STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310460	A. BUILDING: _____ B. WING _____	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUEDER HOUSE	1473 ANNEX RD JEFFERSON, WI 53549

(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 03/09/2026, with information gathered through 03/12/2026, Surveyor conducted a standard survey at Lueder House in Jefferson, WI. Two (2) deficiencies were identified. Census: 7	N 000		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an onsite review of the facility's medication administration and	N 404		

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

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N 404	Continued From page 1 medication storage systems were completed in 2024 or 2025, by a physician, pharmacist or registered nurse. Findings include: On 03/09/2026, Surveyor conducted a standard survey. The provider is licensed as a class AA (ambulatory) CBRF able to serve up to 8 residents within the client group of emotionally disturbed/mental illness. On 03/09/2026 at approximately 1:00 p.m., Surveyor requested the 2024 and 2025 annual onsite reviews of the provider's medication system from Manager A. Manager A stated that s/he was unaware of whether a medication storage review has been completed but stated s/he would check with Administrator B. Surveyor requested the 2024 and 2025 review of the provider's medication and medication storage systems by 2:00 p.m. on 03/10/2026. On 03/11/2026 at 12:31 p.m., Manager A provided Surveyor with a form for each resident labeled "Medication Goal and Authorization Review". The form had the residents name and a physician signature, but did not document a review of medication administration and did not include the medication storage system review.	N 404		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose,	N 409		

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N 409	Continued From page 2	N 409		

signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the administrator or designee audited, signed and dated the proof-of-use records on a daily basis.

Resident 1's Vyvanse 70 mg was not audited daily.

Findings include:

On 03/09/2026, Surveyor conducted a standard survey. The provider is licensed as a class AA (ambulatory) CBRF able to serve up to 8 residents within the client group of emotionally disturbed/mental illness.

On 03/09/2026 at approximately 1:00 p.m., Surveyor toured the facility with Manager A, including the medication storage room and documentation of medication administration. Surveyor reviewed the provider's daily audits of Resident 1's Vyvanse with Manager A. Surveyor noted that the proof-of-use record only documented the staff member who was administering the medications signature and asked who was responsible for auditing the proof-of-use record on a daily basis. Manager A stated that s/he audits the proof-of-use record. Surveyor asked who was responsible for the daily audit if Manager A had off or it was the weekend. Manager A stated that the caregivers should be doing the audit at the end of their shift. Surveyor

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N 409	Continued From page 3 asked Manager A asked if the proof-of-use record was signed and dated by the administrator or designee on a daily basis. Manager A stated no.	N 409		