STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012647	A. BUILDING: _____ B. WING _____	C 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TREE CBRF	**324 ROBIN LN LUXEMBURG, WI 54217**

(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, with additional information gathered through 08/19/2025, Surveyor conducted a standard survey and complaint investigation at Pine Tree CBRF. As a result, 1 of 1 complaint was substantiated and 11 deficiencies were identified. Census: 6	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B and Caregiver C received orientation training in all required topics prior to performing job duties. Caregiver B did not have training in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; recognizing and responding to resident changes	N 230		

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

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N 230	Continued From page 1 of condition; and CBRF policies and procedures prior to performing work duties. Caregiver C did not have training in job responsibilities; prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; and recognizing and responding to resident changes of condition prior to performing work duties. Findings include: On 08/14/2025 at approximately 10:55 AM, Surveyor reviewed Caregiver B and Caregiver C's employee records to verify compliance with orientation training requirements. The following was identified: The record for Caregiver B, hired on 05/01/2025, did not contain evidence of orientation topics which included documentation of orientation in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; recognizing and responding to resident changes of condition; and CBRF policies and procedures. The record for Caregiver C, hired 10/04/2022, did not contain evidence of orientation topics which included documentation of orientation in job responsibilities; prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; recognizing and responding to resident changes of condition. During an interview with Caregiver B on 08/14/2025 at 12:30 PM, Caregiver B confirmed s/he did not have orientation training specifically in prevention and reporting of resident abuse,	N 230		

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N 230	Continued From page 2 neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; recognizing and responding to resident changes of condition; and CBRF policies and procedures upon hire. Caregiver B stated, "I was just trained on the residents and their needs." On 08/14/2025 at approximately 12:18 PM, Surveyor interviewed Licensee A regarding Caregiver B and Caregiver C's missing orientation training. Licensee A reviewed Caregiver B and Caregiver C's training documentation and verified s/he was unable to locate additional orientation training in their records. Cross Reference: N0243 DHS 83.21(1)-(3) All Employee Training	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the	N 243		

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N 243	Continued From page 3 client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B obtained all training within 90 days after starting employment. Findings include: The provider is licensed to provide care for 8 residents with developmental and physical disabilities. On 08/14/2025 at approximately 10:55 AM,	N 243		

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N 243	Continued From page 4 Surveyor reviewed Caregiver B's employee record to verify compliance with all employee training requirements. The employee record for Caregiver B, hired on 05/01/2025, did not contain evidence of training in resident rights, client groups and challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. During an interview with Caregiver B on 08/14/2025 at 12:30 PM, s/he confirmed s/he did not have training in resident rights, client groups and challenging behaviors within 90 days of hire, or that s/he qualified for an exemption for the training. On 08/14/2025 at approximately 12:18 PM, Surveyor interviewed Licensee A who verified s/he was unable to locate training in resident rights, client groups and challenging behaviors in Caregiver B's employee record. Licensee A also confirmed Caregiver B did not qualify for an exemption for the training. Licensee A stated s/he went through the trainings with Caregiver B, but did not have documentation. Cross Reference: N0230 DHS 83.19 Orientation	N 243		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including	N 302		

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N 302	Continued From page 5 tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed (Resident 1) was screened for clinically apparent communicable disease, including tuberculosis (TB), by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse within 90 days before or 7 days after admission. Findings include: On 08/14/2025 at 1:00 PM, Surveyor reviewed Resident 1's record and the following was identified: Resident 1 admitted to the facility on 03/20/2024 and was his/her own decision maker. Resident 1's record did not contain evidence s/he was screened for clinically apparent communicable disease, including tuberculosis. On 08/14/2025 at 1:15 PM, Surveyor interviewed Licensee A regarding Resident 1's screening for clinically apparent communicable disease including TB. Licensee A reviewed Resident 1's record and could not locate any documentation. Licensee A stated s/he would follow up with Resident 1's physician and let Surveyor know.	N 302		

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N 302	Continued From page 6 Surveyor requested a follow up by 12:00 PM on 08/15/2025. On 08/19/2025 at 10:35 AM, Surveyor interviewed Licensee A who confirmed s/he was unable to locate documentation Resident 1 was screened for clinically apparent communicable disease including TB upon admission. The provider did not ensure all residents were screened within 90 days before or 7 days after admission for clinically apparent communicable diseases including tuberculosis. Cross Reference: N0343 DHS 83.32(2)(a) Explanation of Rights, Grievance Procedure N0310 DHS 83.29(2) Admission Agreement include Services, Charges	N 302		
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	N 310		

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N 310	Continued From page 7	N 310		

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 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 1 of 1 residents reviewed had a signed and dated admission agreement. Resident 1 did not have a signed admission agreement.

