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	0014252	A. BUILDING: _____ B. WING _____	C 04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANITOBA GROUP HOME	3018 SOUTH 9TH STREET MILWAUKEE, WI 53215

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N 000	Initial Comments On 04/08/2026, Surveyor completed a standard survey and complaint investigation at Manitoba Group Home. As a result, 7 deficiencies were cited. The complaint was substantiated. Census: 6	N 000		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 residents (Resident 4, Resident 5, Resident 6, Resident 7) were served a 30-day written advance notice of discharge. Residents were not provided with a 30-day written notice of discharge when residents were moved to another Community Based Residential Facility (CBRF). Findings include: On 09/12/2025, the Department received a	N 326		

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

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N 326	Continued From page 1 complaint alleging the provider moved residents to another CBRF without proper notice. On 04/06/2026, at 11:45 AM, Surveyor requested the discharge notices for all residents regarding the move on 07/31/2025. Surveyor was unable to review any evidence of discharge notice supplied to Resident 4, Resident 5, Resident 6, and Resident 7. On 04/06/2026, at 12:15 PM, Surveyor interviewed Program Manager A. Program Manager A confirmed Resident 4, Resident 5, Resident 6, and Resident 7 were their own legal representative and did not receive a written notice of discharge. Program Manager A reported the residents were told about the move approximately 2 weeks prior to the move taking place. Program Manager A reported there were emails to the county regarding the move. Program Manager A reported the move was in regard to behavior and drug use by the residents. The new placement was more secure with more staff to assist the residents with their behaviors and drug use.	N 326		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF	N 406		

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N 406	Continued From page 2 shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not establish an effective procedure for proper destruction and disposal of expired medications. Expired medications were observed stored with resident's non-expired medications in 1 of 2 medication cabinets. Findings include: On 04/06/2026, at 10:30 AM, Surveyor reviewed the medication filing cabinets. Surveyor observed Resident 1 had 11 acetaminophen 500 milligrams (mg) tablets which indicated it expired on 01/24/2026. On 04/06/2026, at 12:55 PM, Surveyor interviewed Program Manager A. Program Manager A confirmed the code requirement. Manager A reported the nurse was responsible for weekly checks to ensure expired medication was removed from the medication cabinets.	N 406		
N 407	83.37(1)(h) Scheduled psychotropic medications.	N 407		

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N 407	Continued From page 3	N 407		

Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 3) were assessed for the desired responses and possible side effects of her/his scheduled psychotropic medication by a pharmacist, practitioner, or registered nurse (RN) quarterly for the years 2023, 2024 and the 1st quarter of 2025. Resident 3's and Resident 4's records did not contain documentation indicating Resident 3 and Resident 4 were assessed for desired responses or side effects.

Findings include:

On 06/13/2025, at 12:15 PM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 07/31/2025 with diagnoses including schizophrenia. Resident 1's medication administration record (MAR), dated 06/27/2026, identified Resident 3 was prescribed Abilify 400 milligram (mg) injection every 4 weeks with a start date of 11/19/2025, aripiprazole 15 mg tablet by mouth once a day with a start date of

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N 407	Continued From page 4 06/10/2025, clonazepam 1 mg tablet by mouth twice a day with a start date of 11/24/2025, haloperidol 5 mg tablet by mouth three times a day with a start date of 09/23/2025, Invega Sustenna 235 mg/1.5 milliliter (mL) injection every 4 weeks with a start date of 09/03/2025, and olanzapine 5 mg tablet by mouth twice a day with a start date of 10/10/2025. Resident 1's record did not contain documentation indicating a psychotropic medication review by a pharmacist, practitioner, or RN was completed quarterly in the 3rd and 4th quarter of 2025, and the 1st quarter of 2026. Resident 3 was admitted to the facility on 10/01/2022, with diagnoses including schizophrenia. Resident 3's MAR, dated 03/27/2026, identified Resident 3 was prescribed lorazepam 1 mg tablet by mouth three times a day with a start date of 03/27/2026, olanzapine 2.5 mg tablet by mouth once a day with a start date of 03/27/2026, clozapine 550 mg once a day with a start date of 03/17/2026, divalproex 500 mg tablet twice a day with a start date of 09/30/2025, haloperidol 10 mg tablet twice a day with a start date of 09/30/2025, olanzapine 2.5 mg tablet once a day with a start date of 03/17/2026, olanzapine 5 mg tablet once a day with a start date of 09/30/2025, propranolol 20 mg tablet three times a day with a start date of 09/30/2025, and sertraline 50 mg tablet once a day with a start date of 09/30/2025. Resident 3's record did not contain documentation indicating a psychotropic medication review by a pharmacist, practitioner, or RN was completed quarterly in the 3rd and 4th quarter of 2025, and the 1st quarter of 2026.	N 407		

