STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011573	A. BUILDING: _____ B. WING _____	R-C 11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTSONG ASSISTED LIVING	415 EAST AVENUE BELLEVILLE, WI 53508

(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 11/12/2024, the bureau of assisted living southern regional office conducted a standard survey and 2 verification visits at Heartsong Assisted Living a CBRF located in Belleville, WI. As a result of this survey, 8 violations of DHS Chapter 83 were issued. Five of the 8 violations identified were repeat violations. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed. Census: 12	{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 licensee did not ensure the community based residential facility (CBRF) and its operation complied with all laws governing the CBRF. From 12/08/2020 to 11/14/2025, the provider did not comply with all the laws governing the CBRF as evidenced by 46 deficiencies identified, 13 repeat violations, and 6 complaints substantiated. FINDINGS INCLUDE: Facility is a Class CNA non-ambulatory facility. Has a capacity of 16 residents and serves	N 196		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 196	Continued From page 1	N 196		

developmentally disabled, irreversible dementia, Alzheimer's disease and physically disabled.

Example 1: Obtain and maintain compliance with laws governing the CBRF:

1.) In statement of deficiency (SOD) 4K7E11 dated 12/08/2020. One complaint was substantiated, and 7 violations were identified:
83.35(5)(b) Annual Evaluation Of Evacuation Limits
83.39(3) Handwashing
83.41(1)(b) Equipment
83.41(3)(b) Food Safety
83.43(1) Environment Safe, Clean, And Comfortable
83.47(2)(b) Fire Drills
83.47(2)(e) Other Evacuation Drills

2.) In SOD MWNI11 dated 08/10/2021. One complaint was substantiated, and 1 violation was identified:
83.37(3)(c) Medication Storage: Locked Cabinet

3.) In SOD MWNI12 dated 03/23/2022. One complaint was substantiated, and 1 violation was identified:
83.32(3)(d) Rights Of Residents: Freedom From Mistreatment

4.) In SOD OEGL11 dated 06/28/2023. One complaint was substantiated, and 5 violations were identified:
83.17(1) Licensee Conducts Caregiver Background Check
83.18(1) Employee Records Maintained And Current
83.32(3)(h) Rights Of Residents: Receive Medication
83.37(3)(c) Medication Storage: Locked Cabinet

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N 196	Continued From page 2 83.38(1)(c) Leisure Time Activities 5.) In SOD OEGL12 dated 10/11/2023. One violation was identified: 83.17(1) Licensee Conducts Caregiver Background Check 6.) In SOD MS6211 dated 01/08/2024. One complaint was substantiated, and 1 violation was identified: 83.38(1)(a) Personal Care 7.) In SOD MS6212 dated 04/10/2024. Twelve violations were identified: 83.17(2)(a) Employees Screened For Communicable Disease 83.20(2)(a)-(d) Department Approved Training Courses 83.21(1)-(3) All Employee Training 83.26(2) Orientation, Continuing Education Documentation 83.28(4)(a) Resident Health Screening And Documentation 83.35(5)(b) Annual Evaluation Of Evacuation Limits 83.37(1)(i) PRN Psychotropic Medication 83.37(3)(d) Documentation Of Medication Administration 83.37(2)(e) Other Administration Given Or Delegated By Rn 83.47(3) Fire Drills 83.47(2)(e) Other Evacuation Drills 83.47(3) Fire inspection 8.) In SOD MS6213 dated 08/13/2024. Five violations were identified: 83.20(2)(a)-(d) Department Approved Training Courses 83.21(1)-(3) All Employee Training 83.37(1)(i) PRN Psychotropic Medication	N 196		