Findings include:

The provider is licensed to provide care for 8 residents with developmental and physical disabilities.

On 08/14/2025 at approximately 1:10 PM, Surveyor reviewed Resident 1's record and the following was identified:

-Resident 1 admitted to the facility on 03/20/2024 and was his/her own decision maker. Resident

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N 310	Continued From page 8 1's record did not include a signed admission agreement. On 08/14/2025 at approximately 1:30 PM, Surveyor interviewed Licensee A who verified the admission agreement was not signed by Resident 1. Licensee A stated the admission agreement was reviewed with Resident 1 upon admission, but was not signed. Cross Reference: N0343 DHS 83.32(2)(a) Explanation of Rights, Grievance Procedure N0302 DHS 83.28(4)(a) Resident Health Screening and Documentation	N 310		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a signed statement acknowledging the provider explained resident	N 343		

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N 343	Continued From page 9 rights, the grievance procedure and house rules to 2 of 2 residents reviewed (Resident 1 and Resident 2). Findings include: The provider is licensed to provide care for 8 residents with developmental and physical disabilities. On 08/14/2025 at approximately 12:50 PM, Surveyor reviewed Resident 1 and Resident 2's records. The following was identified: -Resident 1 admitted to the facility on 03/20/2024 and was his/her own decision maker. Surveyor was unable to locate documentation indicating resident rights, grievance procedures and house rules were explained to or signed by Resident 1 upon admission. -Resident 2 admitted to the facility on 11/28/2016 and had a legal representative. Surveyor was unable to locate documentation indicating grievance procedures were explained to or signed by Resident 2's legal representative upon admission. On 08/14/2025 at approximately 1:30 PM, Surveyor interviewed Licensee A who verified s/he was unable to locate documentation indicating resident rights, grievance procedures and/or house rules were explained to or signed by Resident 1 and Resident 2's legal representative upon admission. Cross Reference: N0302 DHS 83.28)4)(a) Resident Health Screening and Documentation N0310 DHS 83.29(2) Admission Agreement	N 343		

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N 343	Continued From page 10 include Services, Charges	N 343		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide 1 of 1 resident's reviewed (Resident 2) and/or their legal representative, an opportunity to complete an evaluation of the resident's level of satisfaction within the community-based residential facility (CBRF) services in 2021, 2022, 2023 or 2024. Findings include: The provider is licensed to provide care for 8 residents with developmental and physical disabilities. On 08/14/2025 at 12:50 PM, Surveyor reviewed Resident 2's record. Resident 2 was admitted 11/28/2016 and had a legal representative. Surveyor observed an annual satisfaction survey from 10/21/2020. Resident 2's record did not contain evidence of any annual satisfaction surveys provided for calendar years 2021, 2022, 2023 or 2024. On 08/14/2025 at approximately 1:30 PM, Surveyor interviewed Licensee A who verified no	N 392		

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N 392	Continued From page 11 additional satisfaction surveys were provided to Resident 2's legal representative since 10/21/2020. Licensee A was unable to provide any additional documentation.	N 392		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a physician, pharmacist, or registered nurse (RN) conducted an annual onsite review of the provider's medication administration.	N 404		

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N 404	Continued From page 12 Findings include: The provider is licensed to provide care for 8 residents with developmental and physical disabilities. On 05/27/2025, the Department received a complaint alleging concerns with medication administration. On 08/14/2025 at approximately 1:30 PM, Surveyor requested the annual medication regimen review for 2024 from Licensee A. S/he stated, "I can't find anyone to do that." Surveyor reviewed DHS 83.37(1)(e)2 with Licensee A. Surveyor asked if there was RN who oversees the facility and Licensee A stated, "No, I can't afford that." Licensee A confirmed s/he did not have the annual medication review for 2024. The provider did not ensure an annual medication administration review was completed. Cross Reference: N0416 DHS 83.37(2)(e) Other Administration Given or Delegated by RN N0407 DHS 83.37(1)(h) Scheduled Psychotropic Medication	N 404		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall	N 407		

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N 407	Continued From page 13 be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure scheduled psychotropic medications were reviewed at least quarterly for the desired responses and possible side effects by a pharmacist, practitioner or registered nurse for 1 of 1 residents reviewed. Resident 1's Quetiapine use was not reviewed quarterly by a registered nurse (RN), practitioner or pharmacist. Findings include: On 05/27/2025, the Department received a complaint alleging concerns with medication administration. On 08/14/2025 at 1:10 PM, Surveyor reviewed Resident 1's record provided by Licensee A. The following concerns were identified: -Resident 1 admitted to the facility on 03/20/2024 and was his/her own decision maker. Resident 1's physician orders from 03/19/2024 included Quetiapine 50 mg tablet and the instructions were to, "Take 1 tablet by mouth nightly. Indications: Agitation." Surveyor reviewed Resident 1's August 2025 Medication Administration Record (MAR) and confirmed s/he was administered Quetiapine at 8:00 PM from 08/01/2025 to 08/13/2025. Resident 1's record did not include quarterly psychotropic reviews for Quetiapine since his/her	N 407		

