STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011776	A. BUILDING: _____ B. WING _____	C 02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF COTTAGE GROVE	505 W LAWN DRIVE COTTAGE GROVE, WI 53527

(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 02/09/2026, Surveyor conducted a complaint investigation and standard survey at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. Eight deficiencies were identified. Seven deficiencies were repeat deficiencies - See Statement of Deficiency (SOD)VH4Z11, dated 08/08/2022, SOD VH4Z12, dated 12/20/2022, SOD VH4Z13, dated 07/13/2023, SOD VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024 and SOD VH4Z16, dated 07/29/2024 and SOD VH4Z17, dated 12/31/2024. The complaint was unsubstantiated. Census: 2	N 000		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the CBRF and its facility complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z13, dated 07/13/2023, SOD VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024, SOD VH4Z16, dated 07/29/2024 and SOD VH4Z17, dated 12/31/2024. Findings include:	N 196		

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

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N 196	Continued From page 1 On 02/09/2026, Surveyor conducted a complaint investigation and standard survey. Eight deficiencies were identified, including the following: Environment: - The provider did not ensure the sprinkler system was maintained. *Repeat deficiency. Employees: - The provider did not ensure 1 of 3 caregivers reviewed had a complete background check completed. *Repeat deficiency. - The provider did not ensure 1 of 3 caregivers reviewed completed all required department approved trainings. *Repeat deficiency. - The provider did not ensure the facility was staffed with at least 1 qualified care staff. Resident Care: - The provider did not ensure 1 of 3 residents reviewed had their individual service plan (ISP) followed. *Repeat deficiency. - The provider did not ensure 2 of 3 residents reviewed received all medications as prescribed. *Repeat deficiency. - The provider did not ensure 1 of 3 residents reviewed had his/her health monitored and communications with his/her physician documented in the record. *Repeat deficiency. On 02/09/2026 at 1:30 p.m., Surveyor reviewed concerns identified with Administrator A. Administrator A made note the concerns. Administrator A shared that s/he started at the facility the previous fall and worked on cleaning up concerns s/he identified when s/he started.	N 196		

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N 196	Continued From page 2 On 02/09/2026 at approximately 4:00 p.m., Surveyor reviewed the provider's compliance history during the past 6 years with the department. Department records indicated the department has conducted 19 visits to the facility, resulting in 111 deficiencies. Records indicated 10 complaint investigations had been completed with 8 of those complaints being substantiated. Enforcement action during the past 6 years has included the following special orders: - SOD 240211, dated 01/13/2022, included special orders to develop (or review/revise) a written procedure and staff training to address caregiver misconduct and resident rights. The SOD also ordered the provider to retroactively complete an investigation of alleged incidents of caregiver misconduct described in the deficiency. - SOD VH4Z11, dated 08/08/2022, included special orders to develop (or review/revise) written procedures and provide staff training to address how the provider will monitor and document changes in resident health, notify physicians, legal representatives and case managers when residents experience a change in condition, accident, injury or medical emergency, obtain timely medical care, review and revise individualized service plans annually or when there was a change in residents' needs, abilities or physical and mental condition and provide or arrange prompt and adequate services to address resident health care needs. The SOD also ordered the provider to provide the legal representative and case managers of 8 residents with a copy of the SOD. - SOD VH4Z13, dated 07/13/2023, included special orders to develop (or review/revise) written procedures to address how the provider will	N 196		

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N 196	Continued From page 3	N 196		

maintain compliance with criminal background requirements for all employees and contractors. The SOD also ordered the provider to have all personnel records of current employees updated with background checks within 10 days of receipt of the SOD.
- SOD VH4Z14, dated 12/07/2023, included special orders to develop and implement corrective measures to ensure all residents received proper care and treatment, that their health and safety were protected and promoted and that their rights were respected. The SOD also ordered the provider to obtain and submit evidence of an inspection of the facility's sprinkler system within 45 days.
- SOD VH4Z15, dated 04/29/2024, included special orders not to admit new or additional residents and to submit a biennial report form and payment for license continuation fee or intent to close within 10 days of receipt of the SOD.
- SOD VH4Z16, dated 07/29/2024, included special orders not to admit new or additional residents, to ensure the provision of services to meet residents' physical and mental health needs immediately, to correct deficiencies identified in the SOD in consultation with a RN within 45 days, to provide training with all staff on corrective actions taken to resolve each deficiency identified in the SOD within 45 days, and to provide notice of the SOD to legal representatives and case managers of each resident within 7 days of receipt of the SOD.
- SOD MVOW11, dated 09/18/2024, included special orders to develop (or review/revise) procedures and provide staff training to address fall management.
- SOD VH4Z17, dated 12/31/2024, included special orders not admit new or additional

