STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013172	A. BUILDING: _____ B. WING _____	C 03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIE LANE HOUSE	1707 CARRIE LN WEST BEND, WI 53095

(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 03/03/2026, Surveyor conducted a standard survey and complaint investigation at Carrie Lane House, a Community-Based Residential Facility (CBRF) in West Bend, WI. Three deficiencies identified. Complaint substantiated. Census: 7	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all prescribed medications were administered in the dosage and at intervals prescribed by a practitioner for 1 of 1 resident. Resident 1's Levothyroxine 50 MCG Tab was not available for administration. This is a repeat deficiency. See Statement of Deficiency (SOD) HVMV11, dated 07/30/2024. Findings include: On 02/25/2026, the Department received a complaint alleging residents were not receiving medications as prescribed.	N 352		

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

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N 352	Continued From page 1 On 03/03/2026 at 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 12/16/2021 with diagnoses including Schizophrenia. As of 11/24/2025, Resident 1 had a prescription for Levothyroxine 50 MCG tablet, take 1 tablet (50 mcg total) by mouth 1 hour before breakfast for Hypothyroidsim. Surveyor reviewed Resident 1's medication administration record (MAR) for December 2025 and January 2026. Staff documented Resident 1's Levothyroxine was not available for administration from 12/20/2025, 6:00 AM dose to 01/19/2026. Resident 1 missed 31 consecutive doses of Levothyroxine 50 MCG tablet because it was not available. On 03/03/2026, at approximately 11:00 AM, Surveyor interviewed Regional Administrator A. Regional Administrator A confirmed Resident 1 did not receive the 31 consecutive doses of Levothyroxine. Regional Administrator A stated s/he was not aware of this until recently. Regional Administrator A stated all new orders and monthly medication cycle will be going through him/her due to this issue and currently meeting with Resident 1's Power of Attorney B and Managed Care Organization.	N 352		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in,	N 387		

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N 387	Continued From page 2	N 387		

understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 1 resident record reviewed (Resident 1).

Findings include:

On 03/03/2026 at 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/16/2021. Resident 1 had an activated Health Care Power of Attorney (POA). Surveyor requested to review Resident 1's most recently signed Individual Service Plan (ISP). Resident 1's most recently signed ISP was dated 01/19/2024. The ISP was only signed by a facility representative and stated POA would not sign.

On 03/03/2026 at 11:00 AM, Surveyor interviewed Regional Administrator A stated s/he was not sure why the POA refused to sign since it was before his/her time. Regional Administrator A stated

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N 387	Continued From page 3 Resident 1's ISP was updated in 2026 but did not have the exact date. Regional Administrator A stated Resident 1's ISP in 2026 was not signed off by anybody. Regional Administrator A stated s/he is currently meeting with Resident 1's POA and Managed Care Organization and will review it at that time. On 03/03/2026 at 11:15 AM, Surveyor interviewed Resident 1's POA (POA B). POA B stated s/he has not received any ISP since the 01/19/2024 ISP and stated the only reason s/he did not sign off on it was because there was information that was not accurate on his/her ISP. POA B stated s/he never received an updated one to sign off on and has not seen an ISP since. CROSS REFERENCE 0389 83.35(3)(d) Service Plans Updated Annually or on Changes	N 387		
N 410	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days.	N 410		

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N 410	Continued From page 4	N 410		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not report to the prescribing practitioner, supervising nurse or pharmacist, as soon as possible, after Resident 1 missed medications for 31 consecutive days.

Findings include:

On 03/03/2026, Surveyor reviewed Resident 1's record and identified the following:
-Resident 1 was admitted to the facility on 12/16/2021, with diagnoses including Schizophrenia.
-Resident 1 had a Physician Order for: Levothyroxine 50 MCG, take 1 tablet by mouth daily 1 hour before breakfast.

On 03/03/2026, Surveyor reviewed Resident 1's December 2025 and January 2026 Medication Administration Record (MAR). The MAR documented that Resident 1's Levothyroxine 50 MCG was not available on the following dates: 12/20/2025-01/19/2026. Resident 1 missed 31 consecutive doses.

On 03/03/2026 at 10:45 AM, Surveyor reviewed the above information with Regional Administrator A. Surveyor asked why Resident 1's medications was not available. Regional Administrator A stated s/he was not sure but the medication was not in house and not available.

On 03/03/2026 at 11:00 AM, Surveyor interviewed Regional Administrator A if the facility reported to the prescribing practitioner, supervising nurse or pharmacist, as soon as possible, when Resident

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N 410	Continued From page 5 1 missed their medication for 31 consecutive days. Regional Administrator A stated his/her nurse stated they did but Regional Administrator A stated there is no documentation that they were notified in the progress notes and s/he had just found out about it so s/he did not report it either.	N 410		