STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310648	A. BUILDING: _____ B. WING _____	C 07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAHNER HOUSE	**5765 W WAHNER AVE BROWN DEER, WI 53223**

(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 07/30/2025, Surveyor completed an abbreviated survey and complaint investigation. As a result, 6 deficiencies were identified, 1 deficiency is a repeat cite. The complaint was substantiated. Census: 5	N 000		
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 record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed received her/his medications in the dosage and at intervals prescribed by the practitioner. Resident 1 missed 609 doses of prescription medications between February 2025 and May 2025. Findings include: On 05/05/2025, the department received a complaint alleging concerns about medications not being refilled. On 07/29/2025, at 9:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/12/2016, with diagnoses including autism, hypothyroidism, hypokalemia, and psychosis. Resident 1's record contained the following after	N 352		

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N 352	Continued From page 1 visit summaries (AVS): 12/27/2024 - 01/10/2025 - hospitalization, diagnosed with recurrent ileus. Started on levothyroxine 62.5 micrograms (mcg) daily. 01/22/2025 - seen primary care physician (PCP) for follow up from emergency room (ER). Follow up needed in 3 weeks. 02/12/2025 - follow up with PCP from previous appointment. Return in 3 months. 02/20/2025 - ER visit, diagnosed with covid 04/07/2025 - diagnosed with hypothermia. " ...Concern for medication noncompliance at group home despite [power of attorney]..." A post it note, contained Resident 1's psychiatric appointment dates which were 02/26/2025, 03/11/2025 and 06/30/2025. Resident 1's medication administration records (MAR) for January 2025 - May 2025 indicated the following: From January 2025 - May 2025, Resident 1 received her/his levothyroxine. The MAR indicated the levothyroxine medication order had a start date of 01/10/2025 - 06/30/2025. The MAR indicated Resident 1 was to be administered a half tablet (62.5 mcg) once daily. Resident 1's MARs indicated s/he did not receive the following medications as indicated by the signature boxes contained "[other] (oth)" or "out" and comments of "out of building", "other problems", "waiting on pharmacy" and "waiting on refill":	N 352		

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N 352	Continued From page 2 February 2025 Miralax 17 grams (gm) at 6:00 AM: 02/08/2025 - 02/14/2025 - 7 doses Ammonium lactate at 6:00 AM: 02/08/2025 - 02/14/2025 - 6 doses Peridex 0.12% at 6:00 AM: 02/08/2025 - 02/14/2025 - 6 doses Linaclotide 290 mcg at 6:30 AM: 02/08/2025 - 02/14/2025 - 6 doses Mylicon 80 milligrams (mg) at 7:00 AM: 02/08/2025 - 02/14/2025 - 6 doses Mylicon 80 mg at 4:00 PM: 02/08/2025 - 02/12/2025 - 4 doses Mylicon 80 mg at 8:00 PM: 02/07/2025 - 02/12/2025 - 5 doses Risperdal 3 mg at 7:00 AM: 02/08/2025 - 02/14/2025 - 6 doses Risperdal 3 mg at 8:00 PM: 02/07/2025 - 02/08/2025 - 2 doses Ammonium lactate at 7:00 AM: 02/08/2025 - 02/14/2025 - 6 doses Simethicone 80 mg at 7:00 AM: 02/08/2025 - 02/14/2025 - 6 doses Simethicone 80 mg at 4:00 PM: 02/08/2025 - 02/12/2025 - 6 doses Simethicone 80 mg at 8:00 PM: 02/07/2025 - 02/12/2025 - 5 doses Prucalopride succinate 2 mg at 7:00 AM: 02/01/2025 - 02/14/2025 - 13 doses March 2025 Melatonin 5 mg at 8:00 PM: 03/19/2025 - 03/31/2025 - 12 doses Ammonium lactate at 6:00 AM: 03/19/2025 - 03/26/2025 - 7 doses Quetiapine fumarate 25 mg at 8:00 PM: 03/18/2025 - 03/31/2025 - 13 doses Peridex 0.12% at 6:00 PM: 03/28/2025 - 03/30/2025 - 2 doses	N 352		

