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TOUCHMARK ON WEST PROSPECT	**2601 TOUCHMARK DR APPLETON, WI 54914**

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N 000	Initial Comments On 03/19/2026 with additional information gathered through 03/24/2026, Surveyor conducted two (2) complaint investigations at Touchmark on West Prospect. As a result a total of two (2) deficiencies were identified, with one repeat deficiency. Two of (2) complaints were substantiated. Census: 41	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees were screened for communicable disease within 90 days before the start of employment. Three (3) employee records did not contain a statement indicating the employees were screened for illness detrimental to residents by a	N 220		

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

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N 220	Continued From page 1 qualified reviewer (a registered nurse, nurse practitioner, physician's assistant, or physician). This is a repeat deficiency. See Statement of Deficiency (SOD) #3QED11, dated 02/23/2021. Findings include: The provider is licensed to care for 52 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 11/11/2025, the Department received a complaint regarding concerns with employees' health screening. On 03/19/2026, Surveyor requested health screening documentation for three (3) employees. ~Caregiver A was hired on 01/05/2026. Caregiver A's file included results of a TB test and a "TB (Tuberculosis) and Communicable Disease Symptom Screening" form completed on 12/22/2025. Caregiver A's TB and Communicable Disease screening form was not signed or dated by a qualified reviewer. ~Server B was hired on 08/25/2025. Server B's file included results of a TB test and a "TB and Communicable Disease Symptom Screening" form completed on 08/13/2025. Server B's TB and Communicable Disease screening form was not signed or dated by a qualified reviewer. ~LPN (Licensed Practical Nurse)-C was hired on 02/28/2026 the file contained a QuantiFERON Gold test completed on 07/23/2025 and a "TB and Communicable Disease Symptom Screening" form completed on 02/24/2026.	N 220		

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N 220	Continued From page 2 LPN-C's TB and Communicable Disease screening form was not signed or dated by a qualified reviewer. ***Surveyor noted all three (3) employees listed above had a "TB and Communicable Disease Symptom Screening" form indicating, "Current state regulations requires screening newly hired persons...A physician, physician assistant, clinical nurse practitioner, or licensed RN shall screen each person for clinically apparent communicable disease, including TB and document the results of the screening..." At the bottom of the "TB and Communicable Disease Symptom Screening" form was a statement indicating, "The employee has been screened for clinically apparent communicable diseases including TB and shows no signs or symptoms that could be transmitted to residents during the normal performance of the team member's duties." After this statement the form prompts for a required qualified reviewer signature and date. All three (3) employee forms (Caregiver A, Server B and LPN-C) contained no signature or date by a qualified reviewer as this information was left blank. On 03/19/2026 at 10:30 AM, Surveyor reviewed the above information with HSD (Health Services Director)-D and HRM (Human Resource Manager)-E. Both HSD-D and HRM-E verified the provider did not have evidence the above employees were screened for clinically apparent communicable disease including TB by a qualified reviewer. Surveyor discussed in addition to the employee TB test the requirement indicates the need for documentation by a qualified reviewer that all employees have been screened and are free of communicable disease including TB. HSD-D and HRM-E indicated they were not familiar with the additional requirement	N 220		

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N 220	Continued From page 3 of a qualified reviewer until explained by Surveyor. Both HSD-D and HRM-E verified understanding the regulation requirements and indicated they will be looking into this and plan to conduct audits on all employee files.	N 220		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the	N 431		

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provider did not consistently monitor the health of residents, make necessary arrangements for health services, or document communication with the resident's physician for 1 of 1 resident reviewed.

On 10/06/2025, the provider collected a urine specimen and sent it to the lab for analysis due to Resident 1 experiencing cloudy, foul smelling, sediment urine. On 10/08/2025, the provider faxed Resident 1's urine culture lab results to the physician. The was no further evidence the provider communicated or made attempts to reach out to the physician regarding the faxed urine culture lab results to determine if treatment or further management was needed. Four days later (10/11/2025), Resident 1 had a thirty (30) second episode of non-responsiveness, with a physical and cognitive decline. There was no evidence the provider communicated with Resident 1's physician following this incident. On 10/15/20235, Resident 1 experienced blood in his/her urine, went non-responsive while being toileted and was sent to the ED (Emergency Department) and diagnosed with a UTI (Urinary Tract Infection).

Resident 1 experienced a five-pound weight loss in one month from 07/31/2025 to 08/30/2025. Following the weight loss on 08/30/2025, the provider did not reweigh Resident 1, notify the physician or make adjustments to Resident 1's plan of care to prevent further weight loss until 10/15/2025, 45 days after the noted weight loss.

Findings include:

On 11/18/2025, the Department received a complaint regarding care concerns.

