STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS FOX (THE)	611 E ALBERT ST PORTAGE, WI 53901

(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 08/11/2025, Surveyors conducted a standard survey and complaint investigation at Rivers Fox (The). Nine deficiencies were identified. The complaint was substantiated. Census: 16	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 occurrences of law enforcement being called to the CBRF for an incident that jeopardized the health, safety or welfare of a resident was reported to the department within 3 working days. The provider did not report law enforcement responding to the provider's facility related to an incident with Resident 3 leaving the facility. Findings include: From 08/11/2025 to 08/13/2025, Surveyors	N 164		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 164	Continued From page 1	N 164		

conducted a complaint investigation alleging that residents had eloped from the facility.

On 08/13/2025 at approximately 9:00 a.m., Surveyors reviewed an incident report from the facility that stated:

- Report, dated 05/27/2025: LATE ENTRY from 12:50 am, "Resident came out and asked for a cigarette, RA gave resident cigarette and turned around and grabbed sweatshirt to go outside with Resident by the time RA got outside Resident was no where in sight. RA AR walked down the driveway and saw Resident walking down the road towards HWY 33, when RAs yelled for her resident ignored the whole time. RA CT came back in the building and RA AR got in her vehicle and went to get resident. When RA AR was driving by resident, resident continued to ignore RA and started walking in front of car. Police were called and AD were called. AD and police arrived. AD was successful getting
resident back to building safely."

On 08/13/2025 at approximately 11:00 a.m., Surveyors reviewed the department records and was unable to locate documentation that the provider had submitted a self-report regarding the incident on 05/27/2025 when law enforcement was called to the CBRF for an incident that jeopardized the health, safety, and welfare of Resident 3.

On 08/13/2025 at approximately 2:00 p.m., Surveyors reviewed concern with Executive Director B and Regional Director of Operations C. Reginal Director of Operations C stated that the facility had completed a self-report related to law enforcement responding to the facility for Resident 3. Regional Director of Operations C

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N 164	Continued From page 2 stated s/he would provide the self-report after the phone call. On 08/13/2025 at 4:52 p.m., Executive Director B emailed a copy of the self-report without proof that it was sent into the department. Surveyors did not receive documentation of a written report being sent to the department within 3 working days.	N 164		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment.	N 243		

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N 243	Continued From page 3 Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver F did not have training in resident rights within 90 days after starting employment. Caregiver F did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver F did not have training in required client groups within 90 days after starting employment. Findings include: On 08/11/2025, Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested	N 243		

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N 243	Continued From page 4 training records from Executive Director B for Caregiver F. Resident Rights The record for Caregiver F, hired 09/10/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 08/11/2025, at approximately 2:00 p.m., Surveyor interviewed Executive Director B and Health Well Dir A. Executive Director B stated s/he would have to keep looking for Caregiver F's trainings. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver F, hired 09/10/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors. On 08/11/2025, at approximately 2:00 p.m., Surveyor interviewed Executive Director B and Health Well Dir A. Executive Director B stated s/he would have to keep looking for Caregiver F's trainings. Client Group The record for Caregiver F, hired 09/10/2024, did not contain evidence of training or evidence of meeting an exemption for training on client groups. On 08/11/2025, at approximately 2:00 p.m., Surveyor interviewed Executive Director B and Health Well Dir A. Executive Director B stated s/he would have to keep looking for Caregiver F's trainings. Executive Director B was given the opportunity to submit any additional evidence of training by 2:00 p.m. on 08/12/2025.	N 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 243	Continued From page 5 On 08/13/2025, at approximately 1:00 p.m., Surveyor had not received any evidence of training for Caregiver F. Surveyor interviewed Health Well Dir A, Executive Director B, Reg Dir of Operations C, and VP of Clinical Services D. Executive Director B stated that Caregiver F was hired under a previous director and confirmed that the provider did not have evidence that Caregiver F completed or met an exemption for resident rights training. Cross Reference N0433 DHS 83.38(1)(i) Behavior Management	N 243		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to	N 383		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 383	Continued From page 6 make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess Resident 1's physical health after reported falls resulting in injury. Findings include: On 08/11/2025, Surveyors conducted a standard survey and complaint investigation. The facility has a class CNA (non-ambulatory) probationary license, effective 11/26/2024, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's, physically disabled, and advanced age. At approximately 12:30 p.m., Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 04/17/2025 with diagnoses including bipolar disorder, schizoaffective disorder, and seizure disorder. Surveyor reviewed Resident 1's progress notes which documented: 05/07/2025, "Resident was walking down the hall and told writer that [s/he] fell to [his/her] knees. Resident stated that [his/her] right knee hurt but it will get better. Resident has bruises around [his/her] right knee.	N 383		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 383	Continued From page 7 05/07/2025, "Resident stated that [s/he] feel down to [his/her] knees and asked for Tylenol, resident does have a red mark on [his/her] right knee from tonight but also has another larger bruise on the same knee but [s/he] does not know where or when [s/he] got that one. Rn was made aware." 05/21/2025, "Resident unable to bear any weight on either of legs. RA has been assisting with transfers to and from bathroom pushing resident in wheelchair, while putting resident into bed, RA noticed very bad bruising on both legs from the knee down. RN and AD notified." 05/21/2025, "Staff saw resident trying to stand up from [his/her] walker, kind of bouncing on the seat, [s/he] wasn't suing [his/her] arms to help pull [him/herself] up, [s/he] finally got up and instantly fell down face first to the floor, like [his/her] legs gave out." 05/21/2025, "Resident yelled for staff at 3pm from [his/her] room, when staff went in resident was on [his/her] knees on the floor next to his/her bed, [s/he] was helped up to [his/her] vitals taken B/P: 101/67 p:88 O2:98% Temp. 96.5, staff noticed quite a bit of swelling in [his/her] calfs[sic] and ankles and [his/her] speech[sic] was more slurred than normal, staffed checked with Admin and poa and [s/he] was sent out to ER at 3pm to get checked out ..." 06/19/2025, "Resident was yelling in [his/her] room, and staff went to check on resident and resident said that [s/he] ran [him/herself] into the wall. Resident has a scrape and bruising on the side of [his/her] right arm and a small scrape on [his/her] elbow." Surveyor reviewed Resident 1's incident reports which documented: -05/07/2025 at 9:00 p.m., "Resident stated [s/he] fell on [his/her] knees. Resident walked to [his/her] bed and held onto [his/her] right knee	N 383		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 383	Continued From page 8	N 383		