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N 407	Continued From page 14 admission to the facility. On 08/19/2025 at 10:35 AM, Surveyor interviewed Licensee A who acknowledged Resident 1's Quetiapine has not been reviewed quarterly by a registered nurse (RN), practitioner or pharmacist since admission. Cross Reference: N0416 DHS 83.37(2)(e) Other Administration Given or Delegated by RN N0404 DHS 83.37(1)(e) Medication Regimen, Administration Review	N 407		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 caregivers (Caregiver B, Caregiver C and Caregiver D), who administered injectable medication, were delegated by a registered nurse (RN) within the scope of their license to do so. Caregiver B, Caregiver C and Caregiver D administered insulin injections without delegation. Findings include: The provider is licensed to provide care for 8	N 416		

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	0012647	A. BUILDING: _____ B. WING _____	C 08/19/2025

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PINE TREE CBRF	324 ROBIN LN LUXEMBURG, WI 54217

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N 416	Continued From page 15 residents with developmental and physical disabilities. On 05/27/2025, the Department received a complaint alleging concerns with medication administration. On 08/14/2025 at approximately 10:05 AM, Surveyor observed Caregiver B administer an insulin injection to Resident 2 after checking his/her blood sugar. Surveyor interviewed Caregiver B who confirmed the results of Resident 2's blood sugar was 99. S/he stated Resident 2 receives daily insulin injections and is on a sliding scale. Caregiver B stated they follow the protocol listed on the cabinet in the kitchen. Licensee A confirmed they did not have any perimeters in place for Resident 2's insulin injections. Surveyor observed a document posted on the kitchen cabinet and it read as follows: "[Resident 2] - Insulin Protocol. Lantus: 43 Units at Bedtime. Prime: 2 Units before giving each time. Humalog: 13 Units before Breakfast plus scale. 6 Units before Lunch plus scale. 6 Units before Supper plus scale. Scale: 150-200 = 1 Unit, 201-250 = 2 Units, 251-300 = 3 Units, 301-350 = 4 Units, 351-400 = 5 Units. Greater than 400 = 6 Units. If blood sugar is greater than 390 please call doctor..." On 08/14/2025 at approximately 10:55 AM, Surveyor reviewed Caregiver B and Caregiver C's employee records. Surveyor identified the following: -Caregiver B was hired 05/01/2025. Caregiver B's record did not contain evidence of nurse	N 416		

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N 416	Continued From page 16	N 416		

delegation for administering injectable medication.

-Caregiver C was hired 10/04/2022. Caregiver C's record did not contain evidence of nurse delegation for administering injectable medication.

On 08/14/2025 at approximately 1:30 PM, Surveyor interviewed Licensee A regarding asked if there was RN who oversees the facility and Licensee A stated, "No, I can't afford that."

During an interview with Caregiver B and Caregiver D on 08/15/2025 at approximately 8:30 AM via phone, they confirmed they pass medications and administer insulin to one resident. They both confirmed they have not been delegated by an RN at the facility to administer injectable medication. Caregiver B stated s/he has never met with or seen a RN at the facility since s/he was hired. Caregiver D confirmed s/he was hired in February 2025 and is a certified nursing assistant (CNA). Caregiver D reported, "A previous staff who was a CNA showed me how."

On 08/19/2025 at 8:30 AM, Surveyor interviewed Caregiver C who confirmed s/he passes medications and administers insulin to one resident. Caregiver C stated s/he has never been delegated by an RN to administer injectable medication since s/he was hired. S/he reported, "I have over 15 years of experience."

On 08/19/2025 at 10:35 AM, Surveyor interviewed Licensee A who stated, "I delegated the staff. I showed them what to do." Surveyor reviewed DHS 83.37(2)(e). Licensee A acknowledged s/he is not an RN and s/he does

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N 416	Continued From page 17 not have an RN to delegate injectable medications to staff. Licensee A stated, "I can't find anyone to do that, but I will try." Cross Reference: N0407 DHS 83.37(1)(h) Scheduled Psychotropic Medication N0404 DHS 83.37(1)(e) Medication Regimen, Administration Review	N 416		
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 a living environment that was safe, clean, comfortable and homelike. Findings include: On 05/27/2025, the Department received a complaint alleging concerns with the facility needing repairs. On 08/14/2025 at approximately 10:10 AM, Surveyor conducted a tour of the facility accompanied by Licensee A. Surveyor observed the following concerns: -The tiles in the shared shower bathroom had a black-like substance resembling mold in the grout	N 481		

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N 481	Continued From page 18	N 481		

of the shower. The 3 shower walls were lined with plastic shower curtains that were taped with white duct tape.

