STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017017	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK PARK PLACE OF JANESVILLE	700 MYRTLE WAY JANESVILLE, WI 53545

(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 02/03/2026 to 04/09/2026, the Bureau of Assisted Living, completed three complaint investigations at Oak Place of Janesville, a CBRF, located in Janesville. Six deficiencies were identified, 3 of which were a repeat violation from Statement of Deficiency (SOD) ENKL12, dated 02/10/2021, SOD 657X13, dated 11/03/2022, SOD 657X14, dated 05/09/2023, SOD 657X16, dated 01/18/2024, SOD Z7JQ11, dated 05/23/2024 and V1E711, dated 07/16/2025. The complaints were substantiated. Census: 42	N 000		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. From 02/10/2021 to 02/03/2026, the provider did not comply with all the laws governing the CBRF as evidenced by 54 deficiencies identified, 6 repeat deficiencies, and 17 complaints substantiated. This is a repeat deficiency of statement of deficiency (SOD) XSIV11 dated 10/14/2021, SOD	N 196		

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

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N 196	Continued From page 1 657X12 dated 05/18/2022 and SOD 657X16 dated 01/18/2024. . FINDINGS INCLUDE: Facility is a Class CNA non-ambulatory facility. Has a capacity of 65 residents and serves advanced aged, irreversible dementia & Alzheimer's. Example 1: Obtain and maintain compliance with laws governing the CBRF: On 02/10/2021, Surveyor conducted a complaint investigation and verification visit. As a result of the survey 4 deficiencies were identified in SOD ENKL12: 1.) 83.32(3)(h) Rights of Residents: Receive Medication 2.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 3.) 83.37(1)(i) PRN Psychotropic Medication 4.) 83.37(1)(k) Medication Error And Adverse Reaction On 10/14/2021, Surveyor conducted a desk review survey. As a result of the survey 1 deficiency was identified in SOD XSIV11: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws On 08/31/2021, Surveyor conducted a complaint investigation. As a result of the survey 1 complaint was substantiated and 3 deficiencies were identified in SOD 657X11: 1.) 83.12(3)(a) Investigate Injuries Of Unknown Source 2.) 83.38(1)(g) Health Monitoring 3.) 83.38(1)(i) Behavior Management	N 196		

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N 196	Continued From page 2 On 05/18/2022, Surveyor conducted 5 complaint investigations, standard survey and verification visit. As a result of the survey 3 deficiencies were identified in SOD 657X12: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 2.) 83.38(1)(g) Health Monitoring 3.) 83.45(1)(e) Electrical, Mechanical, Water Supply On 11/03/2022, Surveyor conducted 2 complaint investigations and verification visit. As a result of the survey 2 complaints were substantiated and 2 deficiencies were identified in SOD 657X13: 1.) 83.12(5)(a) Notification: Incident, Injury, Changes 2.) 83.32(3)(h) Rights of Residents: Receive Medication On 05/09/2023, Surveyor conducted a verification visit. As a result of the survey 1 deficiency was identified in SOD 657X14: 1.) 83.32(3)(h) Rights of Residents: Receive Medication On 09/19/2023, Surveyor conducted 2 complaint investigations and verification visit. As a result of the survey 1 complaint was substantiated and 2 deficiencies were identified in SOD 657X15: 1.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 2.) 83.41(2)(a) Nutrition: Diet On 01/18/2024, Surveyor conducted 3 complaint investigations, standard survey, and verification visit. As a result of the survey 3 complaints were substantiated and 9 deficiencies were identified in SOD 657X16: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws	N 196		

