STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018810	A. BUILDING: _____ B. WING _____	R-C 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAYTON TERRACE	9200 W LAYTON AVENUE GREENFIELD, WI 53228

(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 10/14/2025, Surveyors completed a verification visit and 5 complaint investigations at Layton Terrace. As a result, 2 of the previous 4 deficiencies were corrected. Two of the previous deficiencies were re-cited with 4 new deficiencies; therefore, 6 total deficiencies were identified. Two of 5 complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 67	{N 000}		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. 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. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 17) reviewed had a comprehensive individualized service plan (ISP) that identified the resident's needs, identified the approaches the Community	N 386		

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

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N 386	Continued From page 1	N 386		

Based Residential Facility (CBRF) would provide, established measurable goals with specific time limits for attainment, and specified methods for delivering needed care.

Resident 17's ISP did not identify Resident 17 refused showers.

Findings include:

On 07/15/2025, the Department received a complaint the facility was not providing services to a resident who required assistance with daily cares and tasks, to include bathing.

Interview

On 10/13/2025, at 12:19 PM, Surveyor interviewed Person AA (family member of Resident 17), and the following was reported:

Resident 17 was not completing showers. Resident 17 was known to refuse showers but would agree if the proper approach was used by caregivers. Person AA reported Resident 17 had gone without showers for a month at a time.

Record Review

On 10/13/2025, at 1:30 PM, Surveyor reviewed Resident 17's record, and the following was identified:

Resident 17 was admitted 04/24/2023.

Resident 17's ISP, 05/02/2025, documented, " . . . Need: Bathing Assistance - Standby; Goal: Resident will be provided stand-by assisting with bathing to optimize hygiene and appearance. Intervention: Staff to stand-by while the resident

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N 386	Continued From page 2 self-bathes and assist as necessary. Person/Location: Staff/At Community; Frequency: W (Wednesday), Sa (Saturday); Sched (Schedule): Shift II - PM. . . . " On 10/13/2025, at approximately 4:35 PM, Surveyor reviewed the facility's memory care shower schedule. The shower schedule documented Resident 17 was to receive showers twice per week, on Wednesdays and Saturdays, during the PM shift (second shift). Interview On 10/13/2025, at 3:13 PM, Surveyors interviewed ED BB and Health Services Director (HSD) EE. They reported Resident 17 often refused showers. Surveyor inquired about resident cares/ refusal of cares and how the facility was documenting this information. They reported they did not keep records of personal cares and did not know the last time Resident 17 had a shower. They confirmed Resident 17's ISP was missing information regarding her/his refusal to shower and approaches they could have taken to ensure Resident 17 was receiving regular scheduled showers. On 10/14/2025, at 9:45 AM, Surveyors interviewed ED BB. ED BB reported there was a "gap" in care tracking for residents. ED BB reported this was an opportunity for the facility to improve and they would focus on the use of the care tracker to document resident cares and refusals of care.	N 386		
N 388	83.35(3)(c) Implement, follow the individual service plan	N 388		

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N 388	Continued From page 3 Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on interview, record review, and observation, the provider did not ensure residents' individual service plans (ISPs) were implemented and followed as written for 2 of 2 residents (Resident 17 and Resident 18) reviewed. Resident 17 was not receiving laundry services consistent with her/his service plan. Resident 18 was served food s/he was allergic to, as indicated on her/his service plan. Findings include: On 07/15/2025, the Department received 2 complaints the facility was not providing services to residents, which were specified in their care plans. Example 1 Interview On 10/13/2025, at 12:19 PM, while onsite at the facility, Surveyor interviewed Person AA (family member to Resident 17). The following was reported: Resident 17 required staff to do her/his laundry. Resident 17 was not receiving laundry services on a regular basis. Resident 17's laundry hamper was full. Record Review On 10/13/2025, at 1:30 PM, Surveyor reviewed	N 388		

