via prepaid credit cards which s/he uses to make purchases on Amazon. Administrator A accessed the computer and showed surveyor his/her personal Amazon account. The payment methods associated with the account included Resident 2, Resident 8 and Resident 10's prepaid cards. Administrator A stated s/he did not obtain written authorization from the residents or their legal decision makers to make purchases with the cards or otherwise manage funds. Surveyor noted this did not afford the opportunity for residents or legal representatives to place written limitations on spending. On 01/07/2026 at 1:08 PM, Surveyor interviewed Guardian R. S/he said Administrator A never requested written authorization for spending Resident 8's funds and s/he had concerns on how Resident 8's funds were being spent. On 01/12/2026 at 10:26 AM, Surveyors conducted a joint interview with Guardian R and	N 366		

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N 366	Continued From page 29 Administrator A. Guardian R expressed concern about the type and dollar amount of some purchases made by Administrator A, including at least 5 purchases that were over $100. Guardian R explained moving forward, s/he only would authorize purchased $50.00 or less to be used for personal hygiene products, clothing, snacks and outings. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations N0348 DHS 83.3(3)(d) Rights of Residents: Free From Mistreatment N0367 DHS 83.34(2)(a) Resident Funds Under $200, Not Commingled N0368 DHS 83.34(2)(b) Accounting Method for Tracking Resident Cash	N 366		
N 367	83.34(2)(a) Resident funds under $200, not commingled Upon written authorization, a CBRF may hold no more than $200 cash for use by the resident. The CBRF may not commingle residents ' funds with the funds or property of the CBRF, the licensee, employees, or relatives of the licensee or employees. This Rule is not met as evidenced by: Based on record review and interview, the CBRF held funds for Resident 8 in amounts greater than $200.00. This included $1954.72 in a prepaid credit card account and up to $3288.15 in a bank account. The bank account was commingled with the funds of residents from residents in other	N 367		

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N 367	Continued From page 30 facilities operated by Administrator A and Licensee C. The amount of the commingled resident account as of 01/13/2026 was $5444.71. Findings include: The Department received a complaint alleging concerns with Administrator A's management of resident funds. On 01/06/2026 at 3:23 PM, Surveyors interviewed Administrator A. Administrator A confirmed s/he manages funds for Resident 8 in the form of a prepaid credit card, s/he has the physical copy of the card and s/he primarily uses it to shop on Amazon for items Resident 8 wants or needs. Administrator A said s/he had no idea if the available funds were greater than $200.00 and s/he had no access to check the balance. Administrator A said s/he did not know s/he needed to obtain written authorization from the guardian before holding, accessing or managing resident funds. Surveyor interviewed Guardian R on 01/07/2026 at 1:08 PM. Guardian R described concerns with Administrator A's management of funds held on a prepaid Visa card. Guardian R said the balances were higher than they should be and Resident 8 was not utilizing the funds on community outings twice each week as intended. Guardian R said anyone with access to the card can call the number on the back and enter the account number to learn the available funds. On 01/08/2026 at 9:17 AM, Guardian R emailed Surveyor Resident 8's prepaid card statement. The balance as of 01/01/2025 was $1954.72 and balance remained above $200 for the entire year until 12/27/2025.	N 367		

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N 367	Continued From page 31	N 367		

On 01/12/2026 at 4:00 PM and 01/13/2026 at 9:25 AM, Surveyor conducted follow up interviews with Guardian R. Guardian R reported a recent discovery which made him/her even more concerned with the provider's management of Resident 8's funds.

Guardian R explained that in addition to the prepaid card funds, Resident 8 had been mailed $200 monthly allowance checks since 2024. Guardian R reviewed checks issued during 2025 and 11 of 12 checks were cashed. Guardian R pointed out that during an extensive joint interview with Surveyors and Guardian R on 01/12/2026 at 10:30 AM about Resident 8's funds, Administrator A did not mention the monthly allowance checks.

A on 01/12/2026 at 10:30 AM about Resident 8's funds, community activities and a $200 monthly allowance; however during the interview Administrator A only talked about managing funds for Resident 8 via the prepaid card and did not mention the checks.

Guardian R informed Surveyor s/he would be requesting more information from Administrator A and would share information as s/he received it.