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N 196	Continued From page 3 2.) 83.19 Orientation 3.) 83.20(1)(a) Department Approved Training Courses 4.) 83.21(1)-(3) All Employee Training 5.) 83.25 Continuing Education 6.) 83.32(3)(h) Rights of Residents: Receive Medication 7.) 83.35(1)(c) Listed Areas For Assessments 8.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 9.) 83.38(1)(g) Health Monitoring On 05/23/2024, Surveyor conducted 1 complaint investigation. As a result of the survey 1 complaint was substantiated and 2 deficiencies were identified in SOD Z7JQ11: 1.) 83.32(3)(h) Rights Of Residents: Receive Medication 2.) 83.37(1)(b) Medication Label Permanently Attached On 12/09/2024, Surveyor conducted 2 complaint investigations. As a result of the survey 2 complaints were substantiated and 3 deficiencies were identified in SOD 3DZM11: 1.) 83.32(3)(i) Rights Of Residents: Adequate Treatment 2.) 83.37(2)(d) Documentation Of Medication Administration 3.) 50.09(1)(f) Privacy On 05/13/2025, Surveyor conducted 1 complaint investigation. standard survey. As a result of the survey 1 complaint was substantiated and 1 deficiency was identified in SOD 3DZM12: 1.) 83.35(3)(d) Service Plans Updated Annually Or On Changes On 07/16/2025, Surveyor conducted 2 complaint investigations. As a result of the survey 2	N 196		

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N 196	Continued From page 4 complaints were substantiated and 3 deficiencies were identified in SOD VIE711: 1.) 83.32(3)(h) Rights Of Residents: Receive Medication 2.) 83.35(3)(c) Implement, Follow The Individualized Service Plan 3.) 83.43(1) Environment, Safe, Clean And Comfortable On 10/30/2025, Surveyor conducted 2 verification visits. As a result of the survey 5 deficiencies were identified in SOD VIE712: 1.) 83.35(3)(a) Comprehensive Individualized Service Plan 2.) 83.35(3)(c) Implement, Follow The Individualized Service Plan 3.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 4.) 83.35(5)(b) Annual Evaluation Of Evacuation Limits 5.) 83.37(2)(c) Medication Administration Not Supervised On 02/03/2026, Surveyors conducted 3 complaint investigations. As a result, 3 complaints were substantiated and 6 deficiencies were identified in SOD 9IOL11. 1.) 83.14(2) (a) Licensee Ensures Facility Complies With Laws 2.) 83.32(3) (h) Rights Of Residents: Receive Medication 3.) 83.35(1)(a) Pre-Admission And Ongoing Assessments 4.) 83.37(1)(i) Prn Psychotropic Medication 5.) 83.38(1)(a) Personal Care 6.) 83.41(1)(b) Equipment Example 2: Repeat violations of laws governing the CBRF.	N 196		

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N 196	Continued From page 5 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 2.) 83.32(3)(h) Rights of Residents: Receive Medication 3.) 83.35(3)(c) Implement, Follow Individualized Service Plan 4.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 5.) 83.37(1)(i) PRN Psychotropic Medication 6.) 83.38(1)(j) Health Monitoring Example 3: Number of Complaints Substantiated. 2.) SOD 657X11 dated 08/31/2021, 1 complaint substantiated 3.) SOD 657X12 dated 05/18/2022, 1 complaint substantiated 4.) SOD 657X13 dated 11/03/2022, 2 complaints substantiated 5.) SOD 657X15 dated 08/31/2023, 1 complaint substantiated 6.) SOD 657X16 dated 01/18/2024, 3 complaints substantiated 7.) SOD Z7JQ11 dated 05/23/2024, 1 complaint substantiated 8.) SOD 3DZM11 dated 12/09/2024, 2 complaints substantiated 9.) SOD 3DZM12 dated 05/13/2025, 1 complaint substantiated 10.) SOD VIE711 dated 07/16/2025, 2 complaints substantiated 11.) SOD 9IOL11 dated 02/03/2026, 3 complaints substantiated EXIT INTERVIEW: On 02/03/2026 at 3:00 PM, Surveyors discussed the above concerns with Administrator A and ADON B. Administrator A and ADON B acknowledged concerns related to medication	N 196		