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N 388	Continued From page 4 Resident 17's record. Resident 17 was admitted 04/24/2023, Resident 17's individual service plan (ISP), dated 05/02/2025, identified the following: Resident 17 required laundry assistance. The ISP documented, "Goal: Residents laundry will be clean and maintained to promote health and a clean appearance." The ISP documented Resident 17 was to have laundry services completed by staff, twice per week on Wednesdays and Saturdays, on second shift. Observations On 10/13/2025, at 4:29 PM, Surveyors toured Resident 17's room with Community Director (CD) W. Surveyor observed a large laundry hamper filled with clothing. CD W confirmed the hamper was used to store worn clothing that needed to be washed. CD W confirmed the hamper was full and Resident 17's laundry had not been done in a while. On 10/13/2025, at approximately 4:35 PM, Surveyor reviewed the facility's memory care laundry schedule. The laundry schedule documented Resident 17 was to receive laundry services twice per week, on Wednesdays and Saturdays. On 10/13/2025, at approximately 4:40 PM, Surveyor interviewed Executive Director (ED) BB and the following was reported: Resident 17's laundry was done on Wednesday, 10/08/2025, and it was scheduled to be done again on Wednesday, 10/15/2025. S/He was unsure why Resident 17 had a laundry hamper full of unclean laundry. ED BB reported documenting services was not required and the	N 388		

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N 388	Continued From page 5	N 388		

facility did not require staff to keep a log of when laundry service was completed.

On 10/14/2025, at 9:45 AM, Surveyors interviewed ED BB and the following was reported:

They recently held a care plan conference for Resident 18. Resident 18 discussed her/his egg allergy and the kitchen/staff consistently still serving her/him eggs. The chef and kitchen staff have an allergy list posted and the servers were being made aware of it. ED BB reported staff have the information of residents' food allergies, and did not know why they were still offering food to residents in which they were allergic to.

Example 2

Interview

On 10/13/2025, at 1:30 PM, Surveyors interviewed Resident 18. Resident 18 reported s/he was allergic to eggs. Resident 18 reported s/he was served eggs regularly with meals. Resident 18 reported s/he was served food items containing eggs for breakfast on 10/12/2025 and 10/13/2025. Resident 18 reported s/he reported the allergy to staff, but eggs are still served to her/him with breakfast meals. Resident 18 reported s/he is served an alternate breakfast option when requested.

On 10/13/2025, at 2:30 PM, Surveyors interviewed Medication Passer (MP) CC and Caregiver DD. MP CC reported they had care sheets which were turned in at the end of every shift. MP CC reported staff were to mark tasks as completed. MP CC reported staff will often mark the care sheets of completed tasks, but the tasks

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were not completed. MP CC reported examples where staff would check off on the care sheet residents' laundry and showers were completed, and when s/he would go into a resident room the laundry basket was still there filled with clothes. MP CC reported s/he would ask the resident if they received a shower, and the resident would report to her/him they did not receive a shower.

On 10/13/2025, at 2:37 PM, Surveyor interviewed Executive Director (ED) BB. ED BB reported it was not a requirement to document showers. ED BB reported they were not going to chart on when residents take showers because if a staff forgot to chart something, then suddenly it did not happen. When Surveyors inquired how they ensure required care tasks were being completed, ED BB reported they have a unit nurse who ensured the team was completing all tasks. ED BB reported care refusals were documented, and s/he would gather the information for Surveyors.

Record Review

On 10/13/2025, at 11:30 AM, Surveyors reviewed resident records and identified the following:

Resident 18 was admitted on 11/15/2024, with diagnoses including chronic heart failure, arthritis and hypothyroidism. Resident 18's service plan, dated 10/07/2025, indicated Resident 18 was allergic to eggs, iodine, and shellfish.

On 10/13/2025, at 2:20 PM, Surveyors reviewed food menus for the month of October and identified the following:

- Breakfast on 10/12/2025 consisted of bacon egg bites, hash browns, fruit, juice, and toast.

