| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019837 | A. BUILDING: _____ B. WING _____ | R-C 01/21/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAGE MEADOWS LAKE GENEVA | 6722 STATE ROAD 50 LAKE GENEVA, WI 53147 |

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| {N 000} | Initial Comments<br><br>On 01/21/2026, Surveyor conducted 2 complaint investigations and a verification visit at Sage Meadows of Lake Geneva.<br><br>Five (5) deficiencies were identified; two (2) are repeat deficiencies from statement of deficiency (SOD) 308911, dated 09/10/2025.<br><br>Both complaints were substantiated.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed.<br><br>Census: 29 | {N 000} | | |
| {N 352} | 83.32(3)(h) Rights of Residents: Receive medication<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Resident 8 received his/her Lantus Solostar as prescribed.<br><br>This is a repeat deficiency from statement of deficiency (SOD) 308911, dated 09/10/2025.<br><br>Findings include:<br><br>Resident 8 was admitted to the provider on 08/21/2024 with diagnoses including type 2 diabetes, depressive episodes, and | {N 352} | | |

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

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| {N 352} | Continued From page 1<br>hyperlipidemia.<br><br>Surveyor reviewed Resident 8's January medication administration record (MAR). Resident 8 had a physician order for Lantus Solostar 100 units/ml to inject 15 units under the skin at bedtime and Lantus Solostar 100 units/ml to inject 35 units under the skin daily in the morning and to hold if the blood sugar is less than 100. Resident 8's bedtime Lantus was not administered as ordered on the following dates:<br>-01/05/2026 at 8:19 p.m., documenting no pass per vitals<br>-01/06/2026, at 8:14 p.m., documenting no pass per vitals<br>-01/11/2026, at 8:09 p.m., documenting to pass per vitals<br>-01/19/2026 at 8:33 a.m., documenting Resident 8's blood sugar was 86 and the Lantus was administered in the right abdomen, rather than being held.<br><br>At 11:25 a.m., Surveyor reviewed the concern with Assistant Executive Director F. Assistant Executive Director F read Resident 8's physician orders and stated s/he understands that there are no parameters on Resident 8's bedtime Lantus. That Resident 8 does not have an order to hold the bedtime dose if his/her blood sugar is under a certain number, like his/her morning Lantus. Assistant Executive Director F also acknowledged that Resident 8's morning Lantus should have been held on 01/19/2026. | {N 352} | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities | N 389 | | |

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| N 389 | Continued From page 2 | N 389 | | |

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 record review and interview, the provider did not ensure Resident 8's individual service plan (ISP) was updated to include that Resident 8 was to receive cares with 2 caregivers and sexual behavior towards peers.

Findings include:

On 01/21/2025, Surveyor reviewed the record of Resident 8. Resident 8 was admitted to the provider on 08/21/2024 with diagnoses including type 2 diabetes, depressive episodes, and hyperlipidemia.

Surveyor reviewed an incident report for Resident 8, dated 01/01/2026, that documented, "[Resident 8] groped another resident and the other resident hit [him/her] that's why [s/he] fell to the floor..."

Surveyor reviewed a progress note for Resident 8, dated 01/02/2026, that documented, "Make all staff aware of behaviors and advise them to do cares in pairs, monitor patient closely when [s/he] is in general area near other residents, I feel patient knows this behavior is inappropriate so

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| N 389 | Continued From page 3<br>discuss this with [him/her] and tell [him/her] it will not be tolerated."<br><br>Surveyor reviewed Resident 8's ISP, printed on 01/21/2026. The ISP documented that Resident 8 required assistance with cares, but did not document that cares should be done by 2 caregivers. There was no documentation of Resident 8's inappropriate behavior towards peers or approaches to address this behavior.<br><br>At 11:25 a.m., Surveyor reviewed the concern with Assistant Executive Director F. Assistant Executive Director F stated s/he believes all the caregivers know to do cares on Resident 8 in pairs and s/he will ensure the ISP is updated to reflect that. | N 389 | | |
| N 415 | 83.37(2)(d) Documentation of medication administration.<br><br>Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not document Resident 9's response | N 415 | | |

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| N 415 | Continued From page 4 | N 415 | | |

after administering PRN (as needed) lorazepam, ibuprofen, acetaminophen or hydrocodone.

Findings include:

At 10:19 a.m., Surveyor asked Assistant Executive Director F for the November 2025 and January 2026 MARs for Resident 9.

Resident 9 was admitted to the provider on 09/01/2022 with diagnoses including Parkinson's disease, type 2 diabetes, and bipolar disorder.

Surveyor reviewed Resident 9's MAR from 11/01/2025-11/24/2025 and 01/01/2026-01/21/2026. Resident 9 had a physician order for: Lorazepam 0.5 mg tab to take 1 tablet every 2 hours as needed for anxiety; Ibuprofen 200 mg to take 1 tablet every 6 hours as needed for moderate pain; Acetaminophen 325 mg tab to take 2 tablets every 6 hours as needed; Hydrocodone-apap 5-325 mg to take 0.5 two times daily as needed for pain.

