STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018396	A. BUILDING: _____ B. WING _____	R-C 02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEIRA ORCHIDS ASSISTED LIVING	10401 WEST BRADLEY ROAD MILWAUKEE, WI 53224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 02-09-2026, Surveyors conducted a verification visit at Ameira Orchids Assisted Living for Statement of Deficiency (SOD) 7DFW11 and SOD PBY613 and 2 complaint investigations. Five deficiencies were identified. Three of 5 were repeat deficiencies. Two complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 46	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident to the Department within 3 working days of a serious injury for 1 of 1 resident (Resident 3). Resident 3 sustained rib fractures from an unwitnessed fall. This is a repeat deficiency. See Statement of Deficiency (SOD) PBY612, dated 10/01/2024. Findings include: On 02/09/2026, at 11:30 AM, Surveyors reviewed	N 165		

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

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N 165	Continued From page 1 Resident 3's record. Resident 3 was admitted on 02/16/2024. Resident 3's January 2026 medication administration record (MAR) indicated no medications were passed from 01/01/2026 to 01/15/2026 as a result of Resident 3 being hospitalized. On 02/09/2026, at 12:45 PM, Surveyors reviewed an incident report, dated 12/03/2025. The incident report indicated Resident 3 had an unwitnessed fall on 12/01/2025. Vitals were taken, but Resident 3 was not further evaluated. Resident 3 complained of pain in her/his rib cage on 12/03/2026 and was later sent out for treatment and hospitalized. Resident 3 was diagnosed with broken ribs. On 02/09/2026, at 12:30 PM, Surveyors reviewed Department files. Surveyors did not review any evidence of a self-report filed regarding Resident 3's fall with injury resulting in hospitalization and treatment. On 02/09/2026, at 12:45 PM, Surveyors interviewed Licensee A and Life Enrichment Director B. Licensee A confirmed the code requirement. Life Enrichment Director B confirmed the facility did not report the injury to the Department. Licensee A and Life Enrichment Director B acknowledged a report should have been submitted to the Department.	N 165		
{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 2 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 record review and interview, the provider did not ensure 2 of 2 residents (Resident 2 and Resident 3) reviewed received medications in the dosage and at intervals prescribed by the practitioner. Resident 2 did not receive her/his aspirin, folic acid, and gabapentin as prescribed from 02/01/2026 - 02/08/2026. Resident 3 did not receive 7 of her/his prescribed medications on 02/08/2026. This is a repeat deficiency. See Statement of Deficiency (SOD) 7DFW11, dated 05/05/2025. Findings include: The Department received a complaint on 01/30/2026 alleging residents did not receive medications as prescribed by a physician. On 02/09/2026, at 11:30 AM, Surveyors reviewed resident records and identified the following: Resident 2 was admitted on 02/28/2024. Surveyors reviewed Resident 2's medication administration record (MAR), dated February 2026, which indicated Resident 2 was prescribed medications which included aspirin 81mg: take 1 tablet by mouth in the morning, dialyvite 800 08mg (folic acid/ vitamin b complex): take 1 tablet by mouth in the morning, and gabapentin 100mg: take 1 capsule by mouth at bedtime. Resident 2's February MAR indicated the following: Aspirin 81mg, 8:00 AM Dose - 02/01/2026 - "Refused"	{N 352}		

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{N 352}	Continued From page 3 - 02/03/2026 - "Refused" - 02/05/2026 - "Refused" - 02/07/2026 - "Refused" - 02/08/2026 - "Refused" Dialyvite 800 0.8mg, 8:00 AM Dose - 02/01/2026 - "Refused" - 02/03/2026 - "Refused" - 02/05/2026 - "Refused" - 02/07/2026 - "Refused" - 02/08/2026 - "Refused" Gabapentin 100mg, 8:00 PM Dose - 02/02/2026 - "Reorder" - 02/05/2026 - "Reorder" - 02/06/2026 - "Reorder" Resident 3 was admitted on 02/16/2024. Surveyors reviewed Resident 3's MAR, dated February 2026, which indicated Resident 3 was prescribed medications which included atorvastatin calcium 80mg: take 1 tablet by mouth at bedtime, gabapentin 100mg: take 2 capsules (200mg) by mouth at bedtime, levetiracetam 1000mg: take 1 tablet by mouth 2 times a day in the morning and at night, allopurinol 100mg: take 1 tablet by mouth at bedtime, lidocaine 4%: apply 1 path topically to each shoulder daily, in the morning and remove at bedtime, melatonin 3mg: take 2 tablets by mouth at bedtime, and nystatin 100,000 units: apply topically to affected area every 12 hours. Resident 3's February MAR indicated the following: - 02/08/2026, 8:00 PM dose, atorvastatin calcium 80mg - No documentation - 02/08/2026, 8:00 PM dose, gabapentin 100mg - No documentation - 02/08/2026, 8:00 PM dose, levetiracetam 1000mg - No documentation	{N 352}		

