STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019417	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD HOPE II	7060 N 124TH ST MILWAUKEE, WI 53224

(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 02/18/2026, Surveyor concluded a standard survey and a complaint investigation at Good Hope II. Five deficiencies were identified. One complaint was unsubstantiated. Census: 8	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 observation, record review and interview, the provider did not ensure 1 of 1 resident reviewed (Resident 1) received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Findings include: On 02/10/2026, at 10:58 a.m., Surveyor and House Supervisor (HS) B reviewed Resident 1's medication administration records (MARs), from 09/01/2025 to 02/10/2026, and identified the following medications to be administered: -Calcium Carbonate, 500 milligrams (MG)/5 milliliters (ML). Take 1 teaspoonful (5 ML). Per gastronomy tube (G-Tube) at 7:00 a.m.	N 352		

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

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N 352	Continued From page 1 - Fluoxetine hydrochloride (HCL), 20 MG/5ML. Take 7ML (28mg). Per G-Tube at 7:00 a.m. - Polyethylene glycol 17 GRAM/DOSE (MIRALAX 17 GRAM/DOSE) Take 17 gram (1 capful) Dissolved in 8-ounce liquid. Per G-Tube at 7:00 a.m. (constipation). - Senna, 176 MG/5ML (Senna Leaf Extract 176 MG/5 ML). Take 2 Teaspoonfuls (10mls). Per G-Tube at 7:00 a.m. On 02/10/2026, at 11:00 a.m., HS B stated, "Calcium Carbonate, Fluoxetine HCL, Polyethylene Glycol and Senna are signed by caregivers, 'Meds not available' as far back as September 2025." HS B confirmed Resident 1 did not refuse his/her medications. On 02/10/2026, at 11:05 a.m., Licensee A stated s/he had several managers just walk out on the job. Licensee A stated, "It's not an excuse. I don't know what else to say." On 02/10/2026, at 2:35 p.m., Licensee A stated s/he had two fill-in managers during that timeframe. Licensee A stated, "I had two able bodied managers who missed that." On 02/10/2026 at 2:40 p.m., Surveyor observed medication cart. Surveyor did not observe Resident 1's calcium carbonate, fluoxetine HCL, polyethylene glycol and senna. On 02/10/2026, at 2:43 p.m., Surveyor interviewed HS B, who stated when s/he spoke with the pharmacy earlier in the day, they stated they did not have an updated order. The pharmacy informed HS B that four medications	N 352		

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N 352	Continued From page 2 had overdue fill dates on file. The following was identified: - Calcium carbonate had not been filled since 09/25/2025. - Fluoxetine HCL had not been filled since 10/09/2025. - Polyethylene glycol had not been filled since 10/13/2025. - Senna had not been filled since 10/22/2025. On 02/18/2026 at 2:40 p.m., Surveyor interviewed Pharmacist D, who stated the following medications were reordered by the facility staff. Pharmacist D provided the last date each medication was filled: - Calcium Carbonate had not been filled since 09/26/2025. This medication was typically used for stomach relief. - Fluoxetine HCL had not been filled since 10/14/2025. This medication was typically used for depression and anxiety. - Polyethylene Glycol had not been filled since 10/13/2025. This medication was typically used for constipation. - Senna had not been filled since 10/23/2025. This medication was typically used for constipation.	N 352		
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	N 389		

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N 389	Continued From page 3 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 update the Individual Service Plan (ISP) when there was a change in needs, abilities, or condition for 1 of 1 resident reviewed. Resident 1's ISP did not get updated upon changes in condition, when Resident 1 began to use Home Health Services for pressure injury of skin of left buttock on 12/11/2024 and stage 4 pressure ulcer of right elbow, unstageable on 12/09/2024. Resident 1's super pubic catheter change schedule in his/her ISP was inconsistent with other documentation in his/her file. Findings include: On 2/10/2026, at 10:12 a.m., Surveyor reviewed Resident 1's complete file. The following was identified: Resident 1 was admitted to the facility on 10/10/2024, with diagnoses including spastic quadriplegic cerebral palsy, gastronomy tube	N 389		

