STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018663	A. BUILDING: _____ B. WING _____	C 01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBINWOOD MANOR	10520 WEST ROBINWOOD LANE FRANKLIN, WI 53132

(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 12/22/2025, with information gathered through 01/27/2026, Surveyors completed a standard survey and 2 complaint investigations at Robinwood Manor. As a result, 13 deficiencies were identified. Two complaints were substantiated. Census: 8	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed (Resident 1 and Resident 2) received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 1 missed 10 doses of medications in a 49-day period, from 11/03/2025 - 12/21/2025. Resident 2 missed 10 doses of medications in a 33-day period, from 11/06/2025 - 12/08/2025. Findings include: On 12/29/2025 and 01/06/2026, the Department received a complaint that a resident was missing medications and dosages were being lowered without consulting with the resident.	N 352		

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

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N 352	Continued From page 1 Example 1: On 01/12/2026, Surveyor reviewed Resident 1's record, and the following was identified: Resident 1 was admitted to the facility on 08/19/2025. Resident 2's individual service plan (ISP) documented s/he required medication administration from facility staff. On 01/12/2026, Surveyor reviewed Resident 1's Medication Administration Records (MARs), and the following was identified: November 2025 MAR Resident 1's medication orders on her/his MAR included the following: - Line 19: Alprazolam 1 milligram (mg) tablet (tab) - take 1 tab by mouth 3 times daily for anxiety (10/22/2025 - 11/03/2025) - Lines 21/23/25: Alprazolam 0.5 mg tab - take 1 tab by mouth 3 times daily for anxiety (11/03/2025 - 11/12/2025) - Lines 20/22/24: Alprazolam 0.5 mg tab - take 1 tab by mouth 3 times daily for anxiety (11/12/2025 - 11/28/2025) - Line 26: Alprazolam 1 mg tab - take 1 tab by mouth once daily at bedtime (11/08/2025 - 11/27/2025) - Line 27: Alprazolam 0.5 mg tab - take 1 tab by mouth 4 times daily for anxiety (11/28/2025 - 12/16/2025)	N 352		

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N 352	Continued From page 2 The following dates included missed medications: 11/03/2025 - Lines 19 - 24 were grayed out, which indicated the medication was not ordered for this date, contrary to the physician's order. Line 25 (5:00 PM) was administered. There were no other documentation or notations on Resident 1's MAR for alprazolam administrations on this day. Resident 1 did not receive 2 of 3 doses of alprazolam. 11/13/2025 - 5:00 PM - (line 24) alprazolam 0.5 mg tab administration was left blank, which indicated administration was not recorded and Resident 1 did not receive her/his dose of medication. No further notations were made. 11/15/2025 - 12:00 PM - (line 22) alprazolam 0.5 mg tab administration was left blank, which indicated administration was not recorded and Resident 1 did not receive her/his dose of medication. No further notations were made. 5:00 PM - (line 24) alprazolam 0.5 mg tab administration was left blank, which indicated administration was not recorded and Resident 1 did not receive her/his dose of medication. No further notations were made. 11/28/2025 - 8:00 AM/12:00 PM/5:00 PM - (lines 20/22/24) alprazolam 0.5 mg tab administrations were grayed out, which indicated the medication was not ordered for this date, contrary to the physician's order. 8:00 AM/12:00 PM/4:00 PM - (line 27) alprazolam 0.5 mg tab administrations were grayed out, which indicated the medication was not ordered	N 352		

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N 352	Continued From page 3	N 352		

for this date, contrary to the physician's order.
8:00 PM - (line 27) alprazolam 0.5 mg tab administration was marked as not delivered yet (NOT), which indicated the medication was not at the facility to be administered and Resident 1 did not receive her/his dose of medication.
There were no further notations on any of the alprazolam administrations for this day. Resident 1 did not receive 4 of 4 doses of alprazolam.

December 2025 MAR

Resident 1's medication orders on her/his MAR included the following:

- Lines 21/23/25/27: Alprazolam 0.5 mg tab - take 1 tab by mouth 4 times daily for anxiety (12/16/2025 - No end date)
The following date included missed medications:
12/21/2025 -
12:00 PM - (line 23) alprazolam 0.5 mg tab administration was left blank, which indicated administration was not recorded and Resident 1 did not receive her/his dose of medication. No further notations were made.

Example 2:

On 12/22/2025, Surveyor reviewed Resident 2's record, and the following was identified:

Resident 2 was admitted to the facility on 08/18/2025. Resident 2's ISP documented s/he required medication administration from facility staff.

On 01/12/2026, Surveyor reviewed Resident 2's MARs, and the following was identified:

November 2025 MAR

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N 352	Continued From page 4	N 352		

Resident 2's medication orders on her/his MAR included the following:

- Line 7: Buspirone 5 mg tab - take 1 tab mouth every 12 hours for anxiety (10/22/2025 - 11/18/2025)

- Line 16: Lantus Solostar 100 units (u)/ milliliters (mL) pen - inject 22 units subcutaneously once daily at bedtime for diabetes mellitus (08/19/2025 - no end date)

- Line 19: Mirtazapine 7.5 mg tab - take 1 tab by mouth once daily at bedtime for appetite stimulant (10/21/2025 - 11/17/2025)

- Line 26: Humalog kwikpen 100 u/mL - inject subcutaneously 3 times daily before meals per sliding scale *do not give if skipping a meal or blood sugar <80 (10/21/2025 - 12/17/2025)

The following dates included missed medications:

11/06/2025 -
7:00 AM - (line 26) Humalog kwikpen 100 u/mL administration was left blank, which indicated administration was not recorded and Resident 2 did not receive her/his dose of medication.