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N 196	Continued From page 4 residents (extended), develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and prompted and that their rights are respected. The SOD included an order to submit documentation acceptable to the department to verify compliance with DHS 83.48(8)(b), regarding the sprinkler system. The SOD also included an order to provide the legal representative and case manager for each resident with a copy of the SOD within 7 days of receipt of the SOD. - SOD VH4Z19, dated 06/09/2025, included special orders to provide the legal representative and case manager for 2 residents with a copy of the SOD within 7 days of receipt of the SOD. Cross Reference: N0219 DHS 83.17(1) License Conduct Caregiver Background Check N0239 DHS 83.20(2)(a-d) Department Approved Training N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication N0388 DHS 83.35(3)(c) Implement And Follow The ISP N0397 DHS 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake N0431 DHS 83.38(2)(g) Health Monitoring N0558 DHS 83.48(8)(b) Sprinkler System Installation And Maintenance	N 196		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire,	N 219		

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N 219	Continued From page 5 employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed had documentation of a background check following the procedures in s. 50.065, Stats., and ch. DHS 12. Caregiver B did not have a complete background check in his/her employee file. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z11, dated 08/08/2022, SOD VH4Z12, dated 12/20/2022, SOD VH4Z13, dated 07/13/2023, SOD VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024 and SOD VH4Z16, dated 07/29/2024. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete Caregiver	N 219		

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N 219	Continued From page 6 Background Check, at 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) On 02/09/2026 at 10:15 a.m., Surveyor reviewed employee records provided by Administrator A. Caregiver B's record documented that s/he was hired on 07/30/2025. The record included a BID that was entirely blank except for the signature line, which had Caregiver B's name written. The record included a DOJ and GFR, dated 10/14/2025, greater than 60 days from Caregiver B's date of hire. On 02/09/2026 at 1:30 p.m., Surveyor reviewed concern with Administrator A that Caregiver B's record had an incomplete BID and DOJ and GFR checks that were completed greater than 60 days after his/her date of hire. Administrator A stated s/he should have a complete BID and that the DOJ and GFR were likely completed late by Administrator A when s/he was doing an audit of employee records. On 02/09/2026 at 3:00 p.m., Administrator A provided Surveyor with a BID for Caregiver B that had demographic information completed, Part A completed, but left 4 of 7 questions blank for Part B. Questions left blank asked if Caregiver B had resided outside of Wisconsin in the last 3 years, if Caregiver B had resided outside the state of Wisconsin in the last 7 years, if Caregiver B had a caregiver background check completed in the last 4 years and if Caregiver B had ever requested a	N 219		

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N 219	Continued From page 7 rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board or DHS-designated tribe.	N 219		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the licensee	N 239		

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N 239	Continued From page 8 did not ensure 1 of 3 employees obtained all department approved training as required. Caregiver B's record did not contain evidence of training in first aid and choking within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z11, dated 08/08/2022. Findings include: On 02/09/2026 at 10:15 a.m., Surveyor conducted a review of 3 employee records, provided by Administrator A, to verify compliance with department approved training requirements. The record for Caregiver B, hired 07/30/2025, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 02/09/2026 at 12:27 p.m., Surveyor interviewed Administrator A. Administrator A stated Caregiver B did not meet an exemption for first aid and choking training. Administrator A reviewed the CBRF training registry with Surveyor and confirmed Caregiver B had not completed training for first aid and choking. Cross Reference: N0397 DHS 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake	N 239		
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:	N 352		

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N 352	Continued From page 9	N 352		

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 3 residents reviewed received all medication as prescribed.

Resident 2 did not receive his/her 8:00 a.m. medications on 01/07/2026.

Resident 1 did not receive his/her Humalog as prescribed on 2 occurrences from 01/15/2026 to 02/05/2026.

This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, SOD VH4Z16, dated 07/29/2024 and SOD VH4Z17, dated 12/31/2024.

