STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018726	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY OF DEFOREST (THE)	6639 PEDERSON BLV DE FOREST, WI 53532

(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
U 000	INITIAL COMMENTS On 02/10/2026, Surveyor conducted a standard survey at Legacy of Deforest, a RCAC in Deforest. Four deficiencies were identified. Census: 18	U 000		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medication administration was performed by or, as a delegated task, under the supervision of a nurse or pharmacist. From 01/01/2026 to 02/10/2026, Caregiver B administered medications at the provider's complex on 11 days. Findings include:	U 129		

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

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U 129	Continued From page 1 On 02/10/2026 at approximately 10:00 a.m., Surveyor reviewed employee records provided by Executive Director A. Caregiver B's record documented that s/he was hired on 11/13/2024. Caregiver B's record did not include documentation of RN delegation for medication administration. On 02/10/2026 at approximately 10:15 a.m., Surveyor interviewed Executive Director A and asked if Caregiver B was responsible for medication administration. Executive Director A replied, "Yes." Surveyor shared that Caregiver B's record did not include documentation of RN delegation. Executive Director A stated s/he would check additional records. On 02/10/2026 at approximately 10:30 a.m., Surveyor reviewed Tenant 2's medication administration record (MAR), dated 01/01/2026 to 02/10/2026, which documented Caregiver B administered Tenant 2's medications on 11 of the 43 days. Tenant 2's medications included oral tablets and insulin administration. On 02/10/2026 at approximately 11:30 a.m., Executive Director A followed up with Surveyor and stated s/he was unable to locate RN delegation for Caregiver B. Executive Director A stated s/he would continue to look for documentation and follow up with Surveyor if s/he was able to locate the RN delegation by end of day. As of 02/11/2026, Surveyor had not received documentation of RN delegation for Caregiver B.	U 129		
U 134	89.23(4)(d)1. SERVICES	U 134		

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U 134	Continued From page 2 PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed had received training in tenant rights. Caregiver B, hired 11/13/2024, had not received training in tenant rights. Findings include: On 02/10/2026 at approximately 10:00 a.m., Surveyor reviewed caregiver records provided by Executive Director A. Caregiver B's record documented a hire date of 11/13/2024. The record did not include documentation of training for tenant rights. On 02/10/2026 at approximately 11:30 a.m., Surveyor discussed concern with Executive Director A that Caregiver B's record did not include training for resident rights. Executive Director A confirmed s/he did not have documentation indicating Caregiver B had received training for	U 134		

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U 134	Continued From page 3 tenant rights.	U 134		
U 186	89.27(3)(d) SERVICE AGREEMENT (3) OTHER SPECIFICATIONS. (d) The initial service agreement and any renewals of the service agreement shall be dated and signed by a representative of the facility; by the tenant or by the tenant's guardian, if any, and all other persons with legal authority to make health care or financial decisions for the tenant; and by the county for a tenant whose services are funded under s.46.27(11) or 46.277, Stats. The facility shall provide a copy of the service agreement to all parties who signed the agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 service agreements and any renewals of the service agreement were dated and signed by a representative of the facility; by the tenant or by the tenant's legal guardian, if any, and all other persons with legal authority to make health care or financial decisions for the tenant; and by the county for a tenant whose services were funded under s. 46.277. Tenant 1's service agreement renewal, which increased his/her monthly fee by $1600, was not signed by him/her. Findings include:	U 186		

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U 186	Continued From page 4 On 02/10/2026 at approximately 10:00 a.m., Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the provider's complex on 08/28/2025 with diagnoses including diabetes. Tenant 1's admission documentation indicated his/her monthly rate was $4820. Tenant 1's record included a "Individual Service Plan" or assessment, dated 12/22/2025, completed by RN C. On 02/10/2026 at approximately 10:30 a.m., Surveyor requested documentation of Tenant 1's most recent service agreement from Executive Director A. Executive Director A provided Surveyor with a document titled "Addendum B Individual Service Plan Fees" that was dated 08/28/2025, documented a fee of $4820, and was electronically signed by Tenant 1, Executive Director A and RN C. The document had "Level One Service Fee: $1600" circled and "As of 01/06/2026" handwritten next to it. Surveyor asked Executive Director A if the document indicated Tenant 1 was previously a "Level 0" and moved to "Level 1" after his/her 12/22/2025 assessment resulting in a fee increase of $1600. Executive Director A replied, "That's correct." Surveyor asked if a new "Addendum B Individual Service Plan Fees" or service agreement was completed with Tenant 1. Executive Director A replied, "Not yet," and explained that the increase was a verbal discussion between Tenant 1 and RN C.	U 186		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that	Z 022		

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Z 022	Continued From page 5 period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity.	Z 022		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed that was employed by the provider greater than 4 years had a background check completed every 4 years.

The provider had not completed a background check for Caregiver D since 05/03/2021.

Findings include:

According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of:

1) A completed DHS form F-82064, Background Information Disclosure (BID).
2) A response from the Department of Justice (DOJ).
3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS).

On 02/10/2026 at approximately 10:00 a.m.,

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Z 022	Continued From page 6 Surveyor reviewed employee records provided by Executive Director A. Caregiver D's record documented that s/he was hired on 05/07/2021. The record included a BID, not dated, a DOJ, dated 05/03/2021, and an IBIS, dated 05/03/2021. The record did not include documentation of a complete background check completed in the past 4 years. On 02/10/2026 at approximately 11:30 a.m., Surveyor interviewed Executive Director A and asked if s/he had documentation of a background check completed for Caregiver D within the past 4 years. Executive Director A checked his/her records and stated s/he did not have record of a background check being completed since 2021. Executive Director A stated s/he would follow up with completing a new background check.	Z 022		