STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012742	A. BUILDING: _____ B. WING _____	C 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER VIEW LLC	9215 W SILVER SPRING DR MILWAUKEE, WI 53225

(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 12/02/2025, Surveyors conducted a standard survey, and 2 complaint investigations at Silver View LLC. As a result, 10 deficiencies were identified, 1 complaint was unsubstantiated, and 1 complaint was substantiated. Four deficiencies were cited for a 2nd time, and 2 deficiencies were cited for the 3rd time. Census: 13	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a criminal background check was conducted for 1 of 1 employee (Caregiver D) reviewed. Findings include: Record Review	N 219		

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 219	Continued From page 1 On 12/02/2025, at 10:09 AM, Surveyors reviewed Caregiver D's employee file. Caregiver D was hired on 05/09/2025. Caregiver D's record did not contain a Department of Justice (DOJ) background check, or an Governmental Findings Report (GFR) check or an acceptable alternative. Interview On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported s/he completed Caregiver D's DOJ and GFR upon hire. Administrator A reported Caregiver D's DOJ and GFR check were located at a different facility. Administrator A reported s/he would email Surveyors documentation of completed DOJ and GFR check. On 12/03/2025, at 8:25 AM, Administrator A sent Surveyors an email. Administrator A reported s/he could not find Caregiver D's BID or DOJ report . Surveyors did not receive any evidence of Caregiver D's completed BID or DOJ report. Administrator A reported s/he completed a new DOJ and GFR background check for Caregiver D on 12/02/2025.	N 219		
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.	N 352		

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N 352	Continued From page 2	N 352		

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not ensure 1 of 1 (Resident 1) resident received all prescribed medications prescribed by a practitioner. Resident 1 did not receive her/his divalproex sodium, clozapine, olanzapine, calcium 600-vitamin (VIT) D, Jardiance, lisinopril, magnesium oxide, multivitamin, montelukast sodium, atorvastatin, fluticasone, cetirizine, and Trulicity as prescribed from September 2025 to November 2025.

Findings include:

On 09/26/2025 the department received a complaint alleging medication errors.

Record Review

On 12/02/2025, at 10:09 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 10/31/2024 with diagnoses including: schizoaffective disorder, bipolar type, generalized anxiety disorder, and personality disorder, unspecified.

On 12/02/2025, at 11:37 AM, Surveyors reviewed Resident 1's medication administration record (MAR). Resident 1 was prescribed the following medications: divalproex sodium 125milligram (mg)- take 3 capsules by mouth in the morning and take 4 capsules by mouth at bedtime, clozapine 50mg - take 2 tablets (100mg) by mouth at bedtime, olanzapine oral disintegrating tablet (ODT) 10mg - dissolve 1 tablet by mouth in the evening, olanzapine ODT 20mg tablet - take 1 tablet by mouth at bedtime, calcium 600-vitamin(VIT) D3 600mg - take 1 tablet by mouth 2

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N 352	Continued From page 3	N 352		

times a day, Jardiance 10mg (empagliflozin) - take 1 tablet by mouth in the morning, lisinopril 20mg - take 1 tablet by mouth in the morning, magnesium oxide 400mg - take 1 tablet by mouth in the morning, multivitamin with iron 15mg - take 1 tablet by mouth in the morning, montelukast sodium 10mg - take 1 tablet by mouth at bedtime, atorvastatin calcium 40mg - take 1 tablet by mouth at bedtime, fluticasone propionate 50micrograms (mcg) - instill 1 spray in each nostril 2 times a day, cetirizine hydrochloride (hcl) 10mg - take 1 tablet by mouth in the morning, and Trulicity 1.5 mg/0.5 milliliter(ml) (dulaglutide 1.5mg/0.5ml) - inject 0.5ml(1.5mg) subcutaneously in the morning once a week on Mondays. Surveyors identified the following missed doses:

divalproex sodium 125mg
- 09/06/2025 8:00 AM - "1 Med not available. Called Pharmacy and house manager (HM)"
- 09/06/2025 8:00 PM - "1 Med not available. Called Pharmacy and HM"
- 09/07/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"
- 10/20/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"

