STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019677	A. BUILDING: _____ B. WING _____	R-C 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENCOURT NEW BERLIN	13705 W FIELDPOINTE DR NEW BERLIN, WI 53151

(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 08/14/2025 and 08/15/2025 with information gathered through 08/19/2025, Surveyor conducted a standard survey and 2 verification visits at LindenCourt New Berlin for Statement of Deficiency (SOD) 5R7211 dated 11/18/2024 and SOD IM7Y11, dated 02/26/2025. Seven deficiencies were identified. One deficiency was a repeat deficiency from SOD IM7Y11, dated 02/26/2025 and 2 deficiencies were repeat deficiencies from SOD 5R7211, dated 11/18/2024. One of 3 deficiencies from SOD IM7Y11, dated 02/26/2025 was substantially corrected and 1 of 3 deficiencies from SOD 5R7211, dated 11/18/2024 was substantially corrected. These findings were combined with SOD IM7Y12, dated 08/18/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 36	{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	N 352		

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

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N 352	Continued From page 1	N 352		

interview the provider did not ensure the resident right to receive all prescribed medications in the dosage and at intervals prescribed by the practitioner for 3 of 4 residents reviewed.

From 05/15/2025- 08/14/2025, pharmacy dispensed 2 bottles of physician ordered fluticasone nasal spray each containing 60 sprays for Resident 3. On 08/15/2025, 1 bottle was approximately ¾ full and the 2nd bottle was approximately ¼ full, despite staff having documented administration of 4 sprays per day for 89 days during that time period.

On 03/21/2025 to 08/14/2025, pharmacy dispensed 1 30-dose bottle of physician ordered polyethylene glycol for Resident 4. On 08/15/2025, the bottle was approximately half full despite staff documenting 57 doses administered from 04/06/2025-08/14/2025.

From 11/12/2024-08/15/2025, pharmacy dispensed1 30-dose bottle of Resident 5's physician ordered polyethylene glycol. On 08/15/2025 the bottle was approximately ½ full despite staff documenting administration of 210 doses during that same time period.

Findings include:

The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 49 residents within the client groups of irreversible dementia/Alzheimer's.

On 08/15/2025, Surveyor inspected the medication carts and reviewed records of Resident 3, Resident 4, and Resident 5.

Example 1- Resident 3

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N 352	Continued From page 2 On 08/15/2025 at 9:09 AM, while inspecting the southeast unit's medication cart with Medication Administration Assistant (MAA) L, Surveyor observed 3 bottles of fluticasone SPR 50 MCG nasal spray (Photo 1). Bottle 1- Pharmacy label identified: Fluticasone SPR 50 MCG Instill 2 sprays into each nostril once daily for allergies Dispensed 11/28/2024 Quantity: 16 Bottle 2- Pharmacy label identified: Fluticasone SPR 50 MCG Instill 2 sprays into each nostril once daily for allergies Dispensed 05/14/2025 Quantity: 16 Bottle 3- Pharmacy label identified: Fluticasone SPR 50 MCG Instill 2 sprays into each nostril once daily for allergies Dispensed 06/25/2025 Quantity: 16 MAA-L stated the 11/28/2024 bottle was approximately ½ full, the 05/14/2025 bottle was approximately ¾ full, and the 06/25/2025 bottle was approximately ¼ full. Resident 3 was admitted 05/14/2025. Physician orders included fluticasone propionate nasal suspension 50 MGG 2 sprays in both nostrils once daily (start date 05/14/2025). Medication Administration Record (MAR): From 05/15/2025- 08/14/2025, staff documented administration 2 sprays of Fluticasone nasal in	N 352		

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each nostril 89 times/days.
(Note: 3 bottles containing 60 sprays each with 2 sprays administered in each nostril daily would be depleted in 45 days).
Individual Service Plan (ISP) dated 06/18/2025:
In the area of Medications:
" ...Will be supported to take all medications safely and as ordered ..."

