STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020150	A. BUILDING: _____ B. WING _____	C 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUCKAROOS AFH 3B	1318 WAKOKA ST WATERTOWN, WI 53094

(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
M 000	INITIAL COMMENTS On 04/08/2026, with information gathered through 04/10/2026, Surveyor conducted 2 complaint investigations at Buckaroos AFH 3B. Two (2) deficiencies were identified. One (1) complaint was substantiated, 1 was unsubstantiated. Census: 3	M 000		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a physician order permitting staff to administer medications was obtained prior to staff administering medications for Resident 1. The provider did not have a physician order permitting staff to administer Resident 1's medications, including insulin, and other medications and supplements via j-tube. Findings include:	M 464		

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

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M 464	Continued From page 1 On 04/06/2026, the department received a complaint alleging that resident medication was not being administered as the physician ordered. On 04/08/2026 at approximately 3:00 p.m., Surveyor interviewed Director B, who confirmed the provider's staff administered medications for Resident 1. Director B showed Surveyor Resident 1's bedroom, including his/her j-tube feeding supplies and powdered protein to assist in managing Resident 1's diabetes. On 04/08/2026 at approximately 3:30 p.m., Surveyor interviewed Director B and asked if there had been any concerns with administering Resident 1's medication or feedings via j-tube while s/he has been at the facility for respite. Director B stated that one of the first times Resident 1 came for respite, in February 2026, there any been some concerns about his/her tube feeding; that Resident 1's guardian reported that Resident 1 can receive some soft foods orally throughout the day, but that s/he should be administered his/her nutritional supplement via j-tube throughout the night. Director B stated that the provider's nurse came to the facility to delegate staff on j-tube feedings and that s/he did not feel comfortable with caregivers feeding Resident 1 while s/he was laying down and throughout the night due to fear of aspiration. S/he stated that the nurse instructed staff to feed Resident 1 while s/he was sitting up and awake until the provider heard otherwise from the physician. Director B stated that s/he wasn't sure if it was the change in feedings or what, but during a respite stay in late January/early February, Resident 1's dexcome (blood glucose monitor) kept beeping but that the provider reported to Resident 1's guardian's that maybe it was broke. Director B stated that Resident 1's	M 464		

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M 464	Continued From page 2	M 464		

guardians let the provider know that Resident 1 was taken to the emergency room after the respite stay and s/he was hyperglycemic. Director B stated that s/he believes that staff administered Resident 1's insulin as ordered, so s/he wasn't sure if it was due to the change in how Resident 1 was fed.

Director B confirmed that Resident 1 was at the provider for respite for the following dates:
09/12/2025 - 09/14/2025
09/26/2025 - 09/28/2025
10/10/2025 - 10/13/2025
10/24/2025 - 10/27/2025
11/07/2025 - 11/11/2025
11/21/2025 - 11/25/2025
12/05/2025 - 12/10/2025
12/19/2025 - 12/20/2025
01/06/2026 - 01/11/2026
01/16/2026 - 01/21/2026
01/30/2026 - 02/05/2026
02/13/2026 - 02/14/2026
02/27/2026 - 03/06/2026
03/13/2026 - 03/20/2026
03/27/2026 - 04/04/2026

Surveyor reviewed Resident 1's record provided by Director B. The record did not include physician orders permitting the provider's staff to administer Resident 1's medications.

On 04/08/2026 at approximately 4:00 p.m., Director B stated that Resident 1 cam for respite and s/he did not think that was required for respite and stated s/he will send Surveyor what they have on record.

On 04/08/2026 at approximately 5:00 p.m., Surveyor interviewed Licensee A regarding Resident 1's physician order's. Licensee A stated

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it was scary before the provider got Resident 1's physician orders and tube feedings figured out. Licensee A stated that there was a stay in early February where Resident 1's guardian's took him/her to the emergency room after the respite stay and Resident 1's blood sugars were too high for the dexcom to read, not that it was broke; "It was really scary, [s/he] could have died."

On 04/10/2026 at 8:21 a.m., Director B send Surveyor an email with an attachment signed by Resident 1's guardian that documented:
-The provider could administer Tylenol, Imodium, first aid cream, bactine spray, triple antibiotic, sunscreen, hydrocortisone cream, Claritin, Zyrtec, and Coleman.
-The documented that the staff are trained in accordance with 83.20
-The form did not include any prescription medications, such as Resident 1's insulin or j-tube feedings.
-The form was not signed by Resident 1's physician.
-The form stated it is for an ICF/MR (intermediate care facility mental retardation) level of care rather than an adult family home.

On 04/10/2026 at 8:22 a.m., Director B emailed Surveyor a document dated 02/10/2026 and signed by Resident 1's physician that stated, "This letter is to clarify the feeding regimen and aspiration risk for this patient, who is followed by [Physician C], in the [hospital] GI (gastrointestinal) clinic. The patient has a history of Nisses fundoplication and receives enteral nutrition via a jejunostomy (J) tube. Given this feeding route and surgical history, there are no concerns for aspiration related to administration of enteral feeds, including feeds delivered overnight. Overnight feeding is medically appropriate for this

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M 464	Continued From page 4	M 464		

patient and may be safely administered as prescribed. There is no clinical indication to alter the feeding schedule due to aspiration risk in this setting."