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N 196	Continued From page 3 83.37(3)(d) Documentation Of Medication Administration 83.37(2)(e) Other Administration Given Or Delegated By Rn 9.) In SOD MS6215 dated 06/11/2025. Two violations were identified: 83.35(3)(d) Service Plans Updated Annually Or On Changes 83.37(1)(i) PRN Psychotropic Medication 10.) In SOD XXK011 dated 08/19/2025. One complaint was substantiated, and 1 violation was identified: 83.35(3)(a) Comprehensive Individualized Service Plan 11.) In SOD MD6216 dated 11/12/2025. Eight violations were identified: 83.14(2)(a) Licensee Ensures Facility Complies With Laws 83.17(2)(a) Employees Screened For Communicable Disease 83.32(3)(h) Rights Of Residents: Receive Medication 83.37(2)(e) Other Administration Given Or Delegated By Rn 83.37(3)(c) Medication Storage: Locked Cabinet 83.38(1)(g) Health Monitoring 83.43(1) Environment Safe, Clean, And Comfortable 83.47(4)(a) Fire Extinguishers: Type And Inspection Example 2: Repeat violations of laws governing the CBRF: 1.) 83.17(1) Licensee Conduct Caregiver Background Check 2.) 83.17(2)(a) Employees Screened For	N 196		

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N 196	Continued From page 4 Communicable Disease 3.) 83.20(2)(a) Department Approved Training Courses 4.) 83.21(1) All Employee Training 5.) 83.32(3)(h) Rights Of Residents: Receive Medication 6.) 83.35(5)(b) Evaluation Of Evacuation Limits 7.) 83.37(1)(i) PRN Psychotropic Medication 8.) 83.37(2)(e) Other Administration Given Or Delegated By An Rn 9.) 83.37(3)(c) Medication Storage: Locked Cabinet 10.) 83.37(3)(d) Documentation Of Medication Administration 11.) 83.43(1) Environment Safe, Clean, And Comfortable 12.) 83.47(2) Fire Drills 13.) 83.47(2)(e) Other Evacuation Drills Example 3: Number of Complaints Substantiated: 1.) One complaint was substantiated in SOD 4K7E11 dated 12/08/2020. 2.) One complaint was substantiated in SOD MWNI11 dated 08/10/2021. 3.) One complaint was substantiated in SOD MWNI12 dated 03/23/2022. 4.) One complaint was substantiated in SOD OEGL11 dated 06/28/2023. 5.) One complaint was substantiated in SOD MS6211 dated 01/08/2023. 6.) One complaint was substantiated in SOD XXKO11 dated 08/19/2025. INTERVIEW: On 11/12/2025 at 3:00 PM, Surveyors discussed concerns identified with Administrator Q and Manager S. Administrator Q and Manager S acknowledged concerns related to medication	N 196		

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N 196	Continued From page 5 administration, medication storage, environment, RN delegation, and health monitoring had been identified. SUMMARY: The licensee did not ensure the facility, and its operation complied with all laws governing the CBRF. As a result, 8 deficiencies were identified on 11/12/2025.	N 196		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 caregivers were reviewed, were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment. Caregiver U and Caregiver V were not screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the	N 220		

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N 220	Continued From page 6 start of employment. This is a repeat deficiency. See SOD MS6212, dated 04/10/2024. Findings include: On 11/12/2025, Surveyors conducted a review of 3 employees to verify compliance with all employee requirements. Surveyor requested records of Caregiver U and Caregiver V from Administrator Q. Caregiver U was hired in 09/2024. The provider had documentation indicating Caregiver U had a communicable disease screen on 08/28/2023, which was not within 90 days before hire of 09/2024. Caregiver V was hired on 06/09/2025. The provider had documentation indicating Caregiver V had a communicable disease screen on 06/27/2025, which was past the date of hire of 06/09/2025. On 11/12/2025 at approximately 4:00 p.m., Surveyors interviewed Manager S and Administrator Q. Surveyors stated that the documentation of Caregiver U or Caregiver V's communicable disease screens were not within the 90 days before hire. Administrator Q acknowledged that the employee communicable disease screens were not within the 90 days of hire. Manager S stated that his or her company took over management of the facility within the past few months and that Caregiver U and Caregiver V were hired by the previous provider.	N 220		