Example 2- Resident 4
On 08/15/2025 at 10:21 AM, while inspecting the northwest medication cart with LPN/Manager B, Surveyor observed 1 bottle of Resident 4's polyethylene glycol powder (Photo 2).
Pharmacy label identified:
Polyethylene glycol powder 3350
Mix 17 grams in liquid and give once daily for constipation
Dispensed 03/21/2025
Quantity 510 grams

LPN/Manager B stated the bottle was approximately ¾ full and there were no additional bottles in medication cart.
Resident 4 was admitted 04/05/2024.
Physician orders included polyethylene glycol 3350 powder mix 17 grams in 8 oz. water and give once daily for constipation (start date 04/06/2024).
MAR: From 04/06/2025-08/14/2025, staff documented administration of polyethylene glycol 57 times.
ISP dated 07/19/2025
In the area of Medications:
" ...Will be supported to take all medications safely and as ordered ..."

Example 3- Resident 5
On 08/15/2025 at 10:21 AM, while inspecting the northwest medication cart with LPN/Manager B,

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N 352	Continued From page 4 Surveyor observed 1 bottle of Resident 5's polyethylene glycol powder (Photo 3). Pharmacy label identified: Polyethylene glycol mix 17 grams in adequate liquid and give once daily, hold for loose stools. Dispensed 11/11/2024 Quantity 510 grams LPN/Manager B stated the bottle was approximately ½ full and there were no additional bottles in medication cart. Resident 5 was admitted 11/05/2024. Physician orders included polyethylene glycol powder 3350 mix 17 grams in adequate liquid and give once daily, hold for loose stools, for constipation (start 11/11/2024). MAR: From 11/12/2024-08/15/2025, staff documented administration of polyethylene glycol 210 times. During same time frame staff had not documented "5" (code that medication was held) on MAR indicating the medication was held. ISP dated 05/14/2025: In the area of Medications: " ...Will be supported to take all medications safely and as ordered ..." On 08/14/2025 2:05 PM, Surveyor interviewed Resident 3 who stated s/he had only received fluticasone nasal spray a couple time since admitted because s/he could not find the bottle s/he brought on admission from rehab (skilled nursing facility). On 08/19/2025 at 11:58 AM, Surveyor interviewed Pharmacy Tech M who stated 1 bottle of fluticasone nasal spray was dispensed on 05/14/2025 and 06/25/2025 and each bottle contained approximately 60 sprays for Resident	N 352		

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N 352	Continued From page 5 3. Pharmacy Tech M stated a bottle containing 60 sprays administered once daily would last 30 days. Pharmacy Tech M stated prior to the current 04/06/2024 physician order, Resident 4 had a previous order for polyethylene glycol for which a 14-day bottle was dispensed on 01/26/2024 and the first and only bottle dispensed under the current order was a 30-dose bottle dispensed 03/21/2025. Pharmacy Tech M stated the most recent dispense of Resident 5's polyethylene glycol was a 30-dose bottle on 11/11/2024. On 08/15/2025 at 2:20 PM, Surveyor discussed concern with medication administration with LPN/Manager B and Assistant Executive Director N. LPN/Manager B stated s/he audited medications which mainly consisted of reviewing the MARs. LPN/Manager B stated staff found a bottle of Resident 3's fluticasone in his/her room after s/he moved to facility from the skilled nursing facility.	N 352		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's right to self-determination for 2 of 2 residents reviewed.	N 355		

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N 355	Continued From page 6 Due to behaviors, Resident 6 was restricted free access to his/her clothes, toiletries and other personal items, and Resident 7 was restricted free access to his/her clothes. Findings include: Example 1- Resident 6 On 08/14/2025 at 11:17 AM while touring the northeast unit's laundry room with Resident Aid O, Surveyor observed a picture frame containing 4 photos, an open package of incontinence products, a covered bin labeled with Resident 6's name and room number on the laundry room counter. A note stating "8/4 [Resident 6] items in here" was attached to an upper cupboard door (Photo 4). On 08/14/2025 at 11:19 AM, Surveyor toured Resident 6's room with Resident Aid O. The closet and dresser were empty, and the bathroom was void of toiletries, towels, and washcloths (except 1 dry washcloth). There were a few decorative items in the room, the bed was made with Resident 6's personal sheets and blanket, and there was 1 pair of shoes on the floor of the room. On 08/14/2025 at 11:17 AM and 11:19 AM, Surveyor interviewed Resident Aide O who stated all Resident 6's clean clothes, dirty clothes, photos, and toiletries were kept in the laundry room due to Resident 6 putting clothes in his/her bathroom sink and running the faucet over them, mixing clean and dirty clothes and changing clothes frequently. Resident Aid O stated Resident 6 was new to facility and staff told Resident 6 they would assist when s/he needed his/her clothes and personal items.	N 355		

