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	0014191	A. BUILDING: _____ B. WING _____	C 02/17/2026

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LYNX	6188 N 122ND ST MILWAUKEE, WI 53225

(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 02/17/2026, Surveyor completed a standard survey and complaint investigation. As a result, 7 deficiencies were identified. One of 1 complaint was substantiated. Census: 5	N 000		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h)	N 310		

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

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N 310	Continued From page 1 Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident signed an admission agreement prior to or at the time of admission for 1 (Resident 1) of 3 residents reviewed. Resident 1 did not have a signed admission agreement. Findings include: On 02/13/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/02/2025. Resident 1 was his/her own decision maker. Resident 1's record did not contain a signed admission agreement. On 02/17/2026 at approximately 1:30 PM, Surveyor interviewed Program Director A and Program Director B. Program Director A disclosed Resident 1 refused to sign the admission agreement until the monetary rate was corrected. Due to management changes, Resident 1's admission agreement was not followed up on.	N 310		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats.,	N 352		

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N 352	Continued From page 2	N 352		

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 medications were administered at the dose prescribed for 1 (Resident 1) of 3 residents reviewed.

Resident 1 had a physician's order to receive 1 tablet of tramadol hydrochloride (Hcl) 50 milligrams (mg) every 8 hours as needed for pain. Resident 1 was administered tramadol within 4 hours and 58 minutes of each administration.

Findings include:

On 02/13/2024 at approximately 8:30 AM, Surveyor toured the medication cabinet with Caregiver D. Caregiver D denied any residents within the community based residential facility (CBRF) self-administered their medication.

On 02/13/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/02/2025. Resident 1's individual service plan (ISP) dated 10/13/2025 indicated "Staff administer all of [Resident 1's] medications." Resident 1 had a physician order with a start date of 10/03/2025 for 1 tablet of tramadol Hcl 50 mg to be taken by mouth every 8 hours as needed for pain. Resident 1's medication administration record (MAR) for January 2025 indicated Resident 1 was administered tramadol Hcl 50 mg twice on 01/15/2026. The first dose was administered at 7:30 AM. The second dose was administered at

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N 352	Continued From page 3 12:28 PM. The two doses were taken within 4 hours and 58 minutes of one another and not every 8 hours as indicated in the physician order. On 02/17/2026 at approximately 1:30 PM, Surveyor interviewed Program Director A and Program Director B. Program Director A denied a system was in place for MARs to be audited on a regular basis to ensure accuracy and compliance. Program Director A disclosed the company nurse, who covers the entire state of Wisconsin, will complete MAR audits, if requested.	N 352		
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 the individualized service plan (ISP) for 1 (Resident 1) of 3 residents reviewed identified the resident's behaviors and	N 386		

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N 386	Continued From page 4 specific goals, related tasks and interventions for the identified behaviors the community based residential facility (CBRF) would provide. Resident 1's ISP did not address or specify Resident 1's behavior identified in his/her pre-admission assessment and specific goals, related tasks and interventions for the identified behaviors. Findings include: On 02/13/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/02/2025. Resident 1's record consisted of a pre-admission assessment which included the provider's assessment tool and behavior support plan with a completion date of 08/04/2025 from his/her previous placement facility. "Dungarvin Assessment Tool," with a referral date of 07/28/2025 indicated, " ...reason for moving: 30-day notice due to behaviors - Verbal Aggression and Physical Aggression ..." The behavior support plan indicated, " ...[Resident 1] has physical aggression towards residents and staff ...While being verbal/yelling sear words or making threats. Another example would be when helping with care and staff aren't following [his/her] demands [he/she] can become physical with objects near or around [him/her]. May also, pull your hair even hit/grab your arm ...Commonly Exhibited behaviors: Physical Aggression to other and Verbal Aggression/Threats to others." Resident 1's ISP dated, 10/13/2025 did not include specific goals, related tasks and interventions for the identified physical and verbal aggression. On 02/13/2026 at approximately 9:00 AM, Surveyor interviewed Program Director C.	N 386		

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N 386	Continued From page 5 Program Director C stated a staff member from the company completes all pre-admission assessments. Program directors are then responsible for creating a comprehensive ISP. Program Director C denied knowledge of Resident 1's behaviors as Program Director C became the interim director in December 2025. Program Director C could not state why Resident 1's behaviors were not apart of Resident 1's ISP. On 02/17/2026 at approximately 1:30 PM, Surveyor interviewed Program Director A and Program Director B. Program Director A denied being aware of Resident 1's behaviors prior to admission. Surveyor informed Program Director A of Resident 1's pre-admission assessment. Program Director A stated he/she was informed by Program Director C about Resident 1's pre-admission assessment.	N 386		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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N 389	Continued From page 6	N 389		

This Rule is not met as evidenced by:
Based on record review, and interview, the provider did not ensure the Individual Service Plan (ISP) was reviewed and revised when there was a change of condition for 1 (Resident 1) of 1 resident reviewed.

