STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018774	A. BUILDING: _____ B. WING _____	C 03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHILOH ASSISTED LIVING	140 S MAYFLOWER DRIVE APPLETON, WI 54914

(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 03/10/2026, with additional information gathered through 03/16/2026, Surveyors conducted a complaint investigation, standard survey, and self-report review at Shiloh Assisted Living. One (1) of 1 complaints were substantiated. The self-report review resulted in findings. As a result of the survey, 24 deficiencies were identified. Five of 24 deficiencies were repeat violations. See Statement of Deficiency (SOD) 2OON11, dated 12/14/2022 and SOD 2OON12, dated 02/06/2023. Census: 18	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.	N 158		

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

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N 158	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct a caregiver misconduct investigation upon receiving a report of an allegation of misappropriation of resident money. Findings include: On 03/10/2026, Surveyor conducted a self-report review. Surveyor reviewed self report information sent by Administrator E from an incident on 01/05/2026. The report included Resident 1 alleging s/he had thousands of dollars in the bank and Resident Care Coordinator (RCC) A was stealing from him/her. The report indicated Resident 1's guardian provided Resident 1 with his/her income, but s/he still continued to allege theft against RCC-A. Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 12/20/2023 under protective placement and corporate guardianship. Resident 1 had diagnoses of alcohol-induced dementia, nicotine dependence, and malignant neoplasms. At 1:30 PM, Surveyors interviewed RCC-A and Licensee B. RCC-A said Resident 1 did not have thousands of dollars and the only access s/he had to Resident 1's money was through his/her smart debit card. S/he said Guardian F was notified upon all transactions and use of the card by the card itself. Surveyors inquired whether an investigation was conducted for the allegation of misappropriation of Resident 1's money and Licensee B said no. Licensee B said s/he would conduct an investigation.	N 158		

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N 163	Continued From page 2	N 163		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after Resident 1 successfully eloped from the facility. Findings include: Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 12/20/2023. S/he was a 64-year old with diagnoses of alcohol induced dementia, nicotine dependence, and malignant neoplasm. Surveyor reviewed 2025 police reports involving Resident 1 and noted a report from 10/20/2025 where Resident 1's whereabouts were unknown and law enforcement was contacted to assist for a report of a missing person. Surveyor reviewed Resident 1's observation	N 163		

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N 163	Continued From page 3	N 163		

notes:
10/20/2025 "After smoking at 1 PM, [Resident 1] got out of the fence and ran away. On resident came and told staff. Staff was alerted and followed up with the police. Police did not arrive yet so staff followed after resident. Resident was found one block away from the facility and found that [Resident 1] was knocking at a house. Then two [individuals] came out and was [sic] with [Resident 1]. They asked if [s/he] was a resident of [provider] and staff said yes. 911 was alerted again and came to talk to [Resident 1] around 1:30 PM. The police was able to get [him/her] back to the building at 2 PM. the police also asked if resident had a record in the county but staff replied unsured [sic] because it has been a few weeks since resident has acting confused [sic] lately by talking to himself and seeking exits to run away. Before the police left, they spoke with [Resident 1] in [his/her] room."

On 03/10/2026 at 1:30 PM, Surveyors interviewed RCC-A and Licensee B who stated Administrator E was responsible for sending self-reports to the department. RCC-A said it was not uncommon for Resident 1 to exit seek and to successfully jump over the fence near the smoking area. RCC-A said Resident 1 voiced regularly that s/he did not want to be at the facility. RCC-A said s/he had thought Administrator E had self-reported the 10/20/2025 incident. RCC-A and Licensee B acknowledged the department did not receive a self-report for the incident.

On 03/11/2026 at 10:40 AM, Surveyor confirmed with Administrator E the referenced self-report was not written and sent to the department for this incident.

Cross Reference:

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N 163	Continued From page 4 N0164 83.12(4)(b) Reporting When Law Enforcement Called N0433 83.38(1)(i) Behavior Management	N 163		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days following 3 separate incidents involving Resident 1 that jeopardized the health, safety, or welfare of residents or employees. Findings include: Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 12/20/2023, with diagnoses of alcohol induced dementia, nicotine dependence, and malignant neoplasm. On 03/11/2026, Surveyor reviewed police reports and noted the following incidents: 08/15/2025 - RCC-A contacted law enforcement alleging Resident 1 was causing a behavioral disturbance.	N 164		

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N 164	Continued From page 5 09/18/2025 - Resident 1 contacted law enforcement upset - disturbance "Mental health related" 10/30/2025 - disturbance Surveyor reviewed provider's observation notes and noted the following related incidents: 09/18/2025 - " Surveyor note: Resident 1's record did not include additional documentation regarding a behavioral disturbance and law enforcement involvement. Surveyor reviewed the department's provider record and did not find evidence of self-report information being sent to the department regarding these incidents of law enforcement involvement. On 03/10/2026 at 1:30 PM, Surveyors interviewed RCC-A and Licensee B who stated Administrator E was responsible for sending self-reports to the department. RCC-A said Resident 1 had a history of law enforcement involvement due to his physical aggression and property destruction. RCC-A said staff were scared of him/her and the police were the only ones that could calm Resident 1 down. RCC-A said s/he thought Administrator E sent in the self-reports for Resident 1. RCC-A and Licensee B acknowledged self-reports were not sent and received by the department for the 3 incidents involving law enforcement. On 03/11/2026 at 10:40 AM, Surveyor confirmed with Administrator E the referenced self-reports were not written and sent to the department for these incidents.	N 164		

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N 164	Continued From page 6 Cross Reference: N0163 83.12(4)(a) Reporting When Resident's Whereabouts Unknown N0433 83.38(1)(i) Behavior Management	N 164		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure the community-based residential facility (CBRF), and its operation complied with all laws governing the CBRF. Findings include: The provider has held a license as a class CS (semi-ambulatory) CBRF since 12/28/2022 who may provide services for up to 22 residents who may be advanced age, emotionally disturbed/mentally ill, physically disabled, terminally ill, have traumatic brain injury, and/or irreversible dementia/Alzheimer's. At the time of survey, 3 residents resided at the facility. On 03/10/2026, with additional information gathered through 03/16/2026, Surveyors conducted a complaint investigation, self-report review, and standard survey. At the time of onsite visit on 03/10/2026, Administrator C was the assigned Administrator at the facility per department and provider records	N 196		

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N 196	Continued From page 7	N 196		

responsible for overseeing daily operation of resident care and staff supervision.

On 03/10/2026 at approximately 9:30 AM, Surveyors interviewed Resident Care Coordinator (RCC)-A who shared his/her responsibility was to oversee daily operation of the facility which included resident admission, resident care, and staff oversight. RCC-A said s/he was responsible for everything with the CBRF and s/he only called Administrator C if there were incidents that required self-report to the department, otherwise would call Licensee B. RCC-A said Licensee B was available if RCC-A needed assistance with daily operations and oversight.

Licensee B stated Administrator C was not involved with the facility except to send self-reports to the department and did not come to the facility. Licensee B said RCC-A was the acting Administrator, but needed to take the Administrator's course. Licensee B indicated s/he should put him/herself as the Administrator as s/he was really the responsible party for daily operations. Licensee B verified RCC-A was not qualified to supervise the daily operation of the CBRF and the competency of all employees, or a qualified resident care staff who was designated as in charge whenever the administrator was absent from the CBRF.

As a result of Licensee B not upholding his/her responsibilities as the licensee, 2 complaint investigations, 2 self-report reviews, 3 verification visits, and 2 surveys from 12/14/2022 through 03/16/2026 resulted in deficiencies. On 03/10/2026, with additional information gathered through 03/16/2026, 23 deficiencies were identified. Five (5) of 23 deficiencies were repeat violations. Three (3) of 23 deficiencies are being

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N 196	Continued From page 8 cited for a third time. See Statement of Deficiency (SOD) 2OON11, dated 12/14/2022 and SOD 2OON12, dated 02/06/2023. Licensee A was identified to have violations in training and proficiency for management and staff; investigating, reporting, and permitting risk related to resident abuse; behavior management; communicable disease screening; nurse delegation; fire safety; medication administration and management; and nutrition. On 03/10/2026 at 1:32 PM, Surveyor interviewed RCC-A and Licensee B who acknowledged Surveyors' findings. Cross Reference: N0158 83.12(2)(a) Caregiver: Investigating Abuse & Neglect N0163 83.12(4)(a) Reporting When Resident's Whereabouts Unknown N0164 83.12(4)(b) Reporting When Law Enforcement Called N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0198 83.14(2)(c) Licensee Reports Changes In Capacity Or Class N0215 83.15(3)(b) Administrator Responsible for Staff Training N0219 83.17(1) Licensee Conduct Caregiver Background Check N0220 83.17(2)(b) Employees Screened For Communicable Disease N0230 83.19 Orientation N0243 83.21(1-3) All Employee Training N0247 83.22(1-4) Task Specific Training N0277 83.25 Continuing Education N0302 83.28(4)(a) Resident Health Screening And Documentation N0326 83.31(4)(a) Notice of Facility Initiated Discharge	N 196		

