STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013818	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHSTONE OF MAYVILLE	1071 HORICON ST MAYVILLE, WI 53050

(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 07/14/2025, Surveyor conducted a standard licensure survey at Touchstone of Mayville. Nine deficiencies were identified. Census: 7	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 paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary	N 310		

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

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N 310	Continued From page 1 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 ensure an admission agreement was signed and dated before or at the time of admission for 1 of 1 resident (Resident 1) record reviewed. Findings include: On 07/14/2025, Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility on 02/10/2025 and was his/her own person. Resident 1's record did not contain an admission agreement. On 07/14/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would follow up on why Resident 1's record did not contain an admission agreement.	N 310		
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	N 352		

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N 352	Continued From page 2	N 352		

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 2 of 2 residents.

This is a repeat deficiency. See Statement of Deficiency (SOD) I87Y15, dated 01/10/2024, and SOD I87Y16, dated 07/02/2024.

Resident 4's Fluticasone (nasal spray), Fluticasone Propionate and Salmeterol (inhaler), and Alendronate (osteoporosis medication) was not administered as prescribed.

Findings Include:

On 07/14/2025, at approximately 10:05 AM, Surveyor observed the medications in the med cart. Surveyor observed Resident 4's bottle of Fluticasone with a handwritten open date of 03/01/2025, a Fluticasone Propionate and Salmeterol inhaler with a handwritten open date of 06/01/2025, with 34 of 60 remaining doses, and a blister card of Alendronate, with a dispensed date of 06/19/2025 that contained 2 of 4 tablets.

On 07/14/2025, Surveyor reviewed Resident 4's record.

Resident 4 admitted to the facility on 05/22/2015.

Resident 4's Medication Administration Records (MARs), dated 06/01/2025 to 07/14/2025, documented:
"Flutic/Salme 250/50 AER (Fluticasone

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N 352	Continued From page 3	N 352		

Propionate and Salmeterol) - Inhale 1 puff by mouth twice a day."
The MARs documented that all med opportunities had been administered.
"Fluticasone 50 MCG (micrograms) SPR (spray - Instill one spray in each nostril daily."
The MARs documented that all med opportunities had been administered.
"Alendronate 70 MG - Take 1 tablet by mouth weekly on empty stomach before breakfast."
The MARs documented that 06/27/2025, 07/04/2025 and 07/11/2025 had been administered, which correlated with the dates on the available blister card. Surveyor observed the 07/11/2025 still remained in the blister card.

"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 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 - July 14, 2025).)

Surveyor reviewed Resident 4's March, April and May MARs and did not observe any documentation where resident refused or what hospitalized that would have affected his/her Fluticasone administration. Resident 4's bottle of Fluticasone should have been refilled in early 05/2025 and 07/2025 based on the prescription. (120 doses divided by 2 (one spray in each nostril) = 60 day supply)

"ADVAIR DISKUS is for oral inhalation use only. o

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N 352	Continued From page 4 Take ADVAIR DISKUS out of the foil pouch just before you use it for the first time. Safely throw away the pouch. The DISKUS will be in the closed position. o Write the date you opened the foil pouch in the first blank line on the label. o Write the "use by" date in the second blank line on the label. That date is 1 month after the date you wrote in the first line. o The counter should read 60. Use 1 inhalation of ADVAIR DISKUS 2 times each day. Use ADVAIR DISKUS at the same time each day, about 12 hours apart. If you miss a dose of ADVAIR DISKUS, just skip that dose. Take your next dose at your usual time. Do not take 2 doses at 1 time. Safely throw away ADVAIR DISKUS in the trash 1 month after you open the foil pouch or when the counter reads 0, whichever comes first." (Source: Advair website, Advair Diskus Patient Information, June 2023, https://www.advair.com/ (retrieval date - July 15, 2025).) Resident 4's June and July MARs documented 44 days of administration. The inhaler had 34 remaining doses. 60 doses - 44 days = 16 remaining doses. On 07/14/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would re-educate staff on proper medication administration and fill out med error reports for each error that can be identified to a specific med passer.	N 352		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the	N 381		

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N 381	Continued From page 5 CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not assess 1 of 1 resident (Resident 3) when there was a change of condition regarding the use of bedrails. Findings include: On 07/14/2025, at approximately 10:30 AM, Surveyor toured the facility and observed 2 half-length side bedrails on Resident 3's hospital style bed. Surveyor observed a half side rail in the up position located on the right side/open side of Resident 3's bed. The other side of Resident 3's bed was flush with full height wall. Surveyor observed Resident 3 in his/her wheelchair, sitting in the common area. On 07/14/2025, Surveyor reviewed Resident 3's record. Resident 3 admitted to the facility, 06/19/2025, with diagnoses including degenerative disease of nervous system and history of suicidal behaviors. Resident 3's "Individual Service Plan (ISP)," dated 06/19/2025, documented: "List any adaptive equipment: Wheelchair,	N 381		