and said that [his/her] knee hurt." The incident reports documented that the RN was notified. Caregiver H documented the incident report.
-05/21/2025 at 9:40 a.m., "Staff saw resident trying to stand up from [his/her] walker, kind of bouncing on the seat, [s/he] wasn't using [his/her] arms to help pull [him/herself] up, [s/he] finally got up and instantly fell down face first to the floor, like [his/her] legs gave out." The incident reports documented that the RN was notified. Caregiver J documented the incident report.
-05/21/2025 at 2:35 p.m., "[S/he] tried to make it to [his/her] bed but [his/her] legs gave out and [s/he] went down to [his/her] knees." The incident reports documented that the RN was notified. Caregiver I documented the incident report.
-06/19/2025 at 7:40 p.m., "Resident was yelling in [his/her] room, and staff went to check on resident and resident said that [s/he] ran [him/herself] into the wall. Resident has a scrape and bruising on the side of [his/her] right arm and a scrape on [his/her] elbow." The incident reports documented that the RN was notified. Caregiver H documented the incident report.

Surveyor reviewed Resident 1's assessments.
-05/07/2025, there was no documented assessment of Resident 1's right knee for pain level, size/extent of red mark or bruising.
-05/21/2025, there was no documented assessment of Resident 1's weakness, swelling, bruising, or face/head after hitting it on the floor.
-06/19/2025, there was no documented assessment of Resident 1's size or severity of the scrape and bruising.

On 08/13/2025, at approximately 1:00 p.m., Surveyor reviewed the above concerns with Health Well Dir A, Executive Director B, Reg Dir of Operations C, and VP of Clinical Services D.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 383	Continued From page 9 Health Well Dir A stated that s/he does not believe s/he was made aware of each incident. That it is the facility policy to send anyone to the emergency room after a head injury and that if s/he was made aware that Resident 1 hit his/her head during the second fall on 05/21/2025, s/he would have been sent out.	N 383		
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 the individual service plan (ISP) was updated when there was a change in resident's need, abilities or physical or mental condition. Resident 1's ISP was not updated to include aggressive behaviors and difficulty/assistance required with ambulation. Resident 2's ISP was not updated to include	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 389	Continued From page 10	N 389		

psychiatric needs.

Findings include:

On 08/11/2025, Surveyors conducted a standard survey and complaint investigation. The facility has a class CNA (non-ambulatory) probationary license, effective 11/26/2024, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's, physically disabled, and advanced age.

Example 1 - Resident 1

On 08/11/2025, at proximately 9:45 a.m., Surveyor toured the facility with Caregiver E. Surveyor toured residents rooms and Caregiver E stated that it would be best not to go into Resident 1's room because s/he can get upset and aggressive when s/he is disturbed.

At approximately 12:30 p.m., Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 04/17/2025 with diagnoses including bipolar disorder, schizoaffective disorder, and seizure disorder.

Surveyor reviewed Resident 1's progress notes which documented:
-05/04/2025, "Resident is very agitated this morning and stated to be truthful [s/he] does not brush [his/her] teeth or hair in morning[sic]."
-05/17/2025, "Resident has been yelling at staff members and also yelling for help in [his/her] room instead of hitting [his/her] button. Resident has been needing help walking due to [his/her] legs being weak. Will not use [his/her] walker as staff had explained to [him/her] it will help [him/her] as well as to use [his/her] walker."