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N 388	Continued From page 7 - Breakfast on 10/13/2025 consisted of French toast, fried eggs, fruit and fruit juice.	N 388		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's medication administration record (MAR) was accurately maintained for 2 of 2 residents reviewed (Resident 17 and Resident 13). Staff did not accurately document when Resident 17 and Resident 13 were or were not administered prescribed medications. Resident 17's MAR was inaccurately documented on 1 occasion in the month of September. Resident 13's MAR did not document medication administration on 22 occasions within a 34-day period, from 09/05/2025 - 10/08/2025. This deficiency is being cited for a 4th time. See Statement of Deficiency (SOD) JJ9F11, dated	{N 415}		

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{N 415}	Continued From page 8 06/26/2024, SOD JJ9F12, dated 11/01/2024, and SOD JJ9F13, dated 05/12/2025. Findings include: On 10/13/2025, at 1:30 PM, Surveyor reviewed resident records and identified the following: Resident 17 Resident 17 was admitted to the facility on 04/24/2023 and required staff to provide medication administration. Resident 17's physician's orders indicated s/he was ordered to take the following medication: - Quetiapine 25 milligrams (mg) tablet (tab), take 1 tab by mouth twice daily for agitation/anxiety. Surveyor reviewed Resident 17's MAR and the following was identified: On 09/12/2025, at 4:45 PM, staff initialed and documented an exception to Resident 17's 5:00 PM medication administration of quetiapine 25 mg tab. The exception notes stated, "adverse reaction." Administration notes stated, "Pharmacy hasn't delivered yet." It could not be confirmed, based on the MAR notes, if Resident 17 received her/his dose of quetiapine. Resident 13 Resident 13 was admitted to the facility on 05/29/2025 and required staff to provide medication administration. Resident 13's physician's orders indicated s/he was ordered to take the following medications: - Clindamycin 300 mg capsule (cap), take 1 cap	{N 415}		

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{N 415}	Continued From page 9 by mouth 3 times daily for prophylaxis. On 09/05/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 09/14/2025, at 8:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 10/06/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 10/08/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. - Eliquis 5 mg tab, take 1 tab by mouth twice daily for atrial fibrillation. On 09/14/2025, at 8:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. - Fenofibrate 160 mg tab, take 1 tab by mouth once daily at bedtime for hyperlipidemia. On 09/14/2025, at 8:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. - Insulin aspart 100 units/milliliter (mL) flexpen, inject 10 units subcutaneously 3 times daily with meals. On 09/05/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded.	{N 415}		

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{N 415}	Continued From page 10 On 09/06/2025, at 12:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 09/08/2025, at 8:00 AM, the MAR documented a dash, indicating the medication administration was not recorded. On 09/22/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 09/28/2025, at 12:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 10/04/2025, at 12:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 10/06/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 10/08/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. - Insulin glargine 300 units/mL pen, inject 60 units subcutaneously once daily at bedtime On 09/14/2025, at 8:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. - Metoprolol succinate extended release (ER) 50 mg tab, take 1 tab by mouth twice daily for chronic kidney disease. On 09/14/2025, at 8:00 PM, the MAR	{N 415}		

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{N 415}	Continued From page 11 documented a dash, indicating the medication administration was not recorded. - Mounjaro 15 mg/0.5 mL pen, inject 15 mg subcutaneously 1 time weekly on Thursday. On 10/04/2025, at 8:00 AM, the MAR documented a dash, indicating the medication administration was not recorded. - Multaq 400 mg tab (half dose (HD)), take 1 tab by mouth twice daily with meals for atrial fibrillation. On 09/05/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 10/06/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. On 10/08/2025, at 4:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. - Pregabalin 25 mg cap, take 1 cap by mouth twice daily for neuropathy. On 09/14/2025, at 8:00 PM, the MAR documented a dash, indicating the medication administration was not recorded. - Rosuvastatin 5 mg tab, take 1 tab by mouth every evening for hyperlipidemia. On 09/14/2025, at 8:00 PM, the MAR documented a dash, indicating the medication administration was not recorded.	{N 415}		

