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(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 05/29/2026 with information gathered through 06/05/2026, Surveyor conducted four complaint investigations and three verification visits for SOD B8O811, dated 02/07/2025, SOD 8V6G11, dated 10/29/2025 and SOD MURU12 dated 12/02/2025, at Luther Manor Courtyards, a Community-Based Residential Facility (CBRF) in Wauwatosa, WI. Five deficiencies identified. Two of the 5 violations are repeat violations, See Statement of Deficiency (SOD) B8O811, dated 02/07/2025 and SOD MURU12, dated 12/02/2025. Four of 4 complaints substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 105	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not notify the department within 3 working days of a serious injury requiring hospitalization and emergency room treatment for 2 of 2 residents (Resident 4 and Resident 5) reviewed. Resident 4 had a fall on 12/08/2025,	N 165		

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

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resulting in a closed fracture of left hip, which required emergency room treatment. Resident 5 had a fall on 05/04/2026, resulting in facial injuries and broken ribs, which required hospitalization.

Findings include:

On 12/11/2025, the Department received a complaint alleging a resident had a fall and sustained a left hip fracture.

On 05/22/2026, the Department received a complaint alleging a resident had a fall and sustained significant facial injuries and broken ribs.

On 05/29/2026, Surveyor reviewed the provider's self-report history in the department's electronic file for the facility. The Department did not receive a self-report for Resident 4's fall that occurred on 12/08/2025, which resulted in serious injury requiring emergency room treatment and Resident 5's fall that occurred on 05/04/2026, resulting in facial injuries and broken ribs, which required hospitalization.

On 05/29/2026 through 06/04/2026, Surveyor reviewed Resident 4's and Resident 5's records and identified the following:

Resident 4
-Resident 4 was admitted to the facility on 07/23/2025.

-Resident 4 had an activated healthcare power of attorney.

-Resident 4's incident report, dated 12/08/2025 at 8:00 AM, written by Licensed Practical Nurse

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(LPN) C, documented the following: "Incident Description: [LPN C] updated that resident had an unwitnessed fall while going to the bathroom. Staff assist was present; however [s/he] walked out the bathroom to make resident's bed. Resident lost [his/her] balance and fell. Resident Description: I was trying to use the bathroom and lost my balance. I fell to the floor on my left side. Leave me alone, I'm ok. I'm not hurt."

-Resident 4's After Visit Summary, dated 12/08/2025, documented the following:

"Reason for Visit: Fall. Diagnosis: Closed fracture of left hip."

Resident 5
-Resident 5 was admitted to the facility on 04/14/2026.

-Resident 5 had an activated healthcare power of attorney.

-Resident 5's incident report, dated 05/04/2026 at 6:30 PM, documented the following: "Incident Description: Staff called and reported that there was a resident on the floor in their room. Resident Description: Resident unable to give description. Immediate Action Taken: Resident was assessed, and vitals were obtained and normal. Upon assessment, resident was noted to have two abrasions on the bridge of the nose middle forehead, some swelling. On call [sic]contacted and order was placed to send resident to the hospital for further scans and evaluations. Power of attorney wanted resident to go to [hospital] main campus."

-Resident 5's progress note, dated 05/05/2026, written by Licensed Practical Nurse (LPN) C,

