STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310087	A. BUILDING: _____ B. WING _____	C 09/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MANOR COURTYARDS	4611 N 92ND ST MILWAUKEE, WI 53225

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N 000	Initial Comments On 08/11/2025 with information gathered through 09/02/2025, Surveyor conducted two complaint investigations, at Luther Manor Courtyards, a Community-Based Residential Facility (CBRF) in Wauwatosa, WI. Three deficiencies identified. Two of 2 complaints substantiated. Census: 98	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete caregiver background check (CBC) was completed every 4 years for 1 of 1 caregiver (Caregiver C) reviewed. Caregiver C's 4 year background check was due in July 2025, and was not completed. At a	N 219		

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

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N 219	Continued From page 1	N 219		

minimum, a complete caregiver background check completed for a caregiver consists of the following three documents:

- A completed DHS form F-82064, Background Information Disclosure (BID).
- A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript.
- A Governmental Findings Report (previously "IBIS letter") from Department of Health Services (DHS) that reports the person's status, including administrative finding or licensing restrictions.

Findings include:

On 08/11/2025, Surveyor reviewed Caregiver C's record and identified the following:

-Caregiver C was hired on 07/26/2021.

-Caregiver C's record included a BID, dated 07/20/2021.

-Caregiver C's record included a DOJ, dated 07/22/2021.

-Caregiver C's record included a Governmental Findings Report, dated 07/22/2021.

-Caregiver C's record did not include a 4 year background check.

On 08/12/2025, at approximately 12:48 PM, Surveyor requested Caregiver C's 4 year background check from Human Resources Generalist (HR Generalist) B.

On 08/12/2025, at approximately 1:00 PM, Surveyor received a email from HR Generalist B.

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N 219	Continued From page 2 Surveyor reviewed the email attachments and identified the following: -Caregiver C's BID, dated 08/12/2025 (Same day Surveyor requested from HR Generalist B). -Caregiver C's DOJ, dated 08/12/2025 (Same day Surveyor requested from HR Generalist B). -Caregiver C's Governmental Findings Report, dated 08/12/2025 (Same day Surveyor requested from HR Generalist B). On 08/12/2025, at approximately 1:30 PM Surveyor interviewed HR Generalist B. HR Generalist B reported s/he ran Caregiver C's background check today due to Caregiver C's record not containing a 4 year background check.	N 219		
N 354	83.32(3)(j) Rights of Residents: Treatment options In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Treatment options. Participate in the planning of care and treatment, be fully informed of care and treatment options and have the right to refuse any form of care or treatment unless the care or treatment has been ordered by a court. This Rule is not met as evidenced by: Based on record review and interview, the facility did not allow a resident or resident's legal representative to participate in the planning of care and treatment, be fully informed of care and treatment options, and have the right to refuse any form of care or treatment unless the care or treatment has been ordered by the court for 1 of 1 resident (Resident 1).	N 354		

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N 354	Continued From page 3 Findings include: On 05/06/2025, the Department received a complaint regarding the provider not following a resident's choice in code status. On 08/11/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 08/08/2022. -Resident 1 had an activated healthcare power of attorney (POA). -Resident 1's Do Not Resuscitate Order (DNR) was dated 06/22/2020 signed by Resident 1. -Facility Cardio-Pulmonary Resuscitation (CPR) policy, stated: Guidelines: 1. "Life sustaining measures should be initiated for a resident who experiences cardiac arrest only if: a. The resident has an order indicating that they wish to be resuscitated; or b. In the absence of advance directives or a DNR; and if the resident does not show obvious signs of clinical death. 2. Emergency Action Steps: a. Check the scene for safety. b. Delegate a staff member to stay with resident. c. Check chart for code status. d. Call 911 immediately and inform of situation as well as code status. e. Notify physician of situation and status of resident. f. Call "0" for the health care center receptionist and inform of the situation as well as summons of 911 personnel. Provide residents name and apartment number. g. Notify emergency contact and update on situation and transfer to emergency department. h. Print appropriate information to send with paramedics and place in "Blue Envelope". i. Document in	N 354		

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N 354	Continued From page 4 electronic medical record." -Wauwatosa Fire Department (WFD) Patient Care Report, dated 10/02/2024, reported the following: "Facility staff found [Resident 1] in cardiac arrest and called 911. Upon arrival to facility [Resident 1] was found unresponsive, lying supine in bed in the bedroom of [his/her] assisted living apartment, in cardiac arrest. [Resident 1] was moved to the floor and Manuel [sic] CPR initiated. LUCAS (Lund University Cardiopulmonary Assist System) device placed and mechanical CPR started. Monitor pads placed and found [Resident 1] in asystole. Oral airway attempted. Ventilations assisted with oxygen via bag valve mask. I-gel placed. Airway placement confirmed. Intravenous access established and fluids given. Epinephrine given. Facility staff came by and gave us [Resident 1's] paperwork which indicated that [s/he] had a valid DNR. Resuscitation terminated. Time of death at 0336 hours." -Milwaukee County Medical Examiner's Office Demographic Report, dated 10/02/2024, reported the following: "On 10/02/2024 at 0345 hours, Wauwatosa Fire Department Engine 52 reported the death of [Resident 1], residing at [this facility]. WFD reported that on 10/02/2024 at 0100 hours, [Resident 1] was last known to be alive when staff checked on [him/her]. [Resident 1] was sleeping in [his/her] bed. At 0300 hours, staff checked on [Resident 1] again and found her unresponsive. 911 was then called. Engine 52 was dispatched at 0312 hours. Upon arrival, resuscitation was initiated with 1 round of epinephrine, an intravenous line placement with 100 milliliter of fluid given, and CPR for 10 minutes. WFD stated the facility then presented paramedics with do not resuscitate orders, and all efforts ceased. Death	N 354		

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N 354	Continued From page 5 was pronounced at 0336 hours by paramedic based physician." On 08/11/2025, at approximately 12:29 PM, Surveyor interviewed Chief Clinical Officer (CCO) A. CCO A confirmed Resident 1 had a DNR order. CCO A stated that based on the above information facility staff did not follow the facility CPR policy.	N 354		
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 2) had a comprehensive individual service plan (ISP) developed. Resident 2's record did not contain a comprehensive individual service plan. Findings include:	N 386		

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N 386	Continued From page 6 On 05/13/2025, the Department received a complaint alleging a resident arrived at Froedtert emergency department covered in stool with multiple wounds to the leg, buttocks and heels. On 08/12/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 02/28/2025. -Resident 2 had an activated healthcare power of attorney. -Resident 2's record did not contain a comprehensive individualized service plan. On 08/11/2025, at approximately 4:00 PM, Surveyor interviewed Chief Clinical Officer (CCO) A. CCO A stated s/he would send Resident 2's ISP via email to Surveyor by 5:00 PM on 08/12/2025. As of 08/12/2025 at 5:00 PM, Surveyor did not receive evidence of Resident 2's ISP.	N 386		