STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017050	A. BUILDING: _____ B. WING _____	R-C 02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING RENEE	5512 RENEE DR EAU CLAIRE, WI 54703

(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
{U 000}	INITIAL COMMENTS On 01/28/2026, Surveyor completed a complaint investigation, verification visit, and licensure survey at Milestone Senior Living Renee. Data collected through 02/03/2026. The complaint was unsubstantiated. Four deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 30 apartments/33 tenants	{U 000}		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medication administration and medication management was performed by or, as a delegated task, under the supervision of a nurse or pharmacist for Caregiver E and	U 129		

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

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U 129	Continued From page 1 Caregiver F after Registered Nurse (RN) G's employment ended. Findings include: On 01/28/2026 at approximately 12:45 PM, Surveyor reviewed medication delegation for Caregiver E and Caregiver F. Caregiver E was hired 03/24/2020. Caregiver E's file contained a Medication Administration document dated 09/12/2024. The document was signed by both Caregiver E and RN G. Under the signature line it read, "Prior to unlicensed staff administering medications, they must demonstrate their ability to competently follow the delegated medication administration and/or treatment/therapy to a Registered Nurse. Written records, signed by a RN shall be maintained regarding unlicensed staff training and Delegation testing of delegated medication administration and treatment/therapy". This was the only RN delegation in Caregiver E's file. Caregiver F was hired 11/27/2023. Caregiver F's file contained a Medication Administration document dated 09/12/2024. The document was signed by both Caregiver F and RN G. Under the signature line it read, "Prior to unlicensed staff administering medications, they must demonstrate their ability to competently follow the delegated medication administration and/or treatment/therapy to a Registered Nurse. Written records, signed by a RN shall be maintained regarding unlicensed staff training and Delegation testing of delegated medication administration and treatment/therapy". This was the only RN delegation in Caregiver F's file. On 02/03/2026 at 10:30 AM, Surveyor	U 129		

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U 129	Continued From page 2 interviewed Administrator A. Administrator A stated that RN G's last day of employment was in June of 2025. RN B's start date was 08/28/2025. In the meantime, the regional nurses were covering. Administrator A acknowledged that after RN G's employment ended, the delegation s/he performed ended. The provider did not ensure staff were delegated to pass medications when RN G's employment ended in June 2025.	U 129		
U 188	89.27(4) SERVICE AGREEMENT REVIEW AND UPDATE. The service agreement shall be reviewed when there is a change in the comprehensive assessment or at the request of the facility or at the request or on behalf of the tenant and shall be updated as mutually agreed to by all parties to the agreement. This Rule is not met as evidenced by: The provider did not ensure the service agreement was reviewed when there was a change in the comprehensive assessment or at the request of the facility or at the request or on behalf of the tenant for Tenant 1. Findings include: On 01/28/2026 at 11:55 AM, Surveyor interviewed Tenant 1 about services s/he received. Tenant 1 stated that staff help him/her with medications. Tenant 1 stated this was a recent change. S/he used to manage his/her own medication but stated after discussion with a family member s/he decided it was better to have the facility help.	U 188		

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U 188	Continued From page 3 At 12:35 PM, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted to the facility on 08/14/2024. On 01/29/2026 at 1 PM, Surveyor reviewed Tenant 1's service agreement. Tenant 1's Service Plan Detail was dated 04/21/2025. Under Action in the Medication section, it read: "Can obtain new prescriptions and refills independently. Resident can obtain new prescriptions and refills independently. Resident is independent with self-administration of medications." On 01/29/2026 at approximately 4:50 PM, Administrator A stated that as of 12/09/2025 the facility had been administering Tenant 1's medications. Administrator A stated that RN B already updated the service plan detail to reflect the new rate associated with administering medications.	U 188		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on interview and record review, the provider did not enter a signed, jointly negotiated risk agreement with each tenant by the date of occupancy.	U 189		

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U 189	Continued From page 4 Findings include: On 01/28/2026, Surveyor reviewed Tenant 2's record. Tenant 2 was admitted on 11/04/2025. Tenant 2's record did not contain a risk agreement. At approximately 12:45 PM, Surveyor interviewed Administrator A. Administrator A stated that they were unable to find a signed risk agreement for Tenant 2. Administrator A stated s/he knew every resident needed a signed risk agreement upon admission.	U 189		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department	Z 005		

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Z 005	Continued From page 5 under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure complete caregiver background checks (CBC) were completed. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete CBC, at	Z 005		

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Z 005	Continued From page 6 minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report (GFR) from DHS that reports the person ' s status, including administrative finding or licensing restrictions On 01/28/2026, Surveyor reviewed employee records. Caregiver C was hired on 09/17/2025. Caregiver C's record included a BID dated 08/25/25. Caregiver C's record did not include a DOJ or GFR. On 01/28/2026 at 12:40 PM, Surveyor interviewed Administrator A. Administrator A stated that after reviewing documents, it was noted that Caregiver C never had a DOJ or GFR ran. Administrator A stated they ran one today once they realized s/he was missing the DOJ and GFR.	Z 005		