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N 165	Continued From page 3 documented the following: Writer spoke with SW (social worker) Andrea. [Resident 5] is admitted to [hospital] for falls. [Resident 5] sustained an abrasion with a hematoma to the middle of [his/her] forehead, and a [sic] abrasion to [his/her] nose and lips. Following x-ray [Resident 5] was noted to have multiple closed fractures to [his/her] ribs on the right side. [Resident 5] remains in ICU (intensive care unit) at this time. SW questions if [Resident 5] will return to [his/her] apartment. LPN C updated that the admissions department would need to see [Resident 5] discharge paperwork to determine. LPN C also updated that this facility takes care of patients on all different levels of care. SW was happy to hear that. Andrea will update as necessary." On 06/04/2026, at 10:26 AM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 4 had a fall on 12/08/2025, resulting in a closed fracture of left hip, which required emergency room treatment. Administrator A reported s/he did not self-report Resident 4's fall that occurred on 12/08/2025 due to being unaware of the fall. On 06/05/2026, at 9:34 AM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 5 had a fall on 05/04/2025, resulting in facial injuries and broken ribs, which required hospitalization. Administrator A reported s/he did not self-report Resident 5's fall that occurred on 05/04/2026. Administrator A reported s/he did not realize the self-report was in his/her email draft box.	N 165		
N 381	83.35(1)(a) Pre-admission and ongoing assessments.	N 381		

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N 381	Continued From page 4 Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident (Resident 2) after fall that occurred on 10/20/2025. Findings include: On 05/29/2026 through 06/04/2026, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the facility on 09/17/2025. -Resident 2 had an activated healthcare power of attorney. -Resident 2's incident report, dated 10/20/2025, stated the following: "Incident Description: [Resident 2] [sic] found on the floor on [his/her] knees. [sic] chair [sic] over on its side somewhat next to [Resident 2]. Clothes [sic] on the floor from [Resident 2] laundry basket. Resident Description: I really don't know what happened. Immediate Action Taken Description: [Licensed	N 381		

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N 381	Continued From page 5 Practical Nurse (LPN) C] asked [Resident 2] [sic] [s/he] hurt [s/he] replied no. [LPN C] asked [Resident 2] to sit up if [s/he] could and [s/he] and [s/he] did. Once [Resident 2] sat up, [s/he] began assisting [him/herself] off the floor. [LPN C] and 1 staff assist helped [him/her] off the floor with [him/her] [sic]. [Resident 2] sat on the bed. Moved all extremities by [him/herself] without difficulty. [Resident 1] stated, I'm not hurting anywhere, I'm ok. Resident Taken to the Hospital: [No]." On 05/29/2026, at approximately 12:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 2 was not assessed after his/her fall on 10/20/2025. Administrator A reported LPN C should have completed a fall risk evaluation after Resident 2's fall on 10/20/2025. Administrator A reported s/he did not know why LPN C did not complete a fall risk evaluation after Resident 2's fall on 10/20/2025.	N 381		
{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.	{N 386}		

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This Rule is not met as evidenced by:
Based on record and interview, the provider did not ensure 1 of 1 Individual Service Plan (ISP) reviewed included all the residents' needs. Resident 2's ISP did not include his/her needs regarding his/her catheter care.

This is a repeat deficiency. See Statement of Deficiency MURU12, dated 12/02/2025.

Findings include:

On 02/26/2026, the Department received a complaint alleging a resident had care needs that were not being met.

On 05/29/2026 through 06/04/2026, Surveyor reviewed Resident 2's record and identified the following:

-Resident 2 was admitted to the facility on 09/17/2025.

-Resident 2 had an activated healthcare power of attorney.

-Resident 2's ISP, dated 10/09/2025, did not include s/he had a Foley catheter or who was responsible for the care needs.

-Resident 2's progress note, dated 10/22/2025, written by Licensed Practical Nurse C, documented the following: "Call placed to Froedtert Hospital. [Resident 2] admitted to [Intensive Care Unit] with obstructive Foley catheter and septic shock. [Resident 2] has a

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{N 386}	Continued From page 7 couda catheter with larger french inserted." -Resident 2 passed away on 10/26/2025 at Froedtert Hospital. On 05/29/2026, at approximately 12:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 2's ISP did not include s/he had a Foley catheter or who was responsible for the care needs. Administrator A reported there were no written Foley care instructions for caregivers to follow. Administrator A confirmed Resident 2 passed away on 10/26/2025 at the hospital. Administrator A reported staff have been retrained, communication processes strengthened, and catheter care procedures reinforced.	{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. This Rule is not met as evidenced by: Based on observation, record review and	N 389		

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interview, the provider did not ensure 3 of 3 residents (Resident 3, Resident 4 and Resident 5) had their Individual Service Plans (ISPs) updated when there was a change in condition.