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N 352	Continued From page 7	N 352		
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 observation, record review and interview, the provider did not ensure each resident received all prescribed medication in the dosage and in intervals prescribed by a practitioner. On 11/08/2025, Resident 2 was not administered his/her noon dose of Acetaminophen 650 mg or his/her bedtime dose of Melatonin 12 mg. Resident 5 was not administered his/her noon dose of Acetaminophen 1,000 mg. This is a repeat violation from previous statement of deficiency OEGL11 dated 06/28/2023. FINDINGS INCLUDE: On 11/12/2025, Surveyors arrived at the facility for a standard survey and verification visit. OBSERVATION: On 11/12/2025 at approximately 10:04 AM, Surveyor observed the contents of the facility medication cart with Administrator Q. Administrator Q explained the facility utilized 30-day blister packs for prescription medications and that staff were instructed to administer pills	N 352		

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N 352	Continued From page 8	N 352		

from the slot labeled with the number that matched the date (EX: pills in slot #5 were to be administered on 11/05/2025). Administrator Q reported the blister packs currently in the facility medication cart were due to be empty by the end of the day. Administrator Q validated Surveyor's understanding that all morning blister packs should then be empty and all afternoon/bedtime medications should then have only one dose of medication remaining. Surveyor began to observe resident blister packs. Surveyor observed Resident 2's blister pack of Acetaminophen 325 mg tablets scheduled for noon to have pills remaining in the number 8 slot (Picture 4). Surveyor observed Resident 2's blister pack of Melatonin 3 mg scheduled for bedtime to have a pill remaining in the number 24 slot (Picture 5). Surveyor observed Resident 5's blister pack of Acetaminophen 500 mg tablets to have pills remaining in the number 8 slot (Picture 6). Administrator Q acknowledged Resident 2 and Resident 5's blister packs had pills remaining in slot number 8 which should have been administered from previously. Administrator Q explained facility currently used paper charting the on resident medication administration records (MARs). Administrator Q stated s/he would print Surveyor copies of Resident 2 and Resident 5's October 2025 MARs and November 2025 MARs.

EXAMPLE 1: Resident 2

On 11/12/2025, Surveyor reviewed Resident 2's facility record. Resident 2 was admitted 10/04/2023.

On 11/12/2025, Surveyor reviewed Resident 2's November 2025 MAR. The 11/08/2025 noon dose of Acetaminophen 650 mg was documented as administered. The 11/08/2025 bedtime dose of

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N 352	Continued From page 9 Melatonin 3 mg was documented as administered. EXAMPLE 2: Resident 5 On 11/12/2025, Surveyor reviewed Resident 5's facility record. Resident 5 was admitted to the facility on 10/02/2023. On 11/12/2025, Surveyor reviewed Resident 5's November 2025 MAR. The 11/08/2025 noon dose of Acetaminophen 1,000 mg was documented as administered. EXIT INTERVIEW: On 11/12/2025 at 3:00 PM, Surveyor discussed the above concerns with Administrator Q and Manager S. Manager S asked Administrator Q if on 11/08/2025 a regular staff or agency staff member was passing medications. Administrator Q stated an agency staff member had been passing out medications on 11/08/2025. Administrator Q and Manager S acknowledged Resident 2 and Resident 5 didn't receive all their medication as prescribed on 11/08/2025. Manager S stated s/he would follow up with staffing agency and share the medication errors from 11/08/2025. CROSS REFERENCE N0416 DHS Chapter 83.37(2)(e) Other Administration Given Or Delegated By An Rn CROSS REFERENCE N0419 DHS Chapter 83.27(3)(c) Medication Storage: Locked Cabinet	N 352		
N 416	83.37(2)(e) Other administration given or delegated by RN	N 416		