Findings include:

On 02/09/2026 at 10:15 a.m., Surveyor reviewed resident records and identified the following medication concerns:

Example 1 - Resident 2:

Resident 2 was admitted to the provider's facility on 01/18/2016 with diagnosis of Alzheimer's disease. Resident 2's record indicated the provider's staff administered his/her medications. Resident 2's Medication Administration Record (MAR), dated 01/01/2026 to 02/09/2026, documented that s/he did not receive his/her 8:00

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a.m. medications on 01/07/2026. The 8:00 a.m. medications included amlodipine, donepezil, sertraline, memantine, fluticasone nasal spray, refresh eye drops, pantoprazole, levothyroxine and acetaminophen. Resident 2's record included an incident report, dated 01/07/2026, that stated a medication passer was assigned to both the facility Resident 2 resided in and the affiliated facility next door. The report documented that there was an emergency at the affiliated facility next door, so the medication passer forgot to pass Resident 2's medications.

On 02/09/2026 at 11:45 a.m., Surveyor interviewed Administrator A regarding Resident 2's missed medications on 01/07/2026. Administrator A confirmed Resident 2 missed his/her medications due to the caregiver in the provider's facility being unable to pass medications and the caregiver in the affiliated next door not coming over to administer medications.

Example 2 - Resident 1:

Resident 1 was admitted to the provider's facility on 01/15/2026 with diagnosis of diabetes. Resident 1 was discharged on 02/05/2026. Resident 1's physician orders included the following:

- Humalog 100 unit/ml (Start Date: 01/06/2026 / End Date: 01/19/2026) - Inject 5 units at breakfast, inject 7 units at lunch and inject 7 units at supper. In addition, inject sliding scale as follows: <151=0 units, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301=350=4 units, >350= 5 units and call physician. *Hold if not eating.
- Humalog 100 unit/ml - Inject 8 units at supper. In

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N 352	Continued From page 11 addition, inject sliding scale as follows: <151=0 units, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301=350=4 units, >350= 5 units and call physician. Surveyor reviewed Resident 1's MAR, dated 01/15/2026 to 02/05/2026, which documented the following errors: - 01/17/2026 at 7:28 a.m. Blood Sugar=136, 6 units were administered. *Per order, 5 units should have been administered. - 01/21/2026 at 4:38 p.m. Blood Sugar=350, 13 units were administered. *Per order, 12 units should have been administered. On 02/09/2026 at 11:45 a.m., Surveyor reviewed Resident 1's MAR with Administrator A. Administrator A nodded his/her head in agreement with Surveyor's concern of incorrect insulin administration on 01/17/2026 and 01/21/2026. Administrator A stated s/he audited insulin administration after the change in orders on 01/19/2026 and hadn't identified administration errors. Cross Reference: N0397 DHS 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake	N 352		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by:	N 388		

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Based on record review and interview, the provider did not ensure the individual service plan (ISP) of 1 of 3 residents reviewed was followed.

Resident 2 did not have a pad alarm under him/her at all times.

This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024 and SOD VH4Z16, dated 07/29/2024.

Findings include:

On 02/09/2026 at 9:50 a.m., Surveyor interviewed Resident 2's family member, Family Member D. Family Member D stated Resident 2 was a fall risk and expressed concern that the provider's staff didn't always ensure Resident 2's alarm was always on his/her wheelchair. Surveyor observed the alarm was on at that time.

On 02/09/2026 at 10:15 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 01/18/2016 with diagnosis of Alzheimer's disease. Resident 2's ISP, dated 09/30/2025, documented that Resident 2 should have a pad alarm under him/her at all times. Resident 2's record included a progress note, dated 01/31/2026, that stated, " ...Resident had went to their room and tried to get into bed. Writer was coming out when they heard resident yell for help, writer went in and seen resident on the floor next to bed lying slightly on right side. Writer put pillow under resident's head and asked resident what happen. Resident said they wanted to get in bed ...". Surveyor noted the progress note, completed by Administrator A, did not comment on

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N 388	Continued From page 13 whether or not Resident 2's alarm engaged. On 02/09/2026 at 1:30 p.m., Surveyor interviewed Administrator A regarding Resident 2's fall. Administrator A stated Resident 2's chair alarm was not on the wheelchair when Resident 2 fell on 01/31/2026. Administrator A confirmed the alarm was left off Resident 2's wheelchair at times and added that Resident 2 sometimes took the alarm off on his/her own. Surveyor reviewed Resident 2's ISP and noted the ISP did not identify the behavior of removing the chair alarm.	N 388		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least	N 397		

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	0011776	A. BUILDING: _____ B. WING _____	C 02/09/2026