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N 355	Continued From page 7 On 08/14/2025, Surveyor reviewed Resident 6's record. S/he was admitted 07/30/2025. Diagnoses included vascular dementia, unspecified severity, with other behavioral disturbance. Behavior notes dated 08/10/2025 at 8:01 PM (summarized): Resident 6 was pushing on doors, yelling at staff, pacing, slamming toilet lid up and down because s/he could not leave the building. Resident took items off his/her wall, made fists, approached staff aggressively and threatened to hit staff. Resident 6's record contained a temporary ISP dated 07/30/2025 and no additional ISP. In the area of orientation, the ISP identified Resident 6 was oriented to person only, check mark boxes to identify confusion, orientation needs and abusive behaviors were not checked, and no behaviors were identified on the ISP and no interventions including removing residents personal items so they didn't have access to them. Example 2- Resident 7 On 08/14/2025 at 11:46 AM while touring the southeast unit's laundry room with CNA P, Surveyor observed 2 laundry baskets containing folded clean clothes on the counter (Photo 5). On 08/14/2025 at 11:46 and 11:54 AM, Surveyor interviewed CNA P who stated the clean clothes in the 2 laundry baskets belonged to Resident 7. CNA P stated Resident 7's clothes had been kept in the laundry room for approximately 2 months because s/he changed clothes frequently throughout the day. On 08/14/2025 at 11:54 AM while touring	N 355		

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N 355	Continued From page 8 Resident 7's room with CNA P, Surveyor observed 1 jacket, 1 pair of slippers and 2 hats in the closet, the dresser was empty except for several pair of socks, and 2 pairs of slippers were on the floor. On 08/14/2025, Surveyor reviewed Resident 7's record. S/he was admitted 04/08/2024. Diagnoses included Parkinson's disease and other specified cognitive deficit. ISP dated 04/04/2025 (summarized): The ISP did not identify behaviors related to frequent changing of clothes or the need for an invention of restricting Resident 7 from his/her clothes. On 08/15/2025 at 2:20 PM, Surveyor discussed the concern of resident right to self-determination due to restricting Resident 6 and Resident 7 from their personal items with LPN/Manager B and Assistant Executive Director N. LPN Manager B stated Resident 6 put everything in the toilet, the toilet backed up causing Resident 6 to slip and the intervention was to keep all clothes in laundry room. LPN/Manager B stated Resident 7 dressed self in several layers and mixed his/her clean and dirty clothes together and s/he estimated Resident 7's items were kept in the laundry room at least more than a month. LPN/Manager B stated they had not tried alternative interventions. LPN/Manager B stated Resident 6 and Resident 7 could ask staff to get into the laundry rooms at any time. Cross Reference: N0381 DHS 83.51(1)(a) Preadmission And Ongoing Assessments N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 355		

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{N 381}	Continued From page 9	{N 381}		
{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 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 record observation, review and interview, the provider did not ensure each resident's needs abilities, and physical and mental condition were assessed when there was a change in needs, abilities, or condition. Resident 7's behaviors were not reassessed when s/he displayed behaviors of changing clothes frequently throughout the day resulting in staff keeping his/her clothes in the laundry room. This is a repeat violation, see Statement Of Deficiency (SOD) 5R7211, dated 11/18/2024. Findings include: On 08/14/2025 at 11:46 and 11:54 AM, Surveyor interviewed CNA P who stated the clean clothes in the 2 laundry baskets kept in the laundry room belonged to Resident 7. CNA P stated Resident	{N 381}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{N 381}	Continued From page 10 7's clothes had been kept in the laundry room for approximately 2 months because s/he changed clothes frequently throughout the day. On 08/14/2025, Surveyor reviewed Resident 7's record. S/he was admitted 04/08/2024. Diagnoses included Parkinson's disease and other specified cognitive deficit. Comprehensive assessment dated 03/26/2025(summarized): In the area of Cognition: not always oriented, required assistance with redirection and reorientation, and safety checks frequently throughout the night. In the area of Behavior Management: Resident 7 was identified as not capable of independent decision making. Eleven check mark boxes identifying corresponding behaviors were listed, including: a. Dresses in excessive layers of clothing; e. Demonstrates obsessive/repetitive behaviors; and k. Other. None of the 11 boxes identifying behaviors were checked. ISP dated 04/04/2025 (summarized): Other than high elopement risk, no behaviors were identified on the ISP. On 08/15/2025 at 2:20 PM, Surveyor discussed concern of Resident 7's behaviors not assessed or included on the ISP with LPN/Manager B and Assistant Executive Director N. LPN Manager B stated Resident 7 had dressed in multi layers, mixed clean and dirty clothes, and his/her clothes had been kept in the laundry room for at least more than a month. Cross Reference: N0355 DHS 83.32.(3)(k) Rights of Residents:	{N 381}		