Resident 3's ISP was not updated to reflect Resident 3's need for laundry services and how frequently s/he received a shower.

Resident 4's ISP did not address when hospice services started and what services hospice would provide and interventions to mitigate Resident 4's risk of falls after fall on 12/08/2025.

Resident 5's ISP was not updated to identify interventions to mitigate his/her risk of falls after fall on 04/20/2026.

This is a repeat deficiency. See Statement of Deficiency B8O811, dated 02/07/2025.

Findings include:

On 12/11/2025, the Department received a complaint alleging the provider did not ensure a resident fall risk was properly assessed within their care plan.

On 05/22/2025, the Department received a complaint alleging the provider did not have interventions in place to reduce the risk of falling for a resident.

On 06/04/2026, at 4:43 PM, Surveyor observed a blue laundry hamper filled with clothes sitting in the hallway near Resident 3's bedroom.

On 06/04/2026, at 4:49 PM, Surveyor interviewed Resident 3. Resident 3 reported the blue laundry hamper belonged to him/her. Resident 3 reported

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that s/he needed his/her clothes washed so s/he sat his/her laundry hamper out in the hallway. Resident 3 reported his/her laundry day is Thursday and if s/he does not put the laundry hamper in the hallway then his/her laundry will not get done.

On 05/29/2026 through 06/04/2026, Surveyor reviewed residents' records and identified the following:

Resident 3
-Resident 3 was admitted to the facility on 11/21/2023.

-Resident 3 was his/her own person.

-Resident 3's ISP, dated 03/14/2025, documented the following: "Bathing/Showering: [Resident 3] is a [standby assist] with showers."

Resident 3's ISP did not reflect Resident 3's need for laundry services and how frequently s/he received a shower.

Resident 4
-Resident 4 was admitted to the facility on 07/23/2025.

-Resident 4 had an activated healthcare power of attorney (POA).

-Resident 4's Initial Assessment Record, dated 07/24/2025, documented the following: "Code Status: DNR/Hospice."

-Resident 4's ISP, dated 12/16/2025, documented the following: "Special Instructions: Luther Manor Hospice. Call Hospice first. No ER (emergency room) visits. Please check with POA

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first to get permission about ER visit if absolutely necessary. Risk for falls. Goal: Will not have any falls with injury. [Un-witnessed Fall] 12/08/2025 with injury. Goal: [Resident 4's] Femoral neck fracture will resolve with minimal complication by review date. Approaches: Monitor vital signs in accordance with facility policy. Monitor/document/report PRN (as needed) x (every) 72h (hours) to MD (medical doctor) for s/sx (signs and symptoms): Pain, bruises, change in mental status, new onset: confusion, sleepiness, inability to maintain posture, agitation. PT (Physical Therapy) consult for strength and mobility."

Resident 4's ISP did not address when hospice services started and what services hospice would provide and interventions to mitigate Resident 4's risk of falls after fall on 12/08/2026.

Resident 5
-Resident 5 was admitted to the facility on 04/14/2026.

-Resident 5 had an activated healthcare power of attorney.

-Resident 5's incident report, dated 04/20/2026, documented the following: "Incident Description: [Licensed Practical Nurse C] called and updated that [Resident 5] was on the floor. When entering [Resident 5's] room, [Licensed Practical Nurse C] observed [Resident 5] sitting on the floor with [his/her] back against the bed. [Resident 5] was facing the television. [Resident 5] [wheelchair] was in front of [him/her] and [his/her] walker was on the other side further away from [him/her] on [his/her] left side. Resident Description: I was trying to transfer myself to the bed. I missed the bed and sat on the floor. Predisposing

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Physiological Factors: Confused, gait imbalance and impaired memory."