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N 389	Continued From page 11 -05/20/2025, "Resident screamed at staff for not helping [him/her] right away, stated, 'You both shouldn't have jobs here' Resident is upset because staff is encouraging [him/her] to walk to the dining room from the living room with staff on stand by assist. Resident wanted staff to hold [his/her] arm as [s/he] was walking but staff stated they will just stand behind [him/her] so [s/he] could observe how [s/he] was walking. Resident does not walk properly with [his/her] walker as [s/he] keeps it far away from [him/her] and 'hops' as [s/he] is trying to walk. Staff tried to educate resident on the safety of using a walker, and resident states [s/he] knows how to walk and to stop telling [him/her] how to. Resident almost fell down due to 'hopping' and the walker being farther ahead of [him/her] than [him/herself]. Resident is very agitated with staff at this point. Resident is also screaming in [his/her] room for help and not hitting [his/her] call button. Resident keeps stating [his/her] legs are weak, staff are encouraging resident to try and exercise [his/her] legs while [s/he] is sitting to keep [his/her] legs strong. Staff are going to be speaking with RN for a consult for PT. Resident did request PT to come in for [him/her]. Will continue to encourage resident to walk when [s/he] can and to exercise while [s/he] is sitting down." -05/26/2025, "Resident is very agitated this morning due to staff trying to educate [him/her] how to walk with [his/her] walker, as the way [s/he] is doing it, is going to cause [him/her] to fall fast first. Resident walks with the walker way in front of [him/her] and shuffles [his/her] feet and is bent over, and walking too fast, and has [his/her] eyes closed when [s/he] is walking. It is now taking staff 30 minutes to get resident up, dressed, and walked down the hallway. Resident is very agitated, and very demanding. Resident is in need of PT or a wheelchair, as it is getting	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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N 389	Continued From page 12	N 389		

more difficult to deal with [him/her], and it's harder for [him/her] to walk."
-05/27/2025, "Staff tried to help resident get up and ready for [his/her] doctors appt this morning resident refused to go, stated [s/he] cannot walk [s/he's] not leaving. Staff advised resident that [s/he] should go as this appt is very important. Resident then threw cups at staff and said get the [expletive] out of my room. Resident is also ringing to go to the bathroom and every time staff tries to assist [him/her s/he] sits back down on [his/her] bed and demands staff carry [him/her] to the bathroom. Staff told resident that [s/he] cannot carry [him/her] to the bathroom but that [s/he] will walk with [him/her] so resident feels safe. Resident then refused to go to the bathroom."
-05/30/2025, "Resident was in the doorway of the bathroom close to [his/her] room yelling for help rather than using [his/her] call pendant, staff went to [him/her] and [s/he] YELLED at staff to get [him/her] a chair to sit on, staff got the one from [his/her] room and resident sat fot[sic] a few seconds then asked for help up and we continued walking to [his/her] room. [S/he] kept pushing [his/her] walker way out in the front of [him/her] then trying to kneel down on [his/her] knees, staff told [him/her] to stand up, [s/he] went a few steps then did the exact thing again staff told [him/her] to stand up which [s/he] did and started walking and just before [his/her] bed tried to kneel on the floor AGAIN staff helped [him/her] up again then when [s/he] got closer to [his/her] bed and literally threw [him/herself] onto the bed, then demanded that staff put [his/her] legs up onto the bed as [s/he] was doing it [him/herself] then waned to be covered up."
-05/31/2025, "Resident has been walking around all day without [his/her] walker, and when staff would approach [him/her], and ask [him/her] to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS FOX (THE)	611 E ALBERT ST PORTAGE, WI 53901

(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 389	Continued From page 13	N 389		

walk with [his/her] walker, [s/he] would get back about it, and yell at staff about [him/her] not wanting to use [his/her] walker."
-06/13/2025, "RN notified by staff that resident was aggressive during [his/her] shower this morning. Resident was yelling and ripped washcloth out of staff's hand."
-06/19/2025, "Resident was yelling in [his/her] room, and staff went to check on resident and resident said that [s/he] ran [him/herself] into the wall. Resident has a scrape and bruising on the side of [his/her] right arm and a small scrape on [his/her] elbow."
-08/05/2025, "RN emailed resident guardian and care team due to increased behaviors over the past several weeks. RN has observed that resident paces around and has difficulties sitting still, constantly walking quickly, slamming doors, angry, irritable, yelling at staff, yelling/making loud noises in [his/her] room, and swearing/demeaning staff. RN spoke with resident yesterday and [s/he] was upset and told RN 'I have not seen a cent of my money since April ...that's 5 months!'"