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N 196	Continued From page 9 N0389 83.35(3)(d) Service Plans Updated Annually Or With Changes N0406 83.37(1)(g) Disposition Of Medications N0416 83.37(2)(e) Other Administration Delegated Or Given By RN N0427 83.38(1)(c) Leisure Time Activities N0432 83.38(1)(h) Medication Administration N0433 83.38(1)(i) Behavior Management N0448 83.41(2)(c) Nutrition: Menus N0525 83.47(2)(d) Fire Drills N0526 83.47(2)(e) Other Evacuation Drills N0535 83.48(1)(b) Smoke and Heat Detectors Per NFPA 72	N 196		
N 198	83.14(2)(c) Licensee reports changes in capacity or class The licensee shall report any change in capacity or class and may not implement the change until the licensee receives written approval from the department. This Rule is not met as evidenced by: Based on observation, record review and interview, the licensee did not report a change in CBRF (Community Based Residential Facility) classification when 3 (Residents 8, 9 and 10) of 18 residents had a change in ambulatory status. Findings Include: The facility is licensed as a Class CS (semi-ambulatory) CBRF to provide services for up to 22 residents who may be advanced aged, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, terminally ill and/or have irreversible dementia and/or Alzheimer's.	N 198		

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N 198	Continued From page 10 Per DHS 83.04(2)(d), a class C semi-ambulatory CBRF serves only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. Per DHS 83.02(51), "Semi-ambulatory" means a person is able to walk with difficulty or only with the assistance of an aid such as crutches, cane or a walker. On 03/10/2026, Surveyors observed Residents 8, 9 and 10 using wheelchairs throughout the facility. On 03/10/2026, Surveyors reviewed Residents 8, 9 and 10 records and noted the following: *Resident 8 was admitted to the facility on 10/27/2025 with diagnoses to include morbid obesity, depression, anxiety, chronic pain, fibromyalgia, and repeated falls. Resident 8's ISP (individualized service plan) printed on 03/10/2026, indicated Resident 8 "requires full assistance including physical and verbal assistance with walking needs. Requires hands-on assistance with helping stand up, helping use any walking devices, and helping sit down/lay down. Resident moved in to facility on 10/27/2025, [s/he] self propels with wheelchair but [s/he] is a full assist to help stand up from chair and stand by assist for walking with a 4ww[wheeled walker] that was provided by facility. 12/08 Resident is with [home health company] PT/OT [physical therapy/occupational therapy] and are working with resident with safety on wheelchair." *Resident 9 was admitted to the facility on	N 198		

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N 198	Continued From page 11 03/03/2022 with diagnoses to include lower extremity edema, generalized muscle weakness and rheumatoid arthritis. Resident 9's ISP printed on 03/10/2026, indicated Resident 9 "03/06/2026 can self propel independently with no assistance, has had PT/OT in the past to help with balance and transfers but refuses to try ambulating with walker and only uses wheelchair." *Resident 10 was admitted to the facility on 07/16/2025 with diagnoses to include obesity, depression, panic disorder, anxiety, chronic pain and neuropathy. Resident 10's ISP printed on 03/10/2026, indicated Resident 10 "Requires full assistance including physical and verbal assistance with walking needs. Requires hands-on assistance with helping stand up, helping use any walking devices, and helping sit down/lay down. Resident will need assistance coming down to meals on [his/her] wheelchair/2ww. If resident is using 2ww [s/he] is to be stand by assist with gate[sic] belt." On 03/10/2026 at 9:45 AM, Surveyor interviewed Resident Care Coordinator (RCC) A. RCC A was describing mobility needs of residents and stated Resident 4 and Resident 5 were in wheelchairs. RCC A described Resident 9 as not walking, doing physical therapy/occupational therapy (PT/OT) once, but then refusing it thereafter. S/he said Resident 9 had chosen not to walk and uses the wheelchair for his/her mobility. RCC A described Resident 10 as being in a wheelchair and having very limited ability to walk, a few steps, if any, as s/he had very heavy legs. Surveyor inquired whether RCC A was aware the facility was a class semi-ambulatory (CS) facility, meaning the facility was licensed for ambulatory and semi-ambulatory residents only, not non-ambulatory, and s/he said yes.	N 198		

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N 198	Continued From page 12 On 03/10/2026 at 12:00 PM, Surveyor interviewed Caregiver D. Caregiver D stated Resident 10 is supposed to walk with staff assistance and was receiving PT/OT but refused the therapy and refuses to walk. Resident 9 can also walk with assistance but only for short distances. Resident 9 also refused PT/OT services. Caregiver D stated Resident 9 mostly uses a wheelchair for mobility. Lastly, Caregiver D indicated Resident 8 was using a walker when s/he came to the facility but since is now only using wheelchair, s/he also refuses to do PT/OT.	N 198		
N 215	83.15(3)(b) Administrator responsible for staff training The administrator shall be responsible for the training and competency of all employees. This Rule is not met as evidenced by: Based on record review and interview, the administrator ensure all employees were trained and competent. Administrator C did not ensure Resident Care Coordinator (RCC) A was trained and qualified to be responsible for the training and competency of all employees. Findings include: At the time of onsite visit on 03/10/2026, Administrator C was the assigned Administrator at the facility per department and provider records responsible for overseeing daily operation of resident care and staff supervision. Administrator C did not come to the facility during Surveyors' onsite visit.	N 215		

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N 215	Continued From page 13 On 03/10/2026 at approximately 9:30 AM, Surveyors interviewed Resident Care Coordinator (RCC)-A who shared his/her responsibility was to oversee daily operation of the facility which included staff hiring, training, and supervision. At 11:07 AM, Licensee B arrived to the facility. Licensee B verified RCC-A was responsible for hiring, supervising, and training staff. Licensee B said s/he thought RCC-A had the trainings from the past, but did not have documentation to support RCC-A received required trainings. Licensee B acknowledged RCC-A did not complete required new hire paperwork including a background check. Licensee B stated s/he wanted to sign RCC-A up for the Administrators training course, but had not yet. Licensee B acknowledged RCC-A did not receive the required trainings so should not be training others and be responsible for staff oversight. Licensee B verified Administrator C did not hire, train, and supervise staff as required. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0230 83.19 Orientation N0243 83.21(1-3) All Employee Training N0247 83.22(1-4) Task Specific Training N0277 83.25 Continuing Education	N 215		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the	N 219		

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N 219	Continued From page 14	N 219		

procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.

This Rule is not met as evidenced by:
Based on record review and interview, the licensee did not conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. Licensee B did not obtain a Background Information Disclosure (BID) for Resident Care Coordinator (RCC) A and did not conduct and obtain a caregiver background check to include a response from the Department of Justice (DOJ) and a Government Findings Report (GFR) for RCC-A and Caregiver C.

This is a repeat violation. See Statement of Deficiency (SOD) 2OON11, dated 12/14/2022.

Findings include:

On 03/10/2026, Surveyors conducted a standard survey.

Surveyor reviewed RCC-A and Caregiver C's sample employee records.

Surveyor reviewed RCC-A's employee record and noted s/he was hired on 09/09/2024 as the Resident Care Coordinator. RCC-A's record

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N 219	Continued From page 15 included a blank copy of the BID form. RCC-A's record did not have evidence a DOJ and GFR was conducted. At approximately 9:50 AM, Surveyor interviewed RCC-A who said Licensee A conducted the caregiver background checks. Surveyor inquired whether RCC-A completed a BID form and s/he said s/he did not. Surveyor inquired whether s/he knew whether Licensee A conducted a caregiver background check on him/her and s/he said s/he did not believe so. Surveyor reviewed Caregiver C's employee record and noted s/he was hired on -- as a caregiver. Caregiver C's record did not include evidence a DOJ and GFR was conducted. At 10:27 AM, RCC-A said s/he did not recall a caregiver background check/DOJ and GFR being included in Caregiver C's record. At 11:07 AM, Surveyor interviewed Licensee B who said s/he could not find the caregiver background check for RCC-A, but s/he thought s/he had completed it. Licensee B inquired whether s/he could run the caregiver background check at that time. Surveyor inquired whether a caregiver background check was conducted for Caregiver C and Licensee B said s/he could not find it. Licensee B verified a BID, DOJ, and GFR were not completed for RCC-A, and a DOJ and GFR were not completed for Caregiver C.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse	N 220		

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practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed (Resident Care Coordinator [RCC] A, Caregiver C, and Caregiver D) were screened for communicable disease by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse.

This is a repeat violation. See Statement of Deficiency (SOD) 2OON12, dated 02/06/2023.

Findings include:

On 03/10/2026, Surveyors conducted a standard survey.

Surveyor reviewed RCC-A's employee record and noted s/he was hired on 09/09/2024. There was no evidence in RCC-A's record s/he was screened for communicable disease.

Surveyor reviewed Caregiver C's employee record and noted s/he was hired on 03/12/2025. There was no evidence in Caregiver C's record s/he was screened for communicable disease.