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N 352	Continued From page 3 Mylicon 80 mg at 7:00 AM: 03/19/2025 - 03/21/2025 - 3 doses Mylicon 80 mg at 12:00 PM: 03/06/2025 - 03/31/2025 - 25 doses Mylicon 80 mg at 4:00 PM: 03/05/2025 - 03/31/2025 - 26 doses Mylicon 80 mg at 8:00 PM: 03/05/2025 - 03/31/2025 - 26 doses Risperdal 3 mg at 7:00 AM: 03/19/2025 - 03/21/2025 - 3 doses Risperdal 3 mg at 8:00 PM: 03/07/2025 - 03/14/2025 and 03/19/2025 - 03/31/2025 - 19 doses Risperdal 1 mg at 7:00 AM: 03/19/2025 - 03/21/2025 - 3 doses Risperdal 1 mg at 8:00 PM: 03/07/2025 - 03/31/2025 - 24 doses Seroquel 25 mg at 8:00 PM: 03/14/2025 - 03/31/2025 - 17 doses Ammonium lactate 12% at 7:00 AM: 03/19/2025 - 03/21/2025 - 3 doses Clonazepam 1 mg at 4:00 PM: 03/18/2025 - 03/19/2025 - 2 doses Clonazepam 1 mg at 8:00 PM: 03/16/2025 - 03/19/2025 - 4 doses Simethicone 80 mg at 7:00 AM: 03/19/2025 - 03/21/2025 - 3 doses Simethicone 80 mg at 12:00 PM: 03/05/2025 - 03/31/2025 - 26 doses Simethicone 80 mg at 4:00 PM: 03/05/2025 - 03/31/2025 - 26 doses Simethicone 80 mg at 8:00 PM: 03/04/2025 - 03/31/2025 - 27 doses Senna-docusate 8.6-50 mg at 8:00 PM: 03/07/2025 - 03/31/2025 24 doses Trazodone hydrochloride (HCL) 50 mg at 8:00 PM: 03/07/2025 - 03/31/2025 - 24 doses Seroquel 100 mg at 8:00 PM: 03/13/2025 - 03/15/2025 - 3 doses	N 352		

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N 352	Continued From page 4 April 2025 Melatonin 5 mg at 8:00 PM: 04/25/2025 - 04/28/2025 - 4 doses Quetiapine fumarate 25 mg at 8:00 PM: 04/25/2025 - 04/28/2025 - 4 doses Clonazepam 1 mg at 4:00 PM: 04/26/2025 - 04/27/2025 - 2 doses Clonazepam 1 mg at 8:00 PM: 04/25/2025 - 04/27/2025 - 3 doses Peridex 0.12% at 6:00 PM: 04/26/2025 - 04/27/2025 - 2 doses Mylicon 80 mg at 12:00 PM: 04/26/2025 - 04/29/2025 - 4 doses Mylicon 80 mg at 4:00 PM: 04/26/2025 - 04/29/2025 - 4 doses Mylicon 80 mg at 8:00 PM: 04/25/2025 - 04/29/2025 - 5 doses Risperdal 3 mg at 7:00 AM: 04/30/2025 - 1 dose Risperdal 3 mg at 8:00 PM: 04/25/2025 - 04/28/2025 - 4 doses Risperdal 1 mg at 7:00 AM: 04/30/2025 - 1 dose Risperdal 1 mg at 8:00 PM: 04/25/2025 - 04/28/2025 - 4 doses Prilosec 40 mg at 7:00 AM: 04/26/2025 - 1 dose Seroquel 25 mg at 8:00 PM: 04/25/2025 , 04/27/2025 - 04/28/2025 - 3 doses Simethicone 80 mg at 12:00 PM: 04/26/2025 - 04/28/2025 - 3 doses Simethicone 80 mg at 4:00 PM: 04/26/2025 - 04/28/2025 - 3 doses Simethicone 80 mg at 8:00 PM: 04/25/2025 - 04/28/2025 - 4 doses Senna-docusate 8.6-50 mg at 8:00 PM: 04/25/2025 - 04/28/2025 - 4 doses Trazodone HCL 50 mg at 8:00 PM: 04/25/2025 - 04/28/2025 - 4 doses Seroquel 100 mg at 8:00 PM: 04/25/2025 - 04/28/2025 - 4 doses May 2025	N 352		

