STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013407	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING BELOIT II	2096 COLONY CT BELOIT, WI 53511

(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 From 10/08/20205 to 10/22/2025, Surveyor conducted a complaint investigation at Dimensions Living Beloit II, a CBRF in Beloit. One deficiency was identified. The complaint was substantiated. Census: 7	N 000		
N 426	83.38(1)(b) Supervision. 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 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: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents received adequate supervision to meet their need. Resident 1 was not supervised and kept safe from Resident 2. Findings include: On 10/08/2025, Surveyor conducted a complaint investigation. The provider is licensed as a class CNA (non-ambulatory) community based	N 426		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013407	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING BELOIT II	2096 COLONY CT BELOIT, WI 53511

(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 426	Continued From page 1	N 426		

residential facility (CBRF) able to serve up to 12 residents within the client group of irreversible dementia/Alzheimer's.

On 10/08/2025 at 10:30 a.m., Surveyor requested Resident 1 and Resident 2's records, including the most current Individual Service Plan (ISP) and progress notes. Surveyor reviewed progress notes that documented the following for Resident 1 and Resident 2:

Resident 1-

Dated 10/03/2025 " ...Resident was very upset by the other resident trying to pull on [his/her] and get [him/her] up."
Dated 09/23/2025 " ...staff came to get the two residents for dinner and found that the other resident had undressed [his/her] bottoms and that the resident was sitting on[his/her] bed. staff got the resident redressed and took [him/her] to dinner ...."
Dated 09/21/2025 " ...another resident was grabbing on [his/her] arms several times this shift ..."
Dated 09/20/2025 "Resident appeared to become anxious when other resident grabbed [his/her] and the other resident was yelling at [him/her] ..."
Dated 09/18/2025 " ...Resident cried before lunch during an event with another resident. A peer snatched resident's baby dolls from resident and writer intervened being able to get a different baby doll and giving it to resident ..."
Dated 09/12/2025 " ...resident was grabbed by another resident who wouldn't let [him/her] go. when staff got the resident to let go resident went to the bathroom and then into bed."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013407	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING BELOIT II	2096 COLONY CT BELOIT, WI 53511

(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 426	Continued From page 2 Resident 2- Dated 10/04/2025 "resident was in common area when staff arrived trying to tug on another resident ... " Dated 10/04/2025" ... [S/he] did offer a resident who cannot have solid food a food then became agitated at staff when trying to explain [s/he] could not have that. [S/he] was watching tv on the couch, with another resident. Then [s/he] got up and started to grab residents and yelling at them to stand up, when redirected [s/he] began to call staff vulgar names. [S/he] said [s/he] was leavingand (sic) began to exit seek." Dated 10/02/2025 " ...resident then tried taking the other resident outside with [him/her] but the alarm to the doors went off and [s/he] got upset with another resident about it ..." Dated 10/01/2025 "resident did try to take the other resident into [his/her] room before dinner but resident was easily redirected ... when the resident came back in, resident noticed that the other resident wasn't in the common area. staff explain that [s/he] was sleeping but resident seemed to get upset and started name calling and making mean comments towards staff. resident told staff to take resident to see the other resident, but staff explained that [s/he] was sleeping, and we didn't want to wake [him/her] up. resident continued until staff took [him/her] to go see the other resident while [s/he] was sleeping. resident got upset that [s/he] was sleeping and called staff member names ..." Dated 09/29/2025 "Resident was trying to pull on another resident was upset when staff redirected [him/her]. Resident kept trying to force the other resident in [his/her] room staff removed both residents from the room."	N 426		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013407	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING BELOIT II	2096 COLONY CT BELOIT, WI 53511

(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 426	Continued From page 3 Dated 09/29/2025 " ...Around 11am [S/he] was trying to Exit seek assisting (sic) on taking another resident ..." Dated 09/27/2025 "Keeps taking another resident in [his/her] room and undressing the other resident. Thinks [s/he] is his/her child..." Dated 09/26/2025 "Resident was forcing another resident around the house. When staff tried to tell [him/her] not to or remove the other resident, [s/he] tried to hit staff or yell. Resident took this other resident into [his/her] room while staff were completing ADL elsewhere. When staff entered the room, the resident was topless and had removed the other resident's pants. Staff put pants back on the resident and removed [him/her] from the room while removing [him/her] resident yelled cussed at and hit staff..." Dated 09/26/2025 " ...[Resident 2] was exit seeking and force feeding another resident ..." Dated 09/24/2025 " ...resident sat in common area watching tv for a while before trying to leave with another resident. resident started tugging and pulling on another resident and then got upset when staff tried to redirect [him/her]..." Dated 09/24/2025 " ... [s/he] kept approaching another resident trying to feed [him/her]. Pulling on [him/her] to get [him/her] up." Dated 09/23/2025 " ...while staff was trying to cook dinner, resident took another resident into [his/her] room. when it was time for dinner, staff walked into [his/her] room to find that the resident had undressed the other resident and wassitting (sic) on [his/her] bed. resident got upset with staff when staff started dressing the other resident. when staff attempted to take the other resident out of the room, resident put [himself/herself] into the middle of the door and tried stopping staff from leaving. when it was time for dinner resident	N 426		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013407	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING BELOIT II	2096 COLONY CT BELOIT, WI 53511