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{N 415}	Continued From page 12 Interview On 10/14/2025, at 9:45 AM, Surveyors interviewed Health Services Director (HSD) EE. HSD EE confirmed the dash on the MAR meant medication passers were not documenting the medication administration. HSD EE confirmed the facility staff were required to document residents' medication administration. HSD EE had only been working with the facility for approximately 1 month and was reviewing MARs for errors. HSD EE reported retraining and training would need to be provided to medication passers.	{N 415}		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 2 residents (Resident 17 and Resident 18) reviewed, received	N 425		

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assistance with personal cares as directed in each resident's service plan. Resident 17 did not receive assistance as required with laundry services. Resident 18 was not provided breakfasts without an ingredient s/he was allergic to.

Findings include:

On 07/15/2025 and 10/03/2025, the Department received 2 complaints alleging residents were not receiving appropriate cares.

Example 1

Interview

On 10/13/2025, at 12:19 PM, Surveyor interviewed Person AA (a family member of Resident 17), and the following was reported:

Resident 17 often did not get the cares and services needed. When Person AA arrived at the facility to visit with Resident 17, it was approximately 11:00 AM, and Resident 17 had not received assistance to change into her/his clothes for the day. Resident 17's hearing aids have been missing for months and there has been no information provided indicating the facility had made an attempt to locate them.

Record Review

On 10/13/2025, at 1:30 PM, Surveyor reviewed Resident 17's file and identified the following:

Resident 17 was admitted to the facility on 04/24/2023, with a diagnoses of memory changes. Resident 17 required staff to provide assistance with dressing and total assistance in

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the use of and maintenance of her/his hearing aids.

Resident 17's individual service plan (ISP), dated 05/02/2025, documented, "Hearing: Need: Hearing assistance - total; Goal: The resident will receive total assistance in the use and maintaining of hearing aid equipment to ensure proper hearing and safety. Intervention: Staff will give total assistance in the use and maintenance of hearing aids. . . . ADLs (activities of daily living): Dressing assistance - stand-by; Goal: Resident will be assisted with dressing to present a clean and neat appearance and promote independence. Intervention: Staff will assist the resident with laying out clothes. . . . Note: Needs standby assist and cueing for dressing. . . . "

Resident 17's medication administration record (MAR) documented the use of hearing aids; putting them in daily at 8:00 AM and removing them daily at 8:00 PM. Surveyor reviewed Resident 17's MARs, dating back to June 2025, and identified her/his hearing aids had been documented by staff as missing since the beginning of June.

On 10/13/2025, at 2:22 PM, Surveyor interviewed Resident Care Coordinator (RCC) FF and the following was reported:

Resident 17 often put her/his hearing aids in her/his purse and/or wrapped them in tissue. RCC FF was unsure of when Resident 17's hearing aids went missing and thought facility staff had searched for them. RCC FF thought Resident 17 may have placed the hearing aids in tissue and they may have been inadvertently thrown away. It was unknown what happened to Resident 17's hearing aids. RCC FF confirmed

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAYTON TERRACE	9200 W LAYTON AVENUE GREENFIELD, WI 53228

(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
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Resident 17 required total assistance with her/his hearing aids, but reported it was difficult for the facility staff to keep track of something such as hearing aids given the behaviors of the memory care residents.

On 10/13/2025, at 4:29 PM, RCC FF reported after speaking with Surveyor, s/he had searched for Resident 17's hearing aids and was able to locate one underneath the couch in her/his room.

Example 2

Interviews

On 10/13/2025, at 1:30 PM, Surveyors interviewed Resident 18. Surveyors inquired if Resident 18 received cares from the staff; Resident 18 reported s/he was supposed to get a shower twice a week, but usually only received a shower twice a month.