clozapine 50mg
- 09/15/2025 8:00 PM - "2 Other reason. Must notify HM."
- 09/16/2025 8:00 PM - "1 Med not available. Called Pharmacy and HM"
- 11/08/2025 8:00 PM - "2 Med not available. Called Pharmacy and HM"
- 11/09/2025 8:00 PM - "2 Med not available. Called Pharmacy and HM"
- 11/11/2025 8:00 PM - "2 Med not available. Called Pharmacy and HM"
- 11/12/2025 8:00 PM - "2 Med not available.

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 4	N 352		

Called Pharmacy and HM"
- 11/13/2025 8:00 PM - "2 Med not available. Called Pharmacy and HM"

Olanzapine 10mg
- 09/06/2025 4:00 PM - "1 Med not available. Called Pharmacy and HM"
- 09/07/2025 4:00 PM - "2 Other reason. Must notify HM."

Olanzapine 20mg
- 09/06/2025 8:00 PM - "1 Med not available. Called Pharmacy and HM"

calcium 600- vitamin (VIT) D3 600mg
- 09/06/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"
- 09/06/2025 4:00 PM - "1 Med not available. Called Pharmacy and HM"
- 09/07/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"
- 10/20/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"

Jardiance 10mg (empagliflozin)
- 09/07/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"
- 10/20/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"

lisinopril 20mg
- 09/07/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"
- 10/20/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"

magnesium oxide 400mg
- 09/07/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM"
- 10/20/2025 8:00 AM - "1 Med not available.

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 5 Called Pharmacy and HM" multivitamin with iron 15mg - 09/07/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM" - 10/20/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM" montelukast sodium 10mg - 09/06/2025 8:00 PM - "1 Med not available. Called Pharmacy and HM" atorvastatin calcium 40mg - 09/06/2025 8:00 PM - "1 Med not available. Called Pharmacy and HM" fluticasone propionate 50mcg - 09/07/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM" - 10/20/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM" cetirizine hcl 10mg - 09/06/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM" - 09/07/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM" - 10/20/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM" Trulicity 1.5 mg/0.5ml - 10/20/2025 8:00 AM - "1 Med not available. Called Pharmacy and HM" On 12/03/2025, at 4:00 PM, Surveyors reviewed pharmacy delivery reports. Pharmacy delivery reports indicated divalproex sodium 125mg was delivered on 08/29/2025, clozapine 50mg was delivered to the facility on 11/06/2025, and olanzapine 10mg and 20mg were delivered on	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012742	A. BUILDING: _____ B. WING _____	C 12/04/2025

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N 352	Continued From page 6 08/29/2025. Interview On 12/02/2025, at 2:08PM, Surveyors interviewed Administrator A and Director B. Administrator A confirmed medications were not given when documented with a "1" or "2" on Resident 1's MAR. Administrator A reported the prior director was responsible for medication refills and notified the pharmacy of out-of-stock medications prior to Director B who started on 09/22/2025. Administrator A reported s/he did not have documentation of pharmacy communication from prior administrator regarding out-of-stock medications. Administrator A reported s/he contacted pharmacy when medications were out of stock in the facility. Surveyors requested documentation of communication with pharmacy for missing medications. Administrator A did not provide documentation of communication with pharmacy.	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 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.	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 7	N 389		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 3 residents' (Resident 2, and Resident 3) Individual Service Plans (ISP) were signed by all required parties. Resident 2's, ISP was not signed by the licensee or administrator. Resident 3's ISP was not signed by her/his managed care organization (MCO).

This is a repeat deficiency. See Statement of Deficiency (SOD) XDTX13, dated 02/23/2021.

Findings include:

On 09/26/2025 the department received a complaint alleging care plans were not updated.

Record Review

On 12/02/2025, at 10:08 AM, Surveyors reviewed resident files and observed the following:

Resident 2 was admitted on 10/31/2024. Resident 2 was her/his own person. Resident 2's ISP was dated 11/21/2025. Resident 2's ISP was not signed by the licensee or administrator.