11/09/2025 -
8:00 PM - (line 7) Buspirone 5 mg tab administration was left blank and contained a triangle with an exclamation point, which indicated administration was not recorded and Resident 2 did not receive her/his dose of medication. No further notations were made.
8:00 PM - (line 16) Lantus Solostar 100 u/mL pen administration was left blank and contained a triangle with an exclamation point, which

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N 352	Continued From page 5	N 352		

indicated administration was not recorded and Resident 2 did not receive her/his dose of medication. No further notations were made.
8:00 PM - (line 19) Mirtazapine 7.5 mg tab administration was left blank and contained a triangle with an exclamation point, which indicated administration was not recorded and Resident 2 did not receive her/his dose of medication. No further notations were made.

11/20/2025 -
8:00 PM - (line 16) Lantus Solostar 100 u/mL pen administration was left blank which indicated administration was not recorded and Resident 2 did not receive her/his dose of medication. No further notations were made.

11/22/2025 -
8:00 PM - (line 16) Lantus Solostar 100 u/mL pen administration was left blank which indicated administration was not recorded and Resident 2 did not receive her/his dose of medication. No further notations were made.

December 2025 MAR

Resident 2's medication orders on her/his MAR included the following:

- Line 30: Humalog kwikpen 100 u/mL - inject subcutaneously 3 times daily before meals per sliding scale *do not give if skipping a meal or blood sugar <80 (10/21/2025 - 12/17/2025)
The following date included missed medications:

12/10/2025 -
4:00 PM - (line 30) Humalog kwikpen 100 u/mL administration was left blank, which indicated administration was not recorded and Resident 2 did not receive her/his dose of medication.

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N 352	Continued From page 6 On 01/21/2026, at approximately 12:30 PM, Surveyors interviewed Administrator A, and the following was reported: A blank space on the MAR indicated the residents did not receive their medication and nothing had been recorded. Some of the blank spaces on Resident 1 and Resident 2's MARs may have been from being out of the facility at that time and not receiving their medications. Administrator A acknowledged staff should have recorded the resident was out of the facility and documented any supporting notes. Resident 1 and Resident 2 frequently went out to the hospital and received new medication orders. The pharmacy caused delays in refills for narcotic medications and medications were not delivered the same day when new orders were placed later in the day. All resident medications with refills were set up for automatic refills from the pharmacy and the facility depended on the pharmacy for timely and accurate refills. Resident 1 had multiple changes in her/his alprazolam medication and when a new order was received, the facility returned to the pharmacy what was remaining of the previous prescription, so the new prescription could be filled and delivered. There were delays in this process with the pharmacy and Resident 1 had gone without medications when this occurred.	N 352		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The	N 381		

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N 381	Continued From page 7 assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each residents' abilities were assessed as required for 1 of 1 resident (Resident 2). Resident 2 was not assessed following a change in needs, abilities, and condition. Resident 2 developed blistering on her/his hands from an unknown origin which resulted in the amputation of a finger. Findings include: On 12/10/2025, the Department received a complaint a resident had wounds on her/his finger as a result of smoking. Allegedly, wound care orders were not followed by the facility, which resulted in the amputation of the resident's finger. On 12/22/2025 and 12/23/2025, Surveyor reviewed Resident 2's file and identified the following: Resident 2 was admitted on 08/18/2025, with diagnoses including hemiplegia, unspecified affecting left nondominant side, unspecified sequelae of cerebral infarction, unspecified lack of coordination, and unspecified symptoms and signs involving general sensations and perceptions.	N 381		

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Assessments

An initial assessment and skin risk assessment were completed for Resident 2 on 08/18/2025, by Administrator A.

A smoking assessment for Resident 2 was completed on 08/19/2025, by Administrator A. The smoking assessment documented the following:

- Mobility and Dexterity: Excellent. Comments: None.

- Previous Smoking Behavior (e.g., past incidents, compliance with rules): Excellent. Comments: None.

- Any History of Risky Behavior or Safety Incidents Related to Smoking: Yes. If yes, please describe: No description.

- Recommendations: Based on the assessment, please provide recommendations: Resident is suitable to smoke unsupervised. Additional Comments: None.

On 12/23/2025, at approximately 12:00 PM, Surveyor reviewed observation notes for Resident 2, and the following was a timeline of events identified:

- 09/03/2025: Licensed Practical Nurse (LPN) J observed Resident 2 had blistering on the top of her/his fingers. Resident 2 was sent to the hospital.

- 09/22/2025: Resident 2 was sent from an orthopedic appointment to the hospital for surgical intervention on her/his finger.

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N 381	Continued From page 9 - 09/27/2025: Resident 2 had pain to the amputated finger and was sent to the hospital. 10/06/2025 - Caregiver I attended physician's appointment with Resident 2. Caregiver I noted, " . . . [Her/His] finger was not bandaged up the proper way was exposed [sic]." 10/08/2025 - LPN J noted, "R hand/middle finger post amputation remains wrapped no exposed skin noted [sic]. No complaints or concerns." 11/25/2025 - Administrator A noted, "Follow up post hospital visit resident has dressing in place to left hand - blisters - pus filled noted and swelling of hand [sic]. Blisters had opened on left pointer finger and left middle finger - skin macerated. Applied dressing to blister areas. Per resident [s/he] does not smoke with left hand [s/he] is a right hand smoker. 'I am not going to start myself on fire.' Complaining of pain. . . . Will order more supplies for treatment. . . . MD (medical doctor) returned a call this evening - resident should be a supervised smoker to rule out burns. Will redo smoke assessment and update care plan. [MD K] is going to put a referral in for dermatology. Resident to be seen in wound clinic December 5 . . . On December 4th will be seen for amputated finger [sic]. Staff did make comment about resident states [s/he] has no feeling in left hand - just noting statement [sic]." Surveyor did not observe a new smoking assessment or updated care plan for Resident 2. On 12/23/2025, at approximately 12:00 PM, Surveyor reviewed MD K's notes from a chronic pain encounter on 10/28/2025, with Resident 2, and the following was identified:	N 381		