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{N 352}	Continued From page 4 - 02/08/2026, 8:00 PM dose, allopurinol 100mg - No documentation - 02/08/2026, 8:00 PM dose, lidocaine 4 - No documentation - 02/08/2026, 8:00 PM dose, melatonin 3mg - No documentation - 02/08/2026, 8:00 PM dose, nystatin 100,000 units - No documentation On 02/09/2026, at 12:00 PM, Surveyors interviewed Resident 2 and Resident 3. Resident 2 reported s/he was not getting all of her/his prescribed medications. Resident 2 reported the only days s/he refuses her/his medications are on Monday, Wednesday and Friday mornings because s/he is at her/his dialysis appointments. Resident 2 confirmed s/he does not refuse any other medications besides the morning of dialysis appointments. - Resident 3 reported s/he was in the facility all day on 02/08/2026. Resident 3 reported s/he was not given all of her/his medications on 02/08/2026. Resident 3 confirmed s/he did not refuse any medications offered by staff in February. On 02/09/2026, at 12:45 PM, Surveyors interviewed Licensee A and Life Enrichment Director B, and Caregiver D. Licensee A confirmed the code requirement. Licensee A reported s/he was unaware medications were not given as prescribed and were not documented correctly. Caregiver D stated some medications were charted as "refused" because the medications were not in the medication cart. Caregiver D stated medications should have been charted as "reorder" if the medication was out. Licensee A reported medications being charted as "refused" instead of "reorder" resulted	{N 352}		

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{N 352}	Continued From page 5 in medications not being in the facility and why residents did not receive medications as prescribed. Licensee A reported staff would be retrained in the areas of medication pass and medication documentation. Cross-Reference N0415 83.37(2)(d) Documentation of Medication Administration	{N 352}		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's medication administration record (MAR) was accurately maintained for 1 of 1 resident (Resident 3) reviewed. Staff did not accurately document when Resident 3 was or was not administered prescribed medications. This is a repeat deficiency. See Statement of Deficiency (SOD) 7DFW11, dated 05/05/2025.	{N 415}		

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{N 415}	Continued From page 6 Findings include: The Department received a complaint on 01/30/2026 alleging residents did not receive medications as prescribed by a physician. On 02/09/2026, at 11:30 AM, Surveyors reviewed resident records and identified the following: Resident 3 was admitted on 02/16/2024. Surveyors reviewed Resident 3 ' s medication administration record (MAR), dated February 2026, which indicated Resident 3 was prescribed medications which included atorvastatin calcium 80 milligrams(mg): take 1 tablet by mouth at bedtime, gabapentin 100mg: take 2 capsules (200mg) by mouth at bedtime, levetiracetam 1000mg: take 1 tablet by mouth 2 times a day in the morning and at night, allopurinol 100mg: take 1 tablet by mouth at bedtime, lidocaine 4%: apply 1 path topically to each shoulder daily, in the morning and remove at bedtime, melatonin 3mg: take 2 tablets by mouth at bedtime, and nystatin 100,000 units: apply topically to affected area every 12 hours. Resident 3 ' s February MAR indicated the following: - 02/08/2026, 8:00 PM dose, atorvastatin calcium 80mg - No documentation - 02/08/2026, 8:00 PM dose, gabapentin 100mg - No documentation - 02/08/2026, 8:00 PM dose, levetiracetam 1000mg - No documentation - 02/08/2026, 8:00 PM dose, allopurinol 100mg - No documentation	{N 415}		

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{N 415}	Continued From page 7 - 02/08/2026, 8:00 PM dose, lidocaine 4 - No documentation - 02/08/2026, 8:00 PM dose, melatonin 3mg - No documentation - 02/08/2026, 8:00 PM dose, nystatin 100,000 units - No documentation On 02/09/2026, at 12:45 PM, Surveyors interviewed Licensee A and Life Enrichment Director B, and Caregiver D. Licensee A confirmed the code requirement. Licensee A reported s/he was unaware medications were not given as prescribed and were not documented correctly. Caregiver D stated some medications were charted as "refused" because the medications were not in the medication cart. Caregiver D stated medications should have been charted as "reorder" if the medication was out. Licensee A reported medications being charted as "refused" instead of "reorder" resulted in medications not being in the facility and why residents did not receive medications as prescribed. Licensee A reported staff would be retrained in the areas of medication pass and medication documentation. Cross-Reference N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medications	{N 415}		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or	N 433		