Guardian R sent Surveyor email correspondence dated 01/13/2026 between him/her and Administrator A. Administrator A said s/he "forgot" about the account and would provide an accounting ledger. Guardian R wrote, "Where would the money be sitting and who would have access to all that money?" Administrator A replied, "It goes into a resident account until it is used ..."

On 01/16/2026, Guardian R emailed Surveyor the

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N 367	Continued From page 32 accounting ledger s/he received from Administrator A for 2025. The starting balance was $1358.15, it never went lower than that and as of 12/18/2025 the balance was $32888.15. Surveyor interviewed Licensee C on 01/13/2026 at 9:04 AM. Licensee C explained Administrator A gives him/her all checks issued by legal decision makers on behalf of residents. Then, it is Licensee C's practice to cash the checks and deposit them into "a bulk" bank account designated for resident funds. S/he stated this 1 account contains the commingled funds of many residents including residents who are in the other facilities (Licensee C operates 8 other facilities and Administrator A is the administrator for all of them.) Licensee C said s/he had to "fight tooth and nail" with the bank to create this commingled account. Licensee C did not describe an accounting method for tracking resident specific funds in this account and did not indicate knowledge of how Administrator A documented and accounted for the funds. Licensee C said the current account total for the commingled resident bank account was $5444.71. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations N0348 DHS 83.3(3)(d) Rights of Residents: Free From Mistreatment N0366 DHS 83.34(1) Limitations On Control of Resident Funds N0368 DHS 83.34(2)(b) Accounting Method for Tracking Resident Cash	N 367		

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N 368	Continued From page 33	N 368		
N 368	83.34(2)(b) Accounting method for tracking resident cash The CBRF shall have a legible, accurate accounting method for tracking residents ' cash and shall include a record of any deposits, disbursements and earnings made to or on behalf of the resident. The CBRF shall provide a receipt to the resident or the resident ' s legal representative for all expenditures in excess of $20. This Rule is not met as evidenced by: Based on interview and record review, the provider did not have an accounting method for tracking resident funds to include a record of deposits or disbursements and did not provide receipts to the resident or their legal representatives for all expenditures in excess of $20.00. Findings include: The Department received a complaint alleging concerns with Administrator A's management of resident funds. On 01/06/2026 at 3:23 PM, Surveyors interviewed Administrator A. Administrator A explained s/he manages funds for Resident 2, 8 and 10 in the form of prepaid credit cards which s/he uses to shop on Amazon. Administrator A indicated s/he set up this method of managing funds for residents in this facility and in sister facilities because s/he does not want any cash in the facility. Administrator A explained guardians inform him/her when they make deposits on the prepaid cards, but Administrator A said s/he has "no idea" what the current balances are or if they are in excess of $200.00. Administrator A stated	N 368		

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N 368	Continued From page 34 s/he does not have an accounting method to track deposits to the card, purchases or balances. Administrator A said s/he relies on legal representatives to access the account information themselves on the credit card website. Administrator A explained if s/he was asked to provide an accounting of the spending, s/he would go through his/her personal Amazon account and print receipts for all the purchases. Administrator A did not indicate s/he proactively provides receipts to legal representatives. Administrator A said this is the method s/he uses for all the facilities s/he manages and s/he was unaware of the requirement to have an accounting method for tracking resident funds managed in this way or to provide receipts for purchases over $20.00. Administrator A said if s/he managed cash for residents s/he would create an accounting method to track deposits and expenditures, but s/he said s/he chooses not to manage any cash for residents and finds using Amazon is easier to track. On 01/07/2026 at 1:08 PM, Surveyor interviewed Guardian R. Surveyor asked about the overall care at the facility and Guardian R volunteered, "There is a breakdown with the money." Guardian R described several areas of concerns, including a lack of accounting and receipts. S/he stated the provider is "supposed to send me receipts and I haven't been getting any. I told [Administrator A] I need monthly statements showing what they are spending money on for [Resident 8]...Receipts (are for) accountability...need to make sure it's going for [him/her] and not buying stuff for other people...receipts are crucial." During the interview, Guardian R accessed Resident 8's prepaid card statements for 2025 and expressed surprise at the dollar amounts that	N 368		

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N 368	Continued From page 35	N 368		

were being spent. Guardian R said s/he had no idea what items were purchased and had not received any receipts. Guardian R said care team meetings occur every 3 - 6 months and s/he always has to ask for receipts. Guardian R said during 2025, Administrator A did not provide any receipts for any purchases.