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Resident 2's recent health history as follows: "[S/He] was admitted to [hospital] from 9/22-9/25/2025. [S/He] had a burn injury to the right finger from a cigarette (loss of sensation in [his/her] hand due to neuropathy) . . . saw orthopedics and orthopedics recommended that [s/he] go to the emergency room. The bone was exposed; . . . Initially [s/he] was treated with cefepime and vancomycin. Hand surgery offered incision and drainage versus amputation. [S/He] opted for amputation since incision and drainage would entail healing difficulties and may eventually have resulted in amputation. After surgery [s/he] was discharged on Bactrim for 10 days . . . On 09/27/2025, [s/he] went back to the emergency room with persistent pain. . . . was advised to continue outpatient analgesics . . . saw orthopedics for follow-up on 09/20/2025 and again on 10/23/2025 . . . saw wound care on 10/20/2025 . . . "

Surveyor did not observe an assessment for Resident 2 following the amputation of her/his finger.

On 12/22/2025, at approximately 9:30 AM, Surveyors interviewed Administrator A, and the following was reported:

On 09/02/2025 or 09/03/2025, blisters were discovered on Resident 2's hands by a facility nurse. The nurse cleaned up the area and plans were made to address the blistering with Resident 2's physician at an upcoming appointment. Administrator A reported the nurse assessed Resident 2 at that time but was unable to locate a documented assessment. At the appointment, the physician reported the wounds looked like burns but did not believe they were burns; Resident 2 was treated for such.

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N 381	Continued From page 11 Administrator A and other facility staff attempted to find the root cause of the blistering but were unable to make a determination. On or around 09/22/2025, Resident 2 saw an orthopedic specialist and was sent to the hospital from the appointment, where s/he then had her/his finger amputated. An assessment following Resident 2's blistering and amputation of a finger was not completed by the facility. On 01/21/2026, at 12:30 PM, Surveyor interviewed Administrator A and Administrator-in-Training (AIT) E, and the following was reported: Surveyor inquired about the smoking assessment completed for Resident 2, on 08/19/2025. Administrator A confirmed s/he completed the assessment and did not know why it was missing additional comments regarding the history of risky behavior or safety incidents related to smoking. Administrator A was unsure what the history was or why s/he had answered "yes" on the assessment. Administrator A and AIT E confirmed a new assessment was not completed following Resident 2's hospitalization and amputation. They were unaware an assessment was required following a change in needs, abilities, or condition. They had been working with Resident 2's physicians to determine the cause and treatment of the blistering.	N 381		
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	N 389		

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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.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 2) had an individualized service plan (ISP) review when there was a change in needs and physical condition. Resident 2 developed blistering on her/his hands, which required wound care, and resulted in surgery to amputate a finger.

Resident 2's ISP was not updated, following an injury requiring hospitalization and amputation of her/his finger.

Findings include:

Complaint

On 12/10/2025, the Department received a complaint a resident had wounds on a finger as a result of smoking. Allegedly, wound care orders were not followed by the facility, or added to the resident's ISP, resulting in the amputation of the resident's finger.

Review of Resident 2's File

On 12/22/2025, at approximately 10:55 AM, Surveyor reviewed Resident 2's file, and the

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N 389	Continued From page 13 following was identified: - Resident 2 was admitted on 08/18/2025. - On 08/18/2025, Resident 2's ISP was signed by Administrator A and Resident 2. - Resident 2's ISP, dated 08/18/2025, did not include any information on wound care. Interview On 12/22/2025, at approximately 11:00 AM, Surveyor interviewed Administrator A, and the following was reported: A nurse at the facility found blistering on Resident 2's hands on 09/03/2025. The staff were unable to determine where the blisters came from. It was thought s/he had burned her/himself while smoking. Resident 2 received treatment at the hospital for the blistering, which ultimately led to her/his finger being amputated. Wound care for Resident 2 was under service plan tasks in treatments in the computer program the facility used to manage residents' cares. Surveyor requested to see the treatments history for Resident 2. Surveyor requested information on Resident 2's wound care orders and any discharge or after visit summary (AVS) documents regarding her/his blistering, wounds, and surgery. Administrator A reported Resident 2 was receiving wound care from a service, which came to the facility weekly and was coordinated through Resident 2. The facility conducted an investigation and was working with Resident 2's primary care physician (PCP) - Medical Doctor (MD) K to figure out how Resident 2 got the blisters.	N 389		