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N 196	Continued From page 6 administration, resident assessments, personal cares, PRN psychotropic documentation, and physical condition of the water fountain.	N 196		
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 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 observation, record review and interview, the provider did not ensure 2 of 4 residents reviewed received their medications as prescribed. Resident 1 did not receive his/her clonazepam as prescribed. From 11/26/2025 until 12/12/2025, Resident 3 wasn't administered his/her 25 mg tablet of quetiapine fumarate as prescribed 31 times. This is a repeat deficiency. See Statement of Deficiencies (SOD) ENKL12, dated 02/10/2021, SOD 657X13, dated 11/03/2022, SOD 657X14, dated 05/09/2023, SOD 657X16, dated 01/18/2024, SOD Z7JQ11, dated 05/23/2024, and SOD V1E711, dated 07/16/2025. Findings include: On 01/14/2026, the Department received a complaint related to medication administration	N 352		

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practices at facility.

On 02/03/2026 at approximately 8:30 a.m., Surveyor arrived at the facility to conduct 3 complaint investigations. Surveyors requested a resident roster from Administrator A.

Example 1- Resident 1

On 02/03/2026 at approximately 10:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 01/05/2024 with a diagnosis of vascular dementia and depression. Resident 1's physician order included the following:

- Clonazepam Tablet .5mg, give 1 tablet by mouth 2 times a day for dementia and agitation.

Surveyor reviewed the Medication Administration Record (MAR), dated 08/01/2025 through 01/31/2026 and the MAR indicated that the Clonazepam tablet was started on 01/07/2026.

At approximately 1:30 p.m., Surveyor interviewed ADON B. ADON B stated that Resident 1 was started on the Clonazepam tablet after a meeting was held with the family. ADON B stated that the palliative care added the Clonazepam tablet to Resident 1's medications in December 2025. ADON B stated that s/he was unaware that the medication was added. ADON B stated that s/he learned about the medication during a meeting on 01/07/2026 and s/he added the medication. ADON B stated that the pharmacy delivered the medication to the facility in December but the staff at the facility did not indicate that the Clonazepam was delivered to the facility.

On 02/03/2026 at approximately 2:30 p.m.,

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N 352	Continued From page 8 Surveyor interviewed Pharmacy Tech C. Pharmacy Tech C stated that the pharmacy received the order on 12/22/2025. Pharmacy Tech C stated that the Clonazepam tablet was brought to the facility on 12/30/2025. On 02/03/2026 at approximately 3:30 p.m., Surveyor discussed concern with Administrator A and ADON B that Resident 1 had Clonazepam tablets that were delivered to the facility and were not available for 7 days. ADON B stated that s/he was unaware that Resident 1 was prescribed the Clonazepam until 01/07/2026. ADON B acknowledged that the Clonazepam tablet was delivered to the facility and sat in the medication cart since December 2025. EXAMPLE 2 - Resident 3 OBSERVATION & INTERVIEW On 02/03/2026 at approximately 10:30 AM, Surveyor observed the contents of the memory care front hallway medication cart with ADON B. Surveyor observed a Resident 3's prescription pill bottle of quetiapine fumarate 25 mg, twice daily (BID) stored in the top drawer of medication cart (Picture 3). Surveyor observed the pharmacy label documented an original quantity of 180 tablets dispensed on 11/18/2025 (Picture 4). Surveyor asked ADON B about Resident 3's prescription bottle of quetiapine fumarate 25 mg tablets. ADON B stated Resident 3 had been admitted to facility in November 2025 and the Quetiapine Fumarate 25 mg tablets was the sole medication delivered to facility in prescription pill bottle. Surveyor inspected the bottle and found it to be approximately 20% full of tablets, and Surveyor asked ADON B if facility had a record of when pills were dispensed from the pill bottle	N 352		