On 10/13/2025, at 2:30 PM, Surveyors interviewed Medication Passer (MP) CC and Caregiver DD. MP CC reported they had care sheets which were turned in at the end of every shift. MP CC reported staff were to mark tasks as completed. MP CC reported staff will often mark the care sheets of completed tasks, but the tasks were not completed. MP CC reported examples where staff would check off on the care sheet residents' laundry and showers were completed, and when s/he would go into a resident room the laundry basket was still there filled with clothes. MP CC reported s/he would ask the resident if they received a shower, and the resident would report to her/him they did not receive a shower.

On 10/13/2025, at 2:37 PM, Surveyor interviewed Executive Director (ED) BB. ED BB reported it

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was not a requirement to document showers. ED BB reported they were not going to chart on when residents take showers because if a staff forgot to chart something, then suddenly it did not happen. When Surveyors inquired how they ensure required care tasks were being completed, ED BB reported they have a unit nurse who ensured the team was completing all tasks. ED BB reported care refusals were documented, and s/he would gather the information for Surveyors.

On 10/13/2025, at 3:13 PM, Surveyors interviewed ED BB and Health Services Director (HSD) EE. ED BB reported they did not have documentation of Resident 18's refusals of showers. HSD EE reported Resident 18 generally refused showers once a week. HSD EE stated, "[S/He] is one to give push back to staff."

Record Review

On 10/13/2025, at 11:30 AM, Surveyors reviewed resident records and identified the following:

Resident 18 was admitted on 10/2024, with diagnoses including chronic heart failure, arthritis and hypothyroidism. Resident 18's service plan, dated 10/07/2025, indicated Resident 18 was a total assist with bathing and received a shower twice a week. Resident 18's service plan did not indicate any resistance or refusals of cares Resident 18 may experience.

Resident 18's assessment, dated 04/08/2025, indicated under section "Mental/Behavioral/Psychosocial - Resistant to Care: No, resident is not resistant to assistance."

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{N 432}	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration 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 2 of 2 residents reviewed (Resident 17 and Resident 13) received appropriate medication administration. Resident 17 missed 3 doses of medications and Resident 13 missed 15 doses of medications in a 25-day period, between 09/06/2025 and 09/30/2025. Resident 17 required monitoring and physical checks of buccal cavity for medication administration, which was not consistently done. Resident 13 did not have a physician's order to hold medications when her/his blood sugar was below a certain number, and staff were holding medications. This deficiency is being cited for a 3rd time. See Statement of Deficiency (SOD) JJF912, dated 11/01/2024, and SOD JJ9F13, dated 05/12/2025. Findings include: On 07/15/2025, the Department received a complaint the facility was not providing accurate	{N 432}		

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medication administration for a resident who required staff to administer medications.

On 10/13/2025, at 1:30 PM, Surveyor reviewed residents' files.

Surveyor reviewed Resident 17's files, and the following was identified:

Resident 17's individual service plan (ISP), dated 05/02/2025, documented Resident 17 was admitted to the facility on 04/24/2023, with diagnoses documented as, "memory changes" and "cardiac." Resident 17 required assistance with medication management. The ISP documented, " . . . Medications: Assistance; Goal: The resident will receive medications timely and safely per the physician's orders. Intervention: Staff will assist resident with medication administration as need [sic] per physicians [sic] orders. Person/Location: Staff / At Community. . . . "

Surveyor reviewed Resident 17's medication administration records (MARs). Resident 17's physician's orders included the following medications:

- Quetiapine 25 milligrams (mg) tablet (tab), take 1 tab by mouth twice daily for agitation/anxiety. Start Date: 04/23/2025.

- Rosuvastatin 20 mg tab, take 1 tab by mouth once daily at bedtime. Start Date: 11/20/2024.

