STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017060	A. BUILDING: _____ B. WING _____	R-C 02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING ELM CBRF	750 ELM ST WOODRUFF, WI 54568

(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 02/16/2026, Surveyor conducted a complaint investigation, verification visit and standard licensure survey at Milestone Senior Living Elm CBRF. Data collection continued through 02/17/2026. The complaint was unsubstantiated. The deficiency identified in statement of deficiency (SOD) NZ0V11 was corrected. Two deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client	N 243		

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

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N 243	Continued From page 1 group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 caregivers reviewed obtained all training as required within 90 days after starting employment. Caregiver C did not have training in resident rights within 90 days after starting employment. Caregiver D did not have training in resident rights within 90 days after starting employment. Caregiver D did not have training in recognizing, preventing, managing and responding to	N 243		

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N 243	Continued From page 2	N 243		

challenging behaviors within 90 days after starting employment.

Caregiver D did not have training in required client groups within 90 days after starting employment.

Findings include:

The facility serves up to 20 residents in the client groups of advanced age and irreversible dementia/Alzheimer's disease.

On 02/17/2026, Surveyor conducted a review of Caregiver C's and Caregiver D's record to verify compliance will all employee training requirements. Surveyor requested training records from Executive Director (ED) A.

Resident Rights

The record for Caregiver C, hired on 09/24/2025, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 02/17/2026, at approximately 12:57 PM, ED A confirmed via e-mail that the provider did not have evidence Caregiver C completed or met an exemption for resident rights training.

The record for Caregiver D, hired on 11/12/2025, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 02/17/2026, at approximately 1:33 PM, ED A confirmed via e-mail that the provider did not have evidence Caregiver D completed or met an exemption for resident rights training.

Recognizing, Preventing, Managing and Responding to Challenging Behaviors

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N 243	Continued From page 3 The record for Caregiver D, hired on 11/12/2025, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 02/17/2026, at approximately 1:33 PM, ED A confirmed via e-mail that the provider did not have evidence Caregiver D completed or met an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to 20 residents within the client groups of advanced age and irreversible dementia/Alzheimer's disease. The record for Caregiver D, hired on 11/12/2025, did not contain evidence of training or evidence of meeting an exemption for client group training. On 02/17/2026, at approximately 1:33 PM, ED A confirmed via e-mail that the provider did not have evidence Caregiver D completed or met an exemption for client group training specific to advanced age and irreversible dementia/Alzheimer's disease. On 02/17/2026 at approximately 3:00 PM, Surveyor interviewed ED A and Regional Director of Operations (RDO) B via telephone. Surveyor asked about training and provided ED A and RDO an opportunity to submit any additional evidence of training. ED A verified that Caregiver C did not complete resident rights training and Caregiver D did not complete resident rights, client group, and challenging behavior training. ED A and ADO B confirmed that all training records were provided to Surveyor and there were no additional training records for Caregiver C and Caregiver D. The provider did not ensure caregivers obtained all training as required within 90 days after	N 243		

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N 243	Continued From page 4 starting employment.	N 243		
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. 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 conduct quarterly fire evacuation drills during 2025. Findings include: The facility serves up to 20 residents in the client groups of advanced age and irreversible dementia/Alzheimer's disease. On 02/16/2026, Surveyor conducted a review of the provider's fire evacuation drills for 2025. A fire drill was conducted and documented on the	N 525		

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N 525	Continued From page 5 following days in 2025: 07/01/2025 & 12/12/2025. On 02/17/2026 at approximately 3:00 PM, Surveyor interviewed Executive Director (ED) A and Regional Director of Operations (RDO) B via telephone. Surveyor asked about fire drills in 2025. ED A verified the completion of a fire drill on 07/01/2025 and 12/12/2025. Both ED A and ADO B confirmed that all records pertaining to 2025 fire drills had been provided to Surveyor. The provider did not conduct quarterly fire evacuation drills in 2025.	N 525		