STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017441	A. BUILDING: _____ B. WING _____	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NADINES CARE II	**6431 N 49TH ST BROWN DEER, WI 53223**

(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 03/13/2026, Surveyor conducted an abbreviated survey at Nadine's Care II. Two deficiencies were identified. Census: 0	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure 2 of 2 exits from the home were ramped to grade with handrails. Two of 2 exits were not ramped to grade. The front exit was not ramped to grade. The back exit contained 3 steps	M 262		

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

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M 262	Continued From page 1 to exit and was not ramped to grade. Licensee A identified both exits as emergency exits. Findings include: On 03/13/2026 at 8:15 a.m., Surveyor reviewed facility's department records. On 12/02/2019, Nadine's Care II, was issued a license to serve up to four non-ambulatory residents with primary diagnoses that include but are not limited to irreversible dementia/Alzheimer's, advanced aged, traumatic brain injury, physically disabled, terminally ill, emotionally disturbed/mental illness, developmentally disabled, and alcohol/drug dependent. On 03/13/2026 at 10:15 a.m., Surveyor toured the facility and observed the following: Front door/primary exit: -The base of the ramp was not ramped to grade. Surveyor measured a 1 ½ inch rise at the base of the ramp. Back door/secondary exit: - The threshold on the door to the outside had a 1 ¼ inch rise. - The back exit contained 3 steps. - The first step from the garage-type room up to a platform was approximately 3 ¼ inches high. - The second step led to a platform, that led to the kitchen and down to the basement. The step measured 5 ¾ inches high. - From the platform, the step into the kitchen was 6 ¼ inches high. On 03/13/2026 at 10:35 a.m., Licensee A, confirmed there were only two exit doors in the facility.	M 262		

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M 262	Continued From page 2 On 03/13/2026 at 10:45 a.m., Surveyor shared findings with Licensee A, who stated, "I was licensed like this. I don't understand why I am getting cited." Surveyor reviewed code with Licensee A.	M 262		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the smoke detectors were tested monthly for 7 of 7 smoke detectors in 2024 or 2025. Licensee A reported smoke detectors were not tested monthly. Findings include: On 03/13/2026 at 8:15 a.m., Surveyor reviewed facility's department records. On 12/02/2019, Nadine's Care II, was issued a license to serve up to four non-ambulatory residents with primary diagnoses that include but are not limited to irreversible dementia/Alzheimer's, advanced aged, traumatic brain injury, physically disabled, terminally ill, emotionally disturbed/mental illness, developmentally disabled, and alcohol/drug dependent.	M 336		

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M 336	Continued From page 3 On 03/13/2026 at 10:30 a.m., Surveyor requested 2024 and 2025 monthly smoke detector testing documentation. On 03/13/2026, at 10:30 a.m., Surveyor interviewed Licensee A about smoke detector records. Licensee A stated, "There is no documentation of 2024 and 2025 smoke detector testing." Licensee A reported s/he was unaware of the requirement while the facility was empty and without residents.	M 336		