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N 381	Continued From page 6 Shower Chair." The ISP did not identify that s/he utilized bedrails. Resident 3's record did not include a bedrail assessment. On 07/14/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 3 moved in with the bedrails and s/he would contact Resident 3's physician to obtain an order for the bedrails. According to the U.S. Food & Drug Administration's Hospital Bed Safety Workgroup, "...Strangling, suffocating, bodily injury, or death can occur when patients or parts of their bodies are caught between rails or between the bed rails and mattresses...Regardless of the purpose for which bed rails are being used or considered, a decision to utilize or remove those in current use should occur within the framework of an individual patient assessment...3. Use of bed rails should be based on patient's assessed medical needs and should be documented clearly...Bed rail effectiveness should be reviewed on a regular basis...The patient's chart should include a risk-benefit assessment that identifies why other care interventions are not appropriate or not effective if they were previously attempted and determined not to be the treatment of choice for the patient. 4. Bed rail use for treatment of a medical symptom or condition should be accompanied by a care plan (treatment program) designed for that symptom or condition. The plan should present clear directions for further investigation of less restrictive care interventions. The documentation should describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet patients' assessed needs...The care plan should: include educating	N 381		

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N 381	Continued From page 7 the patient about possible bed rail danger to enable the patient to make an informed decision; and address options for reducing the risks of the rail use..." (Source: "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings" https://www.fda.gov/media/88765/download (retrieval date 08/13/2024)).	N 381		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 resident records reviewed (Resident 2) were evaluated annually to determine their mental or physical capability to respond to a fire alarm. This is a repeat deficiency. See Statement of Deficiency (SOD) I87Y11, dated 05/24/2022, SOD I87Y12, dated 10/04/2022, and SOD I87Y14, dated 08/03/2023. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 10 residents from client groups irreversible dementia/Alzheimer's, developmentally disabled, traumatic brain injury, physically disabled, and advanced aged.	N 394		

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N 394	Continued From page 8 On 07/14/2025, Surveyor reviewed Resident 2's record. Resident 2 admitted to the facility on 07/19/2023. Resident 2's record contained an evacuation assessment dated 11/15/2023. The evacuation assessment stated: "Risk of Resistance: This means there is a reasonable possibility that during an evacuation, the resident may resist leaving the facility. Mere complaining or arguing is not considered resistance." "The Resident can be classified as MINIMAL RISK - Yes" "The Resident has exhibited MILD RESISTANCE - No" "The Resident has excited STRONG RESISTANCE - No" On 07/14/2025, Surveyor reviewed the providers evacuation drills which documented: "05/15/2025 - [Resident 2] refused to come out of his/her room." "11/14/2024 - [Resident 2] refused this fire drill." Resident 2's evacuation assessment should have been updated in 11/2024. On 07/14/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would review Resident 2's evacuation assessment.	N 394		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF	N 408		

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N 408	Continued From page 9 shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 1 of 2 resident's prescribed PRN (as needed) psychotropic medications were documented with a rationale and the effectiveness in his/her record when administered. This is a repeat deficiency. See Statement of Deficiency (SOD) I87Y15, dated 01/10/2024. Resident 3 was administered his/her PRN Hydroxyzine without a documented rationale or effectiveness. Findings include: On 07/14/2025, at approximately 10:15 AM, Surveyor observed the medications in the med cart. Surveyor observed Resident 3's blister card	N 408		

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N 408	Continued From page 10 of Hydroxyzine, dispensed on 06/09/2025, with 29 of 30 tablets remaining. On 07/14/2025, Surveyor reviewed Resident 3's record. Resident 3 admitted to the facility, 06/19/2025, with diagnoses including degenerative disease of nervous system, anxiety, and major depressive disorder. Resident 3's Medication Administration Records (MARs), dated 06/19/2025 to 07/14/2025, documented: "Hydroxyz HCL (hydroxyzine hydrochloride) 25 MG (milligram) - Take 1 tablet by mouth twice a day as needed for itching/anxiety." The MARs did not document any administration. Resident 3's "Individual Service Plan (ISP)," dated 06/19/2025, documented: "Medications: Staff Administer medications - crushed in yogurt." "Mental Health: Psychotropic medications: Quarterly reviews done by pharmacy." The ISP did not identify that Resident 3 was on a specific PRN psychotropic and what rationale justified the administration of the medication. On 07/14/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would update Resident 3's ISP accordingly and re-educate staff on the importance of medication administration documentation.	N 408		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents	N 431		