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N 389	Continued From page 14 Review of Documents Surveyor reviewed the documents provided and identified the following: - A prescription for mupirocin 2% cream was written on 11/20/2025. - Administrator A did not have documentation of Resident 2's wound care orders, or any paperwork from Resident 2's physicians. - The updated ISP was not dated, and a date was not provided. The ISP documented, " . . . Medication Management - Current Status: Wound Care; Frequency of Service and Service Performed: Wound care - once every day; Resident's Desired Goals and Outcomes: Prevent Infection; . . . " - The updated ISP did not identify any behaviors Resident 2 had, or safety precautions the facility was taking when Resident 2 smoked to prevent further injury. On 01/05/2026, at 3:06 PM, Administrator A faxed Surveyor documents which contained wound care orders from Resident 2's physicians. Surveyor reviewed the documents and the following was identified: The first order was dated 10/10/2025, and stated, " . . . Right Ring Finger Wounds: Change dressing(s) daily and PRN (as needed) by staff RN (registered nurse)/aide team. Cleanse with gentle soap and water (i.e. baby shampoo), rinse with water, and pat dry. Apply mupirocin ointment. Cover/secure with absorbent dressing appropriate for amount of drainage. . . . "	N 389		

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N 389	Continued From page 15 The second order was dated 12/16/2025, and stated, " . . . Wash wounds with soap and water rinse and pat dry [sic]. Mupirocin to left index finger wound cover with secondary dressing of choice [sic]. Change daily as needed. Encourage protein supplementation 1 boost or Ensure daily to promote wound healing. Continue to encourage smoking cessation to promote wound healing. Follow-up in the outpatient clinic in 2 to 3 weeks. . . . " Interview On 01/21/2026, at 12:30 PM, Surveyor interviewed Administrator A and Administrator-in-Training (AIT) E, and the following was reported: After 10/10/2025, wound care for Resident 2 was added to her/his treatments on his/her task administration record (TAR). Wound care was also added to Resident 2's ISP. Administrator A confirmed the ISP did not establish measurable goals with specific time limits for attainment, methods for delivering needed care, and who was responsible for delivering the care. Administrator A did not provide a response when Surveyor inquired about an ISP update following Resident 2's surgery/amputation. Resource Wis. Admin. Code § DHS 83.35(3)(a) - Comprehensive Individual Service Plan states, " . . . The individual service plan shall include all of the following: 1. Identify the resident's needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. DHS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for	N 389		

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N 389	Continued From page 16 attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care."	N 389		
N 410	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the prescribing practitioner, supervising nurse or pharmacist, as soon as possible, after 1 of 1 resident (Resident 2) refused medications for 2 consecutive days on 3 occasions, in a 14-day period between 11/29/2025 and 12/13/2025. Findings include: On 12/22/2025, Surveyor reviewed Resident 2's record, and the following was identified: Resident 2 was admitted to the facility on	N 410		

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N 410	Continued From page 17 08/18/2025. Resident 2's Individual Service Plan (ISP), dated 08/18/2025, identified s/he required medication administration from facility staff. Resident 2's November 2025 and December 2025 medication administration records (MARs) identified s/he had a physician's order for double antibiotic ointment 28.4 grams (g), apply 1 application topically twice daily and silver sulfadiazine 1% cream 50 g, apply topically to affected areas on left hand once a day as directed per wound care orders. The following was identified: -Resident 2 refused application of his/her double antibiotic ointment 28.4 g, or did not receive the medication on the following days: - 11/29/2025 (PM-refused) - 11/30/2025 (PM-refused) - 12/03/2025 (PM-refused) - 12/04/2025 (PM-refused) - 12/05/2025 (PM-refused) - 12/06/2025 (AM-refused) - 12/06/2025 (PM-not documented) - 12/07/2025 (PM-not documented) - 12/08/2025 (AM-not documented; PM-refused) -Resident 2 refused application of his/her silver sulfadiazine 1% cream 50 g on 12/12/2025 and 12/13/2025.	N 410		

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N 410	Continued From page 18 There were no additional notations on the MARs or progress notes regarding notifications of Resident 2's refusal of applications of the medications made to the physician or facility nurse. On 01/21/2026, at 12:30 PM, Surveyors interviewed Administrator A and Owner F, and the following was reported: Resident 1 and Resident 2 often refused cares, medications, and attendance at appointments. The staff were trained to wait a few minutes after a medication refusal and try a second time. When a resident refused medication, the staff were to document the administration as a refusal. The facility had a medication disposal box they used when a medication was not administered. When a resident refused medication for 2 consecutive administrations the staff were to contact the nurse. The notes on the MAR should have documented the reason for refusal and any notifications made. Administrator A stated a virtual visit was scheduled if the refusal of medication was "out of control." Owner F reported the facility had a policy about medication refusals, which stated staff were to notify the nurse and document the refusal, including any notifications made to the nurse or other persons. They were unsure why documentation of medication refusals did not include notations with the reason of refusal and notifications made.	N 410		
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	N 431		

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N 431	Continued From page 19 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 provider did not ensure the health of 1 of 1 resident (Resident 2) reviewed was monitored and documented in the resident's record. The provider did not follow physician orders for wound care in October, November, and December 2025, following blistering of Resident 2's hands and an amputation of her/his finger. Findings include: On 12/10/2025, the Department received a complaint alleging a resident's health was not monitored as appropriate to their needs.	N 431		

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N 431	Continued From page 20 On 12/22/2025, and several other dates through 01/27/2026, Surveyor reviewed Resident 2's record, and the following was identified: Resident 2 was admitted on 08/18/2025, with diagnoses including hemiplegia, unspecified affecting left nondominant side, unspecified sequelae of cerebral infarction, unspecified lack of coordination, and unspecified symptoms and signs involving general sensations and perceptions. -Observation note, dated 09/03/2025 - Licensed Practical Nurse (LPN) G noted blisters on the top of Resident 2's fingers and sent her/him to the hospital. -Observation note, dated 09/20/2025 - Registered Nurse (RN) H redressed Resident 2's finger, ointment was added, and bandage was placed. -Observation note, dated 09/22/2025 - Care Coordinator was with Resident 2 at an orthopedic appointment regarding her/his right middle finger. The physician wanted Resident 2 sent to the hospital for admission, antibiotics, and surgical intervention. Note was made by LPN G. -Chronic pain encounter, dated 10/28/2025, written by Resident 2's Primary Care Provider (PCP), Medical Doctor (MD) K, identified Resident 2's recent health history as follows: "[S/He] was admitted to [hospital] from 9/22-9/25/2025. [S/He] had a burn injury to the right finger from a cigarette (loss of sensation in [his/her] hand due to neuropathy) . . . saw orthopedics and orthopedics recommended that [s/he] go to the emergency room. The bone was exposed; x-ray showed no obvious osteomyelitis.	N 431		