Resident 1 had a documented suicide attempt.

Findings include:

On 02/13/2026, Surveyor completed a review of the Department's provider's electronic file. Surveyor reviewed an "Assisted Living Facility Self-Report" document, dated on 01/20/2026. The self-report stated, " ...[Resident 1] was upset and went into [his/her] room. A few minutes later [he/she] came out with [his/her] jacket over [his/her] wheelchair and went outside ...staff went to assist [him/her] and saw that [he/she] had cuts on [his/her] left wrist stating [he/she] wanted to die and be with Jesus ...[Resident 1] was take to the hospital for a psych assessment, and tent [sic] to the cuts on [his/her] arm ...[Resident 1] used a nail kit to make the cuts on [his/her] wrist ...This kit was removed from [his/her] room."

On 02/13/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/02/2025. Resident 1's ISP, dated 10/13/2025 was not updated after Resident 1 attempted suicide or the intervention of removing the nail kit from his/her room.

On 02/13/2026 at approximately 9:00 AM, Surveyor interviewed Program Director C. Program Director C reported program directors are responsible for creating and updating residents' ISP annually and on changes. Program Director C did not state why Resident

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N 389	Continued From page 7 1's ISP was not updated.	N 389		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not include the rationale for use and a detailed description of the behaviors which indicate the need for administration of an as needed (PRN) psychotropic medication on the residents' individual service plan (ISP) or document the rationale for use, description of behaviors requiring the PRN psychotropic medication, and the effectiveness of the medication for 1 (Resident 2) of 3 resident records reviewed.	N 408		

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N 408	Continued From page 8 Resident 2 was prescribed and administered hydroxyzine Hcl 25 mg tablets. Resident 2's ISP did not include the rationale for use and a detailed description of behaviors which indicated the need for administration of hydroxyzine Hcl. In addition, the provider did not document the rationale for use, description of behaviors requiring hydroxyzine, or the effectiveness of hydroxyzine. Findings include: On 02/13/2026, Surveyor reviewed Resident 2's record. The following was identified: Resident 2 was admitted on 12/23/2025. Resident 2 had a physician order, with a start date of 01/09/2026 for hydroxyzine Hcl 25 mg tablets, to be taken by twice a day PRN for anxiety. Per Resident 2's January 2026 MAR, Resident 2 was administered hydroxyzine Hcl 25 mg on 01/22/2026. Resident 2's January 2026 MAR had a section titled, "PRN Follow-up(s)." No follow-ups were noted in Resident 2's January 2026 MAR. Surveyor reviewed Resident 2's most current ISP, dated 12/23/2025. Resident 1's ISP did not address Resident 1's prescribed PRN psychotropic medication, hydroxyzine Hcl 25 mg, nor did it include the rationale for use and detailed description of behaviors which indicated the need for administration of hydroxyzine Hcl. On 02/17/2026 at approximately 1:30 PM, Surveyor interviewed Program Director A and Program Director B. Program Director A was not aware of the code requirement to add prescribed PRN psychotropic medications to a resident's ISP. Surveyor directed Program Manager A to the correct code regulation. Program Director A confirmed staff should document the rationale for	N 408		

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N 408	Continued From page 9 use, description of behaviors requiring the PRN psychotropic medication, and the effectiveness of the PRN psychotropic medication under "PRN Follow-up(s)." Program Director A denied MARs are audited on a regular basis. Program Director A disclosed the company nurse, who covers the entire state of Wisconsin, will complete MAR audits, if requested.	N 408		
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 have documentation of the time of medication administration, the person administering the medication or treatment and the name, dosage, date and time of medication taken or treatments performed and initialed in the medication administration record (MAR) for 2 (Resident 1 and Resident 3) of 3 residents reviewed. The provider did not accurately document when	N 415		

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N 415	Continued From page 10 Resident 1's medication was administered. No staff initial was observed for a total of 169 administered doses of prescribed medications in November 2025. The provider did not accurately document when Resident 3's medication was administered. No staff initial was observed for a total of 55 administered doses of prescribed medications in November 2025. Findings include: On 11/10/2025, the Department received a complaint alleging medication error. On 02/13/2026, Surveyor reviewed resident records. The following was identified: Resident 1 was admitted on 10/02/2025. Resident 1's November 2025 MAR indicated the following orders, and prescribed medications were not documented as administered: -"Aspirin 81 milligrams (mg) chewable tablet 1 time daily at 8:00 AM. Five doses were not documented as administered. -Atorvastatin 40 mg tablet 1 time daily at 8:00 AM. Seven doses were not documented as administered. -Baclofen 10 mg tablet 4 times daily at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM. A total of 32 doses were not documented as given. -Buproprin hydrochloride (Hcl) extended release (XL) 150 mg tablet 1 time daily at 8:00 AM. Six doses were not documented as given. -Dicyclomine 20 mg tablet 2 times daily at 8:00 AM and 8:00 PM. A total of 13 doses were not documented as given. -Hydroxyzine Hcl 10 mg tablet 1 time daily at 8:00	N 415		