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N 431	Continued From page 11 the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident received appropriate health monitoring to meet his/her needs. This is a repeat deficiency. See Statement of Deficiency (SOD) I87Y15, dated 01/10/2024, and SOD I87Y16, dated 07/02/2024. Resident 2 experienced constipation and staff did not provide medical alternatives until 7 days later.	N 431		

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N 431	Continued From page 12 Findings include: On 07/14/2025, Surveyor reviewed Resident 2's record. Resident 2 admitted to the facility 07/19/2023. Resident 2's Medication Administration Record (MAR), dated 07/01/2025 to 07/14/2025, documented: "Bowel Movement: Scheduled at AM, PM, NOC." The MAR did not document any bowel movements. "Milk of Magnesium 1200/15 - Take 30 ML (milliliter) by mouth as needed if no bowel movement for 3 days." The MAR did not document any administrations. "Fleet Oil Ene (enema) - Give 1 enema rectally daily as needed for constipation if no results from Bisac (Bisacodyl [laxative]) in 24 hours." The MAR did not document any administrations. On 07/14/2025, at approximately 11:00 AM, Surveyor observed a sticky note on top of the med cart that stated, "[Resident 2] has no record of BM (bowel movement) this month [s/he] has an order for an enema but no enema in cart. I messaged [Administrator A]." On 07/14/2025, at approximately 11:15 AM, Surveyor heard Administrator A and Med Passer B discussing that Resident 2 did not have his/her PRN enema available. On 07/14/2025, at approximately 1:00 PM, Surveyor heard Resident 2 comment to Administrator A that it had been over 3 days since s/he had a bowel movement. Administrator A contacted Resident 2's primary care physician	N 431		

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N 431	Continued From page 13 and requested additional medication to assist Resident 2 with his/her constipation since there were concerns regarding when s/he had a lot bowel movement due to the lack of documentation. On 07/14/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A explained that staff should have provided the PRN medications for Resident 2 and if they did not work, contact him/her so that Resident 2's primary care physician could have been contacted.	N 431		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the interior floor was clean and in good repair. Findings Include: On 07/14/2025, at approximately 9:50 AM, Surveyor toured the facility and observed the carpeting throughout the facility. Carpet in hallways was dirty, stained and worn. The brown, short napped, carpeting displayed heavy foot traffic patterns into each room and throughout the common area, giving it a black color in appearance. The carpeting in the activity area was matted down and gave the carpet a greasy appearance. On 07/14/205, at approximately 2:00 PM,	N 491		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013818	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHSTONE OF MAYVILLE	1071 HORICON ST MAYVILLE, WI 53050

(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 491	Continued From page 14 Surveyor interviewed Administrator A. Administrator A stated the carpet would be steam cleaned again next week. Surveyor asked if the steam cleaning would remove the matted down appearance. Administrator A stated the carpets had been steam cleaned before, but all stains cannot be removed.	N 491		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct quarterly fire drills nor conduct fire evacuation drills simulating the conditions during usual sleeping hours with both employees and residents in 2023 and 2024. Findings include:	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013818	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHSTONE OF MAYVILLE	1071 HORICON ST MAYVILLE, WI 53050

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N 525	Continued From page 15 The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 10 residents from client groups irreversible dementia/Alzheimer's, developmentally disabled, traumatic brain injury, physically disabled, and advanced aged. On 07/14/2025, Surveyor reviewed the facility record of fire drills for 2023 and 2024. The records documented: 03/15/2023 - 11:55 AM 05/08/2023 - 2:00 PM - NOC simulation (completed with a tornado drill) 11/30/2023 - 3:40 PM 03/22/2024 - 11:10 AM 11/14/2024 - 3:45 PM On 07/14/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Surveyor asked if the drill on 05/08/2023 was a fire drill or a tornado drill. Administrator A stated based on the documentation, it appeared to be a fire drill. Administrator A stated s/he understood that a simulated night drill had to occur when it was dark out and all residents were lying in bed, without any assistive devices.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills, such as	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013818	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHSTONE OF MAYVILLE	1071 HORICON ST MAYVILLE, WI 53050

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N 526	Continued From page 16 tornado, flooding or other emergency or disaster, were completed at least semi-annually in 2023 and 2024. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 10 residents from client groups irreversible dementia/Alzheimer's, developmentally disabled, traumatic brain injury, physically disabled, and advanced aged. On 07/14/2025, Surveyor reviewed the other evacuation drills for 2023 and 2024. The records documented: 05/07/2024 8:00 PM 11/30/2023 4:30 PM On 07/14/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he understood 2 other evacuation drills needed to be completed annually. Cross Reference: N0525 DHS 83.47(2)(d) Fire Drills	N 526		