Resident 3 was admitted on 12/27/2023. Resident 3 had an activated healthcare power of attorney (POA). Resident 3's ISP was dated 05/15/2024. Resident 3's ISP was due to be reviewed in May of 2025. Surveyors did not review any evidence Resident 3's ISP was reviewed in May of 2025.

On 12/03/2025, at 8:25 AM, Administrator A emailed Surveyors Resident 3's updated ISP.

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 8 Resident 3's ISP was dated 12/10/2024. Resident 3's ISP was not signed by Resident 3's MCO. Interview On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A and Director B. Administrator A confirmed the code requirement. Administrator A reported Resident 3's ISP was updated in December of 2024 and was due for review December of 2025. Administrator A reported s/he would email Surveyors documentation of Resident 3's ISP review. On 12/04/2025, at 11:00 AM, Surveyors interviewed Administrator A and Director B. Administrator A reported the facility was currently in the process of changing ISPs to ensure all parties involved in the process are present to sign annual updates.	N 389		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers (Caregiver D) reviewed were delegated to administer injectable medications by the providers current registered nurse (RN) within the	N 416		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012742	A. BUILDING: _____ B. WING _____	C 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 416	Continued From page 9 scope of their license. Findings include: Record Review On 09/26/2025 the department received a complaint alleging non-delegated staff administered injectable medications. On 12/02/2025, at 10:09 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 10/31/2024 with diagnoses including: schizoaffective disorder, bipolar type, generalized anxiety disorder, and personality disorder, unspecified. On 12/02/2025, at 10:30 AM, Surveyors reviewed Caregiver D's file. Surveyors did not review evidence of training or delegation from an RN for Caregiver D to administer injectable medications. On 12/02/2025, at 11:37 AM, Surveyors reviewed Resident 1's medication administration record (MAR). Resident 1 was prescribed the following medications: "Trulicity 1.5 milligrams(mg)/0.5 milliliter(ml) (dulaglutide 1.5mg/0.5ml) - inject 0.5ml(1.5mg) subcutaneously in the Morning Once a Week on Mondays....". Resident 1's MAR indicated the following: Trulicity subcutaneous injection - 09/01/2025 8:00 AM - Administered by Caregiver D - 09/08/2025 8:00 AM - Administered by Caregiver D - 09/14/2025 8:00 AM - Administered by Caregiver D - 10/13/2025 8:00 AM - Administered by Caregiver D	N 416		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012742	A. BUILDING: _____ B. WING _____	C 12/04/2025

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N 416	Continued From page 10 On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A, Director B, and RN C. Administrator A reported Caregiver D was delegated to perform medication injections by RN C. RN C provided Surveyors with delegated tasks for Caregiver D dated 10/24/2025. On 12/04/2025, at 11:00 AM, Surveyors interviewed Administrator A and Director B. Administrator A reported s/he could not locate Caregiver D's delegation paperwork to perform medication injections prior to RN C's delegation on 10/24/2025.	N 416		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing.	N 447		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER VIEW LLC	9215 W SILVER SPRING DR MILWAUKEE, WI 53225

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N 447	Continued From page 11	N 447		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the facility had a commercial dishwasher.

This is a repeat deficiency. See Statement of Deficiency (SOD) XDTX17 dated, 12/16/2023, and XDTX15, dated 07/20/2022.

Findings Include:

The facility is a class CNA non-ambulatory community based residential facility licensed to serve up to 23 residents in the areas of advanced age, irreversible dementia/ Alzheimer's, developmentally disabled, emotionally disturbed/ mental illness, and physically disabled.

On 12/02/2025, at 9:25 AM, Surveyors toured the kitchen. Surveyors observed a 3-compartment sink. Surveyors did not observe a commercial dishwasher in the kitchen.

On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A and Director B. Administrator A reported the dishwasher was removed because it leaked water and damaged the kitchen floor. Administrator A did not provide an exact date the dishwasher was removed. Administrator A reported the dishwasher needed to be repaired. Administrator A reported the floor in the kitchen needed to be repaired prior to the dishwasher being reinstalled. Administrator A reported s/he did not have a timeline for completion of repairs and dishwasher installation.