-Resident 5's ISP, dated 04/21/2026, documented the following: "04/20/2026 [Un-witnessed fall] no injury. Approaches: (04/20/2026) Place visible sign 'Call before you fall' in [Resident 5] room to provide que reminder(s) to use call light for transfer assistance. 04/20/2026 Encourage resident to attend life enrichment activities. 04/20/2026 Sign on door to "Keep the door open". Date Initiated: 05/05/2026."

[The above-mentioned approaches were added to Resident 5's ISP on 05/05/2026, Resident 5 was in the hospital due to Un-witnessed fall with injuries to face, and forehead that occurred on 05/04/2026].

-Resident 5's progress note, dated 05/05/2026, written by Licensed Practical Nurse (LPN) C, documented the following: Writer spoke with SW (social worker) Andrea. [Resident 5] is admitted to [hospital] for falls. [Resident 5] sustained an abrasion with a hematoma to the middle of [his/her] forehead, and a [sic]abrasion to [his/her] nose and lips. Following x-ray [Resident 5] was noted to have multiple closed fractures to [his/her] ribs on the right side. [Resident 5] remains in ICU (intensive care unit) at this time. SW questions if [Resident 5] will return to [his/her] apartment. LPN C updated that the admissions department would need to see [Resident 5] discharge paperwork to determine. LPN C also updated that this facility takes care of patients on all different levels of care. SW was happy to hear that. Andrea will update as necessary."

Resident 5's ISP was not updated to identify

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N 389	Continued From page 12 interventions to mitigate his/her risk of falls after fall on 04/20/2026. On 06/04/2026, at 11:54 AM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 4's ISP did not address when hospice services started and what services hospice would provide and interventions to mitigate Resident 4's risk of falls after fall on 12/08/2026. Administrator A reported Resident 4 was admitted to the facility on 07/23/2025 on Hospice. Administrator A reported Resident 4's doctor wanted him/her moved to skilled nursing facility (SNF). Administrator A reported there were no beds available in the SNF so Resident 4 was placed on 1:1 staffing. On 06/04/2026, at 2:42 PM, Surveyor interviewed LPN C. LPN C reported s/he was responsible for updating Resident 5's ISP after fall on 04/20/2026 with interventions. LPN C reported s/he did not realize Resident 5's ISP was not updated after fall on 04/20/2026. On 06/04/2026, at 5:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 3's ISP, did not reflect Resident 3's need for laundry services and what day his/her shower is scheduled or how often s/he recieved a shower. Administrator A reported that laundry is normally done doing 3rd shift and that Resident 3 put his/her laundry hamper out in the hallway before time. Administrator A reported that Resident 3's shower day is Sunday and as needed.	N 389		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents	N 433		

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N 433	Continued From page 13 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: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide services to manage 1 of 1 (Resident 3) reviewed behaviors that maybe harmful to themselves and others. Resident 3 had behaviors of verbal aggression towards residents and staff, refusal of medications and hoarding and the provider did not provide or arrange for services to manage Resident 3's behaviors. Findings include: The provider is licensed to serve 140 residents who are irreversible dementia/Alzheimer's and advanced aged. On 05/29/2026 through 06/04/2026, Surveyor reviewed Resident 3's records and identified the following: -Resident 3 was admitted to the facility on 11/21/2023 with diagnoses of hoarding disorder, anxiety disorder, attention-deficit hyperactivity disorder and schizoaffective disorder, bipolar type. -Resident 3 was his/her own person.	N 433		

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	310087	A. BUILDING: _____ B. WING _____	R-C 06/05/2026

