STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021145	A. BUILDING: _____ B. WING _____	C 04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACES AT OAK CREEK LODGE (THE)	701 E PUETZ ROAD OAK CREEK, WI 53154

(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
U 000	INITIAL COMMENTS On 04/21/2026, Surveyor concluded a complaint investigation at Meadowmere Oak Creek. Four deficiencies were identified. One complaint was substantiated. Census: 53	U 000		
U 171	89.26(4) ANNUAL REVIEW A tenant's capabilities, needs and preferences identified in the comprehensive assessment shall be reviewed at least annually to determine whether there have been changes that would nescessitate a change in the service or risk agreement. The review may be initiated by the facility, the county department designated under sub. (3)(c)2., or at the request of or on the behalf of the tenant. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tenant's capabilities, needs, and preferences identified in the comprehensive assessment were reviewed to determine whether there had been changes for 1 of 1 tenant (Tenant 1) reviewed. Tenant 1's record did not include a comprehensive assessment. Findings include: On 04/10/2026 at approximately 11:25 a.m., Surveyor requested Tenant 1's complete record. Tenant 1 was admitted on 02/16/2024. Tenant 1 passed away at the hospital on 01/04/2026. Family Q returned the keys to his/her apartment	U 171		

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

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U 171	Continued From page 1 on 01/11/2026. On 04/10/2026 at 12:40 p.m., Surveyor interviewed Executive Director (ED) A, who stated s/he did not have access to Tenant 1's records any longer due to not having access to electronic medical records system (EMRS) L. ED A stated, "[Tenant 1's] record for 2025 is in [EMRS L]. When the facility transitioned, we lost all the tenant records in [EMRS L]." ED A stated s/he printed the tenant face sheets and incident reports, just in case. ED A stated Managing Company (MC) F was told they would continue to have access to [EMRS L]. ED A stated s/he still did not have access to providing Tenant 1's 2025 records. Tenant 1's file did not have a complete comprehensive assessment to address his/her capabilities, needs, and preferences in the tenant's physical health and frequency monitoring which his/her condition required. As of 04/21/2025, at 11:00 a.m., Surveyor did not receive any additional requested information. Cross Reference: U0279 DHS 89.43(3) Issuance	U 171		
U 188	89.27(4) SERVICE AGREEMENT REVIEW AND UPDATE. The service agreement shall be reviewed when there is a change in the comprehensive assessment or at the request of the facility or at the request or on behalf of the tenant and shall be updated as mutually agreed to by all parties to the agreement. This Rule is not met as evidenced by: Based on record review and interview, the	U 188		

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U 188	Continued From page 2 provider did not ensure each tenant had a service agreement for 1 of 1 tenant reviewed (Tenant 1). Findings include: On 04/10/2026 at approximately 11:25 a.m., Surveyor requested Tenant 1's complete record. Tenant 1 was admitted on 02/16/2024. Tenant 1 passed away at the hospital on 01/04/2026. Family Q returned the keys to his/her apartment on 01/11/2026. On 04/17/2026 at 10:55 a.m., Surveyor received Management Agreement from Director of Licensing (DOL) H. The management agreement between Licensee G and Management Company (MC) F was effective on December 31, 2025. On 04/10/2026 at 12:40 p.m., Surveyor interviewed Executive Director (ED) A, who stated s/he did not have access to Tenant 1's records any longer due to not having access to EMRS L. ED A stated, "[Tenant 1's] record for 2025 is in [EMRS L]. When the facility transitioned, we lost all the tenant records in [EMRS L]." ED A stated s/he printed the tenant face sheets and incident reports, just in case. ED A stated MC F was told they would continue to have access to [EMRS L]. ED A stated s/he still did not have access to providing Tenant 1's 2025 records. As of 04/21/2025, at 11:00 a.m., Surveyor did not receive any additional requested information. Cross Reference: U0279 DHS 89.43(3) Issuance	U 188		
U 211	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be	U 211		

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U 211	Continued From page 3	U 211		

updated when the tenant's condition or service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not enter a jointly signed negotiated risk agreement with 1 of 1 tenant reviewed (Tenant 1) when the tenant's condition or service needs changed and affected risk. Tenant 1's record did not include an updated, jointly signed, negotiated risk agreement for when Tenant 1 needed and began using a sit-to-stand transfer lift.