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N 431	Continued From page 21 Initially [s/he] was treated with cefepime and vancomycin. Hand surgery offered incision and drainage versus amputation. [S/He] opted for amputation since incision and drainage would entail healing difficulties and may eventually have resulted in amputation. After surgery [s/he] was discharged on Bactrim for 10 days . . . on 09/27/2025, [s/he] went back to the emergency room with persistent pain...was advised to continue outpatient analgesics . . . saw orthopedics for follow-up on 09/20/2025 and again on 10/23/2025 . . . saw wound care on 10/20/2025 . . . " -Observation note, dated 09/27/2025 - Resident 2 sent to hospital due to pain in amputated finger. -Observation note, dated 10/06/2025 - Caregiver I attended physician's appointment with Resident 2. Caregiver I noted, " . . . [Her/His] finger was not bandaged up the proper way was exposed [sic]." - Observation note, dated 10/08/2025 - LPN J noted, "R (right) hand/middle finger post amputation remains wrapped no exposed skin noted [sic]. No complaints or concerns." - Observation note, dated 10/10/2025 - Facility Transportation Driver (FTD) N noted, "[Resident 2] had wound care today. I fax [sic] order to the nurses regarding daily wound care at the house with bandaging and ointment ...[S/He] goes back October 24 at 11:40 . . . " - Observation note, dated 10/13/2025 - Administrator A noted, "Assessed amputated middle finger-stitches in place. No signs or symptoms of infection. Pointer finger has bandage in place."	N 431		

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N 431	Continued From page 22 - Observation note, dated 10/15/2025 - LPN G noted, "Visited resident today, amputation site Rt (right) middle finger healing well. Steri-strips beginning to detach. No s/sx (signs/symptoms) of infection, denies pain. Dressing intact to Rt index finger. . . . " - Observation note, dated 10/29/2025 - LPN J noted, "Wound care done. Wounds to R hand cleaned and ointment applied followed by dry dressing. Wounds are clean no drainage noted resident has no complaints [sic]." -Between 10/29/2025 and 11/20/2025 (21-day period), Resident 2's record did not have any observation notes regarding her/his wounds or wound care. - Observation note, dated 11/20/2025 - Administrator A noted, "Resident has blistering to both hands of unknown origin. Recommended to go to hospital. Resident transferred to hospital . . . " - Observation note, dated 11/20/2025 - Administrator A noted, "Resident returned back from hospital, new orders for ointment to apply for 7 days. Will schedule follow up appointment." - Observation note, dated 11/24/2025 - LPN J noted, "Follow up hospital return. Res (resident) has a new order for Mupricin cream for 7 days to [her/his] blisters on [her/his] R hand. Dressings in place at this time. Ra (resident assistant) changes daily." - Observation note, dated 11/24/2025 - Administrator A noted, "Residents skin on fingers peeling off appears infected. Recommended to go to hospital. . . . transfer to hospital . . . "	N 431		

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N 431	Continued From page 23 - Observation note, dated 11/25/2025 - Administrator A noted, "Follow up post hospital visit resident has dressing in place to left hand - blisters - pus filled noted and swelling of hand [sic]. Blisters had opened on left pointer finger and left middle finger - skin macerated. Applied dressing to blister areas. Per resident [s/he] does not smoke with left hand [s/he] is a right hand smoker. 'I am not going to start myself on fire.' Complaining of pain. PRN (as needed) Tylenol given by writer for pain control. Dressing redressed. Will order more supplies for treatment. Called [MD K] for virtual visit unable to contact. MD returned a call this evening - resident should be a supervised smoker to rule out burns. Will redo smoke assessment and update care plan. [MD K] is going to put a referral in for dermatology. Resident to be seen in wound clinic December 5 . . . On December 4th will be seen for amputated finger [sic]. Staff did make comment about resident states [s/he] has no feeling in left hand - just noting statement [sic]." - Observation note, dated 11/26/2025 - LPN J noted, "Res L (left) hand has some swelling. Dressings intact no drainage noted. Encouraged res (resident) to elevate hand on pillow. No complaints." - Wound care orders were issued by MD L on 10/10/2025, which stated, " . . . right ring finger wounds: Change dressing(s) daily and PRN by staff RN/aide team. Cleanse with gentle soap and water (i.e. baby shampoo), rinse with water, and pt dry. Apply mupirocin ointment. Cover/secure with absorbent dressing appropriate for amount of drainage." - Medication Administration Record (MAR) for	N 431		

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October 2025, did not include administration of any mupirocin ointment as ordered.

- Task administration records (TARs) for October 2025 and November 2025, identified a scheduled care as follows: "Line 10: Wound Care - Wash right ring finger wounds with soap and water rinse with water and pat dry. Apply Mupirocin ointment. Secure with absorbent dressing. Change daily and PRN." The scheduled care records showed other scheduled cares for Resident 2 which were completed; however, the TARs contained no evidence any treatment was provided to Resident 2's wounds in October 2025, until 10/29/2025 when observation notes documented wound care was provided by LPN J and ointment was applied. There was no evidence any treatment was provided to Resident 2's wounds in November 2025 until 11/22/2025 when s/he received mupirocin.

