STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017669	A. BUILDING: _____ B. WING _____	R-C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE PARK SENIOR LIVING INC	2600 JACKSON ST STOUGHTON, WI 53589

(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 02/04/2026, with information gathered through 02/11/2026, Surveyor conducted a verification visit and complaint investigation at Kettle Park Senior Living Inc. One deficiency was identified. One of 1 deficiency was a repeat violation (see Statement of Deficiency 3B9T11). Complaint was unsubstantiated. Under statutory provisions of Wis. State. Ch 50, a $200 revisit fee is being assessed. Census: 17	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 3 of 5 residents. Resident 1 did not receive his/her Gabapentin (anticonvulsant) as prescribed. Resident 4 did not receive his/her scheduled Hydrochlorothiazide (diuretic), Ferrous Sulfate (iron supplement), Lactaid (lactose enzyme supplement), Cetirizine (antihistamine), Donepezil (medication for memory loss and mental	{N 352}		

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
	0017669	A. BUILDING: _____ B. WING _____	R-C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE PARK SENIOR LIVING INC	2600 JACKSON ST STOUGHTON, WI 53589

(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 352}	Continued From page 1	{N 352}		

changes), Famotidine (stomach ulcer medication) and Simvastatin (cholesterol medication) as prescribed.
Resident 5 did not receive his/her Fluticasone and Potassium Chloride as prescribed.

Findings Include:

On 02/04/2026, at approximately 3:00 PM, Surveyor and Med Passer D observed Resident 1's, Resident 4's and Resident 5's medications in the med cabinets. Med Passer D stated that the blister cards were punched out starting at the highest number of tablets available, such as 30, and working down to 1.

Example 1: Resident 1

Surveyor observed:
-afternoon (3:00 PM) blister card of Gabapentin with a start date of 01/29/2026. Twenty-three of 28 tablets remained.
-HS (hours of sleep) (8:00 PM) blister card of Gabapentin with a start date of 01/29/2026. Twenty-one of 28 tablets remained.

On 02/04/2026, Surveyor reviewed Resident 1's Medication Administration Records (MARS), dated 01/29/2026 to 02/04/2026, which documented:
-Gabapentin Cap (capsule) 300 MG (milligram) - Take one capsule by mouth three times daily for seizures. Scheduled at 3:00 PM and 8:00 PM.
The MAR documented that the 3:00 PM dose was not administered on 01/29/2026 due to Resident 1 being out of the building and not on 01/31/2026 due to unavailability.
The MAR documented that the 8:00 PM dose was administered as prescribed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017669	A. BUILDING: _____ B. WING _____	R-C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE PARK SENIOR LIVING INC	2600 JACKSON ST STOUGHTON, WI 53589

(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 352}	Continued From page 2 On 02/04/2026, at approximately 4:30 PM, Surveyor interviewed Executive Director (ED) A and Director of Health Services (DHS) B. Surveyor reviewed pictures of the blister cards with ED A and DHS B. Surveyor asked for verification that the blister cards cycle date was 01/29/2026. DHS B stated the cycle start date for the medications was 01/29/2026. Surveyor commented that the 3:00 PM dose was administered on 01/30 but then on 01/31 it was documented as unavailable. DHS B explained that the last cycle delivery did not contain all of the blister cards and some medications were delivered late. Resident 1 may have had some medication remaining in a previous blister card, so s/he was able to receive his/her medication until 01/31. Surveyor commented that 5 capsules were dispensed from the 3:00 PM blister card but only documented 3 administrations. Surveyor reviewed pictures of the 8:00 PM blister card which had 7 capsules previously dispensed when if started on 01/29/2026 would only have 6 capsules dispensed. DHS B stated s/he could not explain why the blister cards did not line up but stated staff could have dispensed from other blister card times to ensure Resident 1 received his/her medication. Example 2: Resident 4 Surveyor observed: -Morning (8:00 AM) blister card of Hydrochlorothiazide with a start date of 01/29/2026. Twenty-three of 28 tablets remained. -Morning (8:00 AM) blister card of Ferrous Sulfate with a start date of 01/31/2026. Thirteen of 15 tablets remained. -Eve (5:00 PM) blister card of Lactaid Original with a start date of 01/30/2026. Twenty-three of 26 tablets remained.	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017669	A. BUILDING: _____ B. WING _____	R-C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE PARK SENIOR LIVING INC	2600 JACKSON ST STOUGHTON, WI 53589

