Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017235	A. BUILDING: _____ B. WING _____	R-C 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATTERHAUS	**N109 W17000 AVA CIRCLE GERMANTOWN, WI 53022**

(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 10/13/2025, Surveyor conducted a verification visit at Matterhaus, a Community-Based Residential Facility (CBRF) in Germantown, WI. One deficiency identified. This is a repeat deficiency. See Statement of Deficiency (SOD) PL9K11, dated 04/02/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 26	{N 000}		
{N 432}	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 4 received appropriate medication administration. Resident 4 missed 10 doses of his/her QVAR RediHaler because the medication was not available. Findings include:	{N 432}		

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

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{N 432}	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) PL9K11, dated 04/02/2025. On 10/13/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 moved into the facility 11/28/2022 with diagnoses of hypothyroidism, heart failure and mild intermittent asthma. -Resident 4's October 2025 Medication Administration Records (MAR) documented: QVAR RediHaler 80 MCG (micrograms) - Inhale 2 puffs into the lungs twice a day. Scheduled at 8:00 AM and 8:00 PM. Start Date: 06/14/2024. 10/04 8:00 PM - Documented as Other 10/05 8:00 AM - Documented as Other - On order 10/05 8:00 PM - Documented as decline 10/06 8:00 AM- Documented as Other-not in cart 10/06 8:00 PM- Documented as Other-not in med cart 10/07 8:00 AM-Documented as Other-on order 10/07 8:00 PM- Documented as Other-on order 10/08 8:00 AM- Documented as Other 10/08 8:00 PM- Documented as decline 10/09 8:00 AM- Documented as Other-not in med cart On 10/13/2025 at 10: 30 AM, Surveyor interviewed Administrator A. Surveyor asked Administrator A about Resident 4's October 2025 MAR and why the medication was not in the cart or on order. Administrator A stated they were having problems with the transition to the new pharmacy they were using. Administrator A stated Resident 4 did not receive his/her QVAR RediHaler because the pharmacy was not able to get it. Administrator A stated it was a big issue and s/he had to involve his/her supervisor to deal with the issues from the pharmacy because they	{N 432}		

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{N 432}	Continued From page 2 did not get Resident 4's QVAR RediHaler in a timely manner.	{N 432}		