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N 352	Continued From page 5	N 352		

Risperdal 1 mg at 7:00 AM: 05/01/2025 - 05/30/2025 - 30 doses
Risperdal 1 mg at 8:00 PM: 05/01/2025 - 05/31/2025 - 31 doses
Prucalopride succinate 2 mg at 7:00 AM: 05/01/2025 - 05/30/2025 - 30 doses

Surveyor reviewed pharmacy delivery records. Pharmacy delivery records indicated Resident 1's levothyroxine was delivered as follows:

01/10/2025 - 3 doses
01/29/2025 - 14 doses
01/31/2025 - 14 doses
04/30/2025 - 14 doses
05/23/2025 - 14 doses

On 07/30/2025, at 11:00 AM, Surveyor interviewed Licensee A, Manager B, and Nurse Consultant C. Licensee A reported "out" or "oth" indicated the medication was not in the facility. Licensee A and Manager B reported pharmacy delivered medication cycles every 2 weeks. Manager B reported s/he was responsible for checking in the medications. Licensee A reported when a medication needed a refill order, pharmacy would send out a refill request to the physician. Licensee A reported some physicians did not like to fill other physician's orders so there were delays at times. Surveyor inquired if anyone in the facility called the physicians to assist in the refill requests. Licensee A reported they did, but did not document the calls. Manager B reported when Resident 1 was discharged from the hospital in January with the new medication order for levothyroxine, the hospital pharmacy filled it due to the facility pharmacy being closed on the weekend. Manager A reported they thought the medication was only for a month. Licensee A reported they hired Nurse Consultant C to ensure

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N 352	Continued From page 6 all after visit summaries would be reviewed and to ensure the medications were refilled as needed. Summary: Resident 1 did not receive 48 doses of levothyroxine due to medications not being sent from the pharmacy. Resident 1's levothyroxine was documented as administered by staff on the MAR when medication was not in stock at the facility. Resident 1 did not receive other prescription medications as ordered by her/his physician due the medication was not refilled as needed. Cross Reference N0415 DHS 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	N 415		

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N 415	Continued From page 7 (Resident 1) reviewed. Staff did not accurately document when Resident 1 was or was not administered her/his medications. Findings include: On 07/29/2025 at 9:00 AM, Surveyor reviewed Resident 1's record. Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/12/2016, with diagnoses including autism, hypothyroidism, hypokalemia, and psychosis. Surveyor reviewed Resident 1's MARs for the months of January 2025, February 2025, March 2025, and April 2024. All MARs indicated Resident 1 received her/his levothyroxine. Surveyor reviewed pharmacy delivery records. Pharmacy delivery records indicated Resident 1's levothyroxine was delivered as follows: 01/10/2025 - 3 doses 01/29/2025 - 14 doses 01/31/2025 - 14 doses 04/30/2025 - 14 doses 05/23/2025 - 14 doses On 07/30/2025 at 11:00 AM, Surveyor interviewed Licensee A, Manager B and Nurse Consultant C. Licensee A and Manager B confirmed the code requirement. Surveyor relayed concerns of staff documenting the medication as administered, although the medication was not received from pharmacy. Licensee A, Manager B and Nurse Consultant C acknowledged Surveyor's concerns. Summary: Resident 1's levothyroxine was not delivered every month and Resident 1 was not administered levothyroxine 38 times. Staff continued to document the levothyroxine was administered although the medication was not in	N 415		