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{N 381}	Continued From page 11 Self-Determination	{N 381}		
{N 388}	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individual service plan (ISP) was implemented as written for 2 of 2 residents reviewed. Resident 8 and Resident 9 were not provided their physician ordered mechanical soft diets as identified on their ISP's. This is a repeat violation. See Statement Of Deficiency (SOD) 5R7211, dated 11/18/2024. Findings include: On 08/14/2025 at 12:34 PM, Surveyor observed Resident 8 and Resident 9 eating in the dining room. Both residents had a piece of square shaped apricot pie bar on their plates (Photo 5). The bars consisted of a solid crust covered with apricot spread. When Resident 9 picked his/her bar up with his/her fingers to eat it, the bar maintained its shape. While eating the bar, Resident 9 experienced a fit of coughing and runny nose which Resident Aid D responded to by offering Resident 9 a drink. On 08/14/2025 at 12:45 PM, Surveyor interviewed Resident Aid D and LPN/Manager B	{N 388}		

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{N 388}	Continued From page 12	{N 388}		

in the dining room. LPN/Manager B stated Resident 8 and Resident 9 had physician orders for mechanical soft diets. Surveyor showed LPN/Manager B Resident 8's whole apricot pie bar and the remainder of Resident 9's apricot pie bar. LPN/Manager B stated the bars were not mechanical soft. Resident Aid D stated Resident 9 coughed a lot with any food and hospice was trying to change his/her diet to pureed.

On 08/14/2025 at approximately 1:00 PM, LPN/Manager B provided Surveyor a document titled "Inservice for June 2025" stating: "Mechanical Diet Mechanical Protein must be ground, tender and moistened (sauces/juices/gravy). Soft, flaked fish with tartar sauce. Scrambled eggs (with cheese OK) chopped or diced hardboiled egg. Hamburger patties must be ok [sic] ground-not whole. Meatloaf with gravy. Meat in casseroles ground [sic] Sausages/hotdogs ground. Ground breakfast sausage with syrup. Egg/turkey/chicken salads, ¼ diced or ground without raw vegetables. Puree Diet Puree food must be the consistency of mashed potatoes." LPN/Manager B stated mechanical diet was reviewed with staff during June's in-service.

On 08/14/2025, Surveyor reviewed Resident 8 and Resident 9's records.

Example 1- Resident 8
Resident 8 was admitted 04/22/2019. Diagnoses included unspecified dementia, unspecified severity, with other behavioral disturbance. Resident was on hospice service.

Physician orders included general/regular diet, mechanical soft consistency, and thin liquids (start date 11/13/2024).

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{N 388}	Continued From page 13 ISP dated 04/28/2025: In the area of Eating/Meals: " ...Diet: regular with mechanical soft consistency [with] supplement shakes with meals ..." Example 2- Resident 9 Resident 9 was admitted 12/20/2022. Diagnoses included unspecified dementia, moderate, with other behavioral disturbance. Resident was on hospice service. Physician orders included mechanical soft diet (start date 01/06/2025). ISP dated 07/29/2025: In the area of Eating/Meals: " ...Diet: regular with mechanical soft consistency [with] supplement shakes with meals ..." On 08/15/2025 at 2:20 PM, Surveyor discussed concern of the ISPs not implemented as written with LPN/Manager B and Assistant Executive Director N. LPN/Manager B stated caregiver staff knew a mechanical soft diet consisted of food altered to 4-millimeter sized pieces. LPN/Manager B stated there were 2 new cooks. Assistant Executive Director N stated dietary staff prepared the food at the attached skilled nursing facility kitchen and the CBRF staff plated it. Assistant Executive Director N stated they had been auditing the meals to ensure everything was accurate.	{N 388}		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities	N 389		

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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 individual service plans (ISP) were updated when there was a change in needs or condition for 2 of 2 residents reviewed.