The following was documented on Resident 17's September 2025 MAR:

September 2025:

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{N 432}	Continued From page 19 "All Meds (medications): Instructions: Med (medication) passer to watch resident take all meds. Check buccal cavity before signing meds are taken." This instruction started on 08/08/2023. The MAR documented this daily at 8:00 AM, and all days for the month of September were initialed, indicating the medication passers followed instructions when passing medications to Resident 17. This was not documented for 12:00 PM, 5:00 PM, or 8:00 PM scheduled medications. 09/09/2025 - Quetiapine 25 mg tab - 5:00 PM: The MAR was initialed by staff at 5:12 PM, and indicated there was an exception. The exception reason stated, "Medication not available." Administration notes stated, "Last pill given yesterday." Resident 17 did not receive her/his dose of quetiapine. 09/10/2025 - Rosuvastatin 20 mg tab - 8:00 PM: The MAR was initialed by staff at 7:35 PM, and indicated there was an exception. The exception reason stated, "Medication not available." Resident 17 did not receive her/his dose of rosuvastatin. 09/13/2025 - Quetiapine 25 mg tab - 5:00 PM: The MAR was initialed by staff at 5:22 PM, and indicated there was an exception. The exception reason stated, "Medication not available." Resident 17 did not receive her/his dose of quetiapine. Surveyor reviewed Resident 13's files, and the following was identified:	{N 432}		

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{N 432}	Continued From page 20 The physician's order report, printed by the facility on 10/13/2025, documented Resident 13 was admitted to the facility on 05/29/2024, with diagnoses including diabetes mellitus type 2 (D2M) and type 2 diabetes with diabetic chronic kidney disease. Resident 13's ISP, dated 04/16/2025, reported s/he required assistance with medication management. The ISP documented, " . . . Medications: Assistance; Goal: The resident will receive medications timely and safely per the physician's orders. Intervention: Staff will assist resident with medication administration as need [sic] per physicians [sic] orders. Person/Location: Staff / At Community. . . . " Resident 13's physician's orders included the following medications: - Clindamycin 300 mg capsule (cap), take 1 cap by mouth 3 times daily for prophylaxis. Start Date: 08/14/2025. - Insulin aspart 100 units/milliliters (mL) flexpen, inject 10 units subcutaneously 3 times daily with meals. Start Date: 03/17/2025. - Mounjaro 15 mg/0.5 mL pen, inject 15 mg subcutaneously 1 time weekly on Thursday. Start Date: 06/24/2025. - Multaq 400 mg tab (half dose (HD)), take 1 tab by mouth twice daily with meals for atrial fibrillation. - Fenofibrate 160 mg tab, take 1 tab by mouth once daily at bedtime for hyperlipidemia. Start Date: 05/30/2024. - Metoprolol succinate extended release (ER) 50	{N 432}		

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{N 432}	Continued From page 21 mg tab, take 1 tab by mouth twice daily for chronic kidney disease. Start Date: 05/28/2024. - Rosuvastatin 5 mg tab, take 1 tab by mouth every evening for hyperlipidemia. Start Date: 06/19/2024. The following was documented on Resident 13's September 2025 MAR: 09/10/2025 - - Clindamycin 300 mg cap - 4:00 PM: The MAR was initialed by staff at 4:17 PM, and indicated there was an exception. The exception reason stated, "Medication not available." Administration notes stated, "Missing meds." Resident 13 did not receive her/his dose of clindamycin. - Multaq 400 mg tab - 4:00 PM: The MAR was initialed by staff at 4:17 PM, and indicated there was an exception. The exception reason stated, "Medication not available." Administration notes stated, "Missing meds." Resident 13 did not receive her/his dose of multaq. 09/18/2025 - - Mounjaro 15 mg/0.5 mL pen - 8:00 AM: The MAR was initialed by staff at 7:17 AM, and indicated there was an exception. The exception reason stated, "Duplicate." Administration notes stated, "Already given on 09/16/20205 [sic]." On 09/16/2025, the MAR was documented with an X, indicating the medication was not scheduled for that day. There were no notes on 09/16/2025 indicating Resident 13 had received mounjaro on that day. Resident 13 did not receive her/his dose of mounjaro.	{N 432}		

