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 12/16/2025

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 12/16/2025, Surveyor conducted 1 verification visit at LindenCourt New Berlin. Four deficiencies were identified. Three of the 4 deficiencies were repeat violations. See Statement Of Deficiency (SOD) 5R7211, dated 11/18/2024, and 5R7212, dated 08/19/2025. Three of 4 deficiencies from Statement Of Deficiency (SOD) 5R7212, dated 08/19/2025 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 44	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. From11/18/2024 to 12/16/2025, the provider did not comply with all the laws governing the CBRF. From 02/26/2025 to 12/16/2025, the Department issued 3 consecutive uncorrected repeat deficiencies under N0388, Implement And Follow	N 196		

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

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N 196	Continued From page 1	N 196		

the Individual Service Plan (ISP) in the following Statement Of Deficiencies (SOD):
SOD 5R7211, dated 11/18/2024;
SOD 5R7212, dated 08/19/2025; and
SOD 5R7213, dated 12/16/2025 (this survey).

Two of the 3 deficiencies identified under N0388 in SODs 5R7211, 5R7212 and 5R7213 involved residents not receiving physician ordered mechanical soft diets putting them at risk for aspiration and choking.

SOD IM7Y11, dated 02/26/2025 included N0448 Nutrition: Diet, due to residents not receiving physician ordered mechanical soft diets.

The same 2 residents were referenced in SODs 5R7212 and 5R7213 under N0388 and SOD IM7Y11 under N0448 for not receiving their physician ordered mechanical soft diets, and an additional 3rd resident was referenced in SOD 5R7213 under N0388 for not receiving his/her physician ordered mechanical soft diet.

The Department issued Special Orders related to not following ISPs with SODs 5R7211 and 5R7212, and not following physician ordered diets with SOD IM7Y11.

Findings include:

Example 1- SOD 5R7211, dated 11/18/2024:
On 11/14/2024, 1 complaint investigation was conducted and 3 deficiencies were identified.

The complaint was substantiated under N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan (ISP).

Tag N0388 Implement, Follow The Individual

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N 196	Continued From page 2 Service Plan stated " ...Resident 2's individual service plan (ISP) was not implemented as written when staff did not provide Resident 2's fall mat when in bed, adequately reposition him/her every 2 hours or check for incontinence every 2 hours ..." Special orders issued 03/10/2025 with SOD 5R7211, dated 11/18/2024 stated, " ...1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall develop and implement corrective measures to ensure all residents receive adequate personal care services to meet their needs. WITHIN 45 DAYS of receipt of this notice, the licensee shall: - Provide training to all managers and resident care staff on the corrective actions taken to resolve each deficiency identified in Statement of Deficiency 5R7211. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training ..." Example 2- IM7Y11, dated 02/26/2025: On 02/26/2025, 2 complaint investigations were conducted. One complaint alleged special diets were not followed and was substantiated in SOD IM7Y11 under N0448 Nutrition: Diet. (Note: The deficiency was cited under N0448 Nutrition: Diet because on 02/26/2025, the Department's processing of SOD 547211 had not yet been completed.) SOD IM7Y11, N0448 Nutrition: Diet stated " ...Resident 1 did not receive physician ordered	N 196		

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N 196	Continued From page 3 thickened liquids. Resident 2 and Resident 3 did not receive physician ordered mechanical soft food ..." Resident 2, referenced in SOD IM7Y11 N0448 is the same person as Resident 9 referenced in SOD 5R7212 N0388 and 5R7213 N0388 (this survey); and Resident 3, referenced in SOD IM7Y11 tag N0448, is the same person as Resident 8 referenced SODs 5R7212 N0388 and 5R7213 N0388 (this survey)). Special orders issued 05/13/ 2025 with SOD IM7Y11 stated, " ...1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety and welfare of the residents ...AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request ..." Example 3-SOD 5R7212, dated 08/19/2025: On 08/14/2025 and 08/15/2025 with information gathered through 08/19/2025, a standard survey and 2 verification visits were conducted for SODs 5R7211 dated 11/18/2024 and SOD IM7Y11, dated 02/26/2025. (Note: SOD IM7Y12, dated 08/19/2025 was combined into SOD 5R7212, dated 08/19/2025).	N 196		