- Resident 2's MAR for November 2025, identified Resident 2's medication for wound care began on 11/22/2025. The MAR stated, "Mupirocin 2% cream - (11/22/2025-11/28/2025) Apply topically to affected area three times daily for 7 days." The MAR identified an additional medication and stated, "Double antibiotic ointment 28.4 gm (grams) - apply 1 application topically twice daily (11/26/2025 - No end date)."

- Resident 2's task administration record for December 2025, identified Resident 2 was to continue receiving daily and PRN wound care, to include the application of mupirocin.

- Wound care orders issued by Advanced Practice Nurse Prescriber (APNP) M on 12/16/2025, stated, " . . . Wash wounds with soap and water rinse and pat dry. Mupirocin to left

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N 431	Continued From page 25 index finger wound cover with secondary dressing of choice. Change daily and as needed [sic]. . . . " - There was no evidence this treatment or mupirocin application was provided to Resident 2 in December 2025. On 01/21/2026, at 12:30 PM, Surveyors interviewed Administrator A and the following was reported: After 10/10/2025, Resident 2 was to start wound care treatment through an "at home" service. Administrator A confirmed the in-home service began weekly wound care treatments on 12/03/2025. The daily wound care was to be provided by staff at the facility. Staff were to wash and dry the wounds and put on ointment according to the physician's orders. The record of staff providing wound care was to be documented in the treatment area of Resident 2's MAR. Administrator A did not offer further information in regard to wound care treatments for Resident 2.	N 431		
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	N 452		

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N 452	Continued From page 26 serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store and prepare food under sanitary conditions to prevent food borne illness. The provider did not ensure food located in the freezer were covered, labeled, and dated. The provider did not follow food label storage for food located in the cabinet. This had the potential to negatively affect 8 of 8 residents residing at the facility. Findings include: Surveyor observed the following in the freezer: -An opened package of garlic bread without a label or date. -A gallon size food storage bag that contained an open package of hotdogs without a label or open date. Surveyor observed the following in the cabinet: 48-ounce of opened applesauce without an open date. The label on the applesauce stated, "REFRIGERATE AFTER OPENING." On 12/22/2025, Surveyor interviewed Administrator A. Administrator A was not aware that food was not labeled, dated or secured. Administrator A took note of the deficiencies to address with facility staff. Administrator A placed	N 452		

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N 452	Continued From page 27 the jar of applesauce in the garbage. On 01/21/2026 at approximately 12:30 PM, Surveyor interviewed Administrator A, Administrator-in-training (AIT) E, and Owner F. Owner A reported systems were put into place to ensure food is stored properly. Administration staff has a checklist they take to each home during their weekly "house rounds." Checking the refrigerator, freezer, and pantry to ensure food is being stored properly was added to the checklist. House leads also have the responsibility to check for proper food storage. Caregivers and staff who complete the grocery shopping are responsible for checking open dates, labels, and proper storage daily. Administrator A reported multiple "checkpoints" to ensure compliance.	N 452		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the	N 454		

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N 454	Continued From page 28 resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time;	N 454		

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N 454	Continued From page 29 (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 2) record reviewed was complete and maintained. Resident 2's record did not contain documentation of significant incidents and illnesses, documentation to accurately describe significant changes in condition, changes in treatment and the response to treatment, physicians' orders for wound care, and documentation of treatments for wound care. Findings include: On 12/22/2025, at 8:57 AM, Surveyors conducted and onsite survey at the community based residential facility (CBRF). As part of Surveyor record review for a standard survey and complaint survey, Surveyor requested resident files. On 12/22/2025, at approximately 9:00 AM, Surveyor interviewed Resident 2, and the following was reported: S/He had blistering to her/his hands. One of her/his fingers had to be amputated due to significant wounds. Resident 2 did not know how s/he got the blisters. S/He reported the staff at the facility had not been taking care of the wounds on her/his hand, which was why s/he had to have her/his finger amputated. On 12/22/2025, at 9:26 AM, Surveyor interviewed	N 454		

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N 454	Continued From page 30 Administrator A, and the following was reported: One of the facility nurses discovered blistering on Resident 2's hands in September. Resident 2 was taken to her/his primary care provider (PCP). Medical Doctor (MD) K told Resident 2 and the facility staff the injuries appeared to be from a burn, but s/he did not think it was. MD K was treating the injuries like burns and was working with the facility to figure out what caused the blistering to her/his hands. A service had been setup for Resident 2 to receive wound care weekly within the facility, which was coordinated with Resident 2 directly. Surveyor requested documentation related to Resident 2's injuries to her/his hands, to include any physicians' orders and after visit summaries (AVS)/ discharge paperwork. Administrator A reported s/he had some of Resident 2's documents at an offsite location in her/his home office. S/He took the documents offsite following Resident 2's case manager's request for the information. On 12/22/2025, at approximately 10:55 AM, Surveyor reviewed Resident 2's file, and identified the provider did not have the following: - Documentation of significant incidents and illnesses, including dates, times and circumstances, for blistering to Resident 2's hands, which required hospitalization, wound care, and amputation of her/his finger. - Documentation to accurately describe Resident 2's significant changes in condition, changes in treatment and the response to treatment. - Physcian's orders for wound care. - Documentation of treatments for wound care.	N 454		