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{N 432}	Continued From page 22 09/24/2025 - - Insulin aspart 100 units/mL flexpen - 8:00 AM: The MAR was initialed by staff at 8:57 AM, and indicated there was an exception. The exception reason stated, "Hold per doctor's orders." Vital checks indicated Resident 13 had a blood sugar (BS) reading of 89 milligrams/deciliter (mg/dL). Physician's orders did not indicate a BS reading in which insulin was to be held. Resident 13 did not receive her/his dose of insulin aspart. 09/26/2025 - - Insulin aspart 100 units/mL flexpen - 8:00 AM: The MAR was initialed by staff at 9:08 AM, and indicated there was an exception. The exception reason stated, "Hold per doctor's orders." Vital checks indicated Resident 13 had a blood sugar (BS) reading of 78 mg/dL. Resident 13 did not receive her/his dose of insulin aspart. 09/29/2025 - - Insulin aspart 100 units/mL flexpen - 12:00 PM: The MAR was initialed by staff at 2:32 PM, and indicated there was an exception. The exception reason stated, "Other - Held it." Vital checks indicated Resident 13 had a blood sugar (BS) reading of 120 mg/dL. Resident 13 did not receive her/his dose of insulin aspart. 10/01/2025 - - Insulin aspart 100 units/mL flexpen - 8:00 AM: The MAR was initialed by staff at 7:50 AM, and indicated there was an exception. The exception reason stated, "Hold per doctor's orders." Vital checks indicated Resident 13 had a BS reading of 92 mg/dL. Resident 13 did not receive her/his	{N 432}		

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{N 432}	Continued From page 23 dose of insulin aspart. 10/03/2025 - - Insulin aspart 100 units/mL flexpen - 8:00 AM: The MAR was initialed by staff at 9:27AM, and indicated there was an exception. The exception reason stated, "Hold per doctor's orders." Vital checks indicated Resident 13 had a BS reading of 93 mg/dL. Resident 13 did not receive her/his dose of insulin aspart. 10/06/2025 - - Insulin aspart 100 units/mL flexpen - 8:00 AM: The MAR was initialed by staff at 7:11 AM, and indicated there was an exception. The exception reason stated, "Other - To [sic] low." Vital checks indicated Resident 13 had a BS reading of 90 mg/dL. Resident 13 did not receive her/his dose of insulin aspart. 10/07/2025 - - Insulin aspart 100 units/mL flexpen - 4:00 PM: The MAR was initialed by staff at 4:35 PM, and indicated there was an exception. The exception reason stated, "Hold per doctor's orders." Vital checks indicated Resident 13 had a BS reading of 94 mg/dL. Resident 13 did not receive her/his dose of insulin aspart. 10/08/2025 - - Insulin aspart 100 units/mL flexpen - 8:00 AM: The MAR was initialed by staff at 9:59 AM, and indicated there was an exception. The exception reason stated, "Hold per doctor's orders." Vital checks indicated Resident 13 had a BS reading of 87 mg/dL. Resident 13 did not receive her/his	{N 432}		