Findings include:

On 01/28/2026, the Department received a complaint alleging Tenant 1 was being transferred when s/he slipped, fell and was asphyxiated by the sit-to-stand mechanical lift belt.

On 04/10/2026 at approximately 11:25 a.m., Surveyor requested Tenant 1's complete record. Tenant 1 was admitted on 02/16/2024. Tenant 1 passed away at the hospital on 01/04/2026. Family Q returned the keys to his/her apartment on 01/11/2026.

On 04/07/2025, Tenant 1 received a complete, updated 'Resident Level of Care' signed by Nurse (RN) K and Tenant 1. The following was identified:

- Reason for Evaluation: Other

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U 211	Continued From page 4 - Assistive Devices: walker/cane and wheelchair. - Transfer ability: Can transfer with minimal assistance and/or may need queueing or reminders. - Assistive Device Use: No device used. Surveyor observed, 'sit-to-stand mechanical lift' was not checked. - Safety Risk Assessment/Waiver Completed? Surveyor observed, "Yes/No" was left blank. - Does the resident require two or more staff to assist with bathing? "No" On 12/18/2025 at 6:10 a.m., Caregiver M filled out an incident report for Tenant 1. Caregiver M wrote, under nursing description, "Putting [Tenant 1] in the shower with sit to stand. [Tenant 1] became weak, and sling rode up and around his/her neck and face, and strap went inside his/her mouth. Resident description: legs gave out and slipped." On 04/09/2026, Surveyor reviewed the Fire Department report of the incident, dated 12/18/2025. The report identified on 12/18/2025, the fire department was dispatched to facility. Emergency Medical Technician (EMT) P interviewed staff, who stated they were helping Tenant 1 use the sit-to-stand mechanical lift. Staff stated the sit-to-stand mechanical lift belt used to hold tenant up, slipped around Tenant 1's neck and asphyxiated Tenant 1 for about 4 minutes. Staff stated they were unable to relieve Tenant 1, due to Tenant 1's weakness and inability to bear weight on either leg. On 04/10/2026 at 1:45 p.m., Surveyor received	U 211		

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U 211	Continued From page 5 Tenant 1's occupational and physical therapy notes dated 09/09/2025 to 12/21/2025. The following was identified: On 09/09/2025, Tenant 1's Occupational Therapy and Initial Evaluation and Treatment documentation read, "[Tenant 1] was referred to Occupational Therapy due to change in functional performance of: bathing, dressing, functional mobility, grooming, bed mobility, transfers, wheelchair mobility ...Factors contributing to functional change: change in previous condition and recent fall(s) ... [Tenant 1] performed upper body dressing wheelchair, requiring minimal physical assistance... [Tenant 1] performed lower body dressing, requiring maximum physical assistance ... Max PA (physical assistance) to don socks and shoes d/t (due to) limited reach. [Tenant 1] was able to doff socks with moderate PA (physical assistance) and use of reacher. [Tenant 1] used contralateral foot to doff shoes." On 09/16/2025, Occupational Therapist (OT) I wrote, "Nurse reported increased challenge with transfers over the weekend. S/He reports that staff has [sic] started to use sit-to-stand mechanical lift device." On 11/21/2025, Physical Therapist (PT) J wrote, "[Tenant 1] reports a fall on Wed (Wednesday) am (morning) onto his/her knees. S/He reports some pain in the knees yet." On 11/24/2025, OT I wrote, "[Tenant 1] reported having another fall over the weeekend [sic]. Where care staff had hism/her [sic] attempt to stand using WC (wheelchair) for LB (lower body) dressing." On 11/24/2025, PT J wrote, "[Tenant 1] fell onto	U 211		

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U 211	Continued From page 6	U 211		

his/her knees when completing dressing using WC to hold onto. S/He states that CG (caregiver) states, "that is the only way" s/he can dress [Tenant 1]. [Tenant 1] states s/he had a shower this morning and they were able to complete his/her dressing at the railing from his/her WC."

On 12/03/2025, PT J wrote, "[Tenant 1] states that CGs are still completing part of LB dressing at the bed and then finishing LB clothing management with sit-to-stand mechanical lift."

