STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016005	A. BUILDING: _____ B. WING _____	C 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RBI CARING HEARTS A LLC	1612 HENRY JOHNS BLVD BANGOR, WI 54614

(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 10/29/2025, Surveyors conducted a complaint investigation at RBI Caring Hearts A LLC. Data collection continued through 10/30/2025. The complaint was substantiated. Four deficiencies were identified. Census: 9	N 000		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure copies of Resident 1's record were made available to his/her legal representative within 30 days of the request. On 09/15/2025, Power of Attorney for Healthcare (POAHC) D requested copies in writing of	N 346		

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

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N 346	Continued From page 1 Resident 1's staff observation notes dating back to Resident 1's admission. As of 10/29/2025, the provider could not produce evidence all the records requested were sent to POAHC D within 30 days. Findings include: On 08/20/2025, the department received a complaint regarding resident care. On 10/29/2025, Surveyor interviewed Human Resource Manager (HRM) A. When asked about the records request made by POAHC D, HRM A stated the provider gave POAHC D all of Resident 1's vitals and his/her original request for records spanning the most recent several months. HRM A stated the provider questioned why POAHC D wanted all of Resident 1's observation notes dating back to his/her admission. HRM A stated they were still working on providing POAHC D with the observation notes dating back to admission and it would be over 100 pages. HRM A confirmed the provider did not provide copies of POAHC D's full records request. At approximately 4:00 PM, Surveyor reviewed an email from POAHC D. There was an attachment titled, "Records request communication," dated 09/15/2025, that identified POAHC D requested all of Resident 1's observation notes dating back to his/her admission. The attachment was an email chain, and the request was sent to several parties including HRM A. The body of the email read, in part, "I am again following up on my previous emails regarding records requests of the observation notes/log, including all observation notes as well as our [Resident 1's] CGM (Glucose Monitoring) blood sugar readings/log. For	N 346		

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N 346	Continued From page 2 reference, I have attached the emails of my previous attempts and conversations with you regarding my requests. It has been 42 days since my original request. It has been 41 days since your original response questioning why I am requesting these documents. It has been 34 days since my follow up emailed request, your response and my re-response." On 10/30/2025, Surveyors interviewed HRM A via phone. Surveyors shared concerns over the length of time it took for the provider to fulfil POAHC D's records request. HRM A stated POAHC D had observation notes from April 2025-October 2025. HRM A stated the provider was working on printing the 100 pages of observation notes dating back to Resident 1's admission and that the provider was not hiding anything.	N 346		
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.	N 389		

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N 389	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the individual service plan (ISP) for Resident 1 was updated and revised to reflect his/her needs related to diabetes management. Findings include: On 08/20/2025, the department received a complaint regarding resident care and treatment related to diabetes management. On 10/29/2025, at approximately 9:45 AM, Surveyors interviewed Human Resource Manager (HRM) A. HRM A stated Resident 1 was diabetic and required staff assistance with monitoring his/her condition. Staff were responsible for checking Resident 1's blood sugar levels and reporting to on-call staff if concerns were identified. Surveyors requested Resident 1's records including his/her most recent ISPs. Resident 1's ISP, last updated on 10/20/2025, did not include any information related to Resident 1's diabetic care management needs. It did not include the frequency of blood sugar checks or insulin parameters. It did not include signs or symptoms of a diabetic emergency. Resident 1's ISP, previously updated on 04/09/2025, included a section for "Medications." A box was checked indicating Resident 1 was a diabetic. A second box was checked indicating Resident 1 required staff assistance with managing the condition. Another box asked if Resident 1 required a diabetic snack, and the box was marked 'yes.' The ISP did not include	N 389		