On 04/13/2026 at 1:24 p.m., Director B emailed Surveyor Resident 1's signed physician orders that documented:
-Swallowing difficulty related to: developmental delay, as evidenced by: need for EN (enteral) to meet 100% nutritional needs
-Continue purees as tolerated.
-Continue to add protein source to foods to help with better blood sugar control.
-Reviewed active EN orders. Continue with same order, as below:
Delivery mode: jejunostomy (J) tube
Connection Type: ENFit
Delivery Method: pump-assist
Volume of formula (containers per day): 1.5 cartons daily
Free water flushes (mL per day): 1050-1435
Duration of Medical Need: Greater than 90 days
Suggested Feeding Schedule: 136 mL/hr x ~13 hours
Suggested Flush Schedule: 1050-1435 mL added with EN; 10 mL post-feeds and with meds
Modular Supplement: Non
This regimen provides an average of 510mL formula, 715 kcal, 31 g protein, 76 grams CHO, and 367 mL free water
-Monitor glucose/endocrine profile. Goal: free from hypoglycemia.
-Typical Intake (Food/Fluid/EN/PN): Takes ~3/4 cup food once daily; intake consists of yogurts, pudding, mashed potatoes w/ cheese, cooked carrots, refried beans, or applesauce w/ peanut butter. Had been trying to add a little protein powder to foods to help balance our BG levels.
-Enteral Nutrition Regimen: (Nutritional

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Supplement) 1.4-1.5 cartons daily. Pump assisted at 136 mL/hr x13-14 hours. Adding 40-50 ox water to EN. Additional water flush of 10 mL post-feeds and with meds (1x/day).
-Current Outpatient Medications:
Albuterol 0.083% nebulizer solution, hand-held nebulizer every 4 hours as needed.
Blood glucose monitoring supplies w/ device kit, use to check fingerstick glucose in case of sensor failure
Chlorhexidine 0.12% solution, coat toothbrush with rinse and brush once daily
Continuous blood gluc sensor, apply 1 device externally every 2 weeks.
Continuous glucose receiver, use one device continuously to test blood sugars
Diazepam 5 mg/5ML solution
Ferrous Sulfate 220 (44 Fe) mg/5mL oral solution, administer 5 mL via j-tube daily.
Glucagon 0.5 mg/0.1 mL auto-injector, inject one device subcutaneously as needed. If no response, may repeat dose in 15 minutes using a new device. For treatment of severe low blood sugar when consumption of carbohydrates is not possible.
Glucose blood strip, 1 each 4 times daily as needed in case of sensor failure.
Insulin NPH 100 unit/ML pen-injector, give 1 unit of NPH in the morning at 7 AM and 2 units at 7 PM
Insulin pen needle, use twice daily for insulin
Lancets, 1 up to four times daily and as needed in case of sensor failure.
Levonorgestrel/ethinyl estradiol 0.1-20 MG-MCG tablet, administer 1 tablet via j-tube daily.
Metformin 500 MG/5ML solution, administer 5mL via j-tube 2 times daily.
Omeprazole 40 mg delayed release capsule, take 1 capsule by mouth one time daily.
WhitePetrolatum-Mineral Oil 85-15% opthalmic

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M 464	Continued From page 6 ointment, apply to each eye 3 times daily as needed. The provider did not have a physician order permitting staff to administer Resident 1's medications including insulin and other medications via j-tube.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not keep a record of all prescription medications, controlled, dispensed or administered by the licensee. The provider did not keep a record of Resident 1's prescription medications that were administered by the provider during Resident 1's respite stays. Findings include: On 04/06/2026, the department received a complaint alleging that resident medication were not being administered as the physician ordered. On 04/08/2026 at approximately 3:00 p.m.,	M 466		

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M 466	Continued From page 7 Surveyor interviewed Director B, who confirmed the provider's staff administered medications for Resident 1 during his/her respite stays. Director B showed Surveyor Resident 1's bedroom, including his/her j-tube feeding supplies and powdered protein to assist in managing Resident 1's diabetes. On 04/08/2026 at approximately 3:30 p.m., Surveyor interviewed Director B and asked if there had been any concerns with administering Resident 1's medication or feedings via j-tube while s/he has been at the facility for respite. Director B stated that one of the first times Resident 1 came for respite, in February 2026, there any been some concerns about his/her tube feedings and that may have altered his/her blood sugar levels. Director B stated that Resident 1's dexcom (blood glucose monitor) was going off during his/her stay but that the provider thought it might have been broken. Director B confirmed that Resident 1 was at the provider for respite for the following dates: 09/12/2025 - 09/14/2025 09/26/2025 - 09/28/2025 10/10/2025 - 10/13/2025 10/24/2025 - 10/27/2025 11/07/2025 - 11/11/2025 11/21/2025 - 11/25/2025 12/05/2025 - 12/10/2025 12/19/2025 - 12/20/2025 01/06/2026 - 01/11/2026 01/16/2026 - 01/21/2026 01/30/2026 - 02/05/2026 02/13/2026 - 02/14/2026 02/27/2026 - 03/06/2026 03/13/2026 - 03/20/2026 03/27/2026 - 04/04/2026	M 466		

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M 466	Continued From page 8 Surveyor reviewed Resident 1's record provided by Director B. The record did not include a medication administration record (MAR) for any of Resident 1's respite stays. On 04/08/2026 at 3:40 p.m., Director B stated that the provider does not have a MAR for Resident 1, but they did document the medications and feedings they administered to Resident 1 in a notebook that went home with Resident 1. Director B stated that s/he understands that there is no way to ensure that Resident 1 received the correct medications, including insulin, at the correct time and dosage ordered without a MAR documenting medication administration. On 04/08/2026 at approximately 5:00 p.m., Surveyor interviewed Licensee A regarding Resident 1's physician order's. Licensee A stated it was scary before the provider got Resident 1's physician orders and tube feedings figured out. Licensee A stated that there was a stay in early February where Resident 1's guardian's took him/her to the emergency room after the respite stay and Resident 1's blood sugars were too high for the dexcom to read, not that it was broke; "It was really scary, [s/he] could have died."	M 466		