On 04/10/2026 at 10:00 a.m., Surveyor interviewed Caregiver O, who stated Tenant 1 required two caregivers with the sit-to-stand mechanical lift. Caregiver O stated s/he could not confirm if there was anything in Tenant 1's care plan about using a sit-to-stand mechanical lift.

On 04/10/2026 at 12:40 p.m., Surveyor interviewed Executive Director (ED) A, who stated s/he did not have access to Tenant 1's records any longer due to not having access to electronic medical records system (EMRS) L. ED A stated, "[Tenant 1's] record for 2025 is in [EMRS L]. When the facility transitioned, we lost all the tenant records in [EMRS L]." ED A stated s/he printed the tenant face sheets and incident reports, just in case. ED A stated MC F was told they would continue to have access to EMRS L. ED A stated s/he still did not have access to providing Tenant 1's 2025 records.

On 04/14/2026 at 3:20 p.m., Surveyor interviewed Caregiver C, who stated Tenant 1 needed two caregivers for safety, when s/he transferred with the sit-to-stand mechanical lift. Caregiver C stated, "I do not understand how this could have happened if there were two caregivers helping. There should have been a caregiver behind

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U 211	Continued From page 7 [Tenant 1], so that s/he could have sat down." Caregiver C explained how two caregivers used the sit-to-stand mechanical lift. One caregiver was to guide the resident with the electronic lift in the front, and the other caregiver was in the back, taking care of the resident's body. On 04/15/2026 at 4:50 p.m., Surveyor interviewed EMT P, regarding his/her report dated 12/18/2025. S/He stated, "What I document is what is happening. It is accurate." Tenant 1's record did not include an updated, jointly signed, negotiated risk agreement for when tenant's condition or service needs changed, began using the sit-to-stand, and affected risk. As of 04/21/2025, at 11:00 a.m., Surveyor did not receive any additional requested information.	U 211		
U 293	89.55(1) MONITORING Monitoring and on-site visits (1) The department shall conduct periodic inspections of residential care apartment complexes during the period of certification and may, without notice to the owner or operator, visit a residential care apartment complex at any time to determine if the facility continues to comply with this chapter. The owner or operator shall be able to verify compliance with this chapter and shall provide the department access to the residential care apartment complex and its staff, tenants and records. This Rule is not met as evidenced by:	U 293		

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U 293	Continued From page 8 Based on interview and record review, the provider was unable to provide records to verify compliance for aspects of 1 of 1 tenant's (Tenant 1's) care. The provider was unable to attest to their system for Tenant 1's activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in relation to his/her records of change in condition assessments, his/her health monitoring upon change of condition, and his/her updated service and risk agreements. Findings include: On 04/10/2026 at approximately 11:25 a.m., Surveyor requested Tenant 1's complete record. Tenant 1 was admitted on 02/16/2024. Tenant 1 passed away at the hospital on 01/04/2026. Family Q returned the keys to his/her apartment on 01/11/2026. On 04/10/2026 at 10:55 a.m., Surveyor interviewed Regional Director of Health Services (RDHS) B, who stated Management Company (MC) F, took over on 01/01/2026. Management Company (MC) E, the previous management company, utilized electronic medical records system (EMRS) L. RDHS B stated when Management Company (MC) E left on 12/31/2025, MC F lost access to EMRS L and all tenant electronic medical records. RDHS B stated, "We requested [MC E] to download the tenant records, prior to the transition. It did not happen. [MC E] is now out of business. We do not have access to tenant records that were in [EMRS L]." On 04/14/2026 at 5:30 p.m., Surveyor received a voicemail from Executive Director (ED) A, requesting additional time in retrieving Tenant 1's records from EMRS L.	U 293		

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U 293	Continued From page 9 On 04/15/2026 at 1:55 p.m., Surveyor received a second voicemail from ED A, requesting additional time in retrieving Tenant 1's records from EMRS L. On 04/17/2026 at 10:55 a.m., Surveyor received Management Agreement from Director of Licensing (DOL) H. The management agreement between Licensee G and Management Company (MC) F was effective on December 31, 2025. On 04/21/2026 at 4:10 p.m., Surveyor interviewed ED A and RDHS B, who stated they still did not have access to Tenant 1's electronic medical records. As of 04/21/2025, at 11:00 a.m., Surveyor did not receive any additional requested information.	U 293		