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N 407	Continued From page 5 On 04/06/2026, at 11:20 AM, Surveyor interviewed Program Manager A. Program Manager A confirmed the code requirement. Program Manager A looked for evidence of the psychotropic medications reviews and reported s/he was unable to find them. Program Manager A reported s/he was unaware if the nurse was completing them. Program Manager A reported they would look at the resident's phsychiatrist to complete the reviews during appointments.	N 407		
N 423	83.37(3)(g) Medication storage: controlled substances. Controlled substances. The CBRF shall provide separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Schedule II medications were in separately lock compartments within the locked medication cabinet for 3 of 3 residents (Resident 1, Resident 2, and Resident 3). The boxes which contained the Schedule II medications were not locked. Findings include: On 04/06/2026, at 10:30 AM, Surveyor observed the medication filing cabinets and observed the following: Resident 1 had a gray box in her/his medication	N 423		

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N 423	Continued From page 6 drawer. The box contained a combination lock on the top of the box. Surveyor was able to open the box. The box contained 2 medication cards of clonazepam 1 milligram (mg) tablets for AM and PM. Resident 2 had a black lock box in her/his medication drawer. The lock box did not contain a locking mechanism. The box contained 2 medication cards of lorazepam 1 mg tablets for AM and PM. Resident 3 had a lock box in her/his medication drawer. The lock box contained a hasp and a keyed padlock. The padlock was not engaged. The box contained 2 medication cards of lorazepam 1 mg tablets for AM and PM. On 04/06/2026, at 12:55 PM, Surveyor interviewed Program Manager A. Program Manager A confirmed the code requirement. Program Manager A reported s/he would educate the staff to ensure the Schedule II medications were securely stored.	N 423		
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 ensure tornado, flooding, or other emergency or disaster drills were conducted semi-annually for 2 of 2 years. There was only 1 other emergency or disaster drills conducted in 2025 and no other emergency or disaster drills	N 526		

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N 526	Continued From page 7 conducted in 2024. Findings include: On 04/06/2026, at 10:15 AM, Surveyor reviewed the facility safety file. Tornado drill was conducted on 06/10/2025. Surveyor was unable to locate evidence of other evacuation drills for 2025 and 2024. On 04/06/2026, at 12:55 PM, Surveyor interviewed Program Manager A. Program Manager A confirmed the code requirement. Program Manager A reported the operation coordinators were responsible for conducting other drills. Program Manager A was unable to find the other evacuation drills. Program Manager A reported s/he would ensure the other drills contained were conducted as code required.	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire inspection for 1 of 2 years reviewed (2024). Findings include: On 04/06/2026, at 11:30 AM, Surveyor requested to review safety files. The documentation indicated a fire inspection was conducted on	N 530		

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N 530	Continued From page 8 08/09/2025. Surveyor was unable to locate evidence a fire inspection was conducted in 2024 On 04/06/2026, at 12:55 PM, Surveyor interviewed Program Manager A. Program Manager A reported s/he would contact someone regarding the fire inspection report and send it to Surveyor. As of 04/08/2026, at 12:00 PM, no documentation was received by Surveyor.	N 530		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the temperature of water at fixtures used by residents did not exceed 115 degrees Fahrenheit (F) in 1 of 1 bathroom. Bathroom water temperature measured 140 degrees F. Findings include: The facility is a class AA ambulatory community based residential facility licensed to serve up to 8 residents in the areas of developmentally	N 617		

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N 617	Continued From page 9 disabled and emotionally disturbed/ mental illness. On 04/06/2026, at 11:30 AM Surveyor tested the water temperature in the resident bathroom. The bathroom water temperature was 140 degrees F. On 04/06/2026, at 11:32 AM, Surveyor reviewed the facility's water temperature log. The log indicated in December 2025 the water temperature was between 125.5 degrees F and 149.3 degrees F. On 04/06/2026, at 12:55 PM, Surveyor interviewed Program Manager A. Program Manager A confirmed the code requirement. Program Manager A reported s/he did not believe the water was 140 degrees F. Program Manager A tested the water and confirmed the water temperature was over 140 degrees F. Program Manager A reported s/he was unaware the water was too high. Program Manager A reported staff take a water temperature daily and were to report readings over 115 degrees F.	N 617		