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N 389	Continued From page 4 additional information regarding Resident 1's diabetic care needs. At approximately 12:00 PM, Surveyors interviewed HRM A. When asked about Resident 1's ISP, dated 10/20/2025, HRM A stated s/he knew Resident 1's care team talked about the diabetic needs, but s/he did not see anything in the ISP regarding those needs. HRM A was reviewing a paper copy of the ISP during the interview. When asked about the ISP dated 04/09/2025, HRM A stated s/he did not see anything in that ISP either. HRM A stated blood sugar parameters would be on Resident 1's medication list and in the provider's electronic records system. The provider did not ensure that the individual service plan (ISP) for Resident 1 was updated and revised to reflect his/her needs related to diabetes management. Cross Reference N0431 DHS 83.38(1)(g) Health Monitoring	N 389		
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	N 416		

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N 416	Continued From page 5	N 416		

provider did not ensure non-licensed caregivers administering injectable medications, nebulizer medications, and rectal medications received delegation by a registered nurse (RN), as required.

Findings include:

On 08/20/25, the department received a complaint regarding resident care and treatment related to diabetic management.

On 10/29/2025, at approximately 10:15 AM, Surveyor interviewed Human Resource Manager (HRM) A regarding RN delegated training for caregivers. HRM A stated RN E was the nurse that did hands on training, and s/he had been gone since February 2025. HRM A stated the provider had not had anyone come in yet to re-delegate staff. HRM A stated HRM A, Administrative Assistant (AA) C and Administrator B were delegated by an RN and had been helping with injectables training. HRM A confirmed the 3 staff referenced were not licensed RNs. HRM A stated the typical staffing pattern was 1 staff per 12 residents and the provider would have a float staff to go between the facility and the other licensed facility next door operating under the same licensee. HRM A stated the typical shifts were 6:00 AM to 6:00 PM with the float shift being 8:00 AM to 4:00 PM.

At approximately 11:30 AM, Surveyor interviewed Caregiver G. When asked about RN delegation, Caregiver G stated s/he was delegated by HRM A and Administrator B. Caregiver G stated s/he had not personally met with an RN for delegation purposes.

At approximately 11:45 AM, Surveyor interviewed

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N 416	Continued From page 6	N 416		

Caregiver H. Caregiver H stated s/he had not met with an RN to do his/her delegation. Caregiver H stated a previous caregiver had trained him/her on medications and blood sugars.

At 11:50 AM, Surveyors interviewed HRM A. HRM A stated RN F had delegated tasks after RN E and RN F was no longer working for the provider. HRM A stated s/he would need to confirm when RN F's last day of employment was.

Surveyor requested RN delegated training for caregivers and a staff schedule for August 2025 to present.

On 10/30/2025, Surveyor reviewed an email from HRM A that included multiple attachments regarding RN delegation. Within the email, HRM A confirmed that RN F's last day of employment was 06/05/2025.

Caregiver H's delegation was dated 07/07/2025. It included RN F's name in digital formatting without an RN signature.
Caregiver I's delegation was dated 08/14/2025. It included RN F's name in digital formatting without an RN signature.
Multiple other delegations were included with RN F's signature dated prior to his/her last day with the provider.

The staff schedule for August 2025 to present typically showed 1 caregiver scheduled per shift including Caregiver H and Caregiver I.

On 10/30/2025, at 2:00 PM, Surveyors interviewed HRM A via phone. Surveyors shared concerns related to RN delegation and the lack of current delegation. HRM A stated they thought they could pass it on to staff and they should not

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N 416	Continued From page 7 have assumed that. HRM A stated Administrator B had been talking to a new RN regarding delegation and they would prioritize getting new delegation in place. The provider did not ensure non-licensed caregivers administering injectable medications, nebulizer medications, and rectal medications received delegation by a registered nurse (RN), as required when they did not obtain new RN delegation for non-licensed caregivers after RN F's departure. Cross Reference N0431 DHS 83.38(1)(g) Health Monitoring	N 416		
N 431	83.38(1)(g) Health monitoring. 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 arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician	N 431		