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N 196	Continued From page 4 N0388 stated " ... Resident 8 and Resident 9 were not provided their physician ordered mechanical soft diets as identified on their ISP's ..." SPECIAL ORDERS issued 09/19/2025 with SOD 5R7212 stated, " ... Also, WITHIN 45 DAYS, the licensee shall the develop (or revise) written procedures and staff training (as appropriate) to address Assessment and Service Plan ...- All staff responsible for providing services to residents will review the resident's individualized service plan and will provide services in accordance with the plan. Additionally: - All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1 ..." Example 4-5R7213, dated 12/16/2025 (this survey): On 12/16/2025, 1 verification visit was conducted. N0388 Implement and Follow the ISP stated "Resident 8, Resident 9, and Resident 20 were not provided their physician ordered mechanical soft diets as identified in their ISP's ..." Cross Reference: N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan	N 196		
{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	{N 352}		

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{N 352}	Continued From page 5 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 ensure the resident right to receive all prescribed medications in the dosage and at intervals prescribed by the practitioner for 6 of 8 residents reviewed. This is a repeat violation. See Statement Of Deficiency (SOD) 5R7212, dated 08/19/2025. 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. On 12/16/2025 at 2:06 PM, Surveyor inspected 4 of 4 medication carts with LPN/Manager B and reviewed records of Resident 14, Resident 15, Resident 16, Resident 17, Resident 18 and Resident 19. During medication cart inspections, Surveyor observed: Example 1- Resident 14 Bubble pack label identified: PM Acetaminophen 500 MG 2 tablets twice daily for pain Dispensed 12/03/2025 Quantity: 60 2 tablets remained in the 12/12/2025 slot (photo 1) Bubble pack label identified:	{N 352}		

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{N 352}	Continued From page 6 HS (bedtime) Trazadone 100 MG 1 tablet at bedtime for insomnia Start date 12/03/2025 1 tablet remained in the 12/12/2025 slot (photo 2) Resident 14 was admitted 03/20/2025. Diagnoses included unspecified dementia. Physician orders included acetaminophen 500 MG 2 tablets twice daily for pain (start date 10/10/2025) and trazadone 100 MG 1 tablet and 25 MG 1 tablet (total 125 MG) at bedtime for insomnia (start date 12/04/2025). December 2025 Medication Administration Record (MAR): Staff documented administration of acetaminophen 500 MG at 8:00 PM and trazadone 100 MG at 8:00 PM on 12/12/2025 at 8:00 PM. The record contained no December 2025 observation notes. Individual Service Plan (ISP) dated 12/11/2025: In the area of Medications " ... Will be supported to take all medications safely and as ordered ..." Example 2- Resident 15 Bubble pack label identified: 2 PM Quetiapine 25 MG 1 tablet daily at 2:00 PM Start date 12/04/2025 1 tablet remained in the 12/05/2025 and 12/12/2025 slots (Photo 3) Bubble pack label identified: PM Escitalopram 20 MG 1 tablet every evening for depression	{N 352}		

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{N 352}	Continued From page 7 Start date 12/03/2025 1 tablet remained in the 12/12/2025 slot (Photo 4) Resident 15 was admitted 07/29/2025. Diagnoses included vascular dementia, depression, anxiety, and bipolar disorder. Physician orders included quetiapine 25 MG 1 tablet at 2:00 PM for anxiety (start date 10/15/2025) and escitalopram 20 MG 1 tablet in evening for depression (start date 10/15/2025). December 2025 MAR: On 12/05/2025 staff documented administration of quetiapine 25 MG, and on 12/12/2025 staff documented administration of quetiapine 25 MG and escitalopram 20 MG. The record contained no December 2025 observation notes. ISP dated 09/08/2025: In the area of Medications: " ...Will be supported to take all medications safely and as ordered ..." Example 3- Resident 16 Bubble pack label identified: HS Trazadone 50 MG 1 tablet at bedtime for insomnia Start date 12/03/2025 1 tablet remained in the 12/12/2025 slot (Photo 5) Bubble pack label identified: PM Acetaminophen 500 MG 2 tablets 3 times daily for pain Start date 12/03/2025 2 tablets remained in the 12/12/2025 slot (Photo 6)	{N 352}		