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N 431	Continued From page 5 On 03/23/2026, Surveyor reviewed Resident 1's closed record. Resident 1 was admitted to the facility on 02/07/2025, with diagnoses to include fracture of right fibula, mixed benign neoplasm of colon, ulcerative colitis, type 2 diabetes and adult failure to thrive. Resident 1's HCPOA (Health Care Power of Attorney) was activated on 06/20/2025. Additionally, the record indicated Resident 1 began receiving Hospice services on 10/20/2025. On 03/19/2026, Surveyor requested all of Resident 1's "Care Notes" from 07/2025 through 11/2025. Resident 1's care notes documented the following: ~10/06/2025 at 10:53 AM- "Staff report cloudy and chunky urine. Will attempt to get a urine specimen to send in." ~10/06/2025 at 6:27 PM- "Urine collected and sent to lab related to malodorous, cloudy, much sediment. Dip was positive for moderate leukocytes." ~10/07/2025 at 5:51 PM- "Result of Urine Lab results were faxed to [Physician J]. Waiting on orders." ~10/11/2025 at 2:34 PM- "Did not have a good morning. Staff were unable to get [him/her] up and out of bed. Attempts made to change [him/her] in bed. Finally able to get [him/her] up and into the bathroom. While in the bathroom [s/he] had a 30 second period of going non-responsive. Vitals taken BP 110/62 (manual) pulse 100, O2 98% and temp 98. [Resident 1] only stated [s/he] had some pain in [his/her] legs but was unclear where it was. Denied chest pain and nausea. Updated POA and discussed both physical and cognitive decline. Will have staff monitor for 24 hours and complete additional vitals. Staff instructed to get [him/her] some food	N 431		

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and hydrate feeling [s/he] could be dehydrated."
~10/11/2025 at 3:02 PM- "[S/he] needed more assistance. Did not get up today."
~10/15/2025 at 3:18 AM- "Team member called to report resident has dark blood in his urine. On site nursing notified for follow up in AM."
~10/15/2025 at 8:39 AM- "Staff alerted writer [Resident 1] went non-responsive while toileting [him/her] this morning. Noted this lasted 15-20 seconds. Vitals taken BP 98/57, Pulse 79, O2 95%. Staff also alerted that [his/her] brief was soiled with blood and had urinated blood in the toilet. Writer called POA and suggested [s/he] be sent to the ED for evaluation which POA agreed. Non-emergent was called and [Resident 1] was sent to ED."
~10/15/2025 at 4:00 PM- "[Resident 1] returned shortly after lunch and was started on antibiotics for UTI. Writer also spoke with POA, and [s/he] had asked for us to get a referral for hospice. This was sent to [Physician J]. Once received will talk to [her/him] about which agency [s/he] would like to go with."

A laboratory report for Resident 1 dated 10/06/2025 indicated, "See Values: Urinalysis Macro/microscopic with culture if indicated...Positive for blood, white blood cells, protein, and leukocyte Esterase...Culture pending." The laboratory report noted LPN (Licensed Practical Nurse)-L faxed the report to Physician J on 10/07/2025.

A laboratory report for Resident 1 dated 10/08/2025 indicated, "Culture Urine-50,000-100,000 cfu/ml multiple morphotypes present. Suggest appropriate recollection with timely delivery to the laboratory, if clinically indicated." The laboratory report noted LPN-L faxed the report to Physician J on 10/08/2025.

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N 431	Continued From page 7 An ED "After Visit Summary" report for Resident 1, dated 10/15/2025 indicated, "Diagnosis Urinary Tract Infection with hematuria, site unspecified...Start taking cephalexin 500 mg by mouth twice daily for ten (10) days." Note: No evidence was found within Resident 1's record the provider communicated or made attempts to reach out to the physician regarding the resident's urine culture lab results faxed on 10/08/2025 to determine if treatment or further management was needed. No evidence was found the provider communicated with the physician following Resident 1's thirty (30) second episode of non-responsiveness, with a physical and cognitive decline on 10/11/2025. On 03/24/2026 at 11:07 AM, Surveyor sent HSD (Health Services Director)-D and Administrator K an email asking if they had any documented evidence they reached out to Resident 1's physician regarding the above urine lab results to determine if treatment or further management was needed. Surveyor also asked if they had any documented evidence they communicated with the physician following Resident 1's thirty (30) second episode of non-responsiveness, with a physical and cognitive decline on 10/11/2025. At 4:39 PM, Surveyor sent a follow-up email asking HSD-D and Administrator K to provide their response(s) or any additional information regarding the above questions by the end of day. At 4:58 PM, HSD-D sent the above laboratory reports dated 10/06/2025 and 10/08/2025 for Resident 1 and replied, "The UTI culture results have faxed stamped onto them as they were sent to [Physician J's] office." HSD-D also sent Surveyor a "Fax Communication to Physician" dated 10/15/2025 indicating, "Please note	N 431		

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[Resident 1] was sent to ED this morning because of a 15-20 episode of being non-responsive. This is the second in a week. Also had blood in the urine today. Found [s/he] has a [UTI]. Antibiotic Cephalexin 500 mg started. Because of noted decline POA would like a referral for hospice care." HSD-D stated, "The attached shows the faxed communication regarding the 30 second episode." No additional information was provided to the Surveyor.

