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 _____	R-C 12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER MANOR COURTYARDS	4611 N 92ND 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 12/02/2025, Surveyors conducted a complaint investigation, standard survey and verification visit at Luther Manor Courtyards. One complaint was substantiated. Three deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 103	{N 000}		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver obtained all department approved training as required. Caregiver B did not have training in fire safety within 90 days after starting employment. Findings include: On 12/02/2025 at 11:00 AM, Surveyors reviewed Caregiver B's record. Caregiver B was hired on 06/23/2025. Caregiver B's record did not contain fire safety training. On 12/02/2025 at 11:30 AM, Surveyor interviewed Administrator A regarding Caregiver B not having the department approved fire safety training within 90 days. Administrator A stated s/he had noted Caregiver B not having the required training and had scheduled him/her to have the training the next day (12/03/2025). Administrator A confirmed understanding that the training is supposed to be completed within 90 days. On 12/02/2025, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for fire safety.	N 239		
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	N 352		

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N 352	Continued From page 2	N 352		

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 1 of 1 resident received all prescribed medication in the dosage and at intervals prescribed by the practitioner. Resident 1 did not receive 7 of 8 of his/her scheduled morning doses of Keppra for seizures between September 5th and September 12th.

Findings include:

On 11/10/2025, the Department received a complaint alleging all medications were not received by residents and it led to adverse outcomes.

On 12/02/2025 at 9:00 AM Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/01/2025. Resident 1's medication administration record for September 2025 identified Resident 1 missed 7 of 8 scheduled morning doses of Keppra (09/05/2025-09/12/2025). Documentation on the MAR identified the medication was marked as "unavailable."

On 12/02/2025 at 11:30 AM, Surveyor interviewed Administrator A. Administrator A confirmed the medications had not been administered to Resident 1 and that medications were in the cart. Administrator A reported Resident 1 required assistance with medication administration. Administrator A confirmed Resident 1 had a seizure when s/he did not receive his/her morning doses of Keppra in September 2025. Administrator A stated since the incident, all

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N 352	Continued From page 3 caregivers have received re-education regarding medication administration and what steps to follow if a medication is unable to be found. Administrator A is also working with the pharmacy to prevent further issues.	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 1 of 1 individual service plans (ISP) reviewed included all the residents' needs. Resident 2's ISP did not include their needs regarding his/her catheter care. Findings include: On 11/10/2025, the Department received a complaint alleging a resident had care needs which were not included in the ISP.	{N 386}		

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{N 386}	Continued From page 4 On 12/02/2025, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 09/17/2025, with a foley catheter and the foley catheter was not included in the ISP. Resident 2's ISP, which was not dated, but printed on 12/02/2025, did not include presence of a foley catheter or who was responsible for the care needs. On 12/02/2025, Surveyor interviewed Administrator A. Administrator A confirmed that on 10/22/2025 staff noted that Resident 2, did not appear to be at baseline, and was sent to the emergency room, and subsequently admitted to the intensive care unit (ICU) of the hospital with septic urinary tract infection. Administrator A confirmed that Resident 2 passed away on 10/26/2025 in the ICU. Administrator A confirmed when Previous Nurse (PN) C created the ISP s/he did not document the presence of a foley catheter or what assistance was required for it. Administrator A confirmed there were no written foley care instructions for caregivers to follow.	{N 386}		