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{N 352}	Continued From page 8 Bubble pack label identified: HS Melatonin 3 MG 1 tablet at bedtime for insomnia Start date 12/03/2025 1 tablet remained in the 12/12/2025 slot (Photo 7) Resident 16 was admitted 10/16/2023. Diagnoses included Alzheimer's disease. Physician orders included trazadone 50 MG 1 tablet at bedtime for insomnia (start date 09/05/2025), acetaminophen 500 MG 2 tablets 3 times daily for pain (start date 11/20/2023), and melatonin 3 MG 1 tablet at bedtime for insomnia (start date 11/13/2024). 2025 MAR: On 12/12/2025 at 8:00 PM, staff documented administration of trazadone 50 MG, acetaminophen 500 MG, and melatonin 3 MG. The record contained no December 2025 observation notes. ISP dated 10/14/2025: In the area of Medications: " ...Will be supported to take all medications safely and as ordered ...Is unaware of the need to take prescribed medications ...Needs help with medications due to cognitive loss ..." Example 4- Res 17 Bubble pack label identified: AM Acetaminophen 325 2 tablets four times daily Start date 12/03/2025 2 tablets remained in the 12/05/2025 slot (Photo 8) Bubble pack label identified: PM	{N 352}		

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{N 352}	Continued From page 9 Vitamin B-1 (thiamine) 100 MG 1 tablet twice daily for supplement Start date 12/03/2025 1 tablet remained in the 12/12/2025 slot (Photo 9) Resident 17 was admitted 08/15/2025. Diagnoses included unspecified severe protein-calorie malnutrition, and other fatigue. Physician orders included acetaminophen 325 2 tablets four times daily for pain (start date 10/02/2025) and thiamine (vitamin B-1) 100 MG 1 tablet twice daily for supplement (start date 08/15/2025). December 2025 MAR On 12/05/2025 at 8:00 AM, staff documented administration of acetaminophen 325 MG and on 12/12/2025 at 8:00 PM, staff documented administration of thiamine (vitamin B 1). The record contained no December 2025 observation notes. ISP dated 11/13/2025: In the area of Medications: " ...Will be supported to take all medications safely and as ordered ..." Example 5- Resident 18 Bubble pack label identified: HS Divalproex 125 MG DR 2 capsules at bedtime Start date 12/03/2025 2 tablets remained in the 12/06/2025 slot (Photo 10) Bubble pack label identified: HS Donepezil 5 MG 1 tablet at bedtime Start date 12/03/2025	{N 352}		

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{N 352}	Continued From page 10 1 tablet remained in the 12/06/2025 slot (Photo 11) Resident 18 was admitted 11/21/2024. Diagnoses included dementia with anxiety and somatization disorder. Physician orders included divalproex 125 MG DR 2 capsules (to equal 250 MG) at bedtime for dementia (start date 02/18/2025) and donepezil 5 MG 1 tablet at bedtime for dementia (start date 11/21/2024). December 2025 MAR: On 12/06/2025 at 8:00 PM, staff documented administration of divalproex 250 MG and donepezil 5 MG. The record contained no December 2025 observation notes. ISP dated 12/11/2025: In the area of Medications: " ...Will be supported to take all medications safely and as ordered ..." Example 6- Resident 19 Bubble pack label identified: AM Mycophenolate 500 MG 2 tablets twice daily Start dated 12/03/2025 2 tablets remained in the 12/10/2025 slot (Photo 12) Bubble pack label identified: AM Pot CL Micro 20 MEQ ER 2 tablets once daily for supplement 2 of 2 bubblepacks (Note: Each slot contained 1 tablet, staff retrieved	{N 352}		