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N 220	Continued From page 17 Surveyor reviewed Caregiver D's employee record and noted s/he was hired on 10/04/2024. There was no evidence in Caregiver D's record s/he was screened for communicable disease. At 10:17 AM, Surveyors interviewed RCC-A who said s/he thought tuberculosis testing counted as the communicable disease screening. At 1:32 PM, Surveyors interviewed RCC-A and Licensee B who acknowledged RCC-A, Caregiver C, and Caregiver D were not screened for communicable disease.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident Care Coordinator (RCC) A obtained all orientation training as required prior to performing any job	N 230		

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N 230	Continued From page 18 duties. This requirement is being cited for a third time. See Statement of Deficiency (SOD) 2OON11, dated 12/14/2022, and SOD 2OON12, dated 02/06/2023. Findings include: The provider is licensed to provide services for up to 22 residents who may be advanced age, emotinally disturbed/mentally ill, physically disabled, terminally ill, have traumatic brain injury, and/or irreversible dementia/Alzheimer's. On 03/10/2026, Surveyor reviewed RCC-A's employee record who was hired on 09/09/2024 as a Resident Care Coordinator, which included providing direct care to residents, supervising and training staff, and overseeing daily operations for residents and staff. RCC-A's employee record had no evidence RCC-A had all required orientation upon hire and before performing any job duties. There was no evidence RCC-A was orientated in job responsibilities; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; and recognizing and responding to resident changes of condition. At 9:50 AM, Surveyor interviewed RCC-A who said s/he did not receive orientation training. RCC-A stated s/he was responsible for training hiring, onboarding, and training new and oncoming staff. At 10:27 AM, Surveyor inquired with Licensee B	N 230		

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N 230	Continued From page 19 whether s/he provided orientation training to RCC-A. Licensee B said s/he would look for it. At 1:30 PM, Surveyors interviewed RCC-A and Licensee B. RCC-A said s/he read and signed a couple of papers upon hire but did not do an orientation upon hire and prior to performing job duties. Licensee B acknowledged RCC-A did not receive orientation training.	N 230		
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 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.	N 243		

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N 243	Continued From page 20 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 3 employees reviewed, obtained training as required within 90 days after starting employment. Resident Care Coordinator (RCC) A and Caregiver D did not have training in resident rights; recognizing, preventing, managing and responding to challenging behaviors; and required client groups within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) 200N11, dated 12/14/2022. Findings include: The provider is licensed to provide care and services to residents within the client groups of advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury,	N 243		

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N 243	Continued From page 21 emotionally disturbed/mental illness, physically disabled and/or terminally ill. On 03/10/2026, Surveyor reviewed RCC A and Caregiver D's employee records to verify compliance with all employee training requirements. RCC A's record, hired 09/09/2024 did not contain evidence of training or evidence of meeting an exemption for trainings in residents; recognizing, preventing, managing and responding to challenging behaviors; and client groups. Caregiver D's record, hired 10/04/2024 did not contain evidence of training or evidence of meeting an exemption for trainings in residents; recognizing, preventing, managing and responding to challenging behaviors; and client groups. At 10:00 AM, Surveyor interviewed RCC-A who said s/he received the required trainings in past employment, but did not receive them upon hire at this facility. Surveyor inquired whether RCC-A trained Caregiver D and s/he said s/he did. Surveyor inquired whether RCC-A provided training for resident rights, challenging behaviors, and client groups to Caregiver D and RCC-A said no. At 1:30 PM, Surveyors interviewed Licensee B who stated "there are other trainings required other than the UWGB (department approved courses) trainings?" Licensee B acknowledged RCC-A and Caregiver D did not receive the all employee trainings. Cross Reference:	N 243		

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N 243	Continued From page 22 N0198 83.14(2)(c) Licensee Reports Changes In Capacity Or Class N0433 83.38(1)(i) Behavior Management	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining	N 247		

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N 247	Continued From page 23 nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee records reviewed (Resident Care Coordinator [RCC] A) obtained all task-specific training. RCC-A who was responsible for conducting assessments of residents, developing individual service plans (ISP), providing assistance with activities of daily living, menu planning, and food safety did not receive training in these tasks prior to assuming these duties. Findings include: On 03/10/2026, Surveyor conducted a review of RCC-A's employee record to verify compliance with task-specific requirements. The record for RCC-A, hired on 09/09/2024, did not contain evidence of training in resident assessments or evidence of meeting an exemption for assessment training. The record for RCC-A did not contain evidence of training in ISP development or evidence of meeting an exemption for ISP development training. The record for RCC-A did not contain evidence of training in provision of personal care or evidence of meeting an exemption for provision of personal care training.	N 247		

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N 247	Continued From page 24 The record for RCC-A did not contain evidence of dietary training or evidence of meeting an exemption for dietary training. On 03/10/2026 at approximately 9:30 AM, Surveyors interviewed RCC-A who shared his/her responsibilities included: conducting resident pre-admission and ongoing assessments including change of condition, developing, updating, and reviewing resident ISPs, developing the caregiver schedule and filling in for personal cares when needed, on-call for provision of personal cares, menu planning and development, determining nutritional needs, creating grocery lists, and meal service. RCC-A indicated s/he was also responsible for training staff in provision of personal cares and dietary duties. RCC-A stated s/he was trained in all of the areas at previous facilities. Surveyor inquired whether s/he had documentation of receiving the trainings and s/he said no. At 1:30 PM, Surveyors interviewed Licensee B who said s/he was getting established with a training electronic platform for staff. Licensee B verified RCC-A was responsible for residents assessments, ISP development, provision of personal cares and oversight, meal planning, and dietary duties. Licensee B acknowledged RCC-A was not trained as required in all task-specific trainings. Cross Reference: N0389 83.35(3)(d) Service Plans Updated Annually Or With Changes N0450 83.41(2)(c) Nutrition: Menus	N 247		

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N 277	Continued From page 25	N 277		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 resident care staff received at least 15 hours of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and include, at a minimum, standard precautions, client group related training, medications, resident rights, prevention and reporting of abuse, neglect and misappropriation, fire safety and emergency procedures including first aid. Resident Care Coordinator (RCC) A and Caregiver D were hired in 2024 and did not receive any continuing education in 2025. Findings include: On 03/10/2026 at 10:15 AM, Surveyor interviewed RCC-A who said s/he trained resident care staff.	N 277		

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N 277	Continued From page 26 Surveyor reviewed RCC-A's employee record and noted s/he was hired on 09/09/2024 as a Resident Care Coordinator who provided resident care. RCC-A's record did not include evidence of any continuing education in 2025. Surveyor reviewed Caregiver D's employee record and noted s/he was hired on 10/04/2024 as a caregiver who provided resident care. Caregiver D's record did not include evidence of anycontinuingg education in 2025. At 10:20 AM, RCC-A said s/he tried to do various training topics at team meetings. Surveyor inquired when his/her last team meeting was and what topic was trained on. RCC-A said s/he thought they talked about how to administer certain medications and about oxygen tubing. Surveyor inquired whether s/he had any documentation of the training/meeting and s/he said no. Surveyor inquired how often they had team meetings and s/he said s/he would like to have them monthly, but the last one was around the middle of the year in 2025. RCC-A said no staff have received continuing education. Surveyor inquired whether RCC-A received any continuing education and s/he said no. At 1:30 PM, Surveyors interviewed Licensee B who acknowledged resident care staff, including RCC-A and Caregiver D had not received continuing education. Licensee B said s/he was getting established with an electronic training platform for staff. Cross Reference: N0433 83.38(1)(i) Behavior Management	N 277		

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N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 and Resident 3 were screened for communicable disease. Findings include: On 03/10/2026, Surveyors requested to review Resident 1 and Resident 3's resident records to verify admission procedure compliance. Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 12/20/2023. Resident 1's record included tuberculosis testing, but did not include screening of other communicable disease. Surveyor reviewed Resident 3's record and noted s/he was admitted to the facility on 04/19/2024.	N 302		

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N 302	Continued From page 28 Resident 3's record included tuberculosis testing, but did not include screening of other communicable disease. On 1:30 PM, Surveyors interviewed Resident Care Coordinator A and Licensee B who acknowledged residents were not screened for communicable disease within 90 days before or 7 days after admission to the facility.	N 302		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not give Resident 1 or his/her legal representative a 30 day written advanced notice prior to involuntarily discharging him/her from the facility. Findings include: On 03/10/2026, Surveyors conducted a	N 326		

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self-report review.

Surveyor reviewed self-report information from Administrator E reporting on 01/05/2026, Resident 1 was having escalated behaviors, physically assaulted Resident Care Coordinator (RCC) A and was unable to be redirected. Law enforcement was contacted and arrived to the facility. RCC-A requested for charges to be placed on Resident 1 and s/he was taken to the hospital for medical evaluation. Resident 1 was medically cleared and taken to jail for charges of battery and disorderly conduct. RCC-A notified Resident 1's guardian that Resident 1 was not allowed to return to the facility.

Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 12/20/2023 under protective placement and guardianship. S/he was admitted from the hospital inpatient psychiatric unit following an episode of psychosis. Resident 1 had diagnoses of substance use disorder, alcohol-induced dementia, nicotine dependence, and malignant neoplasm of the supraiottis of the head, face, and neck.

At 11:07 AM, Surveyor interviewed RCC-A and Licensee B who described Resident 1 as becoming increasingly aggressive towards staff starting in July 2025. RCC-A said Resident 1 was physically and verbally aggressive towards staff and stated Resident 1 would "target" him/her because Resident 1 would say that RCC-A was keeping him/her there against his/her will. RCC-A said on 01/05/2026, Resident 1 became upset about not being able to have a second cigarette when s/he asked. Resident 1 became physically aggressive towards staff including RCC-A. RCC-A said Resident 1 slapped him/her across the face and hit him/her in the stomach. S/he

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N 326	Continued From page 30 called the police and requested s/he be arrested for assaulting him/her. Law enforcement took Resident 1 to the hospital. RCC-A and Licensee B said they wouldn't let Resident 1 come back as s/he assaulted too many staff. Surveyor inquired whether Resident 1 was issued a 30-day involuntary discharge notice and RCC-A and Licensee B said no. Licensee B acknowledged Resident 1 should have been issued an involuntary discharge.	N 326		
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 record review and interview, the provider did not updated Resident 1's individual service plan (ISP) with changes in his/her resident's needs, abilities or physical or mental health condition. This requirement is being cited for a third time. See Statement of Deficiency (SOD) 2OON11,	N 389		

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dated 12/14/2022 and SOD 2OON12, dated 02/06/2023.

Findings include:

On 03/10/2026, Surveyors conducted a standard survey and self-report review.

Surveyor reviewed Resident 1's record and noted his/her ISP was updated with changes on 04/02/2024, 06/13/2024, and 10/17/2025.

Surveyor noted the following was updated on Resident 1's ISP dated 10/17/2025:
"Displays no self abusive behaviors [sic] ...Displays no destructive/abuse behaviors ...To maintain no destructive/abusive behaviors ...Attitude - To receive complete assistance and care from staff redirecting negative attitudes. Resident gets upset easily regarding [his/her] cigarettes, going outside, smoking rules, court and guardianship. 04/02/24 Due to new medication change residents mood is a lot more stabilized than previous. Updates to Guardian as well as provider if behaviors arise ...resident displays positive interaction with others independently and without incident ...resident displays no aggressive/combative behaviors ...resident displays healthy one on one interaction with other residents and staff ..."

"Choking ...Exhibits no choking episodes or need for supervision ...Eating ...Requires no assistance with eating meals. Monitoring and documentation of food intake outside of their scheduled meal times."

Surveyor reviewed Resident 1's hospital records and noted:
09/05/2025 Mass on throat identified. Referral to

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oncology made for 9/8/2025. "Soft mechanical diet as tolerated."

09/08/2025, "Consult for head and neck cancer. Invasive squamous cell carcinoma of your glottic mass, back of throat."

On 03/10/2026 at 9:15 AM, Surveyors interviewed Resident Care Coordinator (RCC) A who reported Resident 1 assaulted him/her, so Resident 1 was arrested and moved to an alternative facility. RCC-A described Resident 1 as being physically and verbally aggressive towards staff, verbally aggressive towards residents, destructive of property, past transient lifestyle, and exit seeking. S/he said Resident 1 was given a cigarette every 2 hours per his/her guardian as Resident 1 would smoke an entire pack of cigarettes in one sitting if allowed. RCC-A said Resident 1 could not afford that financially. RCC-A reported Resident 1 always had some behaviors related to being placed at the facility and was known to "fixate" on contacting the judge to get him/her out of the facility. S/he said his/her behaviors started getting worse in July 2025 ...s/he started refusing medications, refusing to bring his/her lighter to the medication cart per rules, eloping, throwing furniture at staff and residents and an increase in physical aggression towards staff. In August 2025, Resident 1 reportedly had complaints of having difficulties swallowing and was sent to the emergency room. From August - October 2025, Resident 1 was diagnosed with malignant neoplasm/ cancer of his/her throat, head, neck, and lungs. Resident 1 was admitted to hospice.

Surveyor note: Resident 1's ISP did not include updates regarding his/her increased behaviors, physical and verbal aggression, property destruction, concerns with nicotine dependence,

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N 389	Continued From page 33 medication refusals, cancer diagnosis and prognosis, hospice admission, recommended diet changes, choking risk, mental health, interaction with others, successful elopements, police involvement, and other interventions related to his/her behaviors. On 03/10/2026 at 1:30 PM, Surveyors interviewed RCC-A and Licensee B who verified Resident 1's ISP was not updated to reflect his/her behaviors and terminal illness. Cross Reference: N0247 83.22(1-4) Task Specific Training	N 389		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name,	N 406		

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N 406	Continued From page 34 strength and amount. This Rule is not met as evidenced by: Based on observation, staff interview and record review the provider did not establish an effective procedure for the proper destruction and disposal of unused, discontinued, or outdated medications. In 1 of 2 medication carts in the facility, medications for 2 of 2 (Resident 4 and 5) residents were discovered as expired. Resident 4 had a medication card which contained a prescription for Hydrocodone - APAP 5/325mg (milligrams) tablet with an expiration date of 03/18/2025. Resident 4 continued to receive the medication after the expiration date. Resident 5 had a medication card which contained a prescription for Tramadol HCL 50mg tablet with an expiration date of 12/21/2025. Resident 5 did not receive any doses after the expiration date. Findings include: On 03/10/2026 at approximately 10:30 AM, Surveyor observed 1 of 2 medication carts in the facility with Caregiver D. Surveyor observed the following: Resident 4 had a medication card which contained a prescription for Hydrocodone-APAP 5/325mg tablet to take 1 tablet by mouth every 4 hours as needed for pain with an expiration date of 03/18/2025. Surveyor reviewed Resident 4's February through March 2026 MARs. Resident 4 received one dose on 02/16/2026 after the expiration date on 03/18/2025.	N 406		

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N 406	Continued From page 35 Resident 5 had a medication card which contained a prescription for Tramadol HCL 50mg tablet to take 1 tablet by mouth every 6 hours as needed for pain with an expiration date of 12/21/2025. Surveyor reviewed Resident 5's February through March 2026 MARs. Resident 5 did not receive the medication during those months. Surveyor interviewed Caregiver D. Caregiver D verified the prescriptions were expired. Caregiver D stated s/he does audits of the medication carts every couple of months and must have missed the cards. Caregiver D removed the medication cards from the medication cart and brought them to RCC (Residential Care Coordinator) A's office. Cross Reference: N0432 83.38(1)(h) Medication Administration	N 406		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure non-licensed employees were delegated by a registered nurse to administer injectables and treatments delivered rectally.	N 416		

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N 416	Continued From page 36 Findings include: On 03/10/2026 at 9:42 AM, Surveyor reviewed Caregiver D's employee record to verify compliance with training requirements. Surveyor noted an Orientation checklist that included "administer suppositories" and "administer enemas" as a training that was signed off on as being trained. Surveyor inquired with Resident Care Coordinator (RCC) A who trained Caregiver D on suppositories and enemas and RCC A said s/he did. Surveyor inquired whether RCC-A was a registered nurse (RN) and s/he said no. S/he said s/he was nurse delegated at a previous facility, so had a lot of experience administering insulin. RCC-A said they did not have a registered nurse on staff. Surveyor inquired whether any staff were delegated by a registered nurse to administer the rectal medications and treatments and s/he said no. Surveyor inquired whether any resident was on insulin and s/he said Resident 2 was. Surveyor inquired who trained staff on administering Resident 2's insulin and s/he said Caregiver D and I train staff after they took the department-approved training course for medication administration. RCC-A said Resident 2 was on insulin since prior to admission to the facility as s/he had unstable diabetes. RCC-A said s/he was aware staff had to be RN-delegated to administer injectables and medications and treatments administered rectally. Surveyor reviewed Resident 2's record and noted s/he moved to the facility on 05/06/2019 with diagnoses of type 2 diabetes, chronic kidney disease, and polyneuropathy. Surveyor reviewed Resident 2's March 2026 Medication Administration record and noted the following active injectable orders:	N 416		

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N 416	Continued From page 37 Humulin R 500 units/mL kwikpen - Inject 80 units subcutaneously daily before breakfast for uncontrolled diabetes mellitus. Humulin R 500 units/mL kwikpen - Inject 40 units subcutaneously daily before dinner for uncontrolled diabetes mellitus. Insulin Aspart 100 unit/mL pen Prime with 2 units. Inject 10 units subcutaneously for emergency use if glucose is >400. Recheck glucose in 2 hours. If above 400 contact physician. Documentation showed Resident 2 received humulin as ordered twice daily and s/he received his/her as needed insulin aspart pen one time in March 2026. At 1:30 PM, Surveyors interviewed RCC-A and Licensee B who verified medications that required a licensed practical nurse or registered nurse to administer or a registered nurse to delegate administration were being administered by non-licensed staff without delegation. Cross Reference: N0432 83.38(1)(h) Medication Administration	N 416		
N 427	83.38(1)(c) Leisure time activities. 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop	N 427		

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N 427	Continued From page 38 and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not follow a daily activity program to meet the interests and capabilities of the residents. Employees did not encourage and promote resident participation in the activity program. Findings include: The provider is licensed to provide services for up to 22 residents who may be physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have traumatic brain injury, and/or have Alzheimer's/dementia. At the time of survey, the provider was licensed as a class CS, semi-ambulatory facility. At the time of the survey, the facility had 18 residents. On 12/21/2025, the department received a complaint regarding activities at the facility. On 03/10/2026, Surveyors conducted an onsite visit to the facility. At approximately 9:05 AM, Surveyors requested copies of the monthly activity calendars for the past 3 months from RCC (Residential Care Coordinator) A. At approximately 9:20 AM, RCC A provided Surveyor with the December 2025 and February 2026 activity calendars. RCC A stated s/he could not locate the January 2026 calendar. RCC A indicated s/he did not have March 2026 calendar ready yet, as s/he was still working on it. RCC A stated there is no activity coordinator and staff	N 427		

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are responsible for doing the activities with residents.