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PM. Seven doses were not documented as given.
-Lactobacillus tablet 1 time daily at 8:00 AM. Seven doses were not documented as given.
-Levothyroxine 25 micrograms (mcg) tablet 1 time daily at 8:00 AM. Six doses were not documented as given.
-Loratadine 10mg tablet 1 time daily at 8:00 AM. Six doses were not documented as given.
-Lubiprostone 8 mcg capsule 2 times daily at 8:00 AM and 8:00 PM. A total of 13 doses were not documented as given.
-Morphine Sulfur (sulf) extended release (ER) 15 mg tablets 2 times daily at 8:00 AM and 8:00 PM. A total of 13 doses were not documented as given.
-Myrbetriq ER 50 mg tablet 1 time daily at 8:00 AM. Six doses were not documented as given.
-Nystatin 100,000 unit/gram (gm) powder (powd) 2 times daily in the AM and PM. A total of 16 doses were not documented as given.
-Quetiapine Fumarate 25 mg tablet 2 times daily at 8:00 AM and 12:00 PM. A total of 19 doses were not documented as given.
-Sodium Chloride 1 gram tablet 2 times daily at 8:00 AM and 8:00 PM. A total of 13 doses were not documented as given.

Resident 3 was admitted on 01/02/2014. Resident 3's November 2025 MAR indicated the following orders, and prescribed medications were not documented as administered.

-Atorvastatin 40 mg tablet 1 time daily at 7:00 AM. Six doses were not documented as administered.
-Buproprin hydrochloride (Hcl) extended release (XL) 75 mg tablet 1 time daily at 7:00 AM. Three doses were not documented as given.
-Buspirone 15 mg tablet 2 times daily at 7:00 AM and 4:00 PM. A total of 7 doses were not

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N 415	Continued From page 12 documented as given. -Desvenlafaxine ER 100 mg tablets 1 time daily at 7:00 AM. Three doses were not documented as given. -Fluticasone 50 mcg spray 1 time daily at 7:00 AM. Three doses were not documented as given. -Lithium carbonate 150 mg capsule 2 times daily at 7:00 AM and 7:00 PM. A total of 9 doses were not documented as given. -Loratadine 10 mg tablet 1 time daily at 7:00 AM. Three doses were not documented as given. -Losartan Potassium 25 mg tablet 1 time daily at 7:00 AM. Three doses were not documented as given. -Melatonin 10 mg capsule 1 time daily at 7:00 AM. Six doses were not documented as given. -Omeprazole delayed release (DR) 20 mg capsule 1 time daily at 7:00 AM. Three doses were not documented as given. -Quetiapine 50 mg tablet 2 times daily at 7:00 AM and 7:00 PM. A total of 9 doses were not documented as given. On 02/17/2026 at approximately 1:30 PM, Surveyor interviewed Program Director A and Program Director B. Program Director A acknowledged Resident 1 and Resident 3's "MARs are not pretty." Program Director A denied MARs are audited on a regular basis. Program Director A disclosed the company nurse, who covers the entire state of Wisconsin, will complete MAR audits, if requested.	N 415		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time.	N 525		

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N 525	Continued From page 13	N 525		

Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure fire drills were conducted quarterly in 2024 for 3 of 4 quarters and in 2025 for 1 of 4 quarters.

Findings include:

On 02/13/2026, Surveyor reviewed the provider's fire drills and identified the following:

-One fire drill was conducted in 2024 on 10/29/2024. No fire drill was documented in the first, second, and third quarter of 2024.

-Five fire drills were conducted in 2025 on 04/30/2025, 05/20/2025, 6/23/2025, 08/25/2025, and 12/08/2025. No fire drill was documented in the first quarter of 2025.

On 02/13/2026 at approximately 9:00 AM, Surveyor interviewed Program Director C. Program Director C disclosed he/she recently

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014191	A. BUILDING: _____ B. WING _____	C 02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNX	6188 N 122ND ST MILWAUKEE, WI 53225

(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 525	Continued From page 14 became the interim program director mid December 2025. Since Program Manager C became the interim director, Program Manager C identified fire drills were not conducted on a quarterly basis in 2024 and 2025. On 02/17/2026 at approximately 1:30 PM, Surveyor interviewed Program Director A and Program Director B. Program Manager A disclosed the provider's quality assurance department has since changed the company's policy surrounding fire drills. Fire drills are now to be conducted monthly.	N 525		