-On 11/08/2025, Resident 9 was administered PRN lorazepam 0.5 due to resident complainant of anxiety and restlessness. Resident 9's response to the PRN lorazepam was not documented.
-On 11/13/2025, Resident 9 was administered ibuprofen 200 mg for pain. Resident 9's response to the PRN ibuprofen was not documented.
-On 11/17/2025, Resident 9 was administered ibuprofen 200 mg for pain. Resident 9's response to the PRN ibuprofen was not documented.
-On 11/19/2025, Resident 9 was administered hydrocodone-apap 5-325 for pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 11/20/2025, Resident 9 was administered

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| N 415 | Continued From page 5 | N 415 | | |

hydrocodone-apap 5-325 for hip pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 11/21/2025, Resident 9 was administered hydrocodone-apap 5-325 for hip pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 11/23/2025, Resident 9 was administered hydrocodone-apap 5-325 for hip pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 01/03/2026, Resident 9 was administered hydrocodone-apap 5-325 for back pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 01/10/2026, Resident 9 was administered acetaminophen 325 for pain. Resident 9's response to the PRN acetaminophen was not documented.
-On 01/10/2026, Resident 9 was administered hydrocodone-apap 5-325 for back pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 01/13/2026, Resident 9 was administered hydrocodone-apap 5-325 for back pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 01/13/2026, Resident 9 was administered hydrocodone-apap 5-325 for back pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 01/14/2026, Resident 9 was administered hydrocodone-apap 5-325 for back pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 01/17/2026, Resident 9 was administered hydrocodone-apap 5-325 for back pain. Resident 9's response to the PRN hydrocodone was not documented.
-On 01/20/2026, Resident 9 was administered

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| N 415 | Continued From page 6<br>hydrocodone-apap 5-325 for back pain. Resident 9's response to the PRN hydrocodone was not documented.<br><br>At 11:25 a.m., Surveyor reviewed the concern with Assistant Executive Director F. Assistant Executive Director F stated s/he understood the concern and stated s/he will educate staff on documenting the resident's response after a PRN medication is administered. | N 415 | | |
| {N 454} | 83.42(1) Resident record maintained.<br><br>The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following:<br>(a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS | {N 454} | | |

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| {N 454} | Continued From page 7<br><br>83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the | {N 454} | | |

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| {N 454} | Continued From page 8 | {N 454} | | |

provider did not maintain a complete record for 29 of 29 residents living at the facility.

Licensee G contracted Management H to run the facility. From 11/24/2025 to 12/18/2025, there is no documentation for the provider's residents.

This is a repeat deficiency from statement of deficiency (SOD) 308911, dated 09/10/2025.

Findings include:

On 01/21/2026, Surveyor conducted a verification visit and 2 complaint investigations.

At 10:19 a.m., Surveyor asked Assistant Executive Director F for the last 3 months of progress notes, incident reports and medication administration records (MAR) for Residents 6, 8, 9, and 10. Assistant Executive Director F stated that it might be hard because s/he cannot access anything before Management Company H took over.

Example 1 - Resident 6
Resident 6 was admitted to the provider on 04/17/2023 with diagnoses including type 2 diabetes, major depressive disorder, anxiety and hypothyroidism.

There was no documentation in Resident 6's record from 11/24/2025 to 12/18/2025.

Example 2 - Resident 8
Resident 8 was admitted to the provider on 08/21/2024 with diagnoses including type 2 diabetes, depressive episodes, and hyperlipidemia.

There was no documentation in Resident 8's

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| {N 454} | Continued From page 9<br>record from 11/24/2025 to 12/18/2025.<br><br>Example 3 - Resident 9<br>Resident 9 was admitted to the provider on 09/01/2022 with diagnoses including Parkinson's disease, type 2 diabetes, and bipolar disorder.<br><br>There was no documentation in Resident 9's record from 11/24/2025 to 12/18/2025.<br><br>At 10:40 a.m., Assistant Executive Director F stated that s/he does not believe Resident 9 has had any known medication errors but that it would have been part of the documentation, like progress notes, that didn't transfer over in the system when Management Company H took over.<br><br>Example 4 - Resident 10<br>Resident 10 was admitted to the provider on 11/05/2025 with no known diagnoses noted in the record.<br><br>There was no documentation in Resident 10's record from 11/24/2025 to 12/18/2025.<br><br>At 10:43 a.m., Assistant Executive Director F stated that s/he knows there was documented incidents and potential medication error for Resident 10 because s/he is the one who filled it out, stating, "It's a disappointing one to not transfer over." Assistant Executive Director F stated that s/he will document it and add the missing incident reports to the system because they are important.<br><br>At 11:25 a.m., Surveyor reviewed the concern with Assistant Executive Director F. Assistant Executive Director F stated that when Management Company H took over the previous | {N 454} | | |

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| {N 454} | Continued From page 10<br>Executive Director told staff to use to previous log in for electronic charting but those log ins were linked with Licensee G with "read only" permission. | {N 454} | | |
| N 503 | 83.46(1)(b) Portable space heaters prohibited.<br><br>The use of portable space heaters is prohibited except for Underwriters Laboratories listed electric heating equipment that is listed for permanent attachment to the wall. Portable space heaters shall have an automatic thermostatic control and shall be physically attached to a wall.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider utilized portable, floor model space heater in Resident 10's bedroom.<br><br>Findings include:<br><br>On 12/10/2025, the Department received a complaint the facility was cold.<br><br>On 01/21/2026, Surveyor conducted a verification visit and 2 complaint investigations.<br><br>At 9:41 a.m., Surveyor toured the facility. Surveyor observed a floor model space heater in Resident 10's bedroom. Resident 10 stated that it is cold in his/her room and the staff have instructed Resident 10 to wear a blanket. Resident 10 stated a blanket was not enough to keep him/her warm, so s/he got a space heater.<br><br>At 9:50 a.m., Surveyor reviewed the concern with Assistant Executive Director F. Assistant Executive Director F stated that s/he has told | N 503 | | |

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| N 503 | Continued From page 11<br>Resident 10 they are not allowed to have a space heater in his/her room and that the temperature for the building is set at 74 degrees. Assistant Executive Director F stated that s/he can't take it since the resident purchased it but that as soon as they hire a maintenance staff member, they will have them check the temperature in Resident 10's room. | N 503 | | |