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N 433	Continued From page 14 Resident 3's progress notes between 02/19/2026 and documented the following: -"Date of Service: 02/19/2026. Visit Type: Psychology Follow-up Visit. Chief Complaint: Hoarding anxiety. [Resident 3] has been self-isolating due to [him/her] difficulty in interacting and communicating with other residents. [Resident 3] continues to feel that [s/he] is being discriminated against because of [his/her] religion. [Resident 3] is a hoarder and no longer allows people in [his/her] room. [Resident 5] reports that [s/he] hired a professional cleaner for $1500 to clean [his/her] room, however [s/he] also reports that [s/he] will not part with anything [s/he] feels is important to [him/her]." -03/02/2026 - "Social worker witnessed resident exhibiting disruptive behavior and verbal aggression toward others in common area yelling and swearing at staff and peers, attempting to prevent [staff] from providing care to peer, approaching and confronting [staff] of being abusive to [his/her] and others with no specific details when social worker inquired. [Resident 3] did not accept redirection when [staff] and social worker attempted. [Staff] stated [Resident 3] exhibits these behaviors often. Social worker informed [staff] to ignore [Resident 3's] negative comments, to document [Resident 3's] behavior and inform social worker." -03/26/2026 - "Social worker emailed case manager to inform [him/her] [Resident 3] will be issued 30-day notice to discharge due to [Resident 3's] refusal to clean [his/her] apartment so it is safe. Social worker requested to schedule care conference for discharge planning." -03/26/2026 - "Social worker informed by	N 433		

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caregiver [Resident 3] was yelling at staff and peers in common area, social worker attempted to redirect [Resident 3's] behavior and [Resident 3] continued speaking loudly, commenting on social worker clothing and stated social worker was being abusive. Social worker contacted psychologist and requested a psych visit to address [Resident 3's] behaviors. Psychologist informed social worker that [Resident 3] has refused the last two psychology visits and [s/he] will re-attempt at [his/her] next visit to the facility."

-04/01/2026 - "[Resident 3] has been harassing and calling the staff names. [Resident 3] is going around accusing staff of stealing things out of [his/her] room. The staff never goes into [Resident 3] room because [s/he] never allows them. Everything [Resident 3] is harassing the staff lying and blaming the staff for things."

-"Date of Service: 04/02/2026. Visit Type: Psychology Follow-up Visit. Chief Complaint: Anger, aggression, and paranoia. Staff reports that [Resident 3] has been verbally abusive both to staff and to residents. Hoarding behaviors continue. [Resident 3] states that the staff is not allowed to assist [him/her] in cleaning [his/her] room. [Resident 3] prefers to spend [his/her] days in a small meeting room rather than [his/her] room because [s/he] states "it is messy." [Resident 3] makes accusations about belongings being stolen. Hoarding poses potential fire and fall hazards and may lead to conflicts with staff. Verbal abuse toward staff and residents poses ongoing behavioral risk."

-"Date of Service: 04/09/2026. Visit Type: Psychology Follow-up Visit. Chief Complaint: Anger, aggression, and paranoia. [Resident 3] continues to make accusations against staff.

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[Resident 3] accusations in the past have been unfounded. [Resident 3] accused a staff member of stealing many of [his/her] things, which [s/he] subsequently found in a bag in [his/her] room. [Resident 3] hoarding behavior continues, [his/her] room is now uninhabitable and a health hazard. [Resident 3] continues to report that [s/he] is discriminated against due to [his/her] religion, again these accusations have been unfounded. [Resident 3] is difficult to redirect."

-"Date of Service: 04/16/2026. Visit Type: Psychology Follow-up Visit. Chief Complaint: Anxiety hoarding. [Resident 3] continues to avoid [his/her] room due to the "messiness." It is difficult to walk into [Resident 3] room there is a small space to walk from the door to the bed. This is due to hoarding behaviors and [Resident 3] room remains a health hazard. Patient continues to have difficulty recognizing how [his/her] behavior could contribute to the response from others; hoarding behaviors persist with room remaining uninhabitable and a health hazard."