Resident 4's ISP was not updated when s/he frequently refused blood sugar checks and medications including insulin injections.

Resident 6's ISP was not updated to identify behaviors of putting clothes in his/her bathroom sink and running the faucet over them, mixing clean and dirty clothes and changing clothes frequently.

This is a repeat violation. See Statement Of Deficiency (SOD) JDP111, dated 09/11/2024 and IM7Y11 dated 02/26/2025.

Findings include:

Example 1- Resident 4
On 08/04/2025, Surveyor reviewed Resident 4's record. S/he was admitted 04/05/2024. Diagnoses included type 2 diabetes mellitus with

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hyperglycemia and unspecified dementia, unspecified severity with agitation.

Physician orders included blood glucometer (blood sugar) checks 3 times daily for diabetes mellitus (start date 01/23/2024) and NovoLog FlexPen (insulin) inject subcutaneously 3 times daily per sliding scale: if blood sugar (BS) 131-150= 1 Unit, 151-200= 2 Units, 201-250=3 Units, 251-300=4 Units, 301-350= 5 Units, 351-400=6 Units, 401-450= 7 Units, and 451-500= 8 Units (start date 02/17/2025); amlodipine10 MG 1 tablet once daily for high blood pressure (start date 04/25/2024); polyethylene glycol 3350 mix 17 grams with 8 oz. water once daily for constipation (start date 04/06/2024); acetaminophen 325 MG 2 tablet 3 times daily for pain (start date 04/26/2024); divalproex 125 MG 2 capsules 3 times daily for dementia with behaviors (start date 02/26/2025); Lantus SoloStar Pen-injector insulin 100 Unit/ML inject 20 units subcutaneously at bedtime for diabetes (start 04/01/2025); and lidocaine 4% cream apply topically to affected area(s) daily at bedtime for pain (start date 04/07/2024).

Medication Administration Record (MAR):
From 07/01/2025-08/13/2025, staff documented "2" (refused) greater than 10 times for the following:

-Blood sugar checks = 35 times including 3 or more consecutive of refusals:
07/01/2025-07/03/2025 at 1:00 PM
07/14/2025-07/16/2025 at 1:00 PM
08/04/2025-08/08/2025 at 1:00 PM
08/11/2025-08/13/2025 at 1:00 PM

-NovoLog FlexPlen sliding scale insulin =35 times including 3 or more consecutive days of refusals:

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N 389	Continued From page 16 07/01/2025-07/03/2025 at 1:00 PM 07/14/2025-07/16/2025 at 1:00 PM 08/04/2025-08/08/2025 at 1:00 PM 08/11/2025-08/13/2025 at 1:00 PM - polyethylene glycol = 27 times including 3 or more consecutive days of refusals: 07/01/2025-07/05/2025 07/07/2025-07/09/2025 07/14/2025-07/16/2025 07/21/2025-07/23/2025 08/04/2025-08/06/2025 08/11/2025-08/14/2025. -acetaminophen 325 MG = 46 times including 3 or more consecutive days of refusals: 7:00 AM- 07/01/2024-07/03/2024 07/07/2025-07/09/2025 07/14/2025-07/16/2025 07/21/2025-07/23/2025 07/28/2025-07/30/2025 08/04/2025-08/06/2025 08/11/2025-08/14/2025 1:00 PM- 08/11/2025-08/14/2025 -Lantus SoloStar insulin = 13 times with 3 or more consecutive days of refusals: 07/26/2025-07/30/2025 08/04/2025-08/07/2025 -lidocaine 4% cream = 26 times including 3 or more consecutive days of refusals: 07/07/2025-07/10/2025 07/12/2025-07/15/2025 07/21/2023-07/23/2025 08/04/2025-08/07/2025. ISP dated 07/19/2025:	N 389		