Surveyor reviewed Resident 1's ISP, documentation that it was sent to the guardian on 06/27/2025, which documented:
-Destructive/Abusive - Displays no destructive/abusive behaviors.
-Behavior monitoring - Provide supervision and assistance in preventing and redirecting behaviors. Report and document incidents for proper provider.
-Attitude - None, resident displays positive attitude.
-Interaction - None, resident displays positive interaction with others independently and without incident.
-Aggressive/Combative - None, resident displays no aggressive/combative behaviors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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N 389	Continued From page 14 -Interpersonal - None, resident displays healthy one on one interaction with other residents and staff. Resident 1's ISP was not updated to include aggressive behavior or identify the program services, frequency and approaches the CBRF will provide. Example 2 - Resident 2 On 08/11/2025 at approximately 10:00 a.m., Surveyor asked Health Well Dir A for a list of discharged residents. Surveyor asked Health Well Dir A if any of the discharged residents had a history of aggressive behaviors or elopement. Health Well Dir A identified Resident 2. Surveyor requested the closed record of Resident 2. At approximately 2:00 p.m., Surveyor stated that s/he has not received any documentation from the closed record of Resident 2. Surveyor requested that Resident 2's record be emailed to Surveyor by 2:00 p.m. on 08/12/2025. On 08/12/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 09/06/2023 with diagnoses including schizophrenia, anxiety, Alzheimer's and diabetes. Surveyor reviewed Resident 2's progress notes which documented: -04/22/2025, "Resident was very exit seeking this morning. Resident did make it out front of the building, but staff was able to redirect [him/her]." -05/02/2025, "Resident was trying to escape because [s/he] had surgery to get done today in Dodgeville. Staff went and got ED and RN and they managed to get resident back inside. Will continue to monitor resident and [his/her]	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 389	Continued From page 15 behaviors." -05/02/2025, "RN at facility and[sic] notified that resident was going outside. RN and directory sat outside with resident when [s/he] told us [s/he] was waiting for [his/her spouse] to pick [him/her] up and that [s/he] had to go to the hospital to get [his/her] bladder put back in. [S/he] also told director and RN that Elvis is [his/her spouse] and Priscilla died years ago. Resident had a pair of pajamas and a blanket with [him/her] as well. Staff asked if [s/he] would like something to eat and [s/he] stated, 'I'm having surgery, I can't eat before that.' RN then asked resident if [s/he] would like to wait inside and resident proceeded to have a conversation with '[name]' and stated the meter was broken so [s/he] would wait inside. Resident pleasantly came back into facility and is currently resting on the couch. RN spoke with POA, [POA] and shared the above information. [POA] shared that [s/he] hasn't been able to talk [his/her relative] into taking [his/her] medications the past few weeks either. RN and [POA] discussed inpatient Geriatric Psych at the Watertown Regional Medical Center which [s/he] would like to proceed with. RN contacted [Physician G] to request a referral be sent to Watertown inpatient psych. RN will await return phone call. -05/06/2025, "Resident is being verbally inappropriate towards staff about taking [his/her] medication, [s/he] told staff to shove it up their explicit[sic] and that [s/he] isn't taking any medication here and that [s/he] is leaving tonight." -05/09/2025, "Resident packed [his/her] stuff up to leave, s[/he] is getting out of here, witches are trying to hurt [him/her]. Resident talk to [him/herself] all shift." -05/14/2025, "Resident has been refusing meds, including psych meds, for a couple weeks. [Physician G] office notified of this on 5/2/2025.	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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N 389	Continued From page 16 RN also spoke with [Physician G] office on the same day regarding a referral to inpatient senior behavior health mental health inpatient stay the same day, which [Physician G] and [POA] are both agreeable to inpatient psych stay at Watertown. Resident has continued to be verbally aggressive towards staff, refusing all medications and stating [s/he's] going to leave. Resident will take a pair of pajamas and a blanket and sit out on the porch but has never attempted to elope. Resident continues to speak to people who are not there, most often someone [s/he] calls '[name]'. RN spoke with Watertown Senior Behavioral Health to discuss their admission process. They shared that resident need to be evaluated in the ER to be medically cleared, have a psych eval completed and a referral sent to them. RN contacted [Physician G] office, and they advised to send resident to ER this afternoon while [Physician G] was still in office. RN also contacted resident POA who is in agreement with plan. Non-emergent EMS was contacted and resident is currently at [Hospital M] ER." 05/14/2025, "Resident was sent out for psych evaluation per family and our RN" -05/15/2025, "RN spoke to [RN K] at [Hospital L], regarding resident's medication list and Lantus insulin." -06/08/2025, "RN notified that resident refused [his/her] medications this morning. Soon after, resident's [family member] came to visit resident and take [him/her] for a car ride and wanted resident to take [his/her] medications. Staff member explained to [family member] that medications can be given within a two-hour window, and it was outside that timeframe. [Family member] was somewhat frustrated with staff member. 06/11/2025, "RN notified that resident was unable to recognize staff, was very lethargic and couldn't	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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N 389	Continued From page 17 sit up on [his/her] own at the edge of [his/her] bed. Resident's vitals and blood sugar all within normal limits. Resident sent to ER for further evaluation. Care team updated via email." Surveyor reviewed Resident 2's ISP, dated 03/16/2025, which documented: -Psychotropic Medications - Using. Resident has scheduled psychotropic medications. Using psychotropic medications related to specific behaviors: - Bupropion XL 150mg once daily for mood disorder - Haloperidol 1mg at bedtime for mood disorder -Self Concepts - Independent [Mental Health/Self Concepts]. None, resident displays good self concepts. -Maturation - Independent [Mental Health/Maturation]. None, resident displays independent, positive maturation. -Attitude - Independent [Mental Health/Attitude]. None, resident displays positive attitude. -Interaction - Independent [Mental Health/Interaction]. None, resident displays positive interaction with others independently without incident. -Aggressive/Combative - Independent [Mental Health/Aggressive/Combative]. None, resident displays no aggressive/combative behaviors. -Verbal Skills - Effective [Mental Health/Verbal]. Displays effective verbal skills. Can speak and sound out words. -Interpersonal - Independent [Social Participation/Interpersonal Relationships]. None, resident displays healthy one on one interaction with other residents and staff. -Communication - Independent [Independent Living Skills/Communication Skills]. Communicates needs, ideas & wishes independently.	N 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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N 389	Continued From page 18 Resident 2's ISP did not include any psychological needs, including delusions or hallucinations, and did not identify the program services, frequency and approaches the CBRF would provide. On 08/13/2025, at approximately 1:00 p.m., Surveyor reviewed the above concerns with Health Well Dir A, Executive Director B, Reg Dir of Operations C, and VP of Clinical Services D. Health Well Dir A and Executive Director B stated they were in the process of updating ISPs after the previous Executive Director. Cross Reference N0243 DHS 83.21(1)-(3) All Employee Training	N 389		
N 433	83.38(1)(i) Behavior management. 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: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide services to manage Resident 3's pre-existing condition of anxiety, suicidal ideation (SI) and psychosis. Resident 3 exhibited suicidal ideation, delusions and exit seeking behavior while s/he resided at the provider's facility from 04/11/2025 to 06/12/2025.	N 433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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N 433	Continued From page 19	N 433		