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N 416	Continued From page 10 Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure epinephrine injectable was delegated to non-licensed staff by registered nurse. On 11/12/2025, Surveyor found Resident 8 and Resident 9 had Epinephrine pens (Epi-Pen) in the facility medication cart. Administrator Q was passing medication that day and stated s/he had not been delegated or trained on the administration of the epi-pen. Resident 8's epi-pen medical order did not indicate what Resident 8 had been found to be allergic to. Administrator Q reported s/he had not been notified of the substance Resident 8 was severely allergic to. Administrator Q stated s/he had not been notified of Resident 8 or Resident 9's history of anaphylaxis or symptoms observed. Surveyor reviewed 2 staff training records. Two of 2 medication passing non-licensed staff did not have documentation of delegation of epi-pen administration. This is a repeat violation from previous statement of deficiencies (SOD) MS6212 dated 04/10/2024 and SOD MS6213 dated 08/13/2024. FINDINGS INCLUDE:	N 416		

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N 416	Continued From page 11 On 11/12/2025, Surveyors arrived at the facility for a standard survey and verification visit. OBSERVATION: On 11/12/2025 at approximately 10:04 AM, Surveyor observed the contents of the facility medication cart with Administrator Q. Surveyor observed Resident 9's epi-pen package and physicians' order. Resident 9 was to be administered the contents of the epi-pen if s/he should be stung by a bee (Picture 14). Surveyor observed Resident 8's epi-pen package and physician's order (Picture 13). The physician's order read as follows, " ...0.3ML INTRAMUSCULARLY ONCE AS NEEDED FOR ANAPHYLAXIS." Surveyor asked Administrator Q what Resident 8 was allergic to. Administrator Q stated Resident 8 had been prescribed the epi-pen during his/her clinical visit the day before. Administrator Q stated s/he did not know why Resident 8 had been ordered the epi-pen. Surveyor asked Administrator Q if s/he could describe how an epi-pen injection was different from an insulin injection. Administrator Q stated s/he had not been trained on the administration of epi-pen administration and would need to attempt to read the package directions if s/he needed to utilize an epi-pen in an emergency. RECORD REVIEW: EXAMPLE 1: Resident 8 On 11/12/2025, Surveyor reviewed Resident 8's facility record. Resident 8 was admitted to the facility on 07/17/2025. On 11/12/2025, Surveyor reviewed Resident 8's November 2025 medication administration record	N 416		

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N 416	Continued From page 12	N 416		

(MAR). On 11/11/2025, the following order was added to the MAR, "EPINEPHERINE 0.3MG/0.3ML PEN ...INJECT 0.3ML (1 PEN) INTRAMUSCULARLY AS NEEDED FOR ANAPHYLAXIS." At the bottom of the MAR the following allergies were documented: Penicillin, Cyclobenzaprine, Metformin, Topiramate and Citalopram.

EXAMPLE 2: Resident 9

On 11/12/2025, Surveyor reviewed Resident 9's facility record. Resident 8 was admitted to the facility on 03/07/2017.

On 11/12/2025, Surveyor reviewed Resident 9's November 2025 MAR. On 05/15/2024, the following order was added to the MAR, "EPINEPHERINE 0.3MG/0.3ML PEN INJECT 0.3MG INTO MUSCLE AS NEEDED FOR BEE STINGS." At the bottom of the MAR the following allergy was documented: bee venom.

EXAMPLE 3: Administrator Q

On 11/12/2025, Surveyor reviewed Administrator Q's training records. Administrator Q was hired on 03/12/2025. Administrator Q was delegated blood sugar checks and subcutaneous insulin injection. No, RN delegation of intramuscular epi-pen injection was documented.

EXAMPLE 4: Med Passer U

On 11/12/2025, Surveyor reviewed Med Passer U's training records. Med Passer U was hired on 09/01/2024. Med Passer U was delegated blood sugar checks and subcutaneous insulin injection. No, RN delegation of intramuscular epi-pen injection was documented.