Surveyor reviewed the December 2025 activity and noted 18 out of the 31 days did not list an activity. Most of those days were Saturday and Sundays in December. The remaining days the activities listed were "morning stretches, catholic/lutheran mass, bingo, jenga, and puzzles."

Surveyor reviewed the February 2026 activity calendar and noted 12 out of the 28 days did not list an activity. Most of those days were Saturdays and Sundays in February. The remaining days the activities listed were "morning stretches, catholic/lutheran mass, bingo, jenga, nails, axe throwing, word search day and puzzles."

RCC A stated staff most likely do not do activities on weekends with residents because the residents don't come out of their rooms.

On 03/10/2026 at approximately 9:40 AM, Surveyors observed the dining room where Resident 5 was sitting at a table watching television.

On 03/10/2026 at approximately 10:00 AM, Surveyor interviewed Resident 8. Resident 8 said every once in awhile they play checkers or bingo. Resident 8 said otherwise s/he sits in his/her room or smokes cigarettes outside.

On 03/10/2026 at approximately 10:15 AM, Surveyors observed the dining room and the living room on the south end of the facility. No activities were occurring, while 3 residents were sitting in the dining room watching television and 1 resident was in the living room watching

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N 427	Continued From page 40 television. On 03/10/2026 at 10:20 AM, Surveyor interviewed Caregiver G. Caregiver G was observed prepping lunch while Surveyor interviewed him/her. Caregiver G stated s/he did ladies nails awhile ago (surveyor noted nails was on the February calendar for 02/19/2026) and they are thinking of doing a ladies social hour in March. While interviewing Caregiver G, RCC A came into the kitchen area and said they do morning stretches with the residents. On 03/10/2026 at approximately 10:30 AM, Surveyor interviewed Resident 2. Resident 2 said s/he likes to color on his/her phone or do word searches. Surveyor noted there was a pile of word search books next to Resident 2's chair where s/he was sitting. Resident 2 stated bingo is the only thing everyone participates in and that is on Fridays only cause that is the only day they have a person available to call. Surveyors did not observe staff conducting activities with residents during their visit between the hours of 9am and 2:30pm.	N 427		
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.	N 432		

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This Rule is not met as evidenced by:
Based on observations, interview and record review, the provider did not provide or arrange services adequate to meet the medication needs of residents.

In 1 of 2 medication carts in the facility Surveyor discovered:
*Opened bottles of eye drops for Residents 2, 5, 6 and 7 without a date to indicate when the bottles were opened or expired.

Findings Include:

On 03/10/2026 at 10:30 AM, Surveyor and Caregiver D observed 1 of 2 medication carts and the following was noted:

*The top drawer of the medication cart contained an opened refresh tears 0.5% eye drop bottles for Resident 2 and Resident 6, an opened thera tears 15ml(milliters) lubeye drop bottle for Resident 5, and an opened latanoprost 0.005% eye drop bottle for Resident 7. All 4 eye drop bottles were opened and contained no dates to confirm when the bottles were opened or expired. Caregiver D verified all 4 eye drop bottles were opened and prescribed for Resident 2, 5, 6 and 7. Caregiver D stated, "Staff are to write the date they open the bottle on the label." Caregiver D indicated s/he works 1st shift and can not control what caregivers do on the other shifts.

Resident 2
On 03/10/2026, Surveyor reviewed Resident 2's record which indicated, the resident was admitted

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to the facility on 05/06/2019 with diagnosis to include regular astigmatism of both eyes, type 2 diabetes, presbyopia, nonexudative age-related macular degeneration, bilateral, intermediate dry stage. Additionally, the facility managed and administered all of Resident 2's medication. Resident 2 had physician's orders for, "Refresh tears 0.5% drops to instill 1 drop into both eyes three times daily."

On 03/10/2026 at approximately 10:15 AM, Surveyor observed Resident 2's refresh tears eye drops in the top drawer of the medication cart within a bag. Attached to the bag, was a label which indicated Resident 2's name and the type of medication. The label also stated, "expires 90 days after opening." The label did not have an open date or expired date written on it.

On 03/10/2026, Surveyor reviewed Resident 2's March 2026 MAR (Medication Administration Record). Resident 2 received the refresh tears three times a day from 03/01/2026 through 03/09/2026, except 8am on 03/04/2026 when Resident 2 was at the hospital.

Resident 5
On 03/10/2026, Surveyor reviewed Resident 5's record which indicated, the resident was admitted to the facility on 03/17/2020 with diagnosis to include cognitive impairment, bipolar disorder, and anxiety. Additionally, the facility managed and administered all of Resident 5's medication. Resident 5 had physician's orders for, "Thera tears 15ml lubeye drops to place 1 drop in each eye 4 times daily for drying and inflammation of cornea and conjunctiva of eyes."

On 03/10/2026 at approximately 10:15 AM, Surveyor observed Resident 5's thera tears

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lubeye drops in the top drawer of the medication cart within a bag. Attached to the bag, was a label which indicated Resident 5's name and the type of medication. The label also stated, "expires 45 days after opening." The label did not have an open date or expired date written on it.

On 03/10/2026, Surveyor reviewed Resident 5's March 2026 MAR. Resident 5 received the thera tears four times a day from 03/01/2026 through 03/09/2026.

Resident 6
On 03/10/2026, Surveyor reviewed Resident 6's record which indicated, the resident was admitted to the facility on 11/13/2023 with diagnosis to include cognitive disorder mild, stroke, vitamin D deficiency and Parkinson's. Additionally, the facility managed and administered all of Resident 6's medication. Resident 6 had physician's orders for, "Refresh tears 0.5% drops to instill 1 drop into both eyes twice daily for dry eyes."

On 03/10/2026 at approximately 10:15 AM, Surveyor observed Resident 6's refresh tears eye drops in the top drawer of the medication cart within a bag. Attached to the bag, was a label which indicated Resident 6's name and the type of medication. The label also stated, "expires 90 days after opening." The label did not have an open date or expired date written on it.

On 03/10/2026, Surveyor reviewed Resident 6's March 2026 MAR. Resident 6 received the refresh tears two times a day from 03/01/2026 through 03/09/2026.

Resident 7
On 03/10/2026, Surveyor reviewed Resident 7's record which indicated, the resident was admitted

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N 432	Continued From page 44 to the facility on 06/24/2022 with diagnosis to include nonexudative age-related macular degeneration, bilateral, low-tension glaucoma, bilateral, severe stage, anemia, crystalline deposits in vitreous body, left eye and myopia bilateral. Additionally, the facility managed and administered all of Resident 7's medication. Resident 7 had physician's orders for, "Latanoprost 0.005% eye drops to instill 1 drop into each eye once daily for glaucoma." On 03/10/2026 at approximately 10:15 AM, Surveyor observed Resident 7's latanoprost eye drops in the top drawer of the medication cart within a bag. Attached to the bag, was a label which indicated Resident 7's name and the type of medication. The label also stated, "expires in 42 days." The label did not have an open date or expired date written on it. On 03/10/2026, Surveyor reviewed Resident 7's March 2026 MAR. Resident 7 received the latanoprost once a day from 03/01/2026 through 03/10/2026. Cross Reference: N0406 83.37(1)(g) Disposition Of Medications N0416 83.37(2)(e) Other Administration Delegated Or Given By RN	N 432		
N 433	83.38(1)(i) Behavior management. 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:	N 433		

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N 433	Continued From page 45 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 Resident 1's behaviors that were harmful to him/herself and others. Findings include: The provider is licensed to provide services for up to 22 residents who may be advanced age, emotionally disturbed/mentally ill, physically disabled, terminally ill, have traumatic brain injury, and/or irreversible dementia/Alzheimer's. On 01/13/2026, the department received self-report information regarding a physical assault by Resident 1 towards staff. Staff contacted law enforcement and pressed charges against Resident 1. On 03/10/2026, Surveyors conducted a survey and self-report review. Provider Documents Surveyor reviewed provider's House Rules and noted "Cigarettes and lighters will be kept in the medication cart locked up unless special permission is given in advanced. [sic] ...No foul or abusive language is to be used by residents or staff." Resident 1's Record Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 12/20/2023 from the hospital psychiatric unit under protective	N 433		

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placement and guardianship. S/he had diagnoses of alcohol induced dementia, alcohol use disorder, acute respiratory failure, chronic gout, hypertension, nicotine dependence, and malignant neoplasm of head, face, and neck. Surveyor noted his/her face sheet identified him/her as a "Wander Risk elopement."