On 12/03/2025, at 8:25 AM, Administrator A emailed Surveyors. Administrator A reported the dishwasher repair company was responsible for the floor repair. Administrator A did not provide a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012742	A. BUILDING: _____ B. WING _____	C 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER VIEW LLC	9215 W SILVER SPRING DR MILWAUKEE, WI 53225

(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 447	Continued From page 12 timeline for repairs in her/his email.	N 447		
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 ensure all foods were properly stored. The kitchen freezer contained undated and unsealed food items, and the resident refrigerator in the common area of the first floor contained undated and uncovered food items. This is a repeat deficiency. See Statement of Deficiency (SOD) XDTX13, dated 02/23/2021, and XDTX12, dated 01/14/2020. Findings include:	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012742	A. BUILDING: _____ B. WING _____	C 12/04/2025

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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 452	Continued From page 13 On 09/26/2025 the department received a complaint alleging food was not properly labeled or dated. On 12/02/2025, at 9:25 AM, Surveyors toured the facility kitchen and observed the following: Kitchen Freezer One plastic bag of raw cookies - undated One plastic bag which contained a red pureed fruit - undated One plastic bag of chopped pineapples - undated One opened and unsealed bag of sliced crinkle cut carrots - undated Resident refrigerator One metal pan containing a jello-like substance - uncovered and undated According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (ServSafe Coursebook, 7th Ed., 2017, p. 5-23) On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A and Director B. Administrator A confirmed the code requirement.	N 452		

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	0012742	A. BUILDING: _____ B. WING _____	C 12/04/2025

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N 452	Continued From page 14 Administrator A reported staff were trained on proper food storage and safety. Administrator A reported the staff for the day were responsible for food safety.	N 452		
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 living environment that was clean, comfortable, and homelike for 13 of 13 residents. Kitchen cabinets were sticky to the touch. The kitchen ceiling contained stains. The kitchen floor tiles were raised. Resident bathrooms contained accumulation of what resembled dust on the exhaust fans, did not contain paper towels or toilet paper, and the walls were damaged. Window fixtures on the second-floor common area were broken. This is a repeat deficiency. See Statement of Deficiency (SOD) XDTX15, dated 07/20/2022. Findings include: The facility is a class CNA non-ambulatory community based residential facility licensed to serve up to 23 residents in the areas of advanced age, irreversible dementia/ Alzheimer's, developmentally disabled, emotionally disturbed/	N 481		

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N 481	Continued From page 15 mental illness, and physically disabled. On 09/26/2025 the department received a complaint alleging resident bathrooms were not being maintained. On 12/02/2025, at 9:25 AM, Surveyors toured the facility and observed the following: Kitchen: Exterior doors of cupboards throughout the kitchen were sticky to touch and contained food residue. The insides of the cupboards throughout the kitchen had crumbs and dried food spills in them. Multiple kitchen cabinets had broken handles. The ceiling above the stove contained a food like substance. First Floor Resident Bathrooms: Ceiling and exhaust fans in 2 of 3 bathrooms were coated with a substance consistent with dust approximately 1/8 inch thick. 1 of 3 bathroom contained broken toilet seats. 1 of 3 restrooms did not have toilet paper for residents. Second Floor Resident Bathrooms: Ceiling and exhaust fans in 3 of 3 bathrooms were coated with a substance consistent with dust approximately 1/8 inch thick. 3 of 3 restrooms did not contain toilet paper or paper towels for residents. 1 of 3 restrooms contained a broken toilet paper holder. The toilet paper holder was placed on top of a paper towel dispenser on the wall opposite of the toilet. 1 of 3 resident bathrooms contained a broken grab bar next to the toilet.	N 481		

