Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310087	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MANOR COURTYARDS	**4611 N 92ND ST MILWAUKEE, WI 53225**

(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 completed 3 complaint investigations at Luther Manor Courtyards. Two deficiencies were identified. One complaint was substantiated. Two complaints were unsubstantiated Census: 101	N 000		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide or arrange services adequate to meet the needs of the residents in the area of personal cares for 1 of 1 resident. Resident 1 required assistance with showering and the provider did not ensure showers were completed.	N 425		

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

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N 425	Continued From page 1 Findings include: On 10/03/2025, the Department received a complaint alleging resident neglect. On 10/29/2025, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted on 06/24/2025, with diagnoses including paranoid schizophrenia. Resident 1's Health Care Power of Attorney was activated on 09/24/2024. On 10/29/2025 at 10:30 AM, Surveyor requested and reviewed Resident 1's shower sheets from 09/01/2025-present. No shower sheet documentation was provided after Resident 1's 09/21/2025 shower. On 10/29/2025 at 11:00 AM, Surveyor interviewed Executive Director A. Executive Director A reported care staff were to fill out a shower sheet for each resident's shower. Executive Director A indicated none of Resident 1's shower sheets could be found since 9/21/2025 (missing documentation from 9/28/2025, 10/05/2025, 10/12/2025, 10/19/2025 and 10/26/2025). Executive Director A reported Resident 1 should be offered a shower every Sunday. On 10/29/2025 at 11:33 AM, Surveyor interviewed Resident Care Assistant B. Resident Care Assistant B reported s/he was working with Resident 1 last Sunday. Resident Care Assistant B reported Resident 1 was unable to receive a shower because another resident care assistant left for 2 hours, and s/he did not have time to assist with the shower. Resident Care Assistant B confirmed s/he did not complete any documentation about Resident 1's missed shower	N 425		

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N 425	Continued From page 2 and did not let anyone know Resident 1 missed his/her shower. On 10/29/2025 at 1:00 p.m., Surveyor interviewed Resident 1 about receiving showers. Resident 1 indicated s/he did not always get offered one and should get them on Sundays. Resident 1 reported s/he did not receive a shower last Sunday (10/26/2025). On 10/29/25 at approximately 2:00 PM, Surveyors shared the above concerns with Executive Director A, Executive Director A stated s/he is working with staff to make sure showers and shower documentation are completed.	N 425		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to	N 454		

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N 454	Continued From page 3	N 454		

treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's

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N 454	Continued From page 4 death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's record was maintained for 1 of 2 residents. Resident 1's record did not include documentation of refusal of showers or completion of showers. Findings include: On 10/03/2025, the Department received a complaint alleging resident neglect. On 10/29/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted on 06/24/2025, with diagnoses including paranoid schizophrenia. Resident 1's Health Care Power of Attorney was activated on 09/24/2024. -Resident 1's shower sheets from 09/01/2025-present. No shower sheet documentation was provided after Resident 1's 09/21/2025 shower. No documentation was found in Resident 1's record of any shower refusals. Shower refusals were not included on Resident 1's individual service plan (ISP). On 10/29/2025 at 11:00 AM, Surveyor interviewed Executive Director A who reported staff are to fill out a shower sheet for each resident's shower. Executive Director A indicated none of Resident 1's shower sheets could be found since 09/21/2025 (missing documentation from 09/28/2025, 10/05/2025, 10/12/2025, 10/19/2025 and 10/26/2025). Executive Director A indicated Resident 1 should be offered a shower every Sunday. Executive Director A reported Resident 1	N 454		

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N 454	Continued From page 5 refused showers often but there was no documentation of this in Resident 1's progress notes or on Resident 1's ISP and it should be included in both places. On 10/29/2025 at approximately 2:00 PM, Surveyors shared the above concerns with Executive Director A, Executive Director A stated s/he is working with staff to make sure shower completion and refusal documentation are completed.	N 454		