-"Date of Service: 04/23/2026. Visit Type: Psychology Follow-up Visit. Chief Complaint: Paranoia. [Resident 3] continues to make accusations against staff and other residents. [Resident 3] sees [his/herself] as a helper and responsible for all residents. [Resident 3] disagrees with staff actions and attempts to take charge, making the situation more difficult. [Resident 3] hoarding behavior continues; [his/her] room remains a health hazard for [him/her], other residents and staff."

-"Date of Service: 05/28/2026. Visit Type: Psychology Follow-up Visit. Chief Complaint: Anxiety, agitation and paranoia. [Resident 3]

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expresses concern about [his/her] psychiatric medication and would like to see the nurse practitioner (NP). [Resident 3] request will be shared with the NP. [Resident 3] continues to address what [s/he] perceives as thefts of [his/her] belongings frequently belongings [s/he] feels have been stolen are found in [his/her] room. [Resident 3] believes that [s/he] is the sole caretaker of other residents and that is [his/her] duty to protect them. Hoarding behaviors continue. [S/he] reports that offers have been made to assist [him/her] in cleaning [his/her] room; however [s/he] is fearful that [s/he] will not be able to remain in [his/her] room during the cleaning process. [Resident 3] feels that [his/her] presence when others are in [his/her] room is imperative. Depakote (divalproex 125 milligram (mg) extended release) was discontinued per patient refusal. Patient also refused buspirone 5 mg three times a day suggested but refused by the patient. [Resident 3] has made false accusations against staff and other residents and [his/her] hoarding continues to present health and safety concerns for [his/herself], other residents and staff. Hoarding behaviors continue and present potential fire and fall hazards may lead to conflicts with staff. Fear about room cleaning may complicate intervention efforts. Patient refuses medications which may impact symptom management."

-Resident 3's Individual Service Plan (ISP), dated 03/14/2025, documented the following: Need: "The resident has a behavior problem of accusing staff and others of verbal and physical abuse and then quickly stating that those events did not happen, accuses others of being mean to [him/her] but will not give examples or incidents, hoarding behaviors (resident hoards clothes, furniture, newspaper, mail). [Resident 3] would

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call the police and make accusations towards staff. [Resident 3] accuses staff of stealing items and afterwards reports items are not missing. Resident is verbally aggressive toward staff and peers, uses racial slurs towards others. [Resident 3] fixates on housekeeping staff and exhibits accusatory behaviors toward housekeeping staff. [Resident 3] has a behavior problem related to refusing showers. Related to diagnosis schizoaffective bipolar type, diagnosis generalized anxiety disorder, diagnosis hoarding, anxiety, depressed mood and attention-deficit hyperactivity disorder. Goal: The resident will have fewer episodes of outburst. Expectation of 1 episode bi-weekly. Teammates will utilize the buddy system when entering this residents room. Approaches: Administer medications as ordered after attempting non-medicinal approaches. If resident is capable of understanding and changing his/her behavior, explain/reinforce to the resident why behavior is inappropriate and/or unacceptable. Intervene as necessary to protect the rights and safety of others. Approach/speak in a calm manner. Validate feelings. Divert attention or use relationship-based redirection. Remove resident from situation and take to or suggest alternate location as needed. Minimize potential for the residents disruptive behavior by engaging in activities."

Resident 3's ISP did not identify interventions or methods to reduce Resident 3's behaviors which include verbal aggression towards residents and staff, refusal of medications and hoarding.

On 06/04/2026, at 5:00 PM, Surveyor interviewed Administrator A. Administrator A reported there was no Behavioral Support Plan (BSP) in place for Resident 3. Surveyor discussed the need to provide staff with interventions to manage

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N 433	Continued From page 19 Resident 3's above-mentioned behaviors. Administrator A reported s/he would reach out to Resident 3's Managed Care Organization to schedule a care conference to establish a BSP to manage Resident 3's behaviors.	N 433		