STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019687	A. BUILDING: _____ B. WING _____	C 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMIA OF MEQUON MEMORY CARE	11900 N PORT WASHINGTON ROAD MEQUON, WI 53092

(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 07/08/2025, Surveyor conducted one (1) complaint investigation and a standard survey. Additional information was gathered through 07/11/2025. As a result of the survey two (2) deficiencies were identified, 1 complaint was unsubstantiated. Census: 34	N 000		
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	N 310		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019687	A. BUILDING: _____ B. WING _____	C 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMIA OF MEQUON MEMORY CARE	11900 N PORT WASHINGTON ROAD MEQUON, WI 53092

(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 310	Continued From page 1	N 310		

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 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, the provider did not have an Admission Agreement for 2 of 2 residents providing information regarding services and accommodations available including charges for services specific to the Community Based Residential Facility (CBRF).

Findings include:

The facility is licensed to provide services for up to 37 residents who may be advanced aged, physically disabled, terminally ill and/or irreversible dementia/Alzheimer's. The census at time of survey was 34.

On 07/08/2025 at approximately 2:30 PM, Surveyor requested admission agreements including resident rights.

Resident 1 was admitted on 01/20/2025. Resident 1 had a lease agreement identifying Resident 1 as the "Tenant." "The property is a senior living community that includes units certified as a Residential Care Apartment Complex ("RCAC") and units licensed as a Community Based Residential Facility ("CBRF") in accordance with the requirement of applicable administrative regulations issued by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019687	A. BUILDING: _____ B. WING _____	C 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMIA OF MEQUON MEMORY CARE	11900 N PORT WASHINGTON ROAD MEQUON, WI 53092

(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 310	Continued From page 2	N 310		

Wisconsin Department of Health Services ("DHS"). RCAC is regulated under Chapter 89 and CBRF is regulated under Chapter 83 of the Wisconsin Administrative Code." The agreement did not identify the area Resident 1 was admitted to.

Resident 2 was admitted on 06/03/2024. Resident 2 had an Admission and Service Agreement stating "Koru Health LLC is the licensee for Lumia Mequon with 36 apartments. The Community is licensed as a RCAC which may serve tenants who are ambulatory, semi-ambulatory or non-ambulatory." The signature page stated:
"Compliance to HFS 89
Lumia Mequon intends to provide services that are compliant with all applicable requirements of Wisconsin Code HFS 89. Should it be identified that any part of this statement or the community's practice conflicts with HFS 89, the statute supersedes and will be followed as applicable."

On 07/08/2025 at 5:20 PM, Surveyor interviewed Executive Director (ED) A. ED A acknowledged Resident 2 admitted on 06/03/2024 to the CBRF memory care area. ED A stated Resident 2 never resided in the RCAC. ED A was unsure why Resident 2 signed an RCAC agreement at admission. ED A stated s/he was unaware the agreements referred to residents as tenants. ED A stated s/he will work with marketing to update the admission agreements and ensure the requirements for the CBRF admission are covered.

The provider did not have an Admission Agreement for 2 of 2 residents providing information regarding services and accommodations available including charges for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019687	A. BUILDING: _____ B. WING _____	C 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMIA OF MEQUON MEMORY CARE	11900 N PORT WASHINGTON ROAD MEQUON, WI 53092

(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 310	Continued From page 3 services specific to the CBRF.	N 310		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 resident records reviewed included a statement signed by themselves or their legal representatives acknowledging their receipt and explanation of resident rights. Resident 1 and Resident 2 did not have a statement signed by themselves or their legal representatives that indicated they had received an explanation of resident rights per DHS 83. Findings include: On 07/08/2025 approximately 2:30 PM, Surveyor requested documentation indicating residents and/or legal representatives had received an explanation of resident rights for the following	N 343		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019687	A. BUILDING: _____ B. WING _____	C 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMIA OF MEQUON MEMORY CARE	11900 N PORT WASHINGTON ROAD MEQUON, WI 53092

(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 343	Continued From page 4 residents: - Resident 1, admitted to the facility on 01/20/2025. - Resident 2, admitted to the facility on 06/03/2024. On 07/08/2025 at approximately 5:40 PM, Surveyor interviewed Executive Director (ED) A. ED A showed Surveyor the Resident Rights document in Resident 2's record. The document referenced "Resident Rights Wisconsin DHS 89.34." ED A confirmed Resident 2 admitted to the Community Based Residential Facility (CBRF) in the memory care area and that Resident 2 never resided in the Resident Care Apartment Complex (RCAC). ED A was unable to find documentation Resident 1 received the resident rights upon admission. The provider did not ensure resident record included a statement signed by themselves or their legal representative acknowledging their receipt and explanation of resident rights.	N 343		