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N 481	Continued From page 16 Second Floor Common Areas: 1 common area contained broken blinds. Broken pieces of blinds were leaned up against the window and on the floor below the window. On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A and Director B. Director B reported the restrooms were in the process of being restocked and cleaned when Surveyors toured. Administrator A reported staff were trained to stock and clean restrooms. Administrator A reported maintenance would make needed repairs and restrooms would be stocked.	N 481		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of 1 of 1 furnace. A wooden work desk within 10 inches of the furnace. Findings include: On 12/02/2025, at 9:25 AM, Surveyors toured the facility with Director B. The maintenance room contained 1 furnace. Surveyors observed a wooden work desk within 10 inches of the furnace. On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A and Director B. Administrator A confirmed the code requirement. Administrator A reported the table was moved by	N 507		

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N 507	Continued From page 17 maintenance staff too close to the furnace. Administrator A reported s/he would have maintenance staff move the table away from the furnace.	N 507		
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 drills conducted in each quarter for 2 of 2 years (2024 and 2025) documented total evacuation times. Fire drills reviewed by Surveyors did not contain total evacuation times. This is a repeat deficiency. See Statement of Deficiency (SOD) XDTX14, dated 11/30/2021.	N 525		

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N 525	Continued From page 18 Findings include: On 09/26/2025 the department received a complaint alleging emergency drills were not being conducted. On 12/02/2025, at 12:21 PM, Surveyors reviewed safety records and identified the following: Five fire drills were conducted in 2024 on 01/13/2024, 04/11/2024, 08/21/2024, 09/17/2024, and 11/11/2024. Fire drills reviewed by Surveyors did not contain start and end times, or total evacuation times. Four drills were conducted in 2025 on 01/22/2025, 04/17/2025, 08/18/2025, and 09/23/2025. Fire drills reviewed by Surveyors did not contain start and end times, or total evacuation times. On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A and Director B. Administrator A confirmed the code requirement. Administrator A reported staff were responsible for completing quarterly fire drills. Administrator A reported staff were trained to document total evacuation time. Administrator A reported times were not documented because staff used the incorrect form for documentation. Administrator A reported staff would be retrained on new documentation form for evacuation drills.	N 525		
N 616	83.55(6)(a) Bath and toilet areas: water supply. The CBRF shall connect each sink, bathtub and shower to hot and cold water, and supply adequate hot water to meet the needs of the residents.	N 616		

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N 616	Continued From page 19	N 616		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure the supply of hot water was adequate to meet the needs of 13 of 13 residents. The hot water in 5 of 5 resident bathrooms ranged from 58.6° Fahrenheit (F) to 77.4° F.

This is a repeat deficiency. See Statement of Deficiency (SOD) XDTX18, dated 12/26/2023.

Findings include:

On 09/26/2025 the department received a complaint alleging water temperatures were not being taken.

On 12/02/2025, at 9:25 AM, Surveyors toured the facility. Surveyors tested water temperature in each of the resident bathrooms. The resident bathroom hot water temperature measured the following:

First floor east bathroom - 75.6° F
First floor shower room - 77.4° F
Second floor west side - 75.6° F
Second floor east side - 72.3° F
Second floor shower room - 58.6° F

Surveyors observed the water heater in the basement. The water heater was set to 144° F.

On 12/02/2025, at 12:30 PM, Surveyors reviewed the facility hot water temperature logs. The hot water temperature logs reported the facility tested the water on a weekly basis. The hot water temperature logs reported the following:

12/01/2025

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N 616	Continued From page 20 First floor east bathroom - 104.0° F First floor shower room - 104.0° F Second floor west side - 110.0° F Second floor east side - 103.0° F Second floor shower room - 103° F On 12/02/2025, at 12:30 PM, Surveyors interviewed Resident 3 and Resident 4. Resident 3 reported s/he showered on the 2nd floor and the water never got warm. Resident 4 reported s/he took a shower on the 1st floor and the water sometimes would get warm, but it took a very long time. Resident 3 reported s/he would like a hot shower. On 12/02/2025, at 2:08 PM, Surveyors interviewed Administrator A and Director B. Administrator A reported the water temperature was tested on a regular basis. Administrator A reported s/he was unaware the water temperature was low. Administrator A reported s/he would ensure the water temperature was corrected by maintenance staff.	N 616		