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N 389	Continued From page 17 In the area of Behaviors (summarized): Goal- Will not act out in a way that is harmful to self Interventions- Exhibits behaviors of showing anger, verbal abuse or other extreme or erratic behavior patterns, hitting, kicking, hallucinated, delusional behavior. Ensure resident is safe in room. Notify nurse of increased behaviors due to history of urinary tract infections. Keep sharp objects out of resident's room. Offer pleasant diversions, structured activities, food, conversation, television, books. Receives mental health services, report changes from baseline behaviors to nurse. In the area of Reluctance to Accept Care Goal- Will accept assistance of caregivers Interventions- Educate family/caregivers of possible outcomes of not complying with treatment or care. Resume/reapproach at a later time. In the area of Medications: Goal- Will be supported to take all medications safely and as ordered. Interventions- Medications packaged dose specific, require nurse delegation of medication to an aide, resident is an insulin dependent diabetic, parameters in MAR. The ISP did not specify refusals of blood sugar checks, sliding scale insulin, or other medications or related interventions including staff's response to refusals of physician ordered blood sugar checks and medications 3 or more consecutive days. Example 2- Resident 6 On 08/14/2025 at 11:17 AM and 11:19 AM, Surveyor interviewed Resident Aide O who stated	N 389		

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all of Resident 6's clean clothes, dirty clothes, photos, and toiletries were kept in the laundry room due to Resident 6 putting clothes in his/her bathroom sink and running the faucet over them, mixing clean and dirty clothes and changing clothes frequently.

On 08/14/2025, Surveyor reviewed Resident 6's record. S/he was admitted 07/30/2025. Diagnoses included vascular dementia, unspecified severity, with other behavioral disturbance.

Comprehensive assessment dated 07/31/2025 (summarized):
In the area of Cognition:
Not always oriented, and required assistance with re-direction, orientation and wanderguard management.

In the area of Behavior Management:
Incapable of independent decision making.
Eleven check mark boxes identifying corresponding behaviors were listed, including dresses in excessive layers of clothing, demonstrates obsessive/repetitive behaviors, and "other". None of the 11 boxes were checked.
Under Service Planning for behaviors, the assessment identified " ...Goal: Will be able to identify factors/interventions that help prevent/minimize inappropriate behaviors ...Intervention: Exhibits inappropriate behaviors (Specify) disrobing, taking things belonging to others, wandering aimlessly, showing anger, provocation, verbal abuse or other extreme or erratic behavior patterns ...Intervention: Report changes from baseline behaviors to Nurse ..."

Behavior note dated 08/10/2025 at 8:01 PM (summarized): Resident was pushing on doors,

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N 389	Continued From page 19 yelling at staff, pacing, slamming toilet lid up and down because s/he could not leave the building. Resident took items off his/her wall, made fists, approached staff aggressively and threatened to hit staff. ISP: The only ISP contained in Resident 6's record was a temporary ISP dated 07/30/2025. The ISP identified Resident 6 was oriented to person only. Check mark boxes to identify confusion, orientation needs and abusive behaviors were not checked, and no behaviors or behavioral interventions were identified on the temporary ISP. On 08/15/2025 at 2:20 PM, Surveyor discussed concern of not updating ISP when changes occurred with LPN/Manager B and Assistant Executive Director N. LPN/Manager B stated when Resident 4 refused medications staff reapproached and redirected multiple times. LPN/Manager B stated staff needed to inform him/her of 3 consecutive days of medication refusals so s/he could inform the physician. LPN Manager B stated Resident 6 put everything in the toilet, the toilet backed up causing Resident 6 to slip and the intervention was to keep all clothes in laundry room. LPN/Manager B stated s/he was planning to include Resident 6's behaviors on the comprehensive ISP due 30 days after admission. Cross Reference: N0355 DHS 83.32.(3)(k) Rights of Residents: Self-Determination	N 389		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the	N 452		

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N 452	Continued From page 20 CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. Kitchenette refrigerators accessible to residents contained food not labeled with opened date, expired food, uncovered food and spoiled food. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 49 residents within the client group of irreversible dementia/Alzheimer's and is divided into 4 units (northwest, northeast, southeast and southwest). Each unit's kitchenette was part of an open concept with the dining area and sitting area	N 452		

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allowing residents free access to the kitchenettes. On 08/14/2025 Surveyor observed the residents had access to this area.