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versus the usual blister packs. ADON B stated a record had not been kept for Resident 3's prescription pill bottle supply of quetiapine fumarate 25 mg tablets. ADON B and Surveyor counted the tablets from the prescription pills bottle and found 84 tablets remaining (Picture 5). ADON B explained Resident 3 hadn't been administered his/her quetiapine fumarate 25 mg tablets, BID as prescribed for approximately a week or two. ADON B explained that was the reason the 42-day supply of tablets remained in the pill bottle on (02/03/2026) from the original 90-day supply dispensed on 11/18/2026. ADON B explained when Resident 3 was admitted facility staff didn't report to ADON B staff didn't have any quetiapine fumarate 25 mg tablets to administer to Resident 3. Facility staff had been documenting the medication wasn't available in the resident record without notifying ADON B. ADON B stated s/he has started re-training staff on medication administration improvement to avoid this type of medication error in the future.

RECORD REVIEW:

On 02/03/2026, Surveyor reviewed Resident 3's facility record. Resident 3 was admitted to the facility on 11/28/2026. Resident 3 had an activated power of attorney. Resident 3 was diagnosed with but not limited to: Alzheimer's disease and chronic pain.

On 02/03/2026, Surveyor reviewed Resident 3's individualized service plan (ISP) dated 11/25/2025. Resident 3's ISP documented that facility staff were to administer all of his/her prescription medications. Under the subsection related to psychotropic medications the following was documented, "[Resident 3] uses psychotropic medications quetiapine r/t Alzheimer's dementia

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N 352	Continued From page 10 Date initiated: 11/25/2025 ..." On 02/03/2026, Surveyor reviewed Resident 3's November 2025 medication administration record (MAR). The following order was documented: 1.)"QUEtiapine Fumarate Oral Tablet 25 MG (Quetiapine Fumarate) Give 1 tablets by mouth two times a day for Alzheimer's disease -Start Date- 11/26/2025 0700 (7:00 AM). -From 11/26/2025 thru 11/27/2025, nothing was documented. -On 11/28/2025, the 2 scheduled administrations were documented with a "9". -From 11/29/2026 thru 11/30/2026, all doses were documented as administered. On 02/03/2026, Surveyor reviewed Resident 3's December 2025 MAR. The following order was documented: 1.)"QUEtiapine Fumarate Oral Tablet 25 MG (Quetiapine Fumarate) Give 1 tablets by mouth two times a day for Alzheimer's disease -Start Date- 11/26/2025 0700 (7:00 AM). -From 12/01/2026 until 12/05/2025, all doses were documented as administered. -From 12/06/2026 until 12/11/2026, all doses documented as a "9". -On 12/12/2026, the AM dose was documented as a "9", and the PM dose was documented as administered. On 02/03/2026, Surveyor reviewed Resident 3's 12/12/2026 progress notes. On 12/12/2025 at 10:00 AM, ADON B documented the following, "Investigated reason for resident not receiving scheduled quetiapine. Omnicare of [Name Of City} attempted to fill prescription but was unable on account the prescription was filled by another pharmacy. [Name Of APOA] was notified and with further investigation it was determined the [Family	N 352		

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N 352	Continued From page 11 Member] picked up prescription at the pharmacy but did not deliver to OPP in a timely manner. Once prescription was delivered the resident received a dose on 12/12/2025 PM medication pass ..."	N 352		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider didn't assess resident skin integrity when there was a change in needs, ability or condition. Resident 1 developed several sores in different areas across his/her body. The provider did not complete assessments to monitor the skin breakdown. Resident 1 was self-administering a prescription mouthwash. The provider did not complete an assessment to ensure Resident 1 could safely self-administer medication. On 02/03/2026, Surveyor observed approximately	N 381		

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1-inch wide by 3-inch long bruises on Resident 2's bilateral lower extremities. Surveyor requested ADON B for assessments of Resident 3's bilateral lower extremity bruising. ADON B reported facility didn't have any assessments documented on Resident 3's bilateral lower extremity bruising.