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{N 352}	Continued From page 11	{N 352}		

1 tablet from bubble pack 1 of 2 and 1 tablet from bubble pack 2 of 2 to equal the 2 tablet dose.)
Start date 12/03/2025
1 tablet remained in each the 12/04/2025, 12/10/2025 and 12/12/2025 slots (Photo 13)

Resident 19 was admitted 10/08/2024. Diagnoses included unspecified dementia and traumatic brain injury.

Physician orders included mycophenolate 500 MG 500 MG 2 tablets twice daily (start date 10/08/2024), and potassium chloride ER 20 MEQ 2 tablets daily for supplement (start date 06/24/2025).

December 2025 MAR:
On 12/12/2025 at 8:00 AM, staff documented administration of mycophenolate 500 MG and on 12/04/2025, 12/10/2025 and 12/12/2025 at 8:00 am, staff documented administration of potassium chloride 20 MEQ ER.

The record contained no December 2025 observation notes.

ISP dated 10/15/2025:
In the area of Medications- " ...Will be supported to take all medications safely and as ordered ..."

On 12/16/2025 at approximately 4:30 PM, Surveyor discussed medications left in bubble packs but signed out as administered with LPN/Manager B, Assistant Executive Director N and Administrator in Training R. LPN/Manager B stated staff did not document medication administration or reasons why medication not administered anywhere but on the MAR and/or in the observation notes. LPN/Manager B stated they recently changed the pharmacy cycle fill

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{N 352}	Continued From page 12 process which helped and retrained staff on medication administration as part of their plan of correction for SOD 5R7212 (dated 08/29/2025 and issued 09/19/2025).	{N 352}		
{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 3 of 3 residents reviewed. Resident 8, Resident 9, and Resident 20 were not provided their physician ordered mechanical soft diets as identified in their ISP's. This is a repeat violation. See Statement Of Deficiency (SOD) 5R7211, dated 11/18/2024, and 5R7212, dated 08/19/2025. 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. On 12/16/2025 at 11:59 AM, Surveyor observed Resident 8, Resident 9, and Resident 20 seated at the Southwest unit's dining room table eating. Resident 8, Resident 9, and Resident 20 had a pineapple fruit cup, mashed potatoes, and cubed (approximately ½" x ½" size) chicken on their plates. No gravy, sauce, or juice was observed on the chicken or elsewhere on the plates.	{N 388}		

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{N 388}	Continued From page 13 On 12/16/2025 at 12:06 PM, CNA S showed Surveyor a list located in the Southwest kitchenette stating Resident 8 and Resident 9 were on mechanical soft diets. Surveyor observed a guideline taped to the kitchenette refrigerator stating, "Mechanical Soft Diet ...any exceptions to the list will be on an individual patient-bases ONLY with the written approval of the [speech therapist] ...Foods Allowed ...Meat or Protein: Ground, tender and moistened (with sauce/juices/gravy) ..." On 12/16/2025 at 12:08 PM, Surveyor interviewed CNA S who stated dietary staff delivered the meals to the units and had not sent gravy. CNA S stated s/he realized no gravy was sent when s/he showed Surveyor the list of residents who received mechanical soft diets. On 12/16/2025 at 12:11 PM, Surveyor interviewed LPN/Manager B who stated Resident 8's, Resident 9's, and Resident 20's chicken did not meet the mechanical soft criteria and should have had gravy on it. On 12/16/2025 at 12:21 PM, Surveyor observed a dietary staff member deliver gravy to the Southwest unit. CNA put gravy on Resident 8's, Resident 9's and Resident 20's chicken and mashed potatoes. On 12/16/2025, Surveyor reviewed Resident 8's, Resident 9's and Resident 20's records. Example 1- Resident 8 Resident 8 was admitted 04/22/2019. Diagnoses included unspecified dementia. Physician orders included mechanical soft diet	{N 388}		