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N 416	Continued From page 13 INTERVIEW: On 11/12/2025, Surveyor discussed the above concern with Administrator Q and Manager S. Administrator Q and Manager S acknowledged Resident 8 and Resident 9 were ordered to have as-needed epi-pen injections. Administrator Q and Manager S acknowledged an RN had not delegated intramuscular epi-pen injections to Administrator Q or Med Passer U. Manager S stated facility had contracted a nurse consultant firm and would discuss delegations with them as soon as possible. Manager S stated facility would contact Resident 8's medical provider to clarify the indication for his/her epi-pen order. CROSS REFERENCE N0352 DHS Chapter 83.32(3)(h) Rights Of Residents: Receive Medication CROSS REFERENCE N0431 DHS Chapter 83.38(2)(g) Health Monitoring	N 416		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all medicine administered by the facility was kept locked. The provider's kitchen, which had all of the stock medications on a cart, was kept unsecured. This is a repeat deficiency. See Statement of Deficiency (SOD) 0EGL11, dated 06/28/2023.	N 419		

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	0011573	A. BUILDING: _____ B. WING _____	R-C 11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTSONG ASSISTED LIVING	415 EAST AVENUE BELLEVILLE, WI 53508

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N 419	Continued From page 14 Findings include: On 11/12/2025 at approximately 9:00 a.m., Surveyors toured the provider's facility. Surveyors observed a cart in the kitchen with 3 paper bags full of medication cards for the residents (Picture 15, Picture 16 and Picture 17). Surveyors noticed that the kitchen door was not secured. On 11/12/2025 at approximately 10:00 a.m., Surveyors reviewed concern with Administrator Q that the medications were left in an unlocked area, allowing access to medications. Administrator Q stated that the cycle medications were delivered, and the facility did not have a storage area that was big enough to fit all the medications. Manager S stated that they will build a shelf for the cycle medications to be properly stored in.	N 419		
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	N 431		

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N 431	Continued From page 15 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident physical and mental health were adequately monitored to meet his/her needs. FINDINGS INCLUDE: On 11/12/2025, Surveyor arrived at the facility for a standard survey and verification visit. EXAMPLE 1: Resident 6 On 11/12/2025, Surveyor reviewed Resident 6's facility record. Resident 6 was admitted to the facility on 02/25/2025. Resident 6 was his/her own person. Resident 6 had been assigned a managed care organization (MCO) care manager. Resident 6 was diagnosed with the following but not limited to: type 2 diabetes mellitus, chronic pain, heart failure, lower extremity edema, impaired mobility, anxiety and depression. On 11/12/2025 at 11:30 AM, Surveyor reviewed Resident 6's November 2025 medication administration record (MAR). Surveyor reviewed the following order, "FUROSEMIDE TAB 20MG	N 431		

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TAKE 1 TABLET BY MOUTH ONCE DAILY, HOLD IF SYSTOLIC BLOOD PRESSURE IS < 100." Surveyor reviewed Resident 6 had been administered his/her Furosemide 20mg tablet daily from 11/02/2025 to that morning. Surveyor asked Administrator Q if s/he had administered Resident 6's Furosemide 20 mg that morning. Administrator Q confirmed s/he had administered all of Resident 6's morning medications that morning. Surveyor asked what Resident 6's blood pressure was that morning. Administrator Q stated s/he did not measure Resident 6's blood pressure that morning. Administrator Q reviewed the Furosemide order on the MAR and stated staff had not been measuring Resident 6's blood pressure before administering his/her morning dose of Furosemide 20 mg tablets. Administrator Q confirmed s/he knew staff had not been monitoring Resident 6's blood pressure or documenting in his/her facility record.

