STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019192	A. BUILDING: _____ B. WING _____	C 01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELOIT SENIOR LIVING	**2250 E WEST HART RD BELOIT, WI 53511**

(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 01/06/2026 through 01/09/2026, Surveyor conducted a complaint investigation at Beloit Senior Living, a CBRF in Beloit. One deficiency was identified. Complaint was substantiated. Census: 23	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, Resident 1 did not receive (his/her) prescribed medications in the dosage and at intervals prescribed by a practitioner. Findings include: On 01/06/2026 at approximately 9:00 a.m., Surveyor conducted a complaint investigation. The complaint alleged that there were concerns with medications being administered accurately in the facility. Surveyor requested records for Resident 1. Resident 1 was admitted to the facility on 11/07/2025 with a diagnosis of atrial fibrillation and diastolic heart failure.	N 352		

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 352	Continued From page 1 Surveyor reviewed Resident 1's progress notes that documented: 12/24/2025 " ...[S/he] VSS (vital signs stable) except for a low bp (blood pressure) of 100/60. Writer noticed it was low last week at 98/60. [Doctor] with [hospice] was contacted and [s/he] d/c amlodipine ...." Surveyor reviewed Resident 1's medication administration record (MAR) for December 2025 and January 2026 which included a physician order for amlodipine 5 mg tablet to be given 1 time daily for hypertension. The MAR indicated that Resident 1 had received the amlodipine 5 mg tablet daily from 12/24/2025 through 01/06/202, after the medication was discontinued on 12/24/2025. On 01/06/2026 at approximately 11:15 a.m., Surveyor interviewed Assistant Director A. Assistant Director A stated that s/he was unaware of a medication change for Resident 1. Assistant Director A stated s/he would look back at the records to see when the medication change came through the fax machine. Assistant Director A stated that the pharmacy had dispensed the medication for January 2026. On 01/06/2026 at approximately 12:25 p.m., Surveyor interviewed Hospice RN B. Hospice RN B stated that the order to discontinue the amlodipine 5mg was faxed to the provider and the pharmacy on 12/24/2025. Hospice RN B stated that the amlodipine should have been stopped immediately. Hospice RN B stated s/he would send over a copy of their fax confirmation sheet from 12/24/2025 to the provider. Surveyor received	N 352		

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N 352	Continued From page 2 the fax confirmation on 01/06/2026 at 2:38 p.m. On 01/09/2026 at 10:00 a.m., Surveyor shared concern with Assistant Director A that Resident 1's amlodipine 5 mg tablet was not discontinued on 12/24/2025. Assistant Director A stated that the facility did not receive the medication change. Surveyor stated that the order was in the facility progress notes. Assistant Director A stated that s/he reviews those notes but did not see the medication change. Assistant Director A stated that staff were unaware of the medication change from that day.	N 352		