Surveyor reviewed Resident 1's Examining Physician's or Psychologist's Report for Adult Guardianship dated 01/12/2024. "[Resident 1] was hospitalized on 11-29-2023 for voluntary detoxification. It was noted that [s/he] had been provided housing through [homeless shelter], a community organization focused on providing stable housing totheh homeless in the community. However, [Resident 1] had been evicted on 11-27-2023 due to urine and feces in [his/her] apartment. [S/he] was considered 'ineligible' to return to as [homeless shelter] staff felt as though [s/he] was not able to care for [him/herself] and had concerns over [his/her] cognition. [Resident 1] has a long standing history of significant alcohol use and subsequent homelessness. [S/he] has had multiple admissions to the ED [emergency department] for detoxification. [His/her] medical records are notable for alcohol use disorder, severe, history of acute respiratory failure with hypoxia, essential hypertension, tobacco dependence, and gout. [Provider] records also note [Resident 1] as an elopement risk. [S/he] is also noted to require monitoring of food intake, medication administration."

Surveyor reviewed Resident 1's pre-admission assessment from 12/12/2023 completed at the hospital by Licensee B. Surveyor noted "requires 24-7 supervision" was checked and notation of him/her taking psychotropics. Resident 1's

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pre-admission assessment did not have any behaviors checked or listed, interventions, or additional follow up related to his/her history of transient lifestyle, alcohol use disorder, psychiatric hospitalization, and protective placement order.

Surveyor reviewed Resident 1's most updated individual service plan dated: 10/17/2025: Resident 1 was independent and "requires no assistance" with bathing, dressing, eating, oral care, toileting, and mobility and transferring. Resident 1 required assistance with housekeeping services, laundry, medication management and administration, evacuation, meal preparation, and supervision in the community. "'Wandering Risk' To receive supervision and redirection from staff to avoid any wandering episodes. 04/02/24 Resident does not have these episodes/behaviors, will speak about wanting to leave. However will not act on it, spends most of [his/her] days in [his/her] room or will be in the living room with other residents. 613/24 Resident continues to not show signs of desire to leave or have any wandering behaviors. Changing residents supervision to being accounted for at the end of each shift."

Surveyor reviewed Resident 1's hospice notes and noted Resident 1 was admitted to hospice on 10/09/2025 for malignant neoplasm of supraglottis. Surveyor noted "PATIENT IS AVOIDANT OF [HIS/HER] PROGNOSIS AND CANCER DIAGNOSIS ...PATIENT IS EASILY AGITATED."

On 03/10/2026, Surveyor reviewed self-report information sent to the department from 07/01/2025-01/13/2026 sent by Administrator E, observation notes, and police reports involving

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Resident 1 and noted the following related to Resident 1's behaviors:

Observation Notes -
6/29/2025 12:30 AM "Resident has been walking the halls anxious, [him/her]self and telling staff [s/he] was going to jump [through] the window. Writer checked window, window is broken from frame and screens are off. PRN [as needed medication] was given."

07/04/2025 8:15 AM "Resident having verbal behaviors ...[stated profanity] while walking away."

07/19/2025 5:30 PM "When it was time for a snack at 2 PM, resident was heard to be yelling (we don't know exactly what [s/he] said) but it sounded like a complaint to the people doing the floors. Then later at 5 PM, resident came down for smoke, as [s/he] was heard to be yelling really loud (almost scolding and not a friendly way) that [s/he] needed to be let out to smoke."

07/30/2025 7:15 AM "Resident is acting aggressive and treating writer [sic] 911 was called because resident was not calming down and guardian was made aware via email."

Self-Report -
07/30/2025 at 7:37 AM, "Resident became very verbally aggressive and threatening staff ...Resident settled down when police talked to him ...Resident will be [on] frequent checks for safety.

Police Report -
07/30/2025 - welfare check on Resident 1

Observation Notes -

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N 433	Continued From page 49 08/15/2025 10:00 PM "Writer [caregiver] did also notice lack in hygiene." Police Report - 08/15/2025 - RCC-A contacted law enforcement alleging Resident 1 was causing a behavioral disturbance. Observation Notes - 08/22/2025 3:00 AM "Writer cleaned and moped [sic] the resident's bathroom and room. Bathroom was bad ...When writer was cleaning around the toilet on the floor it looked like rust color." 09/18/2025 3:00 PM "resident came to laundry room this morning and asked staff if [s/he] could use the phone, resident stated [s/he] is calling the police to take [him/her] to see the judge to get [him/her] the [profanity] out of here, writer stated that the police can not take [him/her] to see a judge. Resident got mad and was cussing at writer." Police Report - 09/18/2025 - Resident 1 contacted law enforcement upset - disturbance "Mental health related" Observation Notes - 09/23/2025 9:45 PM "around 2:10 PM resident requested for the house phone and stated that [s/he] wants to call the police, as [s/he] wants to talk to the judge [s/he] was told that [s/he] could leave the house, and [s/he] made mentions that [s/he] has cancer and its in [his/her] brain resident was angry ...staff tried to calm resident down by listening resident left after [his/her] conversation." 09/26/2025 10:45 PM "Resident was aggressive	N 433		

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and using inappropriate language towards [his/her] guardian and person assessing [him/her] for new placement, Resident then entered the writers office using the same language pointing [his/her] finger ...screaming 'I want to see a judge and call the cops or I'll brake [sic] out of here."

09/30/2025 4:15 PM "Resident went out with family for lunch and came back drunk, resident couldn't walk back in the house without grabbing on the wall, speech was impaired, resident did admit to drinking to the writer ...[s/he] wasn't able to walk back to [his/her] room without holding on to the rail [sic]."

10/01/2025 3:30 AM "For the 7 pm and 9 pm [sic] smoke break the resident was unsteady in walking. At the 7 pm [sic] smoke break the resident was trying to get off the chair and stumbled back almost tipping the chair. Writer grabbed [his/her] arm right away so resident wouldn't fall. Resident held onto the rail both times going down and up the ramp. Speech was still impaired."

10/09/2025 9:30 AM "Writer was walking up to building when writer noticed caregiver ...very [distraught] and on the phone crying and scared. When approaching [him/her] [s/he] stated [s/he] had 911 on the phone because resident had destroyed property and had hurt caregivers leg when resident threw a chair at [him/her]. Upon entering building dining area was destroyed with tables flipped and chair as well with one being broken and a table with a big scuff mark. Writer asked caregiver where resident was and [s/he] stated out back with residents ...writer stepped out back question other [2] residents what was going on they were confused as what was going on, but they definitely knew what resident was

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doing. Resident borrowed [another resident's] phone and was also on the phone with 911 with court paper work in hand calling writer [profanity]. Resident kept charging on writer almost as [s/he] was going to throw [his/her] hot coffee on writer. At that time police arrived and took over situation. Guardian was made aware and spoke to police officer."

Self-Report -
On 10/09/2025 at 9:30 AM, "Resident became very violent and destroyed property ...Resident settled down when police [came] ...Resident will be [on] frequent checks for safety ... dining area was destroyed with tables flipped and chair as well with one being broken and a table with a big scuff mark ...[Resident Care Coordinator (RCC) A] asked [Caregiver D] where resident was and [s/he] stated out back with 2 other residents ...Resident barrowed [sic] another resident's phone and was also on the phone with 911 with court paper work [sic] in hand calling [RCC-A] [profanity]. Resident kept charging on [at] writer almost as [if] [s/he] was going to throw [his/her] hot coffee on writer. At that time police arrived and took over situation."

Police Report -
10/09/2025 - Behavioral incident involving Resident 1 with property destruction, disturbance, and aggression towards staff.

Observation Note -
10/13/2025 2:15 PM "Another resident ...noticed resident walking by. Writer ran outside and resident was walking down [the street], resident stated [s/he] hopped the fence and was looking for a phone to call the police. Resident was redirected inside the building with staff and officer."