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N 389	Continued From page 4 (G-tube) dependence, suprapubic catheter, neurogenic bowel agitation, seizures, gastroesophageal reflux disease (GERD), and wound infection. Resident 1 had a guardian. Resident 1 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Resident 1's record contained an assessment dated 11/14/2024. Resident 1 did not have any additional assessments on file. House Supervisor (HS) B provided Resident 1's ISP from his/her electronic record. The printed ISP only captured the date of the survey. The provider did not have an ISP with an original date of the ISP or the date the ISP was signed by Resident 1's legal guardian. Licensee A did not have any additional, succeeding updated ISPs on file. Resident 1's ISP did not include information regarding home health services or pressure ulcers. Resident 1's ISP was not updated when Resident 1 began to use Home Health Services for pressure injury of skin of left buttock on 12/11/2024 and stage 4 pressure ulcer of right elbow, unstageable on 12/09/2024. Pressure Sore Injury Resident 1's assessment dated 11/14/2024, did not identify any pressure injuries present. Resident 1's undated ISP did not identify any pressure injuries present. On 2/10/2026, at 11:20 a.m., Surveyor reviewed Resident 1's task administration record for 11/2025, 12/2025 and 01/2026. Surveyor observed the following:	N 389		

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N 389	Continued From page 5 -11/2025: -WOUND CARE. Do wound care to bottom as ordered every other day and as needed. 8:00 p.m. -12/2025: -WOUND CARE. Do wound care to bottom as ordered every other day and PRN as needed. 8:00 p.m. -01/2026: -WOUND CARE. Do wound care to bottom as ordered every other day and PRN as needed. 8:00 p.m. On 02/10/2026 at 3:45 p.m., Surveyor reviewed Home Health Provider (HHP) E referral assessment dated 12/10/2024. Resident 1 was referred to HHP E by Physician H and listed the providers' address as referring facility contact. On 02/10/2026 at 3:50 p.m., Surveyor reviewed Home Health Provider (HHP) F referral assessment dated 06/13/2025. Resident 1 was referred to HHP F by Froedtert Hospital and listed Licensee A as referring facility contact. On 02/10/2026 at 4:05 p.m., Surveyor interviewed HS B, who stated, "I received the assessments and start dates for each home health agency. [Resident 1] began receiving wound care from HHP E on 12/10/2024. [Resident 1] began receiving wound care from HHP F on 06/13/2025."	N 389		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each	N 454		

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N 454	Continued From page 6	N 454		

resident at the CBRF. Each record shall include all of the following:
(a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for

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N 454	Continued From page 7 PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. 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) record reviewed was complete and maintained. Resident 1's record did not contain documentation of changes in treatment and the response to treatment, physicians' orders for gastronomy tube (G-tube) feeding and catheter changing. Findings include: On 02/10/2026, at 10:12 a.m., Surveyor reviewed Resident 1's record. The following was identified: Resident 1 was admitted to the facility on 10/10/2024, with diagnoses including spastic	N 454		

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N 454	Continued From page 8	N 454		

quadriplegic cerebral palsy, G-tube dependence, suprapubic catheter, neurogenic bowel agitation, seizures, gastroesophageal reflux disease (GERD), and wound infection. Resident 1 had a guardian. Resident 1 was enrolled in services with a managed care organization (MCO) and was assigned case managers.

G-Tube
Resident 1's record contained an assessment dated 11/14/2024. Resident 1 did not have any additional assessments on file. Resident 1's assessment dated 11/14/2024, identified the following:
"Under nursing procedures, non-scheduled item. Resident needs: [Resident 1] requires a suprapubic catheter change 3 times a week. [Resident 1's] catheter is to be changed on his/her shower days. Risks. Choking. Is resident a choking risk? Yes. Risk- Choking. Daily at Breakfast, Lunch, Dinner, As Needed .... [Resident 1] has been identified as a choking risk. [Resident 1] was a tube feed. S/He takes all his/her meals via g-tube."
Resident 1's assessment dated 11/14/2024, identified the following: Risks. Choking. Is resident a choking risk? Yes. Risk- Choking. Daily at Breakfast, Lunch, Dinner, As Needed .... [Resident 1] has been identified as a choking risk. [Resident 1] was a tube feed. S/He takes all his/her meals via g-tube."

Resident 1's undated ISP, under eating, read, [Resident 1] has been identified as a choking risk. [Resident 1] was a tube feed. S/He takes all his/her meals via g-tube."