In conclusion, the provider had no documented evidence they communicated or made attempts to reach out to the physician following the faxed urine culture lab results on 10/08/2025 to determine if treatment or further management was needed. In addition, there was no documented evidence the provider communicated with Resident 1's physician following the (30) second episode of non-responsiveness, with a physical and cognitive decline on 10/11/2025, until 10/15/20235, when Resident 1 experienced blood in his/her urine, went non-responsive and was sent to the ED and diagnosed with a UTI.

Weight

The facility's weight loss policy and procedure revised 02/27/2026 indicated, "...Procedure: Touchmark recognizes that as residents go through various health and cognitive disease processes, that there may be times when a resident gains and/or loses weight. Therefore, the following protocol will be implemented...Touchmark staff will obtain a monthly weight unless otherwise indicated by a physician. If weight has a 3-pound variance from previous month, a reweight will be done...Weights are reviewed by nursing staff every month to

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determine gain or loss and to develop interventions as needed in collaboration with the physician and family."

On 03/23/2026, Surveyor reviewed Resident 1's ISP (Individual Service Plan) dated 06/03/2025, which indicated, "[Resident 1] has a good appetite and likes Pepsi, plain water, hamburgers...Does not like Salmon...Resident weight is stable. [Resident 1] states weight has been stable and [s/he] is usually around 170 pounds...Eating- No assistant required...Check vitals and weight monthly." Resident 1's ISP dated 09/30/2025, indicated, "Management of care- Community Licensed Nurse will communicate Resident's health needs/changes with resident's physician(s) and responsible party/family members. As questions concerns, or changes occur, physician will be contacted by phone or fax...Health Management- Monthly Vitals: Resident's vital signs and weight will be checked monthly...Dietary- Regular diet, regular texture/thin liquids, Resident will independently consume meals daily..."

On 03/23/2026, Surveyor reviewed weight records which identified the following weights in pounds for Resident 1:
07/01/2025- 158
07/31/2025- 156.2
08/30/2025- 151.2 (a 5-pound weight loss in 30 days)

Note: No weights were documented for Resident 1 during the month of September 2025 and October 2025. Surveyor noted attempts were made to weigh Resident 1 on 10/10/2025, 10/24/2025 and 10/27/2025, and 11/01/2025, but Resident 1 refused. Surveyor was unable to determine if Resident 1 experienced further

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weight loss after 08/30/2025, as there were no documented weights after 08/30/2025.

On 03/23/2026, Surveyor reviewed Resident 1's "Care Tracking Sheet- Meal Tracking" record for August 2025, September 2025 and October 2025 and the following was noted:

~In August 2025, Resident 1 consumed 50% or less for 11 meals out of 40 meals documented. Resident 1's August 2025 meal tracking documentation recorded the percentages of the meals consumed at 9 AM (Breakfast meal) and 1 PM (Lunch meal), but no meal tracking was completed for the dinner meal.

~In September 2025, Resident 1 consumed 50% or less for 20 meals out of 50 meals documented. Resident 1's September 2025 meal tracking documentation recorded the percentage of the meals consumed at 9 AM (Breakfast meal) and 1 PM (Lunch meal), but no meal tracking was completed for the dinner meal.

~From 10/01/2025 through 10/15/2025, Resident 1 consumed 50% or less for 14 meals out of 25 meals documented. Resident 1's meal tracking documentation recorded the percentages of meals consumed at 9 AM (Breakfast meal) and 1 PM (Lunch meal), but no meal tracking was completed for the dinner meal.

Note: On 10/15/2025, the following was added to Resident 1's plan of care: meal tracking for the dinner meal, hydration and snack tracking 2-4 times a day and for staff to obtain weekly weights. On 10/30/2025, a protein shake/drink was added and offered by staff every four (4) hours while awake. ****No additional weights were documented following Resident 1's noted five (5)

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pound weight loss on 08/30/2025. Resident 1 consumed less than 50% of meals for 34 meals out of 75 meals documented from 09/01/2025 through 10/15/2025, and no updates or changes were made to Resident 1's plan of care until 10/15/2025, 45 days after the noted weight loss.