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N 433	Continued From page 52 Self- Report - On 10/13/2025 at 1:30 PM, "Resident eloped by hopping the fence to call police. Staff called the police and was [sic] brought back to the facility ... Resident settled down when police brought [him/her] back ...Action Taken to Ensure Resident's Health, Safety, and Well-Being: Resident will [sic - left blank] ...Was put on frequent checks for safety issues." Police Report - 10/13/2025 - Resident 1 eloped from the facility; law enforcement was contacted by staff to encourage Resident 1 to return, stay, and calm. Observation Notes - 10/18/2025 12:30 PM "Resident was seen talking to [him/herself] while smoking outside by [him/herself] resident was [seen] walking back and forth looking for a way-out resident was redirected during lunch resident was talking to [him/herself] at the table as well." 10/20/2025 3:45 PM "Resident left the facility while outside having a smoke, [s/he] jumped over the fence 911 was called for assistance, resident returned to facility and requested for a phone call, resident kept on dialing a number for almost 30 minutes and later approached staff and asked 'do you know the states number there's a [person] I am trying toget ahold of [s/he] normally takes me out for dates now I do not know where I kept [his/her] number, resident gave back the phone and walked away. [sic all]" 10/20/2025 7:15 PM "[Resident 1] got out of the fence and ran away ...police was able to get [him/her] back."	N 433		

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N 433	Continued From page 53 Police Report - 10/20/2025 - assist for Resident 1 as a missing person Observation Notes - 10/21/2025 9:30 AM "resident is refusing to give lighter back after [his/her] smokes, resident started have [sic] some behaviors and PRN was administer. [sic]" 10/21/2025 9:15 PM "resident went out for the last [smoke] at 9 pm, staff ask for resident to give back [lighter] resident refused to give staff back the [lighter] staff try to please resident to give it back, but resident refused and said it is [his/her] [lighter] and start call staff bad words, resident start say staff can call the police on [him/her] because [s/he] is not going to give [lighter] back to staff." 10/30/25 9:15 AM "resident is stating [s/he] is going to leave, wants to find a ride to the bank and then gas station, resident is out of cigarette [sic], but explained [management] was out buying [him/her] cigarettes." 10/30/25 11:00 AM "resident asked writer for a cigarette and writer stated [s/he] didn't have [s/he] started kicking the door also stated [s/he] was going to smash writer face, Resident in [his/her] room had [his/her] window open and told caregiver [s/he] is jumping out [his/her] window. 911 was called to assist." Police Report - 10/30/2025 - disturbance involving Resident 1 Observation Notes - 11/05/2025 4:30 PM "At 1:20 PM ... resident attempted to jump the fence while outside	N 433		

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smoking, staff followed resident as [s/he] was walking towards the [assisted living] across the road, resident attempted to break down the fence and was redirected. Resident stated that [s/he] wants to get out of this place and go to the state office as there is a [person] waiting for [him/her]. Staff asked resident to come inside the building as there is no [person] outside the building for [him/her] and that [s/he] would get lost if [s/he] wonders around. Resident replied 'ok I'll get inside the house but I have to call the state office and if they don't come for me, I'll slap [profanity].' Resident proceeded back to the house and attempted to make a call to the state and failed and walked back to [his/her] room."

11/09/2025 6:00 PM "staff ... heard banging sounds from residents room, staff knocked and asked resident about the banging sound. Resident stated that [s/he] was fighting and hitting the door, resident was redirected and asked to calm down and refrained from banging the door."

11/09/2025 8:45 PM "Writer found resident in room about to possibly smoke in [his/her] room. A empty box of [cigarettes] and a lighter was found on resident's side table resident got [agitated] because [s/he] was reminded [s/he] needs to smoke outside."

11/13/2025 9:45 PM "resident refused to give [lighter] back to staff, writer tried asking for it back a second time but resident refused and stated to use bad words to staff."

11/18/2025 9:15 AM "Resident has been very confused and is talking about a tournament, writer just agreed on [him/her] having one but [s/he] is not combative or [agitated]."

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N 433	Continued From page 55 11/26/2025 10:45 PM "resident was up and walking up and down, threatening to hit staff in [his/her] room PRN was given to calm resident down." 11/29/2025 12:30 AM "Resident has been walking the halls anxious, talking to [him/her] self and telling staff [s/he] was going to jump the window. Writer checked window, window is broken from frame and screens are off. PRN was given." 12/15/2025 12:45 PM "Resident was also talking to [him/herself]." Self - Report - 01/05/2026 at approximately 9:00 AM "Resident assaulted staff and police were called ...Resident did go to jail for assault ...Resident will not be coming back due to safety issues of other residents ...It was time for the smokers to go out for there smoke [sic] and [Resident 1] had come to the med room where we where [sic] and [Resident 1] requested 2 cigarettes', [sic] Staff told [him/her] '[Resident 1] just one at a time okay", [sic] That's when [Resident 1] went off and [s/he] started cussing, and I tried to explain that [s/he] only gets one as [s/he] usually does. [Resident 1] then started to call [RCC-A] [profanity] and [s/he] was going to harm me and slap me I told [Resident 1] to please back up when [s/he] charged at me, and [s/he] was able to slap me on my left side of my face by the jaw, I yelled to another caregiver ...to call 911. [Resident 1] charged at myself [sic] and swinging while I was trying to protect staff, and I was trying to block [him/her] but [s/he] punched my stomach. I then raised my right leg to make distance from [him/her] and [s/he] grabbed on to it and I lost balance leaning on the filing cabinet inside the med room where I was able to detain	N 433		

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[him/her] and a hospice aide had [him/her] detained until [police] arrived and they took over. [sic all][Resident 1] has not had any [violent] behaviors other than cussing us out per usual but we are unsure what triggered [him/her] to do this. I [RCC-A] am for sure one of [Resident 1's] targets because [s/he] believes I have [him/her] here against [his/her] own will and that I'm not letting [him/her] speak to a judge ...I did press charges because this has been and [sic] ongoing thing even though behaviors had stopped for a bit we had reached out to [Managed Care Organization] and the guardian with nothing being done to fix the situation we had told them multiple times [s/he] was getting too aggressive."

Police Report -
01/06/2026 - Behavioral disturbance call; Staff reporting Resident 1 was physically assaulting staff, threatening staff, and unable to redirect. Resident 1 was arrested and taken to the hospital for medical evaluation and discharged to the county jail following staff requesting charges.

Surveyor note: Resident 1 was identified as an elopement risk and assessment for interventions to meet his/her supervision needs were not implemented. Resident 1 was identified to have behavioral incidents including physical aggression, verbal aggression, property destruction, and inability to redirect. There was no evidence additional interventions were attempted or implemented beyond frequent checks and police contact.

Interviews -
On 03/13/2026 at 10:38 AM, Surveyor reviewed email correspondence from Guardian F who described Resident 1 as having a "defiantly questionable memory," indicating [s/he] was not

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always a reliable reporter. Guardian F said Resident 1 was exit seeking and sought to leave the facility due to a memory "loop cycle" believing that a judge had ordered him/her to be released. Resident 1 had successfully eloped when s/he was smoking outside unsupervised with other residents. Guardian F indicated Resident 1's behavioral needs continued to escalate and the provider was not able to redirect him/her. Guardian F said s/he had met with the provider several times to discuss Resident 1's behaviors. S/he indicated Resident 1 responded well to many staff, but not all. S/he said Resident 1's behaviors increased significantly following his/her cancer diagnoses and progression. Guardian F stated s/he was told that Resident 1 did scare other resident when s/he was throwing items and verbally aggressing his/her frustrations. S/he verified frequent police contact as Resident 1 was able to be calmed by police when s/he was in an aggressive state or having had eloped. Resident 1 was admitted to hospice on 10/09/2025 and moved from the facility on 01/06/2025 following being taken to jail. Guardian F said Resident 1 voiced a significant amount of pain which hospice was managing and monitoring.

On 03/10/2026 at 11:15 AM, Surveyor interviewed RCC-A. RCC-A stated s/he noticed a change in Resident 1 in July as that is when s/he started having behaviors. In August 2025, RCC-A indicated Resident 1 had complaints of throat pain and was sent to the hospital for evaluation. After admission to the hospital and testing it was determined s/he had a mass on his/her throat. RCC-A said the behaviors and aggression increased after that. S/he said Resident 1 was in quite a bit of pain, refused medications often, verbally aggressed towards staff and used

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N 433	Continued From page 58 frequent profanity, exit sought, caused property destruction, physically aggressed towards staff, and successfully eloped from the facility. RCC-A stated "the violence got too much. In January, I got permission from [Licensee B] to not allow [Resident 1] to remain at the facility and pressed charges against [him/her] for hitting me." RCC-A indicated "most staff were afraid of [Resident 1]. We couldn't manage [his/her] behaviors." On 03/10/2026 at 1:30 PM, Surveyors interviewed RCC-A and Licensee B who verified Resident 1's behaviors were not managed and s/he was a risk to him/herself and others. Cross Reference: N0243 83.21(1-3) All Employee Training	N 433		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare weekly written menus and document any deviations on the planned menu. Findings Include: On 12/21/2025, the department received a	N 450		