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N 454	Continued From page 31 On 01/21/2026, at 12:30 PM, Surveyor interviewed Administrator A, and the following was reported: The nurses and caregivers at the facility should have been documenting all cares, treatment, hospital/physician visits, and anything related to resident care. Some of Resident 2's documents were removed from the facility to provide the information to Resident 2's case manager. Resident 2 was her/his own person, and the facility did not always have access to her/his discharge paperwork or AVS. Administrator A confirmed the requirement to keep resident records maintained.	N 454		
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 safe, clean, comfortable, and homelike environment. Three of 3 restrooms were observed to need repairs. One of 3 residents, who used an assistive mobility device, was observed smoking a cigarette directly in front of the facility's front door.	N 481		

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Findings include:

Robinwood Manor is an 8 bed, Class CS (Semi ambulatory) facility which serves residents who may be of advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, and emotionally disturbed/mental illness.

On 12/22/2025 at approximately 9:00 AM, Surveyor completed an onsite tour. During the tour, the following was observed:

- "Powder Room" located off the kitchen, had a blue chux (bed pad) covering the bathroom window. It appeared the chux was being used as a curtain. The toilet handle was observed hanging from the toilet.

- "Bathroom 1" located in the hallway leading to residents' bedrooms had a tile missing near the tub, which exposed wood and two screws. The wood appeared to be rotted as crumbles of wood was observed on the floor. Plaster debris was observed on the floor near the area of the missing tile. (Photo 3). Insulation was observed around the tub spout. (Photo 4). Baseboard was observed missing near the bathroom door. (Photo 5).

- "Bathroom 2" located in Room B contained a three-light bar fixture over the bathroom sink. Two of 3 lightbulbs did not work. The ceiling had a square hole, which exposed wiring. The plaster near the shower entrance was peeling from the wall. (Photo 6).

On 12/22/2025 at approximately 9:00 AM, Surveyor observed the front door to be ramped to

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grade. To the east of the front door, was a designated smoking area. There was one step from the ramp to the designated smoking area. (Photo 7).

On 12/22/2025, Surveyor observed Resident 2 with a four wheeled walker. Resident 2 was observed using the four wheeled walker to assist with ambulation. Resident 2 was observed smoking directly in front of the facility front door and not in the designated smoking area.

On 12/22/2025 at approximately 9:15 AM, Surveyor interviewed Resident 2. Resident 2 stated he/she is not able to navigate the one step to get to the designated smoking area.

On 12/22/2025 at approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A affirmed the above environmental concerns located in the restrooms. Administrator A took notes and pictures to show the licensee.

On 01/21/2026 at approximately 12:30 PM, Surveyor interviewed Administrator A, Administrator-in-training (AIT) E, and Owner F. Administrator A acknowledged Resident 2's desire to smoke directly in front of the front door, due to him/her not being able to navigate the one step to the designated smoking area. Administrator A acknowledged Resident 2 smoking directly in front of the front door poses a safety issue. Administrator A reported having a conversation with maintenance about the need for a ramp to be placed on the door leading to the back yard to create a safe designated smoking area for all residents. Administrator A submitted a work order to maintenance upon conclusion of Surveyor's tour. Maintenance staff begun addressing the environment concerns in

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N 481	Continued From page 34 Bathroom 1.	N 481		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the community based residential facility's (CBRF) ramp was maintained. The handrails located on the ramp were separating from the ramp posts, which exposed screws. Findings include: On 12/22/2025 at approximately 3:00 PM, Surveyors conducted a tour of the outdoor ramp, located in the front of the home. Surveyors observed two handrails disconnected from the ramp posts. (Photo 1 and 2). One of 2 handrails exposed 2 screws connecting the handrail to the next handrail. (Photo 1). Surveyor observed 1 missing spindle and 2 loose spindles. On 01/21/2026 at approximately 12:30 PM, Surveyor interviewed Administrator A, Administrator-in-training (AIT) E, and Owner F. Administrator A acknowledged the concerns and will contact maintenance about the condition of the ramp.	N 492		
N 496	83.45(1)(e) Electrical, mechanical, water supply Systems. The CBRF shall maintain all electrical,	N 496		

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N 496	Continued From page 35	N 496		

mechanical, water supply, plumbing, fire protection and sewage disposal systems in a safe and functioning condition.

This Rule is not met as evidenced by:
Based on observation and interviews, the provider did not ensure the water supply was maintained in a functioning condition. The hot water located in "Bathroom 2" was not available for approximately 2 weeks.

Findings include:

Robinwood Manor is an 8 bed, Class CS (Semi ambulatory) facility which serves residents who may be of advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, and emotionally disturbed/mental illness.

On 12/22/2025 at approximately 9:00 AM, Surveyor observed "Room B" to have a restroom equipped with a shower, toilet, and sink. Surveyor tested the water at the sink. The temperature read 84 degrees Fahrenheit. Surveyor tested the water in the shower. The temperature read 66 degrees Fahrenheit.

On 12/22/2025 at approximately 9:15 AM, Surveyor interviewed Resident 1. Resident 1 reported that his/her shower did not have hot water. Resident 1 informed staff about 2 weeks prior to 12/22/2025. Resident 1 denied anyone attempted to look at the shower to figure out why the shower did not have hot water. Resident 1 affirmed taking "cold showers." Resident 1 denied being offered to shower elsewhere within the facility.