On 01/08/2026 at 9:17 AM, Guardian R emailed Surveyor the 2025 monthly statements for the prepaid card. Between May 2025 and December 2025, 13 purchase were made and 12 of 13 exceeded $20.00. The highest dollar amount for a purchase was $496.11 on 07/04/2025.

On 01/12/2026 at 10:26 AM, Surveyors conducted a joint interview with Guardian R and Administrator A. Guardian R expressed frustration about the purchases made with Resident 8's card and requested receipts for every purchase because s/he had not previously received them. Administrator A did not disagree with Guardian R and provided the Amazon receipts.

On 01/13/2026, Guardian R sent Surveyor email correspondence between him/her and Guardian R which read in part:

--1/13/2026 at 9:38 AM - "Good Morning [Administrator A] - After further review, it appears that [Resident 8] has been receiving [his/her] monthly allowance every month for the year 2025 (and beyond that) in the form of a check. It is mailed to the facility and is $200.00 a month. I have already confirmed that all the allowance checks for 2025 have been cashed. Can you please provide to me the ledger for each month showing what [his/her] allowance went towards, and also the receipts for anything item(s) that

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N 368	Continued From page 36 were over $20.00." --01/13/2026 at 10:31 AM - Administrator A replied, "Can you send me dates when the checks were cashed. I have a feeling [s/he] has a hugh [sic] amount sitting there, I forgot about that account." Surveyor noted Administrator A's request for dates of the checks being cashed and that s/he "forgot" about the account indicated s/he was not maintaining an accounting method. On 01/16/2026, Guardian R emailed Surveyor the accounting log subsequently provided by Administrator A. The log for 2025 documented 9 disbursements of "resident pocket money" totaling $180. Surveyor noted this documentation contradicted Administrator A's previous statements that s/he did not manage cash for residents and that is why s/he did not maintain an accounting method for funds. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations N0348 DHS 83.3(3)(d) Rights of Residents: Free From Mistreatment N0366 DHS 83.34(1) Limitations On Control of Resident Funds N0367 DHS 83.34(2)(a) Resident Funds Under $200, Not Commingled	N 368		
{N 481}	83.43(1) Environment safe, clean, and comfortable	{N 481}		

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{N 481}	Continued From page 37 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 the facility was safe, clean, comfortable and well maintained. This is a repeat deficiency. See Statement of Deficiency 2EPW13, dated 08/25/2025. Findings include: On 01/06/2026 at at 10:32 AM, Surveyor observed the following: Living room: --A blue faux leather couch was worn with cracks and small tears. (PHOTOS 0561-0565) --The armrest cushion on a brown cloth recliner was separated from the arm of the chair, exposing the yellow foam of the cushion. (PHOTO 0597) --The laminate floor next to the couch had visible dark scrapes in an area of approximately 2' by 1'. (PHOTO 0598) Side room: --Attached to the living room was another room, and the adjoining wall offered a clear view of the room through two large windows. The room which was cluttered and in disarray. Surveyor observed the room contained detached wheelchair foot petals laying on the ground next to the patio door, an artificial Christmas tree laying on its side, the	{N 481}		

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{N 481}	Continued From page 38	{N 481}		

stand for the tree lying upside down, a detached and damaged closet door and a scattering of plastic bags, papers, clothing and storage boxes on the floor. (PHOTOS 0553, 0600, 0626-0628)

Kitchen
--One of the cabinet doors was missing and the door next to it had a sign that read, "DO NOT USE UNDER CONSTRUCTION." (PHOTO 0567)
--One of the cabinet doors had at least 10 large white, dried splatters that appeared to be food. (PHOTO 0554)
--The entire face of the stainless steel dishwasher was water stained and contained a dent approximately 8" long. (PHOTO 0568)
--The window blinds had broken and missing slats. (PHOTO 0556)
--Cans and a crock pot stored on pantry shelves collected dust and what appeared to be flour. (PHOTO 0570)
--Food items on the pantry shelves were not properly sealed for safety including a pancake box, a bag of cereal, a bag of pasta and a box of lasagna noodles. (PHOTOS 0581 - 0583)

Caregiver K was present in the kitchen and confirmed the observations.

Surveyor informed Administrator A of the aforementioned observations on 01/06/2026 at 4:20 PM. Administrator A did not offer additional information.