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N 415	Continued From page 8 house. Cross-Reference N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medications	N 415		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents' medications were securely stored in the medication filing cabinet. The filing cabinet was unlocked. This had the potential to affect 5 of 5 residents. Findings include: On 07/25/2025, at 12:45 PM, Surveyor observed the medication filing cabinet in one of the common areas. The filing cabinet contained a locking mechanism, the locking mechanism was not engaged. Surveyor opened the filing cabinet and observed resident scheduled prescription medications. Surveyor observed residents moving freely throughout the facility. On 07/25/2025, at 3:40 PM, Surveyor interviewed Licensee A and Manager B. Licensee A, and Manager B confirmed the code requirement. Licensee A and Manager B reported they would ensure staff were retrained to keep the medications securely stored at all times.	N 419		

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N 499	Continued From page 9	N 499		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic substances and cleaning compounds were securely stored in 2 of 2 areas. Toxic substances and cleaning compounds were unsecured in the laundry room and under the kitchen sink. This is a repeat deficiency. See Statement of Deficiency (SOD) 7GJP11, dated 10/25/2019. Findings include: On 07/25/2025, at 1:00 PM, Surveyor toured the facility and observed the following: Laundry room The door contained a locking mechanism which was not engaged. Inside the laundry room, there was a cabinet. The cabinet contained a hasp with a padlock. The padlock was not engaged. Inside the cabinet was 3 cans of Weiman stainless steel cleaner, a can of Sprayway stainless steel cleaner, a can of Sprayway glass cleaner, 2 bottles of Solutions ammonia cleaner, 2 bottles of Windex glass cleaner, 2 cans of Great Value oven cleaner, and a bottle of Mean Green super strength cleaner. Kitchen The cabinet under the sink did not contain a locking mechanism. Inside the cabinet was a	N 499		

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N 499	Continued From page 10 bottle of Odo-ban, 2 bottles of Clorox multi-surface cleaner, and a bottle of bleach. Surveyor observed residents moving freely throughout the facility. On 07/25/2025, at 3:40 PM, Surveyor interviewed Licensee A and Manager B. Licensee A, and Manager B confirmed the code requirement. Licensee A and Manager B reported they would retrain staff to ensure compliance.	N 499		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire inspection for 2 of 2 years reviewed (2023, 2024, and to date in 2025). Findings include: On 07/25/2025, at 12:55 PM, Surveyor requested to review safety files. Surveyor did not review evidence of a fire inspection conducted in 2023 and 2024. On 07/30/2025, at 9:00 AM, Surveyor interviewed Licensee A. Surveyor inquired about the fire inspections for 2023 and 2024. Licensee A stated, "We do our own fire inspections." Surveyor inquired about documentation and certifications of	N 530		

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N 530	Continued From page 11 who completed the fire inspections. Licensee A did not provide the documentation. Licensee A reported the last time someone came out to do a fire inspection was in 2022. When Surveyor inquired if a fire inspection was completed in 2023 and 2024, Licensee A reported no. Licensee A reported there was changes with the fire department and since the changes were made no one had come out to complete the inspections.	N 530		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 637		

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N 637	Continued From page 12 did not ensure 1 of 1 exit was maintained. The deck had boards which were not attached and the deck moved when walked across. Findings include: The provider is licensed as a Class CNA (non-ambulatory) CBRF able to serve 5 residents with the client groups of developmentally disabled and emotionally disturbed/mental illness. On 07/25/2025, at 1:30 PM, Surveyor observed the rear exit door. The rear door opened to a wooden deck. Surveyor observed a table with a container overfilled with cigarette butts. When Surveyor walked out on to the deck, the deck shifted under Surveyor's weight. Surveyor observed deck boards which were not secured and moved. The area was approximately 5.5 feet in width and 10 feet in length. Surveyor observed a floor plan. The floor plan identified the back door and deck as an emergency exit. During the survey, Surveyor observed Resident 2 go out multiple times on the back deck to smoke. On 07/25/2025, at 3:30 PM, Surveyor and Manager B walked out on to the deck. The deck felt like it shifted once Surveyor and Manager B were standing on it. On 07/25/2025, at 3:30 PM, Surveyor interviewed Manager B. Surveyor raised concerns of the condition of the deck since it was an emergency exit and resident smoking area. Manager B acknowledged Surveyors concerns and reported the deck would be fixed immediately.	N 637		