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N 433	Continued From page 8 arrange services adequate to meet the needs of the residents in all of the following areas: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not provide services to manage behaviors that may be harmful to themselves for 1 of 1 resident reviewed. The provider did not provide or arrange for services to manage Resident 1's hoarding behavior. Findings include: The provider is licensed to serve 50 residents who are terminally ill, irreversible dementia/Alzheimer's, physically disabled, advanced aged and/or publicly funded. On 01/07/2026, the Department received a complaint alleging a resident's room condition and personal care were being neglected. On 02/09/2026, at approximately 9:30 AM, Surveyor toured Resident 1's room and observed the following: -Door was blocked from entry. Resident 1 had parked their motorized scooter directly in front of door, blocking entry. -Floor space was 90% occupied by personal items including dirty and clean laundry, dirty linens, empty water bottles, empty cans, various pieces of paper trash, one un-covered trash pail with approximately 5 used incontinence briefs, unopened grocery items, 3 walkers and 2 leg exercise devices.	N 433		

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N 433	Continued From page 9 - Bed sheet was stained with what appeared to be fecal matter covering a circular area approximately 12 inches by 16 inches. -Bedside table had 100% of usable space occupied with empty water bottles, aluminum cans, empty dirty dishes and various containers. -Refrigerator was filled to capacity with both old and new bags of lettuce, sandwich meats, mayonnaise and cream cheese spreads. The bottom of refrigerator was stained with various unidentified spills. -Standard size box fan, approximately 2 feet wide by 2.5 feet tall had gray matter consistent with dust covering approximately 70% of the back side of fan grate. -Toilet riser was stained with what appeared to be fecal matter. -Bathroom floor had dirt and debris behind the toilet and pushed up into corners behind toilet. Record Review On 02/09/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 11/15/2024 with diagnosis of Diabetes Type II, history of Cerebral vascular accident (CVA, stroke) neuromuscular or peripheral nerve disorders. Resident 1's member care plan (MCP), dated 09/01/2025, listed the following under "Obstacles or Risks-[Resident 1] has excessive clutter in [their] home and needs assistance with cleaning. [Resident 1] has history of CVA and requires assistance with ADLs. {Resident 1 has daily urinary incontinence and needs assistance with decision making ..." Resident 1's individual service plan (ISP), dated 09/10/2025, listed the following under frequency of service and service provided:	N 433		

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N 433	Continued From page 10	N 433		

Housekeeping - Staff Assistance
Schedule: Housekeeping-Weekly (Sun) 12:00 PM
Resident's Needs: Resident requires staff to complete housekeeping services.
Desired Outcomes: To have a clean and tidy room/apartment.

Laundry - Staff Assistance
Schedule: Daily As Needed
Resident's Needs: Resident requires staff to complete laundry services.
Resident's Desired Outcomes: To have clean clothing/linens.

Resident 1's ISP did not identify interventions or methods to reduce Resident 1's behaviors which include blocking entry to their room, refusing cares, refusing medications and refusing housekeeping/laundry assistance.

Interviews

On 02/09/2026, at approximately 9:30 AM, Surveyor interviewed Resident 1 about condition of their room. Resident 1 confirmed they did not let caregivers into their room to clean. They stated, "I am afraid they will steal my clothes. I don't like to let them clean my bed sheets because they never bring them back." Surveyor asked Resident 1 how often they have help with bathing. Resident stated, "just once in a while." "Resident 1 confirmed they always parked their scooter in front of the door to keep people out of their room.

On 02/09/2026, at 12:45 PM, Surveyors interviewed Licensee A and Life Enrichment Director B. Licensee A confirmed there was no Behavioral Support Plan (BSP) in place for Resident 1 and stated, "staff have just been doing

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N 433	Continued From page 11 what Resident 1 would tolerate." Surveyors discussed the need to provide staff with interventions in order to successfully help Resident 1. Licensee A reported s/he would reach out to the Managed Care Organization to establish a Behavioral Support Plan.	N 433		
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 46 of 46 residents were provided with a living environment that is, clean, comfortable, and homelike. Three of 3 main corridors, dining room and lobby areas smelled of urine. Findings include: The provider is licensed to serve 50 residents who are terminally ill, irreversible dementia/Alzheimer's, physically disabled, advanced aged and/or publicly funded. On 02/09/2026, Surveyors entered the facility and observed the following: -The main lobby had a very strong odor consistent with urine. -Surveyor observed bags of garbage lined up	N 481		

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N 481	Continued From page 12 along 3 of 3 residents' corridor walls with a very strong odor consistent with urine throughout. -The dining room floor was sticky when walked on and the room had a very strong odor consistent with urine. On 02/09/2026, at 12:45 PM, Surveyors interviewed Licensee A and Life Enrichment Director B (LED B). LED B explained there were 2 housekeepers and 1 maintenance worker on 5 days each week with rotating work on the weekends. Each were responsible for specific rooms and common areas throughout the week. Licensee A explained the garbage was being gathered and collected in the hallway which could explain the current smell of urine. Licensee A stated they would meet with staff and develop a plan to respond to complaints of smells.	N 481		