Resident 3 was discharged due to behaviors on 06/13/2025.

Findings include:

On 08/11/2025, Surveyors conducted a standard survey and complaint investigation. The facility has a class CNA (non-ambulatory) probationary license, effective 11/26/2024, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's, physically disabled, and advanced age.

On 08/11/2025 at approximately 10:00 a.m., Surveyor asked Health Well Dir A for a list of discharged residents. Surveyor asked Health Well Dir A if any of the discharged residents had a history of elopement. Health Well Dir A identified Resident 3, that s/he was discharged due to psychosis. Surveyor requested the closed record of Resident 3.

At approximately 2:00 p.m., Surveyor stated that s/he has not received any documentation from the closed record of Resident 3. Surveyor requested that Resident 3's record be emailed to Surveyor by 2:00 p.m. on 08/12/2025.

On 08/13/2025 at approximately 10:00 a.m., Surveyor reviewed the record of Resident 3. Resident 3 was admitted to the provider on 04/11/2025 with diagnoses including unspecified psychosis, bipolar and anxiety.

Surveyor reviewed Resident 3's April, May and June 2025 observation notes, which documented:
-04/13/2025, "resident was sent out around 1:36 pm today [s/he] did not take any of [his/her] morning meds staff said [s/he] refused meds and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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N 433	Continued From page 20	N 433		

anything to eat and by this afternoon [s/he] started talking that [s/he] felt suicidal [s/he] was sent out by the morning staff member."
-04/24/2025, "resident is requesting a ride to see [his/her] [spouse] in [city] [s/he] is very anxious, and [s/he] is insisting that [s/he] doesn't take all this medication that is on [his/her] list.
-04/26/2025, "Resident was awake at 3:45 am and told staff that there was a frail [wo/man] across from [him/her]. Resident repeated this and seemed to have anxiety. Staff tried talking with resident, but resident only was concerned about a frail [wo/man] that was in the room across from her. Resident was given a PRN (as needed)."
-04/26/2025, "[Staff] received notification that resident had gone outside to smoke a cigarette and
didn't come back in. Resident was found by the police. Assistant Director was able to meet up with police officer and resident returned to the facility. Weather during elopement was partly cloudy and in the mid 50's. Resident was unharmed, no injuries noted and no complaints of pain. Resident was making delusional statements such as "all the bloody bodies". Registered Nurse (RN) will continue to monitor."
-04/26/2025, "resident has been roaming all day and night [s/he] has been following staff around even to residents rooms staff has had to keep and eye on [him/her] when [s/he] goes out as [s/he] has 5 times today and night to have a cig that [s/he] does not leave the premises"
-04/28/2025, "Resident up at 2:30, very anxious. Resident very adamant on staying by resident #1. Resident has been following staff everywhere and saying that there are bones
and a skull under #1s bed."
-04/28/2025, "RN made aware of resident's elopement today. Resident went out to smoke and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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RIVERS FOX (THE)	611 E ALBERT ST PORTAGE, WI 53901