(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 352}	Continued From page 3 -HS (8:00 PM) blister card of Cetirizine and Donepezil with a start date of 01/30/2026. Twenty-four of 27 tablets remained. -HS (8:00 PM) blister card of Famotidine and Simvastatin with a start date of 01/30/2026. Twenty-three of 26 tablets remained. On 02/04/2026, Surveyor reviewed Resident 4's MARs, dated 01/29/2026 to 02/04/2026, which documented: -Cetirizine 5 MG - Take 1 tablet by mouth at bedtime. Scheduled at 8:00 PM. The MAR documented that the medication was not available 01/30. -Donepezil 5 MG - Take 1 tablet by mouth at bedtime. Scheduled at 8:00 PM. The MAR documented that the medication was not available 01/30. -Famotidine 20 MG - Take 1 tablet by mouth twice daily. Scheduled at 8:00 AM and 8:00PM. The MAR documented that the medication was not available 01/30 8:00 PM and 01/31 8:00 AM and 8:00 PM. -Ferrous Sulfate 325 MG - Take 1 tablet by mouth every other day. The MAR documented that the medication was not available 01/30 and 01/31. -Hydrochlorothiazide 12.5 MG - Take 1 tablet by mouth. Scheduled at 8:00 AM. The MAR documented that the medication was not available 01/30 and 01/31. -Lactaid Original - Take 1 tablet by mouth before meals. Scheduled at 7:00 AM, 11:00 AM and 4:00 PM. The MAR documented the medication was not available 01/31 at 11:00 AM and 4:00 PM. -Simvastatin 10 MG - Take 1 tablet by mouth at bedtime. Scheduled at 8:00 PM. The MAR documented that the medication was not available 01/30 and 01/31.	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017669	A. BUILDING: _____ B. WING _____	R-C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE PARK SENIOR LIVING INC	2600 JACKSON ST STOUGHTON, WI 53589

(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 352}	Continued From page 4 On 02/04/2026, at approximately 4:45 PM, Surveyor interviewed ED A and DHS B. Surveyor reviewed pictures of Resident 4's blister cards with ED A and DHS B. Surveyor commented that the number of available tablets did not line up with what should have remained based on the start dates of the blister cards. DHS B explained that the pharmacy did not deliver the medications required in a timely manner and so residents did not receive their medication as prescribed. Example 3: Resident 5 Surveyor observed: -Bottle of Fluticasone with a dispensed date of 04/29/2025. -Morning (8:00 AM) blister card of Potassium Chloride with a start date of 02/01/2026. Twenty-three of 26 tablets remained. On 02/04/2026, Surveyor reviewed Resident 5's MARs, dated 12/01/2025 to 02/04/2026, which documented: -Fluticasone 50 MCG (micrograms) - Use 1 spray in each nostril daily. Scheduled at 8:00 AM. Start Date: 04/29/2025. The MARs documented that the medication had been administered as prescribed. The bottle of Fluticasone was a 60-day supply based on 2 actuations per day divided by 120 = 60 doses. -Potassium Chloride Micro Tab (tablet) 10 MEQ ER (extended release) - Take 1 tablet by mouth daily. Scheduled at 8:00 AM. Start Date: 01/30/2026. On 02/04/2026, at approximately 5:00 PM, Surveyor interviewed ED A and DHS B. Surveyor reviewed pictures of Resident 5's bottle of	{N 352}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017669	A. BUILDING: _____ B. WING _____	R-C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE PARK SENIOR LIVING INC	2600 JACKSON ST STOUGHTON, WI 53589

(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 352}	Continued From page 5	{N 352}		

Fluticasone. Surveyor commented that the Fluticasone was good for approximately 60 doses. DHS B looked into the electronic files for Resident 5 and could not determine if any refill bottles of Fluticasone had been delivered after the original bottle dated 04/29/2025. DHS B stated s/he would discuss this concern with staff. Surveyor reviewed the picture of the Potassium Chloride which stated the medication was not available until 02/01 and not administered until 02/03. ED A and DHS B explained that medications are delivered once a day and if the prescription was not called into the pharmacy by noon, then the medication would not be delivered until the following day between 8:00 and 9:00 PM, then staff would release the order in the electronic computer system. DHS B then explained that if a medication arrived via another pharmacy due to the urgency of the medication, if the medication showed up as unit doses in a pill bottle, then the medication had to be held until a nurse arrived at the facility to dispense the medication. ED A reached out to Regional Clinical Director (RCD) E and discussed the concern regarding the delay of medications. RCD E stated that staff were authorized to do unit dose if the medication arrived in a pill bottle. Surveyor asked DHS B if s/he authorized staff to unit dose when s/he issued medication delegation. DHS B stated s/he did not authorize any staff member to unit dose. ED A summarized the discussion stating that due to our pharmacy processes, residents can miss doses of scheduled medications.

"Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017669	A. BUILDING: _____ B. WING _____	R-C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KETTLE PARK SENIOR LIVING INC	2600 JACKSON ST STOUGHTON, WI 53589

(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 352}	Continued From page 6 correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institute of Health website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda (retrieval date - February 12, 2025).)	{N 352}		