On 12/22/2025 at approximately 9:58 AM,

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N 496	Continued From page 36 Surveyor interviewed Maintenance B. Maintenance B disclosed maintenance staff checks the water temperature monthly. The last time the water was tested within the facility was November 2025. At that time, the water temperature was 108 degrees Fahrenheit. Maintenance B stated staff within the facility are responsible for checking the water temperature on a weekly basis. On 12/22/2025 at approximately 10:00 AM, Administrator A denied staff were checking the water on a weekly basis. On 12/22/2025 at approximately 10:30 AM, Maintenance B fixed the issue that caused the shower and sink to not have hot water. On 01/21/2026 at approximately 12:30 PM, Surveyor interviewed Administrator A, Administrator-in-training (AIT) E, and Owner F. Administrator AIT E reported maintenance is in the process of replacing the handle to turn the water on and off. The handle spins continuously, which caused the water temp to be 66 degrees Fahrenheit.	N 496		
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 other evacuation drills, such as tornado, flooding or other emergency or disaster drills, were being conducted at least	N 526		

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N 526	Continued From page 37 semi-annually for 2 of 2 calendar years reviewed (2024 and 2025). There was no record of other evacuation drills conducted in the facility's safety files. Findings include: On 12/22/2025, at approximately 9:30 AM, Surveyors reviewed the facility's safety files. The files did not include evidence of other evacuation drills conducted. On 12/22/2025, at 10:28 AM, Surveyor interviewed Maintenance Manager B and Administrator A and the following was reported: Maintenance Manager B reported the facility conducted tornado drills. When Surveyor requested documents showing the drills were conducted, s/he reported s/he did not have documentation of those drills. Administrator A was unaware other evacuation drills were to be conducted and reported they did not have any documented proof of drills conducted. Moving forward, Maintenance Manager B will conduct other drills at least semi-annually and document the information as required.	N 526		
N 601	83.54(3)(a) Bedrooms: no more than 2 residents. Resident bedrooms shall accommodate no more than 2 residents per room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 4 residents' bedrooms did not accommodate more than two residents per room.	N 601		

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N 601	Continued From page 38 Resident 1, Resident 2, and Resident 3 shared a bedroom. Findings include: On 12/18/2025 at approximately 6:30 AM, Surveyor reviewed the facility's department file. The facility file contained a completed "Assisted Living Facility Waiver, Approval, Variance Or Exception Request" form, dated 11/30/2023, and signed by Owner C. Owner C requested a "permanent" waiver related to 83.54(3). On 4/25/2024, the waiver was denied by Assisted Living Regional Director (ALRD) D. On 6/21/2024, ALRD D sent an email to Owner C. Email stated, " ...The bureau does not provide blanket waivers. The waiver would need to be specific to the residents who would occupy the room. You are welcome to resubmit the requests with the names, level of functioning, diagnosis, and individual service plan of each resident so we can review and make a more informed decision..." Surveyor did not observe any additional waiver requests within the facility's department file. On 12/22/2025, at approximately 9:15 AM, surveyor toured the facility. During the tour, Surveyor observed Room B, which was located at the end of the main hallway in the facility. Room B contained 2 twin size beds, and 1 full size bed. Room B was occupied by 3 residents (Resident 1, Resident 2, and Resident 3). On 12/22/2025 at approximately 9:15 AM, Surveyor interviewed Resident 1. Resident 1 affirmed sharing the bedroom with Resident 2 and Resident 3. On 01/21/2026 at approximately 12:30 PM,	N 601		

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N 601	Continued From page 39 Surveyor interviewed Administrator A, Administrator-in-training (AIT) E, and Owner F. Owner F believed Owner C received an approved waiver request related to 83.54(3). Surveyor asked Owner F to send any additional documents that indicated a waiver request related to 83.54(3) was approved by the department by 5:00 PM on 1/21/2026. As of 1/26/2026, Surveyor has not received any additional documents that indicated a waiver request was approved related to 83.54(3).	N 601		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the first floor of the community based residential facility (CBRF) had at least 2 grade level or ramped exits to grade. One of 3 exits used by residents contained 2 steps. The exit was not equipped with a ramp to grade. One of 3 exits was obstructed with shovels and outdoor salt. Findings include:	N 631		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBINWOOD MANOR	10520 WEST ROBINWOOD LANE FRANKLIN, WI 53132

(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 631	Continued From page 40 Robinwood Manor is an 8 bed, Class CS (Semi ambulatory) facility which serves residents who may be of advanced aged, developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, and emotionally disturbed/mental illness. Surveyors observed 1 resident sitting in a wheelchair and 2 residents with a walker. On 12/22/2025 at approximately 11:00 AM, Surveyor conducted an onsite tour with Administrator A. Surveyor observed 3 exits located on the first floor. One of the 3 exits was located on the west side of the building, that exited into the garage. Surveyor observed the exit to be ramped to grade. The exit was obstructed with 2 snow shovels and outdoor salt. One of the 3 exits was located on the west side of the building, inside of the kitchen. Surveyor observed the exit to have 2 steps to enter/exit the facility. Surveyor did not observe a ramp to grade. One of the 3 exits was the front door. The front door was located on the south side of the CBRF. Surveyor observed the front exit to be ramped to grade. On 12/22/2025 at approximately 11:00 AM, Surveyor interviewed Administrator A. Administrator A denied residents used the exit leading into the garage. Administrator A acknowledged the first floor of the CBRF did not have at least 2 grade level or ramped exits to grade available to the residents. Administrator A reported having a conversation with the licensee about building a ramp on the exit located in the kitchen. Administrator A stated he/she would have another conversation with the licensee regarding the need for a second exit that is ramped to grade available to the residents.	N 631		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018663	A. BUILDING: _____ B. WING _____	C 01/27/2026

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