EXAMPLE 2: Resident 7

On 11/12/2025, Surveyor reviewed Resident 7's facility record. Resident 7 was admitted to the facility on 05/05/2025. Resident 7 was his/her own person. Resident 7 had been assigned a managed care organization (MCO) care manager. Resident 7 was diagnosed with but not limited to: chronic obstructive pulmonary disease (COPD), and acute respiratory insufficiency.

On 11/12/2025, Surveyor reviewed Resident 7's October 2025 MAR and November 2025 MAR. Surveyor reviewed the following order, "FUROSEMIDE TAB 20MG TAKE 2 TABLETS (40MG) BY MOUTH TWISE DAILY (6 HOURS APART) TWICE WEEKLY ON SUN/THUR FOR EDEMA; HOLD IF DIZZY, LIGHTHEADED, OR IF SYSTOLIC B/P <100." The order start date

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N 431	Continued From page 17 was 08/01/2025. No, vital sign documentation reviewed in the MARs. EXIT INTERVIEW: On 11/12/2025 at 3:00 PM, Surveyor discussed the above concerns with Administrator Q and Manager S. Administrator Q confirmed facility staff hadn't been monitoring Resident 6 or Resident 7's blood pressure daily per physician order. Administrator Q acknowledged facility had been administering Resident 6 and Resident 7's scheduled Furosemide without completely following the physician's order. Administrator A and Manager S acknowledged facility had not been providing health monitoring adequate to Resident 6 and Resident 7's needs. CROSS REFERENCE N0352 DHS Chapter 83.32(3)(h) Rights of Residents: Receive Medication CROSS REFERENCE N0416 DHS Chapter 83.37(2)(e) Other Administration Given Or Delegated By An RN	N 431		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were provided a living	N 481		

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N 481	Continued From page 18	N 481		

environment that was safe, clean, comfortable and homelike.

This is a repeat violation of statement of deficiency (SOD) 4KTE11 dated 12/08/2020.

FINDINGS INCLUDE:

On 11/12/2025, Surveyor arrived the facility for a standard survey and verification visit.

OBSERVATIONS:

On 11/12/2025 at approximately 9:00 AM, Surveyor toured the facility and observed the following:
1. Approximately 10 nails sticking out from the walls in the living room, hallways and dining room.
2. Approximately 3 inch by 3inch section of damaged wallpaper/drywall to the right of the patio door frame (Picture 1).
3. The resident bathroom located in the hallway leading from the front living room to the kitchen. Surveyor observed a white cabinet on the bathroom floor was missing an approximately 5 inch by 9 inch section of trim (Picture 2).
4. Approximately 2 inch by 4 inch section of damaged drywall on the corner of the half wall leading to the living room (Picture 3).
5. The resident kitchen had toxic chemicals unlocked under the kitchen sink. Surveyor observed bleach concentrated, disinfecting wipes, and all purpose cleaner with bleach. (Picture 18, Picture 19, and Picture 20).

EXIT INTERVIEW:

On 11/12/2025 at 3:00 PM, Surveyor discussed the above environmental concerns with

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N 481	Continued From page 19 Administrator Q and Manager S. Manager S stated previous owner had recently removed items from facility walls and left the nails behind. Manager S acknowledged the nails were not homelike and could possibly harm a resident. Manager S acknowledged the damage to the cabinet trim and drywall would be repaired as well. Administrator Q and Manager S reported the toxic substance Surveyor observed unlocked in the facility kitchen had been moved to a locked storage room.	N 481		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were inspected annually. The provider's fire extinguishers had not been inspected since February 2024. Findings include: On 11/12/2025 at 9:15 a.m., Surveyor toured the provider's facility and observed 2 of 2 fire extinguishers were tagged as last inspected February 2024.	N 531		

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N 531	Continued From page 20 At approximately 2:15 p.m., Surveyor interviewed Administrator Q. Surveyor asked Administrator Q if s/he was aware the fire extinguishers were overdue for inspection. Administrator Q stated s/he was not aware the fire extinguishers needed to be inspected, but would get them inspected as soon as possible.	N 531		