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N 433	Continued From page 21	N 433		

decided to take a walk. Weather was partly cloudy and in the 60's during elopement.
No injuries or complaints of pain. RN to contact primary care physician tomorrow and request follow-up
UA (urinalysis) due to confusion."
-05/04/2025, "Started following writer around at 4:50am. Thinks writer is killing and hurting people. Thinks writer is intentionally waking people up. Said that number #1's heart is beating, but [his/her] body is not working." Writer explained that [s/he] is helping taking [him/her] to the toilet. [S/he] said no [s/he] does not believe it. Tried to follow writer to room number 9 and claim that I intentionally woke [him/her] up and forced [him/her] up. Eventually [s/he] went back to [his/her] room."
-05/11/2025, "resident woke up from a nightmare so [s/he] came out and was up for a couple hours while [s/he] was awake [s/he] was anxious staff went to take the crockpot next door and
[s/he] tried to stop them [s/he] was upset cause another resident paged [s/he] said they
are supposed to be in bed resident asked for a smoke we went out and writer asked
if [s/he] wanted to go for a short walk resident replied no I am supposed to be sleeping
resident went to bed about 1am".
-05/16/2025, "resident was still anxious tonight [s/he] was still in other residents business and when
staff would have to take care of another resident and why we were [s/he] was in and
out to have cig and would stand by staff and ask why we were doing something [s/he]
seemed to calm down after a short time of getting [his/her] Gabapentin".
-05/23/2025, "Resident was given a shower. Please make sure we are giving [him/her] showers, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS FOX (THE)	611 E ALBERT ST PORTAGE, WI 53901

(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 433	Continued From page 22	N 433		

helping with basic needs such as, deodorant, brushing teeth, brushing hair, as [s/he] is not doing any of this. Resident is worried and does not want to ask for help with anything because [s/he] thinks we do not have the staff to be able to help [him/her] everyday. Staff told [him/her] not to worry and that we do have the staff to help [him/her] every day, as that is why [s/he] is here, and why we are here to assist [him/her]. Resident just keeps saying, "This is complete chaos."
-05/26/2025, "Passer by stopped at the facility asking if we knew of a resident that is walking down the street. Staff looked down the street and did see resident. Passer by drove resident back to the facility. Resident did not say anything and was helped in the bathroom and then helped to [his/her] room. The Director was notified, and resident is to have staff with [him/her] if [s/he] is to go outside."
-05/27/2025, "[Staff] heard a bang coming from Residents room, when [staff] entered room Resident was pushing on screen of window and stated, "I'm not staying here any longer". [Staff] redirected resident back to bed and told [him/her] to keep the door open for safety reasons. Resident not cooperating and wants door shut. [Staff] tried to remove window opener/knob but it doesn't (sic) come off. So PLEASE BE SURE TO CHECK ON [HIM/HER] OFTEN. [Directors]notified."
-05/27/2025, "LATE ENTRY from 12:50 am, Resident came out and asked for a cigarette, [staff] gave resident cigarette and turned around and grabbed sweatshirt to go outside with Resident by the time [staff] got outside Resident was nowhere in sight. [Staff] walked

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERS FOX (THE)	611 E ALBERT ST PORTAGE, WI 53901

(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 433	Continued From page 23	N 433		

down the driveway and saw Resident walking down the road towards HWY 33, when [staff] yelled for [him/her] resident ignored the whole time. [Staff]came back in the building and [staff] got in [his/her] vehicle and went to get resident. When [staff] was driving by resident, resident continued to ignore [staff] and started walking in front of car. Police were called and [director] were called. [director] and police arrived. [Director] was successful getting
resident back to building safely."
-05/27/2025, "Event Notes: resident kept eloping, called POA (power of attorney) and wanted [him/her] to have a medication
check due to mental disposition."
-05/28/2025, "RN contacted [hospital] to inquire where resident was admitted. Resident was admitted to [hospital]; however, no answer on [unit]. RN then
called [name], case manager at [hospital] and left voicemail requesting return phone
call."
-06/02/2025, "Resident returned to facility from [hospital] due to not being
able to find placement for resident at inpatient mental health facility. RN spoke with
[Geri psych hospital] today and they still do not have any beds available."
-06/07/2025, "RN received phone call from staff this morning that resident is agitated, anxious, pacing and threatening to leave the facility. Resident is upset that [s/he] does not have any cigarettes. Hydroxyzine seems to be ineffective for anxiety. Staff contacted [family] regarding cigarettes, and [s/he] was upset as well saying that [s/he] lives an
hour away and needs to get money from resident's [spouse] to get cigarettes. RN spoke with [Geri psych hospital]. RN shared they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 433	Continued From page 24	N 433		

still do not have any
open beds; however, anticipated they would tomorrow or Monday. Requested RN
fax this week's observations and MAR (medication administration record). Assistant Director faxed documents to
[hospital]. RN contacted staff to advise that if resident continues to attempt
elopement that EMS (emergency medical servcies) should be called. [Family] and resident's [spouse] are on their
way to see resident."
-06/09/2025, "had a deer in the(sic) headlights look. Couldn't (sic) and questions logically"
-06/10/2025, "RN received phone call from staff sharing that resident was very anxious, pacing and
was aggressive with staff regarding [his/her] lighter. Resident making suicidal comments saying [s/he] wants to jump in traffic and die in a ditch. Police and EMS were called as
[Geri psych hospital] doesn't have an opening yet. RN spoke with Lieutenant on
duty via telephone and explained to [him/her] that resident does not have a diagnosis of
dementia, is still [his/her] own person and is not protectively placed. Resident was taken
to ER (emergency room) for further evaluation where it was found that resident has a UTI (urinary tract infection) in addition to mental health. Resident was given Lorazepam at the ER and prescription for
Cephalexin sent to pharmacy."
-06/12/2025, "RN notified last evening that resident continue to move the furniture in [his/her] room
barricading [himself/herself] in [his/her] apartment. Staff will continue to redirect resident."
-06/13/2025 "Unable to Provide Required Care Notes: Unable to Provide Required Care -- Notes:

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	0019800	A. BUILDING: _____ B. WING _____	08/11/2025

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N 433	Continued From page 25 Resident needed locked unit d/t Elopements" Surveyor reviewed Resident 's individual service plan (ISP), dated 05/29/2025 which documented: -PRN psychotropic medication current status: Melatonin and Hydroxyzine used PRN for sleep and anxiety. -Psychotropic Medications using psychotropic medications related to specific behaviors: Amantadine for dyskinesia and Fluoxetine for depression. 5/19/2025: Trazadone at bedtime prescribed to help with sleep and depression. 6/2/2025: Olanzapine 10mg daily for anxiety/hallucinations. -Mental illness -Resident has diagnosis of bipolar 1, anxiety, depression, and psychosis. Resident will wander and pace when [s/he] is becoming more anxious/agitated/restless. Resident does display some signs of paranoia/hallucinations/delusions. -Behavior Monitoring-Provide supervision and assistance in preventing unsafe cigarette smoking habits. Resident's cigarettes and lighter to be kept in med cart at all times. Staff to give resident cigarette and lighter upon request. Receiving supervision and assistance in all areas of preventing unsafe smoking habits inside room. Resident to request cigarette and lighter from staff to safely smoke in designated outside smoking area. -Attitude- Independent (Mental Health/Attitude) None, resident displays positive attitude. Resident 3's ISP did not include the program services, frequency and approaches the CBRF provided to manage and intervene with Resident 3's suicidal ideation, anxiety, delusions or exit seeking behavior. On 08/13/2025, at approximately 1:00 p.m.,	N 433		

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N 433	Continued From page 26 Surveyor reviewed the above concerns with Health Well Dir A, Executive Director B, Reg Dir of Operations C, and VP of Clinical Services D in regard to Resident 3's mental health. Reg Dir of Operations C stated that the Surveyors did not understand everything that was going on with Resident 3 and that this was, "a messy component of your investigation." Reg Dir of Operations C stated that the provider had, "countless conversations" with the managed care organization after Resident 3 was admitted because they had no way of knowing this was the behavior Resident 3 would display and did not want this to happen to anyone else. Surveyor asked Reg Dir of Operations C if an in-person assessment was completed on Resident 3 before admission. Health Well Dir A stated yes that s/he performed an in person assessment at Resident 3's home on 03/28/2025. Surveyor asked if the provider was aware if Resident 3 had any previous inpatient mental health stays. Health Well Dir A stated yes that they had reviewed Resident 3's inpatient stay at the home visit; that Resident 3 had previously been admitted to a Geri psych unit for them to review his/her medications and upon discharge suggested a calm environment. Reg Dir of Operations C stated that they provided Resident 3 with the calmest of places they could but that it was an alarmed building, not a locked unit, which is what Resident 3 needed. Reg Dir of Operations C stated they had no indication of the type of behavior Resident 3 displayed until about a week after admission, when Resident 3 would go outside to smoke and walk off. Dir of Operations C stated that Resident 3 was his/her own decision maker, and they tried to provide the best care they could. On 08/13/2025, Surveyor requested Resident 3's	N 433		

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N 433	Continued From page 27 record from his/her geriatric psychology inpatient stay from the most recent hospital s/he received treatment at. On 08/15/2025, Surveyor received and reviewed Resident 3's medical record from a hospitalization, with a discharge date of 03/25/2025; 16 days before Resident 3 admitted to the facility. The record documented that Resident 3 had a history of involuntary committals. Resident 3 was diagnosed with major depressive disorder, mania, psychosis, generalized anxiety disorder and post-traumatic stress disorder (PTSD) and was hospitalized from 02/27/2025 through 03/25/2025. During the hospitalization stay it was documented that Resident 3 displayed 2 episodes of suicidal ideation, 10 instances of high anxiety, and 4 episodes of pacing/restlessness during his/her 27 days stay at the hospital. Resident 3 had several documented days of "broken sleep" inidcated in his/her medical record. Resident 3 did not want to participate in activities and had trouble "following direction" according to [his/her] doctor. Resident 3 was "hyper fixated with bowel concerns" and needed redirection throughout his/her hospital stay. The provider accepted Resident 3 with a documented diagnosis of anxiety, delusions/hallucinations, and psychosis, including a recent psychiatric hospitalization. The provider did not provide services to manage Resident 3's psychiatric behaviors that may be harmful to him/herself or others. Cross Reference N0243 DHS 83.21(1)-(3) All Employee Training	N 433		