Interviews

On 03/19/2026 at 3 PM, Surveyor interviewed Family Member F regarding Resident 1. Family Member F stated, "[Resident 1] was not eating well for most of [his/her] stay at the facility. We received inconsistent information from staff which made it hard for family to help. When family couldn't be there to monitor [Resident 1] [s/he] would often refuse to eat and would opt to stay in bed. [HSD-D] told me [Resident 1] was eating fine, staff were weighing [him/her] and [his/her] weight was stable...I relied on [HSD-D's] statement that [Resident 1's] weight was fine when in fact it was not." Family Member F shared the following email s/he sent to HSD-D on 10/15/2025 at 8:16 AM, "[Resident 1's] nutritional needs have not been met and it is clearly affecting [his/her] health- each time I have brought this up it is met with defensiveness and refusal to provide suitable alternatives for [him/her]."

On 03/19/2026 at 11:30 AM, Surveyor interviewed Caregiver G regarding Resident 1. Caregiver G verified s/he worked with Resident 1 during the AM/PM shifts. Caregiver G stated, "[Resident 1] really liked shrimp, cookies, crackers and juice and would push away all other foods. [Resident 1] wouldn't get up for dinner much because [s/he] said [s/he] was too tired...We would save [Resident 1's] shrimp in case [s/he] got up to eat."

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N 431	Continued From page 12 On 03/19/2026 at 12:15 PM, Surveyor interviewed CMA (Certified Medication Aide)-H regarding Resident 1's food intake. CMA-H stated, "For lunch [Resident 1] only wanted a salad. When [Resident 1] wasn't eating [Family Member F] said [Resident 1] liked shrimp, so we served [Resident 1] shrimp for dinner. [Resident 1] would sleep during the day and during meals. We would offer snacks and try to get [Resident 1] up to eat, which was successful at times, but [s/he] would want to go right back to bed. The family brought in Ensure drinks for [Resident 1], and [s/he] seemed to enjoyed the Ensure and would say it tasted like heaven." On 03/19/2026 at 10:45 AM, Surveyor interviewed HSD-D regarding Resident 1. HSD-D indicated Resident 1 moved into the facility with a diagnosis of failure to thrive and was placed on hospice services on 10/20/2025. HSD-D indicated the provider worked with Resident 1, the family, and kitchen staff to provide meals the resident preferred such as shrimp, but Resident 1 would not be interested in his/her preferred foods. On 03/24/2026 at 11:54 AM, Surveyor sent HSD-D and Administrator K an email asking about the facility's weight loss policy and if a reweigh was completed following Resident 1's five (5) pound weight loss documented on 08/30/2025. Surveyor also asked if Resident 1's weight loss was evaluated, communicated with the physician and if any updates were made to the resident's plan of care following the identified weight loss on 08/30/2025. At 4:39 PM, Surveyor sent a follow-up email asking HSD-D and Administrator K to provide their response(s) or any additional information regarding the above questions by the end of day. On 03/24/2026 at 8:02 PM, HSD-D replied, "In further investigation,	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015172	A. BUILDING: _____ B. WING _____	C 03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHMARK ON WEST PROSPECT	2601 TOUCHMARK DR APPLETON, WI 54914

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N 431	Continued From page 13 [Resident 1] was not added to weekly weights immediately and did begin refusing weights. On 10/15/2025, [Resident 1] was placed on weekly weight monitoring and 2 x/day hydration and snack passes to promote caloric intake...The family was aware [Resident 1] was frequently refusing meals and starting to decline in July 2025...On 07/23/2025, a family meeting was held where suggestions were made and adjustments processed. Care notes revealed the following on 07/23/2025: "Other Suggestions by family: ...Shades should remain open during the day or open first thing in the morning which may help [Resident 1] wake up...Watch the temperature in the room. They noted many times it is too warm again contributing to the difficulty of waking [him/her] up...Make sure when ordering meals [Resident 1] really likes shrimp and knowing [s/he] will have shrimp for dinner will be an incentive to get up for dinner. Increase protein in meals when ordering for [him/her]...When needing [Resident 1] to get up or in convincing [him/her] not to lay down and take a nap using verbiage such as [Resident 1] remember your goals that need to be achieved here." No additional information was provided to the Surveyor. In conclusion, Resident 1 experienced a five-pound weight loss in one month from 07/31/2025 to 08/30/2025. Following the weight loss 08/30/2025, the provider did not reweigh Resident 1, notify the physician or make adjustments to Resident 1's plan of care to prevent further weight loss until 10/15/2025, 45 days after the noted weight loss.	N 431		