FINDINGS INCLUDE:

Facility provides care to the following client groups: advanced aged, irreversible dementia and Alzheimer's.

On 01/14/2026, the Department received a complaint related to health monitoring at facility.

On 02/03/2026, Surveyors arrived at the facility for a complaint investigation.

EXAMPLE 1: Resident 1

RECORD REVIEW:

On 02/03/2026, Surveyors reviewed Resident 1's records.

Resident 1's face sheet documented Resident 1 was admitted to the facility on 01/05/2024. Resident 1 had an activated power of attorney. Resident 1's diagnosis included vascular dementia.

Resident 1's medication administration record (MAR) documented the following order: "Chlorhexidine Gluconate Mouth/Throat Solution 0.12%- Give 15 ml by mouth two times a day for dental implants unsupervised self-administration *swish/gargle*. Start Date: 04/12/2025. D/C Date:

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N 381	Continued From page 13 01/07/2026." On 02/03/2026, Surveyors requested any assessments on file for Resident 1 from January 2025 - present (02/03/2026). The following assessments were provided: Braden Scale for Predicting Pressure Sore Risk- Completed 04/08/2025 Assisted Living: Comprehensive Assessment- Completed 06/15/2025 SLUMS (Saint Louis University Mental Status) Examination- Completed 06/15/2025 The record did not contain any skin assessments. The record did not contain any assessments for self-administration of any type of medication or prescription. EXAMPLE 2: Resident 2 OBSERVATION & INTERVIEWS: On 02/03/2026 at approximately 10:00 AM, Surveyor entered the resident dining room and approached Resident 2. Resident 2 smiled at Surveyor and started to repeat, "help me," in a repetitive monotone. Surveyor attempted to interview Resident 2. Resident 2 couldn't speak outside of his/her mono-tone repetitions. Resident 2 was sitting in a wheelchair, and Surveyor observed approximately 1-inch wide by 3-inch length bruising of the skin covering bilateral shin bones. In the middle of the bruising of the skin covering the right shim bone Surveyor observed an approximate 0.25 cm wide by 0.5 cm in length black scab. Surveyor asked Caregiver D to observe Resident 2 with him/her. Caregiver D reported that Resident 2 speaking the repetitive phrase "help me," was baseline behavior for	N 381		

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them. Surveyor witnessed ADON B by the facility medication cart and asked them to join the conversation. ADON B acknowledged the bruise on Resident 2's bilateral lower extremities and stated those bruises were secondary to chronic venous insufficiency.

On 02/03/2026 at approximately 12:00 PM, Surveyor asked ADON B Resident 2's last 3 months of assessments.

On 02/03/2026 at approximately 3:00 PM, Surveyor reviewed Resident 2's facility documents and didn't find any assessment documented on bruising and wound on their lower extremities. Surveyor asked ADON B if s/he had documented assessments on Resident 2's lower extremity bilateral bruising and wound. ADON B stated s/he hadn't documented any assessments of Resident 2's bruising and wound to lower extremities. ADON B stated s/he would initiate monitoring as soon as possible.

RECORD REVIEW:

On 02/03/2026, Surveyor reviewed Resident 2's facility facesheet. Resident 2 was admitted to the facility on 11/18/2022. Resident 2 had an activated power of attorney. Resident 2 was diagnosed with but not limited to: major depressive disorder and anxiety disorder.