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N 397	Continued From page 14 one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least 1 qualified resident care staff was present in the CBRF when 1 or more residents were present. Resident 2 missed medications on 01/07/2026 due to the facility being staffed by a caregiver without training for medication administration. From 01/01/2026 to 02/09/2026, Caregiver B worked 19 shifts alone without having all training requirements completed. Findings include: DHS Chapter 83.02(42) identifies "Qualified resident care staff" as an employee who has successfully completed all of the applicable training and orientation under subch. IV. On 02/09/2026, Surveyor reviewed employee records, resident records and the staffing schedule. The following concerns were identified: Example 1 - Resident 2: On 02/09/2026 at 10:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 01/18/2016 with diagnosis of Alzheimer's disease. Resident 2's record indicated the provider's staff administered his/her medications. Resident 2's Medication Administration Record (MAR), dated 01/01/2026 to 02/09/2026, documented that s/he did not receive	N 397		

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N 397	Continued From page 15	N 397		

his/her 8:00 a.m. medications on 01/07/2026. Resident 2's 8:00 a.m. medications included amlodipine, donepezil, sertraline, memantine, fluticasone nasal spray, refresh eye drops, pantoprazole, levothyroxine and acetaminophen. Resident 2's record included an incident report, dated 01/07/2026, that stated a medication passer was assigned to both the facility Resident 2 resided in and the affiliated facility next door. The report documented that there was an emergency at the affiliated facility next door, so the medication passer forgot to pass Resident 2's medications.

On 02/09/2026 at approximately 1:00 p.m., Surveyor reviewed the provider's schedule, which indicated Caregiver C worked on 01/27/2026. Surveyor checked the CBRF registry, which did not list Caregiver C as trained for medication administration.

On 02/09/2026 at 1:30 p.m., Surveyor interviewed Administrator A and discussed concern that Resident 2 missed medications due to the provider's facility sharing staff with the facility next door. Administrator A confirmed the provider's facility shared a medication passer with the facility next door, leaving the facility without a staff member that had successfully completed all required trainings.

Example 2 - Caregiver B:

On 02/09/2026 at 10:15 a.m., Surveyor reviewed Caregiver B's record. The record documented Caregiver B was hired on 07/30/2025. Caregiver B's record did not include documentation for first aid and choking training or medication

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N 397	Continued From page 16 administration. On 02/09/2026 at approximately 1:00 p.m., Surveyor reviewed the provider's schedule, dated 01/01/2026 to 02/09/2026, provided by Administrator A. The schedule indicated Caregiver B, who had not successfully completed all required trainings, worked the following shifts alone: - 01/02/2026 10:00 p.m. to 6:00 a.m. - 01/03/2026 6:00 a.m. to 2:00 p.m. - 01/04/2026 10:00 p.m. to 6:00 a.m. - 01/05/2026 10:00 p.m. to 6:00 a.m. - 01/08/2026 10:00 p.m. to 6:00 a.m. - 01/09/2026 10:00 p.m. to 6:00 a.m. - 01/12/2026 10:00 p.m. to 6:00 a.m. - 01/13/2026 2:00 p.m. to 6:00 a.m. - 01/15/2026 10:00 p.m. to 6:00 a.m. - 01/19/2026 10:00 p.m. to 6:00 a.m. - 01/20/2026 10:00 p.m. to 6:00 a.m. - 01/22/2026 10:00 p.m. to 6:00 a.m. - 01/24/2026 10:00 p.m. to 6:00 a.m. - 01/27/2026 10:00 p.m. to 6:00 a.m. - 01/29/2026 10:00 p.m. to 6:00 a.m. - 01/30/2026 10:00 p.m. to 6:00 a.m. - 02/02/2026 10:00 p.m. to 6:00 a.m. - 02/03/2026 10:00 p.m. to 6:00 a.m. - 02/05/2026 10:00 p.m. to 6:00 a.m. On 02/09/2026 at 1:30 p.m., Surveyor reviewed concern with Administrator A that Caregiver B, who was not fully trained, worked shifts at the provider's facility by him/herself, leaving the facility without a qualified staff member present. Administrator A was unaware Caregiver B had not received training for first aid and choking.	N 397		

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N 397	Continued From page 17 Cross Reference: N0239 DHS 83.20(2)(a-d) Department Approved Training N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 397		
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 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.	N 431		