On 2/10/2026, at 11:20 a.m., Surveyor reviewed Resident 1's task administration record for 11/2025, 12/2025 and 01/2026. Surveyor

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N 454	Continued From page 9 observed the following: -11/2025: -RISK-CHOKING. [Resident 1] has been identified as a choking risk. [Resident 1] was a tube feed. S/He takes all his/her meals via g-tube. Breakfast. Lunch. Dinner. -12/2025: -RISK-CHOKING. [Resident 1] has been identified as a choking risk. [Resident 1] was a tube feed. S/He takes all his/her meals via g-tube. Breakfast. Lunch. Dinner. -01/2026: -RISK-CHOKING. [Resident 1] has been identified as a choking risk. [Resident 1] was a tube feed. S/He takes all his/her meals via g-tube. Breakfast. Lunch. Dinner. Resident 1's record did not include physician's order for Resident 1's nutrition via g-tube. Catheter Resident 1's assessment dated 11/14/2024, identified the following: "Under nursing procedures, non-scheduled items. Resident needs: [Resident 1] requires a super pubic catheter change 3 times a week. [Resident 1's catheter is to be changed on his/her shower days." Resident 1's undated ISP, under nursing procedures, read, "[Resident 1] requires a super pubic catheter change 3 times a week. [Resident 1's catheter is to be changed on his/her shower days." On 2/10/2026, at 11:20 a.m., Surveyor reviewed	N 454		

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N 454	Continued From page 10 Resident 1's task administration record for 11/2025, 12/2025 and 01/2026. Surveyor observed the following: -11/2025: -CATHETER CHANGE. Change catheter every other day according to orders. 8:00 p.m. - CATHETER CHANGE. Change catheter every other day according to orders. As Needed. -12/2025: -CATHETER CHANGE. Change catheter every other day according to orders. 8:00 p.m. - CATHETER CHANGE. Change catheter every other day according to orders. As Needed. -01/2026: -CATHETER CHANGE. Change catheter every other day according to orders. 8:00 p.m. - CATHETER CHANGE. Change catheter every other day according to orders. As Needed. On 01/10/2026. Resident 1's task administration record indicated at 6:37 p.m., Caregiver G did not issue a catheter change. Caregiver G documented, "every 30days [sic] instead." Resident 1's record did not contain physician's orders for suprapubic catheter changes. On 02/10/2026 at approximately 9:53 a.m., Surveyor requested Resident 1's physicians order for foley catheter change. On 02/10/2026 at approximately 11:30 a.m., Surveyor requested Resident 1's physicians order for foley catheter change and tube feeding. On 02/10/2026 at approximately 1:06 p.m., Surveyor interviewed Licensee A, who stated, "We do not have those direct physicians order for	N 454		

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N 454	Continued From page 11 foley catheter change and tube feeding in the resident file. House Supervisor (HS) B is sending them to [Resident 1's] physicians again. We do not have them." On 2/10/2026 at 3:45p.m., Surveyor informed Licensee A of the findings. Licensee A stated, "Those are old catheter change orders. We were doing it every other day. Now we are doing it once a month." Licensee A told Surveyor, "That is the only ISP for Resident 1 in his/her file. We will try to see if Resident 1 has a signed copy. I do not have anything but what is on the computer. I do not know why it was not updated." On 02/17/2026 at 9:25 a.m., Surveyor interviewed Nurse Case Manager (RN CM) I who confirmed Resident 1's Physician J adjusted his/her catheter change order from every other day to monthly. S/He did not have the date of the order in his/her file.	N 454		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not document evacuation drills, such as tornadoes, flooding or other emergency or disaster, at least semi-annually for 1 of 1 year reviewed (2025). Findings include: On 02/10/2026 at approximately 9:00 a.m.,	N 526		

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N 526	Continued From page 12 Surveyor reviewed the provider's documentation of evacuation drills, including tornadoes, flooding or other emergency or disaster for 2025. Surveyor did not observe any documented evidence of other emergencies or evacuation drills for 2025. On 02/10/2026 at approximately 9:58 a.m., Surveyor interviewed Licensee A, who confirmed s/he was unable to find documentation of any other evacuation drills conducted in 2025.	N 526		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits 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. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 exits provided unobstructed travel to the outside. The side exit near the garage, which identified as an emergency exit, was not to grade. Findings include: On 02/10/2026, at 8:33 a.m., Surveyor observed 2 residents that utilized motorized scooters for	N 631		

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GOOD HOPE II	7060 N 124TH ST MILWAUKEE, WI 53224

(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 631	Continued From page 13 mobility. On 02/10/2026, at 9:38 a.m., Surveyor toured the facility with Licensee A and identified the following: Located on the wall of the facility was a diagram labeled, 'Emergency Evacuation and Severe Weather Map." The diagrams identified the two front doors as emergency exits. The front door near the garage was labeled an emergency exit. It contained approximately 1¼-inch rise between the seams of the concrete and the door. On 02/10/2026, at 9:40 a.m., Surveyor interviewed Licensee A, who confirmed, "Yes, you are right. That is not flat. I will get someone out here to take care of that."	N 631		