-The bottom of the shower chair sitting in the shower had a black-like substance resembling mold near the bottom of the legs of the chair.

-The main living and 1 of 2 hallways had carpeting that was gray/blue in color. There were several areas where the carpeting was dirty and had fraying. There was a line of brown tape on the carpeted floor in front of Resident 3's room.

-The hallway walls were white in color and had black-like marks/scrapes along the bottom half of the wall.

-The dryer door handle was secured with duct tape.

-A vacant resident room near the front of the building was missing a piece of molding along the bathroom door.

-Resident 1's white window blinds were broken. The window screens were dusty and had cobwebs.

-Resident 3's bathroom door was not secure and the top hinge was loose.

-Resident 4's white window blinds in his/her bedroom were broken. There were cobwebs in the windows.

-Resident 5's white window blinds in his/her bedroom were dusty.

-The brown flooring in the kitchen near the base

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N 481	Continued From page 19 of the exit door was missing causing a 2-3 inch gap. -The white vent near 1 of 2 exit doors in the kitchen had brown-red spots resembling rust and was dirty. -The corner of the wall in the living room leading to a hallway was missing chunks of plaster. -The vent in the shared shower room had a layer of dust. -The vents in the hallway had a layer of dust. On 08/14/2025 at approximately 10:30 AM, Surveyor interviewed Licensee A who reported s/he has plans to replace the tile in the shower and the shower curtain liners are "just a precaution." Licensee A stated the grout is missing in the shower and "I don't want to take a chance on it leaking." On 08/19/2025 at 8:30 AM, Surveyor interviewed Caregiver C via phone. Caregiver C stated, "The shared shower room has flooded so many times. The water goes into the living room and hallway to the point where the wall and baseboard is soft from being wet." S/he reported [Licensee A] put the plastic shower curtains on the shower walls as a "solution to temporarily fix the issue." Caregiver C stated, "The tiles are lifting up and [Licensee A] was using Gorilla Glue to put them back down. It's been like that for about 2 to 3 months." Caregiver C discussed Licensee A recently had a new roof installed and s/he stated, "This is the first thing [Licensee A] has done in the 2 years I've been here." On 08/19/2025 at 10:35 AM, Surveyor	N 481		

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N 481	Continued From page 20 interviewed Licensee A who acknowledged Surveyor's concerns. S/he stated the dryer door is cracked and there are "going to be things that need repairs." The provider did not ensure a living environment that was safe, clean, comfortable and homelike for all 6 residents.	N 481		
N 639	83.59(2)(a) One-hand, one-motion door operation All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 8 of 8 resident room doors and 1 of 2 exit doors had latching hardware to permit opening from the inside with a one-hand, one-motion operation. Findings include: On 08/14/2025 at approximately 10:10 AM, Surveyor toured the facility accompanied by Licensee A. Surveyor observed Resident 1's room to have a levered door handle; however, the door did not open with a one-hand, one-motion operation. The door required Surveyor to turn the locking mechanism inside the levered door handle before it would unlock. Surveyor also observed Resident 2, Resident 3, Resident 4, Resident 5, Resident 6 as well as two additional vacant resident rooms. All of the resident rooms had a levered handle and the doors did not open with a one-hand, one-motion.	N 639		

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N 639	Continued From page 21 They all required Surveyor to turn the locking mechanism inside the levered door handle before it would unlock. Additionally, Surveyor observed 2 of 2 identified exits verified by Licensee A. Both exits had levered handles, but 1 of 2 exits located off the kitchen area did not open with a one-hand, one-motion operation. During an interview with Resident 1 on 08/14/2025 at approximately 10:12 AM, Surveyor observed him/her to have hand dexterity concerns. Surveyor asked Resident 1 if s/he has difficulties opening his/her door when it is locked and s/he stated, "I would not know as I never lock my door." On 08/14/2025 at approximately 10:25 AM, Surveyor interviewed Licensee A who acknowledged the door handles for all resident rooms and 1 of 2 exits did not meet requirements. Licensee A stated s/he was not aware they needed to be one-hand, one-motion and thought they only needed to have locking capabilities. Licensee A reported "They have been like this for years," but s/he will have them replaced. On 08/19/2025 at 10:35 AM, Surveyor interviewed Licensee A who reported s/he is picking up new door handles and will have them installed next week. The provider did not ensure all doors had latching hardware to permit opening from the inside with a one-hand, one-motion operation.	N 639		