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N 431	Continued From page 18 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents reviewed had their health monitored and communication with the resident's physician documented. Resident 1's record did not document notification to Resident 1's physician each time his/her blood sugar (BS) was outside parameters. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z11, dated 08/08/2022 and SOD VH4Z13, dated 07/13/2023. Findings include: On 02/09/2026 at 10:15 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 01/15/2026 with diagnosis of diabetes. Resident 1 was discharged on 02/05/2026. Resident 1's physician orders included the following: - Humalog 100 unit/ml (Start Date: 01/06/2026 / End Date: 01/19/2026) - Inject 5 units at breakfast, inject 7 units at lunch and inject 7 units at supper. In addition, inject sliding scale as follows: <151=0 units, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301=350=4 units, >350= 5 units and call physician. *Hold if not eating. - Humalog 100 unit/ml (Start Date: 01/09/2026) - Inject 12 units at breakfast. In addition, inject sliding scale as follows: <151=0 units, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301=350=4 units, >350= 5 units and call physician. - Humalog 100 unit/ml (Start Date: 01/19/2026) - Inject 10 units at lunch. In addition, inject sliding	N 431		

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scale as follows: <151=0 units, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301=350=4 units, >350= 5 units and call physician.
- Humalog 100 unit/ml (Start Date: 01/19/2026) - Inject 8 units at supper. In addition, inject sliding scale as follows: <151=0 units, 151-200=1 unit, 201-250=2 units, 251-300=3 units, 301=350=4 units, >350= 5 units and call physician.
- Humalog 100 unit/ml (Start Date: 01/19/2026) - Inject per sliding scale at bedtime 201-250=1 unit, 251-300=2 units, 301=350=3 units, >350= 4 units and call physician.
-
Surveyor reviewed Resident 1's medication administration record (MAR), dated 01/15/2026 to 02/05/2026, which documented the following BS readings greater than 350:

- 01/21/2026 12:32 p.m. BS=401
- 01/21/2026 7:01 p.m. BS=515
- 01/22/2026 9:23 a.m. BS=366
- 01/22/2026 12:30 p.m. BS=364
- 01/23/2026 7:12 p.m. BS=413

Resident 1's progress notes, dated 01/15/2026 to 02/05/2026, documented the following communications regarding Resident 1's BS readings greater than 350:

- 01/22/2026 8:30 a.m.: Physician contacted regarding high blood sugar levels. Faxed MAR and blood sugar history. *Greater than 12 hours after the initial high BS on 01/21/2026.
- 01/23/2026 9:30 p.m. Blood sugar was high, 548. Resident has had high blood sugars all day. Resident was not showing symptoms of hyperglycemia. Staff encouraged water, got resident up to walk and avoided additional sugars

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N 431	Continued From page 20 and carbs during meals. Health Care Power of Attorney informed. 911 called and resident taken for further evaluation. *Follow up note documented Resident 1 was admitted to the hospital and was unlikely to return to the facility. On 02/09/2026 at 11:45 a.m., Surveyor reviewed Resident 1's MAR with Administrator A and concern that Resident 1's physician was not updated regarding high BS readings as ordered. Administrator A stated it would have been the responsibility of the PM med passer to update the physician during non-business hours and Administrator A was unable to provide documentation to indicate the notifications occurred. Administrator A stated Resident 1 was admitted to the hospital with a lung infection and pancreatic lesion.	N 431		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the sprinkler system was	N 558		

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N 558	Continued From page 21 maintained. The provider did not complete follow up of deficiencies identified during the sprinkler inspection on 10/22/2025. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, SOD VH4Z13, dated 07/13/2023, SOD VH4Z14, dated 12/07/2023, SOD VH4Z16, dated 07/29/2024 and SOD VH4Z17, dated 12/31/2024. Findings include: On 02/09/2026 at approximately 9:00 a.m., Surveyor reviewed the provider's documentation of environmental records. Records indicated the provider's most recent sprinkler system inspection was completed on 10/22/2025 with the following deficiencies identified: - No record of any service, unknown type and quantity antifreeze in the system, cannot read hydraulics, dry control valve and AF [air maintenance device] control valve do not hold tight and leak by, double check needs new number 2 check. - Unable to read the hydraulic name plate (calculated systems) - Backflow devices had not passed forward flow test. - Heads most likely due for 25-year testing. No date on heads and cannot read hydraulics. On 02/09/2026 at approximately 12:30 p.m., Surveyor interviewed Administrator A and asked if any follow up had been completed for the deficiencies identified in the provider's sprinkler	N 558		

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N 558	Continued From page 22 system inspection. Administrator A stated s/he would log into the provider's system and check. On 02/09/2026 at approximately 12:45 p.m., Administrator A followed up with Surveyor and stated s/he was not aware of any follow up on the sprinkler system.	N 558		