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 12/16/2025

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 388}	Continued From page 14 (dated 11/13/2024). Individual Service Plan (ISP) dated 12/08/2025: In the area of Eating/Meals " ...Diet: regular with mechanical soft consistency ..." Example 2- Resident 9 Resident 9 was admitted 12/20/2022. Diagnoses included unspecified dementia. Physician orders included mechanical soft diet for dysphagia (dated 01/06/2025). (Note: dysphagia is difficulty swallowing.) ISP dated 10/27/2025: In the area of Eating/Meals " ...Diet: regular with mechanical soft consistency ..." Example 3- Resident 20 Resident 20 was admitted 09/24/2025. Diagnoses included vascular dementia. Physician orders included mechanical soft diet due to poor dentition (dated 10/28/2025). ISP dated 10/28/2025: In the area of Eating/Meals " ...Mech [mechanical] soft diet ..." On 12/16/2025 at approximately 4:30 PM, Surveyor discussed concern of diet orders and ISP's not followed as written with LPN/Manager B, Assistant Executive Director N and Administor-In-Taining R. Surveyor asked what was done to correct the issue since SOD SR7212 (dated 08/19/2025 and issued 09/19/2025) identified mechanical soft diets were not provided to Resident 8 and Resident 9 as ordered and identified on their ISPs. Assistant Executive Director N stated a new dietary manager was hired, they implemented dietician reviews of diet	{N 388}		

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{N 388}	Continued From page 15 orders within 24 hours of admission, and audited 5 resident meals weekly resulting in successful audits. LPN/Manager B stated CNA S typically worked night shift and may not have been familiar with the diets. Cross Reference: N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies With Laws	{N 388}		
{N 452}	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the 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.	{N 452}		

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{N 452}	Continued From page 16 Kitchenette refrigerators accessible to residents contained food not labeled with opened dates in 3 of 4 refrigerators inspected, and 1 of the 3 kitchenette refrigerators contained expired milk. This is repeat deficiency. See Statement Of Deficiency 5R7212, dated 08/19/2025. 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 allowing residents free access to the kitchenettes. On 12/16/2025 at 1:25 PM, Surveyor inspected the kitchenette refrigerators with Assistant Executive Director N and observed: Example 1- Southwest Unit -Opened gallon of ice cream labeled "Activities" in freezer, not labeled with opened date -Opened store bought angel food cake in plastic cake dome labeled with Resident 20's name, not labeled with opened date Example 2- Southeast Unit -Half gallon of milk labeled with Resident 11's name, not labeled with opened date. -Gallon of milk, half emptied expired on 12/06/2025, not labeled with opened date. Example 3- Northeast Unit -Opened gallon of ice cream labeled "Activities" in freezer, not labeled with opened date	{N 452}		

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{N 452}	Continued From page 17 -1 opened single serving container of yogurt, unsealed with foil lid peeled back, not labeled with opened date. On 12/16/2025 at approximately 1:30 PM, Surveyor interviewed Assistant Executive Director N who stated food could remain opened in refrigerator 72 hours to 5 days before disposed of, depending on expiration and opened dates. On 12/16/2025 at 1:34 PM, Surveyor interviewed CNA P who stated s/he did not know how long Resident 20's cake had been in refrigerator because family brought it and staff told family they needed to date it. On 12/16/2025 at approximately 4:30 PM, Surveyor discussed concern food safety with LPN/Manager B, Assistant Executive Director N and Administor-In-Taining R. Assistant Executive Director N stated it was a constant battle with families getting them to label food, staff checked refrigerators daily, and night shift deep cleaned refrigerators. Assistant Executive Director N stated they would continue to provide education.	{N 452}		