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N 452	Continued From page 28	N 452		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store and serve food under sanitary conditions for the prevention of food borne illnesses. Findings include: On 08/11/2025 at 11:55 a.m., Surveyor observed Caregiver E serving lunch. Surveyor observed green beans on the stove, salad in a bowl and noodles in a plastic bowl. Surveyor asked Caregiver E if s/he was serving a cold noodle salad for lunch. Caregiver E stated, no that it is spaghetti with chicken for lunch but that it was cold because the third shift makes the food and	N 452		

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N 452	Continued From page 29	N 452		

first and second shift re-heat it. Surveyor asked Caregiver E for a plate of food after the residents were all served. Surveyor observed Caregiver E dish up some spaghetti on a plate and put it in the microwave. Surveyor asked Caregiver E if s/he was aware of what the holding temperature of hot foods should be. Caregiver E stated 165. Caregiver E served Surveyor the plate of spaghetti and green beans directly from the microwave. Surveyor documented the temperature of the spaghetti was 132.1° F. Surveyor asked Caregiver E if s/he had a thermometer in the kitchen to check the temperature of the food before it is served. Caregiver E stated yes that s/he was taking the temperature of the poke cake s/he had removed from the refrigerator. Surveyor observed that the poke cake was 42.5° F.

"Bacteria grow most rapidly in the range of temperatures between 40° F and 140° F ... This range of temperatures is often called the "Danger Zone." ... Keep hot food hot - at or above 140° F. Place cooked food in chafing dishes, preheated steam tables, warming trays and/or slow cookers. Keep cold food cold - at or below 40° F. Place food in containers on ice." (Source: USDA Food and Safety Inspection Service, "Danger Zone," June 28, 2017, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/danger-zone-40f-140f (retrieval date - March 17, 2022).

On 08/11/2025, at approximately 2:00 p.m., Surveyor reviewed the above concerns with Health Well Dir A, and Executive Director B. Executive Director B stated s/he doesn't believe all meals are made by third shift and re-heated, but s/he understands the concern.

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N 481	Continued From page 30	N 481		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, comfortable and homelike environment was provided. Findings include: On 08/11/2025 at approximately 9:50 a.m., Surveyor toured the provider's facility with Caregiver E and identified the following concerns: - One of 2 of the facility's furnaces had a painting, 4 coats and a wooden dressed within 6 to 12 inches of it. - The water temperature of the public bathroom sink was 123.8° F - Two of 4 public bathrooms did not have paper towel. - Bathroom vents were coated with a layer of dust. - Resident bedroom doors and doorways had scuff marks and discoloration from being hit by wheelchairs. At approximately 1:15 p.m., Surveyor observed that 1 of the 2 bathrooms that did not have paper towel now had paper towel, uncovered, sitting on the back of the toilet tank.	N 481		

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N 481	Continued From page 31 At approximately 2:00 p.m., Surveyor reviewed the above concerns with Health Well Dir A, and Executive Director B. Health Well Dir A and Executive Director B agreed and stated that was not a sanitary way to store paper towel and acknowledged the other environmental concerns and stated they would take care of it.	N 481		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire evacuation drills were conducted at least quarterly. The provider had not conducted any fire drills since obtaining a probationary license on 11/26/2024. Findings include:	N 525		

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N 525	Continued From page 32 On 08/11/2025, Surveyors conducted a standard survey and complaint investigation. The facility has a class CNA (non-ambulatory) probationary license, effective 11/26/2024, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's, physically disabled, and advanced age. On 08/11/2025 at approximately 11:00 a.m., Surveyor reviewed the facility's environmental records. The record did not include documentation indicating fire drills had occurred at the facility since the provider obtained a probationary license on 11/26/2024. On 08/11/2025 at approximately 2:00 p.m., Surveyor discussed the above concern with Executive Director B. Executive Director B acknowledged they were unable to provide documentation of fire drills since the probationary license. Executive Director B explained that s/he knew the facility had completed a couple drills but could not find them. Executive Director B was given until 08/12/2025 at 2:00 p.m. to provide follow up documentation. Documentation of fire drills was not provided.	N 525		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under	Z 005		

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Z 005	Continued From page 33 s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4.	Z 005		

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Z 005	Continued From page 34	Z 005		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 3 staff members reviewed had completed criminal background checks. Caregiver F did not have a documentation that a background check was completed.

Findings include:

On 08/11/2025, Surveyor reviewed the records for Caregiver F.

Caregiver F had an employment start date of 09/10/2024. Caregiver F's Background Information Discloser (BID) was signed on 08/30/2024. There was no evidence of a Department of Justice Background check (DOJ) or Integrated Background Information System check (IBIS) in Caregiver F's record.

On 08/11/2025, at approximately 2:00 p.m., Surveyor reviewed the above concerns with Health Well Dir A, and Executive Director B. Executive Director B stated s/he was unable to find the completed background check for Caregiver F and that s/he would run one today.