(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 426	Continued From page 4	N 426		

refused to sit down and eat but was force feeding the other resident. when staff intervene, resident grabbed the other residents cup and poured it all out on staff and the floor ..."
Dated 09/18/2025 " ...resident then tried to pull on the other resident and when staff tried to stop [him/her], resident got upset with staff and started to throw things ... resident took another resident into [his/her] room and watched tv with [him/her]. resident got ready for bed and laid down with the other resident sitting in the chair. when it was time to get the other resident ready for bed, resident got upset and tried to yank on the resident to keep [him/her] in [his/her] room. resident then followed staff to the bathroom with the other resident to try and stop staff from "taking [his/her] baby". resident then woke up another resident to try andget (sic) help. resident then threatened staff saying [s/he] was going to kill staff. when staff laid the other resident down staff had to lock [his/her] door so resident wouldn't try to get the other resident ..."
Dated 09/17/2025 " ...[s/he] was done and got up and went over to another resident and took [his/her] food away and said [s/he] was done because [s/he] was making a mess. Then [s/he] grabbed [his/her] arm and told [him/her] to get up. Staff explained to [Resident 2] that staff will take care of [him/her] but thanks for helping. resident got upset and said the other resident was [his/her] [Grandchild] ..."
Dated 09/16/2025 " ...Another resident had a DR. appt. [Resident 2] was trying to refuse DR.care (sic) for resident thinking that resident was [his/her] grandchild. [Resident 2] went into the room with the DR and ripped up the dr paperwork refusing to leave out the room ..."

On 10/08/2025 at approximately 11:00 a.m.,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013407	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING BELOIT II	2096 COLONY CT BELOIT, WI 53511

(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 426	Continued From page 5 Surveyor reviewed Resident 1 and Resident 2's ISP's. The ISP's documented the following: Resident 1 - Resident 1's ISP, dated 07/28/2025, stated that Resident 1 "will maintain safety while living in community." Resident 1's cognition was identified as requiring assistance: Moderate dementia with significant short-term memory and possibly long-term memory loss. There was nothing documented regarding the supervision required to keep Resident 1 safe from Resident 2. Resident 2 - Resident 2's ISP, dated 05/15/2025, said that Resident 2's behavior monitoring stated that Resident 2 "will not act out in a way that is harmful to self or others." The ISP stated that Resident 2 demonstrates anxious/paranoid or suspicious behavior. Resident 2 is at risk for elopement. Care staff will report any changes on baseline behavior plan. The provider was working with psychiatry and gene therapy testing for interventions. On 10/08/2025 at 11:30 a.m., Surveyor interviewed Manager A and asked about Resident 1 and Resident 2's progress notes and the documented incidents between the residents. Manger A stated that Resident 2 thinks that Resident 1 is his/her child or grandchild. Manger A said, "no matter how we redirect or intervene [Resident 2] thinks [Resident 1] is [his/her] child.". On 10/08/2025 at 12:00 p.m., Surveyor interviewed Activity Director C. Activity Director C identified Resident 1 and Resident 2 at the dining table.	N 426		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013407	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING BELOIT II	2096 COLONY CT BELOIT, WI 53511

(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 426	Continued From page 6 Activity Director C stated that Resident 1 and Resident 2 sit next to each other because if they do not, Resident 2 will make his/her way over to Resident 1. Activity Director C said that Resident 1 has had about 3 to 4 episodes a week that Resident 2 is trying to leave with him/her, feed him/her or pull him/her around the facility. Activity Director C said that "[Resident 1] had a doctor appointment that [Resident 2] tried to stop because [s/he] did not give permission." Activity Director C stated that Resident 2 tore up Resident 1's doctor note. On 10/08/2025 at 12:52 p.m., Surveyor interviewed Caregiver D. Caregiver D stated that Resident 1 gets certain facial expressions when Resident 2 really gets going. Caregiver D stated that Resident 2 started becoming really focused with Resident 1 being his/her child over a month ago. Caregiver D stated that s/he is consistently re-directing Resident 2 away from Resident 1. On 10/08/2025 at 1:30 p.m., Surveyors reviewed the concern of adequate supervision between Resident 1 and Resident 2 with Executive Director B. Executive Director B acknowledged that Resident 2 had several documented incidents of unsupervised time with Resident 1. Executive Director B stated that the facility was working with Resident 2's doctor as an intervention. Executive Director B said the facility will continue to monitor and document to ensure that Resident 1 remains safe.	N 426		