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N 431	Continued From page 8 or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received health monitoring services. Resident 1's medical providers were not notified when Resident 1's blood glucose levels were outside parameters per provider protocol. Findings include: On 08/20/2025, the department received a complaint regarding resident care and treatment. On 10/29/2025, Surveyors conducted an onsite visit and requested Resident 1's records along with the provider's protocols for diabetes management. At approximately 9:45 AM, Surveyors interviewed Human Resource Manager (HRM) A. When asked about Resident 1's diabetic needs, HRM A stated Power of Attorney for Healthcare (POAHC) D began raising concerns regarding Resident 1's blood sugars in May 2025. HRM A stated the provider had been trying to get Resident 1's blood sugars under control. When asked about diabetic protocols, HRM A stated the blood sugar requirements would be in the provider's electronic system and in resident Individual Service Plans (ISP). When asked who would report potential concerns for high or low readings, HRM A stated HRM A, Administrator B or Administrative	N 431		

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Assistant (AA) C would call Resident 1's physician. HRM A stated staff would call the on-call number if they noticed a concern and on-call notifications to and from staff would be in staff observation notes. HRM A stated late entries could be entered into observation notes. HRM A stated it would be determined during the on-call communication if the physician needed to be notified.

At approximately 1:00 PM, HRM A provided Surveyors with a protocol titled "Hyperglycemia - High Blood Sugar = greater than 350", undated, that stated, in part "symptoms: ...frequent urination". "What can you do: "Notify management of current blood sugar, current blood pressure, recent food/fluid intake, recent insulin received (when and how much?). Then also email on-call with this information." ..." recheck in 15 minutes. Note in email how many test strips were used to retest." HRM A stated the protocol was developed by Registered Nurse (RN) F and RN F was no longer working for the provider.

Surveyors reviewed Resident 1's records that included the following:

Resident 1 was admitted on 03/18/2023 with a diagnosis of Type 2 Diabetes Mellitus with hyperglycemia and had an Activated Power of Attorney for Health Care.

Resident 1's family removed s/he from the facility on 10/28/2025.

Resident 1's ISP, dated 04/10/2024, indicated s/he had a chronic illness that required proper treatment and management for Diabetes. Resident 1's needs included: limited

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N 431	Continued From page 10 carbohydrates and a snack between meals. Resident 1's ISP, dated 10/20/2025, did not address Resident 1's Diabetes plan but addressed dietary needs of limiting carbohydrates and allowing Resident 1 to eat what s/he would like. Staff would help with providing healthy choices and not so many carbohydrates if possible (of note, plan also noted Resident 1 would eat snacks through the day.) Between 04/01/2025 and 10/27/2025, staff documentation of blood sugar results for elevated blood sugars above 350, rechecks in 15 minutes and notification to management per provider protocol noted the following: April 2025 noted Resident 1's blood glucose readings ranged from 361-449 and had 9 blood glucose readings above 350 wherein no rechecks or notification to management or a medical professional was conducted. May 2025 noted Resident 1's blood glucose reading on 05/05/2025 of 400 wherein no rechecks or notification to management or a medical professional was conducted per protocol. June 2025 noted Resident 1's blood glucose readings ranged from 357-565 and had 14 blood glucose readings above 350 wherein no rechecks or notification to management or a medical professional was conducted. July 2025 noted Resident 1's blood glucose readings ranged from 351-589 and had 13 blood glucose readings above 350 wherein no rechecks or notification to management or a medical professional was conducted.	N 431		

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N 431	Continued From page 11 August 2025 noted Resident 1's blood glucose reading on 08/05/2025 of 520 wherein no rechecks or notification to management or a medical professional was conducted per protocol. September and October 2025 had no concerns identified. On 10/29/2025, at approximately 1:15 PM, Surveyor interviewed HRM A regarding expectations of staff notifying a manager per provider protocol. HRM stated expectation of following protocol was in place. Cross Reference N0416 DHS 83.37(2)(e) Other Administration Given or Delegated by RN Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or On Changes	N 431		