Example 1- Northwest Kitchenette
On 08/14/2025 at 10:34 AM, Surveyor inspected the northwest unit's kitchenette refrigerator with CNA Q and observed the following:
-3 groups of sandwiches wrapped loosely in plastic wrap, not dated
-¾ of a banana cream pie loosely covered with manufacturer's cover, not dated
-1 opened container of whipped topping, not dated. Upon opening the container, Surveyor observed multiple greenish black fuzzy spots on surface of whipped topping. (Photo 7).
-3 small plastic storage containers containing mixed berries, not dated.
-1 bottle of coffee creamer, unopened, expiration date stamp was 07/25/2025 (Photo 8)
-1 pan of chicken corn chowder covered with plastic wrap, not dated.

The refrigerator's bottom drawer was filled with oranges and Surveyor was unable to pull it open. When CNA Q pulled the drawer open Surveyor observed a large dried sticky spill of red substance (Photo 9). Food crumbs and a dried light-yellow substance were observed on 2 of the refrigerator door's compartments, and the front part of both compartments were missing (Photo 10).

On 08/14/2025 at approximately 10:50 AM, Surveyor interviewed CNA Q who stated the sandwiches were probably delivered during 08/13/2025 PM shift or sometime within the past week, the whipped topping was from a family member, and the banana cream pie was delivered to the unit approximately 3 days ago.

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N 452	Continued From page 22 CNA Q checked the menu and stated the chicken corn chowder was left over from 08/13/2025 supper. CNA Q stated 3rd shift was to clean the refrigerator out nightly. Example 2- Northeast Kitchenette On 08/14/2025 at 11:01 AM, Surveyor inspected the northeast kitchenette refrigerator with Resident Aid O and observed the following: -5 pieces of frosted pink cake on a plate, uncovered and not dated. Four pieces of cake appeared to have disrupted frosting indicating contamination may have occurred. On piece 1, the frosing in 1 corner was intact, and from that corner the frosting diminished in track formations fanning out to the other 3 corners. The 2nd piece had a line approximatley 1/2 inch wide through the frosting beginning in the center of the piece and running to a corner of the piece. Half of the 3rd piece was completely frosted and from there the frosting sloped and eventually faded to unfrosted glossy cake surface. Half the frosting on the 4th piece was smudged and blotchy. Frosting on the 5th piece was smooth and intact (Photo 11). -1 bowl mixed veggies, not dated. -1 container of melon pieces, not dated. -1 container small potatoes and porkchops covered in gravy, not dated . -1 pitcher 1/2 full of dark colored orange juice, not dated. On 08/14/2025, while Surveyor and CNA Q had backs to refrigerator, Resident 10 opened the refrigerator door and was redirected by CNA Q. On 08/14/2025 at 11:08 AM, Surveyor interviewed CNA Q. CNA Q checked the menu and stated the cake was from 08/13/2025 supper, s/he did not know what dates the melon and mixed veggies	N 452		

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N 452	Continued From page 23 were delivered from the kitchen, and the container of small potatoes and pork chops were from 08/13/2025 supper. CNA Q stated s/he did not know how long the orange juice had been in the refrigerator. CNA Q stated 3rd shift caregivers cleaned the refrigerator nightly. Example 3- Southeast Kitchenette On 08/14/2025 at 11:36 AM, while inspecting the southeast unit's kitchenette refrigerator with CNA P, Surveyor observed the following: -1 opened container of whipped topping, not dated. Upon opening the container, Surveyor observed multiple greenish black fuzzy spots on surface of whipped topping (Photo 12). -1 opened can of energy drink, uncovered and undated (Photo 13). -1 opened container of liquid whole eggs, not dated, "Use by" date stamp was 04/13/2025 (Photo 14). -1 opened container of liquid eggs, not dated, "Use by" date stamp was April 24 ("APR 24") (photo 15). -1 opened bottle grated parmesan cheese, not dated, expiration date stamp was 06/15/2025 (Photo 16). -1 small container black cherry yogurt, opened and labeled with Resident 11's name, not dated (Photo 17). -1 small plastic container of mixed berries, lying in bottom drawer, not dated. A dark yellow substance was dried to the bottom of the bottom drawer (photo 18), a yellow substance was dried on the top shelf (Photo 19), the back of the 2nd shelf was partially covered with a white powdery substance (Photo 20). On 08/14/2025 at 11:46 AM, Surveyor interviewed CNA P who stated s/he did not know how long the	N 452		

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whipped topping had been in the refrigerator, a family member brought the grated parmesan cheese and 1 shift was responsible for cleaning the refrigerator but s/he did not know which shift.