On 02/03/2026, Surveyor reviewed Resident 2's ISP dated 07/27/2025. In the subsection related to selfcare the following was documented, "[Resident 2] has a self-care performance deficit in bathing r/t osteoarthritis and dementia Date initiated: 11/12/2022 ...[Resident 2] requires full assistance with bathing ..." Under the subsection related to skin integrity the following was

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N 381	Continued From page 15 documented, "[Resident 2] has the potential for impairment of skin integrity r/t osteoarthritis Date initiated: 11/21/2022 ...Observe skin. Keep clean and dry. Hydrate skin with lotion, as needed. Report any skin alterations to nurse ..." On 02/03/2026, Surveyor reviewed Resident 2's December 2025 treatment administration record (TAR). On TAR skin checks were scheduled for every Wednesday. On 12/17/2025 and 12/24/2025, the documentation for skin check was left blank.	N 381		
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:	N 408		

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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 Plan (ISP) of 1 of 4 resident reviewed receiving psychotropic medications (PRN) as needed. The rational for administration of lorazepam .5 mg, and a description of Resident 1's behavior was not included in Resident 1's ISP.

This is a repeat deficiency. See Statement of Deficiencies (SOD) ENKL12, dated 02/10/2021.

Findings include:

On 02/03/2026 at approximately 10:30 a.m., Surveyor reviewed Resident 1's record.

Resident 1 was admitted to the facility on 01/05/2024 with a diagnosis including vascular dementia and depression. Resident 1's physician order included:

-Lorazepam .5mg - Take .5 mg by mouth every 24 hours as needed for shortness of breath, anxiety, and agitation.

Surveyor reviewed Resident 1's ISP, dated 02/03/2026. The ISP did not include the rationale for use and description of behaviors that would warrant administration of Resident 1's lorazepam. The medication management section in the ISP stated that the resident is unable to self-administer medications. Under the psychotropic medication section, it states that Resident 1 uses psychotropic medications for depression and mood. The ISP states that Resident 1 is on a behavior management program. There is no PRN psychotropic medication area in the ISP.

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N 408	Continued From page 17 On 02/03/2026 at approximately 1:30 p.m., Surveyor interviewed ADON B. ADON B stated that s/he was unaware of a behavior plan for Resident 1. ADON B stated that Resident 1 refuses often and staff reapproach him/her. ADON B stated s/he would make sure that the PRN was added into the ISP as soon as possible. Surveyor reviewed Resident 1's Medication Administration Record (MAR). The MAR indicated Resident 1's lorazepam as needed was administered on 10/04/2025, 10/06/2025, 10/13/2025, 10/23/2025 and 11/21/2025. The MAR did not include a detailed description of behaviors that would warrant administration of Resident 1's lorazepam. On 02/03/2026 at approximately 3:30 p.m., Surveyor reviewed concern with Administrator A and ADON B. Administrator A acknowledged that the rational for use and behavior description for the lorazepam .5 mg were not documented in the ISP. ADON B stated that the medication will be added to the ISP.	N 408		
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.	N 425		

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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 observation, record review and interview, the provider did not ensure personal cares were provided to allow residents to increase or maintain independence. Resident 2 did not receive personal care services.

Findings include:

On 01/14/2026, the Department received a complaint related to cares provided by facility staff.

On 02/03/2026, Surveyor conducted 2 complaint investigations related to concerns that the provider is not providing adequate assistance with resident personal cares.

OBSERVATION & INTERVIEWS:

On 02/03/2026 at approximately 10:00 AM, Surveyor entered the resident dining room and approached Resident 2. Resident 2 smiled at Surveyor and started to repeat, "help me," in a repetitive monotone. Surveyor observed Resident 2's hair to be moderately saturated with an oil-like substance with a moderate number of flakes composed of a dried skin-tissue like substance. Resident 2's hands were in front of him/her and Surveyor observed blackish and bluish food-like stains under his/her nails and in the surrounding crevasses of the nail bed. Surveyor attempted to

