STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019192	A. BUILDING: _____ B. WING _____	10/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELOIT SENIOR LIVING	2250 E WEST HART RD BELOIT, WI 53511

(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 From 10/21/2025 through 10/24/2025, Surveyor conducted a standard survey at Beloit Senior Living, a CBRF in Beloit. Two deficiencies were identified. Census: 23	N 000		
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 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 an individual service plan (ISP) was updated when there was a change in condition or need. Resident 1's ISP was not updated to address medication refusals. Findings include:	N 389		

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

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N 389	Continued From page 1 On 10/21/2025 at approximately 1:00 p.m., Surveyor reviewed Resident 1's record. S/he was admitted to the facility on 02/16/2024, with a diagnosis of senile degeneration, depression and anxiety. The Individual Service Plan (ISP), dated 10/21/2025, documented the following behavior interventions and medication management for Resident 1: -Behavior Interventions: "Staff to monitor resident for sign of agitation, aggression, or escalating behavior to prevent altercations with others. Staff will intervene promptly and use calm, non-confrontational redirection techniques to de-escalate the resident's agitation or aggression without escalating the behavior." -Medication Management: "Medications administered by care staff. All documentation to be in residents MAR (medication administration record) ...Resident will receive medications per physician orders through the next review dates." On 10/21/2025 at approximately 2:00 p.m., Surveyor reviewed Resident 1's progress notes and MAR from 09/01/2025 through 10/21/2025. Surveyor observed that Resident 1 had medication refusals documented on the MAR. The MAR dated 09/01/2025 through 09/30/2025 documented 40 medication refusals. Surveyor observed that medication refusals were not documented in Resident 1's ISP behavior management or medication management sections. On 10/24/2025 at approximately 11:00 a.m., Surveyor interviewed Executive Director A regarding the amount of medication refusals and updating ISP to indicate the behavior. Executive	N 389		

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N 389	Continued From page 2 Director A acknowledged that Resident 1 had several medication refusals. Executive Director A stated that the facility was working with hospice and the medical power of attorney. Executive Director A stated that monitoring Resident 1's medication refusals will be added to the ISP.	N 389		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not include the rationale for use and description of the behaviors which indicate the need for administration in the Individual Service	N 408		

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N 408	Continued From page 3	N 408		

Plan (ISP) of 1 of 2 resident reviewed receiving psychotropic medications (PRN) as needed. The rational for administration of lorazepam .5 mg, haloperidol 1 mg, and a description of Resident 1's behaviors was not included in Resident 1's ISP.

Findings include:

On 10/21/2025 at approximately 2:00 p.m., Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility on 02/16/2024 with a diagnosis including anxiety and depression. Resident 1's physician order included:
-Lorazepam .5mg - Take .5 mg by mouth or under tongue every 4 hours as needed for shortness of breath/anxiety and agitation.
-Haloperidol 1mg - Take 1 tablet by mouth every 4 hours as needed for breakthrough agitation up to a max of 4 mg in 4 hours. Call hospice if 4 mg dose is given.

Surveyor reviewed Resident 1's ISP, dated 10/21/2025. The ISP did not include the rationale for use and description of behaviors that would warrant administration of Resident 1's lorazepam or haloperidol. The medication management section in the ISP stated that the resident needed assistance. The PRN psychotropic medication stated that the care staff will administer medications as ordered, when behavior indicate a need. The ISP gave no description of the behaviors or list Resident 1's use of lorazepam .5 mg and haloperidol as needed.

Surveyor reviewed Resident 1's Medication Administration Record (MAR). The MAR indicated Resident 1's haloperidol as needed was

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N 408	Continued From page 4 administered on 09/04/2025, 09/26/2025, and 09/27/2025. The MAR did not include a detailed description of behaviors that would warrant administration of Resident 1's haloperidol. On 10/21/2025 at approximately 3:00 p.m., Surveyor interviewed Executive Director A and Assistant Director B. Executive Director A confirmed that the rational for use and behavior description for the lorazepam .5 mg and haloperidol 1mg were not documented in the ISP. Executive Director A stated that both medications will be added to the ISP.	N 408		