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N 450	Continued From page 59 complaint related to menus and nutritional value of food served at the facility. According to the USDA (United States Department of Agriculture), https://realfood.gov, the Dietary Guidelines for Americans 2025-2030 states, "American households must prioritize diets built on whole, nutrient-dense foods-protein, dairy, vegetables, fruits, healthy fats, and whole grains. Paired with a dramatic reduction in highly processed foods laden with refined carbohydrates, added sugars, excess sodium, unhealthy fats, and chemical additives, this approach can change the health trajectory for so many Americans." The guidelines suggest the following daily serving sizes: *Protein - a variety of protein foods from animal sources, including eggs, poultry, seafood, and red meat, as well as a variety of plant-sourced protein foods, including beans, peas, lentils, legumes, nuts, seeds, and soy. Swap deep-fried cooking methods with baked, broiled, roasted, stir-fried, or grilled cooking methods. Protein serving goals: 1.2-1.6 grams of protein per kilogram of body weight per day. *Dairy - 3 servings per day as part of a 2,000-calorie dietary pattern *Fruits - 2 servings per day *Vegetables - 3 servings per day *Whole grains - prioritize fiber-rich whole grains with serving goals of 2-4 servings per day *Healthy fats - Healthy fats are plentiful in many whole foods, such as meats, poultry, eggs, omega-3-rich seafood, nuts, seeds, full-fat dairy, olives, and avocados. *Avoid highly processed packaged, prepared, ready-to-eat, or other foods that are salty or sweet, such as chips, cookies, and candy that have added sugars and sodium (salt).	N 450		

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N 450	Continued From page 60 On 03/10/2026 at 9:00 AM, Surveyors conducted an onsite visit to the facility. Upon entrance, Surveyors requested copies of the menus for the last 3 months. Surveyors reviewed the menus and noted the following: November 2025 *No menu for 11/01/2025 through 11/09/2025 *Soups were the only items on the dinner menu for the following days 11/10/2025, 11/11/2025, 11/19/2025, 11/24/2025, 11/25/2025 *11/11/2025, 11/19/2025, 11/21/2025, 11/24/2025, 11/25/2025, 11/26/2025 and 11/28/2025 - there was no fruit and/or vegetable listed for any of the 3 meals *11/14/2025 - there was nothing on the menu for dinner *11/15/2025, 11/16/2025, 11/22/2025, 11/23/2025, 11/29/2025 and 11/30/2025 listed "FNU special" for lunch and dinner with no explanation of what "FNU special" was December 2025 *the menu was titled "December" but had no dates and contained only 14 days of meals *5 out of the 14 days, there was nothing on the menu for lunch and/or dinner *7 out of the 14 days, there was no fruit and/or vegetable listed for any of the 3 meals *one of the Saturday's had "Ashley's Special" listed for lunch and dinner with no explanation of what "Ashley's Special" was January 2026 *No menu available February 2026 *the menu was titled "February" but had no dates and contained 21 days of meals *Saturdays and Sundays "FNU special" was listed	N 450		

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N 450	Continued From page 61 for lunch and dinner with no explanation of what "FNU special" was On 03/10/2026 at approximately 9:20 AM, Surveyors interviewed RCC (Residential Care Coordinator) A. RCC A stated staff do the cooking and that night shift prepares for breakfast and lunch and then the PM (2-10pm) shift prepares dinner. RCC A could not locate the January menus and indicated s/he was still in process of making the March menu. RCC A stated they do their own shopping at a local store. RCC A stated s/he makes the menu and then gives it to Licensee B who goes to the store and purchases the ingredients to make the meals. RCC A stated s/he does all the menu planning and does not have any dietary background nor does s/he consult with a dietician regarding the menus. RCC A explained that "FNU Special" is an employee who is Hmong when s/he works, s/he uses what is left in the kitchen and makes a Hmong recipe. RCC A indicated the residents really like his/her cooking and the recipes s/he makes. On 03/10/2026 at approximately 10:00 AM, Surveyors interviewed Resident 8 in his/her room. Surveyor observed multiple cans of food, bags of chips and other food items around Resident 8's room. Resident 8 stated s/he buys his/her own food and takes it to the kitchen and makes it. Resident 8 stated they have too many potatoes and s/he does not like potatoes. On 03/10/2026 at approximately 10:30 AM, Surveyors interviewed Resident 2. Resident 2 stated they only have potato soup or another kind of soup for dinner, sometimes they will get a sandwich with it but most of them it is just soup. Resident 2 indicated at dinner they do not have	N 450		

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N 450	Continued From page 62 "seconds" for residents if they are still hungry. Resident 2 stated his/her favorite meal is lunch. Resident 2 stated there is no dessert. Resident 2 stated, "we tolerate it."	N 450		
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 ensure quarterly fire drills were conducted with both employees and residents including holding one fire evacuation drill annually that simulates the conditions during usual sleeping hours in calendar years 2024 and 2025. The facility is licensed as a Class CS (semi-ambulatory) CBRF (Community Based Residential Facility) to provide services for up to	N 525		

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N 525	Continued From page 63 22 residents who may be advanced aged, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, terminally ill and/or have irreversible dementia and/or Alzheimer's. Findings include: On 03/10/2026, Surveyor requested the fire evacuation drills for the years 2024 and 2025 from RCC (Resident Care Coordinator) A. No documented fire drills were provided. On 03/10/2026 at 9:42 AM, Surveyor interviewed RCC A who said s/he did a fire drill with staff once last year, but s/he couldn't remember when. RCC-A said "the fire alarm went off and we got everyone out." Surveyor inquired whether s/he documented the evacuation and RCC-A said no. Surveyor inquired whether fire drills were conducted at least quarterly in 2024 and 2025 and s/he said "no, I thought we only had to do 1." Surveyor inquired whether s/he was familiar with needing to conduct a night-simulated fire drill and RCC-A said no. Surveyor inquired whether the fire drill conducted in 2025 s/he referenced was at night or with night shift staff and RCC-A said no.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster evacuation drills were	N 526		

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N 526	Continued From page 64 conducted at least semi-annually for years 2024 and 2025. The facility is licensed as a Class CS (semi-ambulatory) CBRF (Community Based Residential Facility) to provide services for up to 22 residents who may be advanced aged, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, terminally ill and/or have irreversible dementia and/or Alzheimer's. Findings Include: On 03/10/2026, Surveyor requested copies of other disaster drills (tornado, flooding or other emergency evacuation drills) for years 2024 and 2025. On 03/10/2026 at 9:42 AM, Surveyor interviewed RCC (Residential Care Coordinator) A. RCC A said they didn't do a drill, but prior to spring and summer, they all gather and discuss what needs to be done in the case of a tornado. Surveyor inquired whether s/he documented it and RCC A said no. Surveyor inquired whether RCC A was aware of needing to conduct 2 other evacuation drills and s/he said no. RCC A verified no other evacuation drills were conducted in 2024 and 2025.	N 526		
N 535	83.48(1)(b) Smoke and heat detectors per NFPA 72. Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by	N 535		

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N 535	Continued From page 65 CBRF personnel according to manufacturer ' s recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure smoke and heat detectors were maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer's recommendations. During a tour of the basement, Surveyors heard a beeping noise coming from the fire alarm panel. Surveyors observed the fire alarm panel to have an error message and not functioning according to manufacturer's recommendations. Findings Include: On 03/10/2026, Surveyor reviewed the local fire department inspection report dated 11/19/2025. Surveyor noted the following: *"...Fire alarm, sprinkler and stand-pipe systems shall be maintained in an operable condition at all times." Under the "Comments" section it stated, "In trouble mode." The report did not have a re-inspection date or repair date. On 03/10/2026 at approximately 1:00 PM, Surveyors toured the basement of the facility where the fire protection system is located with RCC (Residential Care Coordinator) A. Upon entering the basement, Surveyors heard a beeping noise. Surveyors asked RCC A where the noise was coming from. RCC A directed Surveyors to the fire alarm panel. Surveyors observed the fire alarm panel to have 2 "yellow"	N 535		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHILOH ASSISTED LIVING	140 S MAYFLOWER DRIVE APPLETON, WI 54914

(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 535	Continued From page 66 lights indicating "trouble" and "gnd [ground] fault." The message on the panel stated, "Trouble 04:24 Ground Fault." RCC A was unsure what the "message" or "yellow" lights meant and indicated s/he would let Licensee B know. Surveyors and RCC A walked upstairs and met with Licensee B to inform him/her of the message on the fire alarm panel. Licensee B stated s/he would call the fire protection company and let them know. Licensee B immediately called the fire protection system company and they informed Licensee B that it was probably a faulty wire with one of the smoke or heat detectors and that it was not an emergency, but that they could make it out to the facility by the end of the week to troubleshoot the problem and fix it. On 03/13/2026 at 10:00 AM, Surveyor interviewed Executive Assistant H. Executive Assistant H verified s/he worked at the local fire department. Executive Assistant H stated the last time the local fire department was onsite for an inspection was 11/19/2025 and verified the violations with emergency exit lighting and the fire alarm panel was not functioning properly. Executive Assistant H stated the local fire department has not been back onsite to verify if they system is working or heard from the facility that they made corrections. Executive Assistant H stated typcially when the local fire department issues violations to a building, the owner reaches out to let the fire department know they the corrections have taken place. Executive Assistant H stated s/he has not heard from the facility about corrections.	N 535		