Surveyors returned to the facility on 01/12/2026 at 10:05 AM and observed the dust and flour had been cleaned off items in the pantry. The remainder of the concerns were unchanged. Surveyor also observed a patio door in the side room was cracked open approximately 1 inch and

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BETHEL MENASHA I	1645 CENTURY OAKS COURT MENASHA, WI 54952

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{N 481}	Continued From page 39 was letting in cold air. (PHOTO 0629) Surveyor requested Administrator A look at the door on 01/12/2026 at 12:17 PM. Administrator A tried to shut the door and it would not close. S/he said s/he would have maintenance look at it. Surveyor pointed out the room was in disarray as it had been the previous week. Administrator A did not dispute the observation or offer additional information. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations N0492 DHS 83.45(1)(a) Exterior Areas	{N 481}		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure exterior areas were in good repair and free from hazards. Findings include: The provider is licensed to serve up to 8 semi-ambulatory residents from the following client groups: developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, terminally ill, traumatic brain injury and emotionally disturbed/mental illness.	N 492		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017955	A. BUILDING: _____ B. WING _____	R-C 01/16/2026

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BETHEL MENASHA I	1645 CENTURY OAKS COURT MENASHA, WI 54952

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N 492	Continued From page 40 Prior to conducting the onsite visit, Surveyor reviewed Department records including compliance history for this facility and Bethel Menasha III, a sister facility on the same campus. During a facility visit at Bethel Menasha III on 09/15/2025, Surveyor informed Administrator A a deficiency would be issued due to concerns with safety and repair of the exterior area. Surveyor also informed Administrator A s/he observed similar concerns in the sister facilities including Bethel Menasha I, and provided technical assistance regarding the need to address the concerns. Upon arrival at the campus on 01/06/2026 at 8:00 AM, Surveyors observed the parking lot and exterior of the home were not in good repair, well maintained or free from hazards. The parking lot was covered in a layer of snow and ice. Surveyors found the parking lot very slippery as they walked to the entrance of the facility. (PHOTO 0550, 0613) The snow and ice were not cleared anytime prior to Surveyor's departure at a 4:50 PM. Surveyor reviewed the provider's fire evacuation plan which documented the safe meeting place was in the road at the end of the large parking lot. Surveyor interviewed Resident 2 at 10:50 AM. Resident 2 volunteered s/he helped staff the previous day with the garbage and commented, "I can't even get the garbage to the dumpster, either it's ice covered or it's snow covered and it's inaccessible." Resident 2 described the parking lot as slippery, putting people at risk for falling. Surveyor noted there had been no snowfall in recent days. This was verified by checking historical weather date from Weather	N 492		

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N 492	Continued From page 41 Underground; no precipitation was recorded from 01/04/2025 at 6:15 AM through 01/06/2025 at 6:15 AM. Source: https://www.wunderground.com/history/daily/us/wi , retrieval date 01/14/2026. In addition, Surveyor observed the exterior of the home was used to store items that were in poor repair: (PHOTOS 0612, 0613, 0655, 0666) Next to the garage: --A green child's wagon with a broken handle. --A red wagon lying on its side with a missing wheel --A garbage can laying on its side. --A stack of bricks. --A brown, snow covered recliner with large tears exposing the foam below the surface. --A black, broken firepit. Next to the ramp leading to the front door: (PHOTOS 0551, 0552) --Two clear garbage bags; 1 was lying on the ground and the other stacked on top of it. One of the bags was not fully closed. Some of the garbage was littered on the ground. --A discarded TV. --A garage can lid. --A large black garbage can lying on its side. --An item that appeared to be a crumpled up floor mat. Surveyor informed Administrator A of the aforementioned observations on 01/06/2026 at 4:20 PM. Administrator A did not offer additional information. Surveyors returned to the facility on 01/12/2026 at 10:05 AM. The parking lot was clear (temperatures had been warm enough to melt.) Surveyors observed some improvement near the	N 492		

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N 492	Continued From page 42 front door. However, 2 upright garbage were overflowing with bags of trash. The area next to the garage contained the same items that were in disrepair. At 1:12 PM, Surveyor asked Administrator A about the area near the garage. S/he said the items had been there since the fall of 2025. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0214 DHS 83.15(3)(a) Administrator Shall Supervise Daily Operations N0481 DHS 83.43(1) Environment Safe, Clean, and Comfortable	N 492		