Example 4- Southwest Kitchenette
On 08/14/2025 at 12:51 PM, while inspecting the southwest unit's kitchenette refrigerator with Resident Aid D, Surveyor observed the following:
-1 opened container liquid whole eggs, undated. "Use by" date stamp was 07/02/2025 and handwritten on the container was "Activities" (Photo 21) .

Streaks and spots of a red substance was dried onto the side of refrigerator's right side interior wall (Photo 22).

An opened and undated container of whipped topping and an undated bowl of ice cream and strawberry pieces covered with a napkin were in the refrigerator's freezer. Handwritten on the napkin was Resident 12's name. The ice cream appeared freezer burnt, and the strawberries were discolored brown (Photos 23 and 24).
On 08/14/2025 at 12:51 PM, Surveyor observed 7 undated blueberry muffins in a muffin pan, covered with a 2nd muffin pan stored in the oven (Photos 25 and 26).

On 08/14/2025 at 12:54 PM, Surveyor interviewed Resident Aid D who checked the activities calendar and stated the blueberry muffins in the oven were made by activities on 08/08/2025. Resident Aid D stated 3rd shift caregivers were responsible for cleaning out the refrigerator.

On 08/15/2025 at 2:20 PM, Surveyor discussed concern of food safety with LPN/Manager B and

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N 452	Continued From page 25 Assistant Executive Director N. LPN/Manager B stated night shift caregivers were responsible for checking the food in the kitchenette refrigerators. Cross Reference: N0481 DHS 83.43(1) Environment Safe, Clean, And Comfortable	N 452		
N 481	83.43(1) Environment safe, clean, and comfortable 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 environment was clean. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 49 residents within the client group of irreversible dementia/Alzheimer's and is divided into 4 units (northwest, northeast, southeast and southwest). Example 1- Northwest Unit On 08/14/2025 at 10:34 AM, Surveyor toured the northwest unit with CNA Q and observed the following: -ceiling vent in laundry room heavily soiled with dust (Photo 27). -interior of kitchenette microwave soiled with food debris (Photo 28).	N 481		

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N 481	Continued From page 26 -oven floor soiled with burnt food particles, and streaks of dried brown liquid stuck to interior of oven door (Photo 29) -silverware and utensils drawers soiled with food crumbs (Photo 30). Example 2- Northeast Unit On 08/14/2025 at 11:01 AM, Surveyor toured the northeast unit with Resident Aid O and observed the following: -ceiling vent in laundry room heavily soiled with dust (Photo 31). -bottom drawer of kitchenette refrigerator missing (Photo 32). -oven floor heavily soiled with burnt food particles (Photo 33). -front of stove, oven handles and storage door handle heavily soiled with grease and dust (Photo 34). Example 3- Southeast Unit On 08/14/2025 at 11:36 AM, while touring the southeast unit with CNA P, Surveyor observed the following: -oven floor heavily soiled with burnt food particles (Photo 35). -interior of kitchenette microwave soiled with food debris (Photo 36). The sides of square opening (used to deposit garbage into the garbage can contained inside the kitchenette's island) in the counter of kitchenette's island was heavily soiled with dried on food debris (Photo 37). Example 4- Southwest Unit On 08/14/2025 at 12:51 PM, while touring the southwest unit with Resident Aid D, Surveyor observed the following: -oven floor heavily soiled with burnt food particles	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019677	A. BUILDING: _____ B. WING _____	R-C 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENCOURT NEW BERLIN	13705 W FIELDPOINTE DR NEW BERLIN, WI 53151

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N 481	Continued From page 27 (Photo25). -interior of kitchenette microwave was heavily soiled with spots of a yellow dried substance and food particles (Photo 38). On 08/15/2025 at 2:20 PM, Surveyor discussed concern unclean environment with LPN/Manager B and Assistant Executive Director N. LPN/Manager B stated AM and PM shift caregivers were to clean up the kitchenettes after each meal and night shift caregivers were to deep clean the kitchenettes. Cross Reference: N0481 DHS 83.41(3)(b) Food Safety	N 481		