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interview Resident 2. Resident 2 couldn't speak outside of his/her mono-tone repetitions. Resident 2 was sitting in a wheelchair, and Surveyor observed approximately 1 inch wide by 3-inch length bruising of the skin covering bilateral shin bones. In the middle of the bruising of the skin covering the right shim bone Surveyor observed an approximate 0.25 cm wide by 0.5 cm in length black scab. Surveyor asked Caregiver D to observe Resident 2 with him/her. Caregiver D reported that Resident 2 speaking the repetitive phrase "help me," was baseline behavior for them. Caregiver D acknowledged that Resident 2's hair had moderate amount of an oil-like and dry skin-tissue flakes in their hair. Caregiver D stated since his/her shower was scheduled to the evening shift the staff have been providing bed baths with a dry foam hair cleanser. Caregiver D acknowledged Resident 2's hair and scalp appeared to need wet shampoo cleansing. Surveyor witnessed ADON B by the facility medication cart and asked them to join the conversation. ADON B acknowledged Resident 2's hair nor fingernails appeared clean. Caregiver D told ADON B that evening shift had been giving Resident 2 bed baths and ADON B responded by saying it was evident those bed baths weren't adequate to Resident 2 needs. ADON B acknowledged the bruise on Resident 2's bilateral lower extremities and stated those bruises were secondary to chronic venous insufficiency.

RECORD REVIEW:

On 02/03/2026, Surveyor reviewed Resident 2's facility facesheet. Resident 2 was admitted to the facility on 11/18/2022. Resident 2 had an activated power of attorney. Resident 2 was diagnosed with but not limited to: major depressive disorder and anxiety disorder.

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N 425	Continued From page 20 On 02/03/2026, Surveyor reviewed Resident 2's ISP dated 07/27/2025. In the subsection related to selfcare the following was documented, "[Resident 2] has a self-care performance deficit in bathing r/t osteoarthritis and dementia Date initiated: 11/12/2022 ...[Resident 2] requires full assistance with bathing ..." Under the subsection related to skin integrity the following was documented, "[Resident 2] has the potential for impairment of skin integrity r/t osteoarthritis Date initiated: 11/21/2022 ...Observe skin. Keep clean and dry. Hydrate skin with lotion, as needed. Report any skin alterations to nurse ..." On 02/03/2026, Surveyor reviewed Resident 2's December 2025 treatment administration record (TAR). On TAR skin checks were scheduled for every Wednesday. On 12/17/2025 and 12/24/2025, the documentation for skin check was left blank.	N 425		
N 446	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that equipment was maintained and in good repair. The ice machine had significant lime scale build up and discoloration.\	N 446		

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N 446	Continued From page 21 Findings include: OBSERVATION: On 02/03/2026 at approximately 11:20 AM, Surveyor toured the facility's "enhanced care" dining room and observed the following: The dining room had an ice machine on the counter in a common area, accessible to everyone. There was lime scale built up, running from the spout of the ice dispenser down the stainless-steel back panel, to the tray at the bottom of the machine. The spout of the ice dispenser also had significant lime scale build up, and discoloration of a brown and black mold-like substance. The tray at the bottom of the ice machine had heavy lime scale build up. INTERVIEW: On 02/03/2026 at approximately 2:35 PM, Surveyor interviewed Administrator A. Administrator A stated the provider had been made aware of a concern related to the ice machine in fall of 2025. S/he stated that since then, the maintenance employees had cleaned and de-limed the machine. Administrator A said the machine was taken apart and the interior was also cleaned. Administrator A reported the topcoat on the stainless-steel back panel had been ruined, which is why the lime build up was so significant. Administrator A stated there was no discoloration aside from the white color of the lime scale, at the time it was last cleaned. On 02/03/2026 at approximately 2:50 PM, Administrator A returned to discuss the ice machine along with Regional Maintenance Director (RMD) H. RMD H explained to Surveyor	N 446		

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N 446	Continued From page 22 there had been turn over within the maintenance department and part of the plan to address concerns to ensure they don't get missed, is to begin using a new maintenance system called TELLS. Administrator A and RMD H stated they were certain there would be improvements after implementation of the system, including monthly cleaning tasks for the ice machine. RMD H said s/he believed s/he could remove the lime scale build up and get the ice machine cleaned.	N 446		