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{N 432}	Continued From page 24 dose of insulin aspart. 10/09/2025 - - Fenofibrate 160 mg tab - 8:00 PM: The MAR was initialed by staff at 7:44 PM, and indicated there was an exception. The exception reason stated, "Other - meds not available." Resident 13 did not receive her/his dose of fenofibrate. - Insulin aspart 100 units/mL flexpen - 8:00 AM: The MAR was initialed by staff at 9:06 AM, and indicated there was an exception. The exception reason stated, "Other - Too low." Vital checks indicated Resident 13 had a BS reading of 95 mg/dL. Resident 13 did not receive her/his dose of insulin aspart. - Metoprolol succinate ER 50 mg tab - 8:00 PM: The MAR was initialed by staff at 7:44 PM, and indicated there was an exception. The exception reason stated, "Other - meds not available." Resident 13 did not receive her/his dose of metoprolol. - Rosuvastatin 5 mg tab - 8:00 PM: The MAR was initialed by staff at 7:44 PM, and indicated there was an exception. The exception reason stated, "Other - meds not available." Resident 13 did not receive her/his dose of rosuvastatin. Interviews On 10/13/2025, at 12:19 PM, Surveyor interviewed Person AA (family member of Resident 17). Person AA reported s/he often found Resident 17's medications in her/his room and had found some in her/his pants pockets earlier that morning. Person AA reported medications were not being properly handled and	{N 432}		

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{N 432}	Continued From page 25 administered by staff at the facility. On 10/14/2025, at 9:45 AM, Surveyors interviewed Health Services Director (HSD) EE. HSD EE confirmed residents were to receive medications in the doses and at intervals ordered by their physicians. HSD EE reported there was a cycle fill disruption in September, which occurred for Resident 17's quetiapine medication. HSD EE reported the medication passers should have requested permission to use tablets from the 12:00 PM bubble pack to administer the 5:00 PM dose, instead of having Resident 17 miss 3 doses of the medication. HSD EE was unsure why Resident 17 had missed a dose of rosuvastatin. Surveyor inquired about Resident 13's insulin administration, specifically when it had been held per doctor's orders. HSD EE reported Resident 13 did not have an order to hold insulin, which meant medication passers were entering "held" when they were not passing the medication. HSD EE was unaware medication passers were doing this for Resident 13 and was unaware why.	{N 432}		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all rooms were kept free from odors. There was a strong smell of urine outside Resident 16's room and throughout the memory care hallways and dining room. Findings include:	N 489		

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N 489	Continued From page 26 On 10/13/2025, at 12:00 PM, Surveyor toured the facility and observed the following: Surveyor observed a strong smell of urine upon entering the locked memory care area of the building. Resident 16's room was the first room at the entrance to memory care. The smell of urine was strong throughout the hallways of the memory care unit and was emanating into the dining room. On 10/13/2025, at 4:26 PM, Surveyors and Community Director (CD) W toured Resident 16's room. A pungent smell of urine was emanating from the room. The windows were open. There were multiple small brown stains on the carpet. On 10/13/2025, at 3:49 PM, Surveyor interviewed CD W regarding the smell of urine in the memory care unit, and the following was reported: The smell was emanating from Resident 16's room. Resident 16 was incontinent and was unaware when s/he was urinating. Staff recently held a meeting and discussed daily cleaning for Resident 16's room, as it was being cleaned 1 time per week by housekeeping. The staff were to check on Resident 16 every 2 hours and encourage the use of the bathroom. CD W reported s/he complained to management about the smell from Resident 16's room, due to it having been a part of her/his tour route when showing the facility to prospective residents and families. The furniture inside Resident 16's room had been saturated in urine and the facility was working with Resident 16 and her/his family to remove the items from her/his room. On 10/14/2025, at 9:45 AM, Surveyors interviewed Executive Director (ED) BB and	N 489		

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N 489	Continued From page 27 Health Services Director (HSD) EE. ED BB reported they had a meeting with Resident 16's family regarding her/his increased incontinence. During the meeting there was dialog about adding services to increase the frequency of housekeeping for Resident 16's room. HSD EE reported Resident 16 has removed her/his briefs on occasion, which resulted in soiled furniture in her/his room. The facility was working with the family to remove the soiled furniture and replace it with new items. ED BB and HSD EE reported they would continue working with Resident 16 and her/his family to ensure rooms were free from odors and cleanliness was maintained.	N 489		