| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017753 | A. BUILDING: _____ B. WING _____ | 03/03/2026 |

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| N 000 | Initial Comments<br><br>On 03/02/2026, with information gathered through 03/03/2026, Surveyor conducted a standard licensure survey at SV South Beloit East II. Four deficiencies were identified.<br><br>Three of 4 deficiencies were repeat violations (see Statement of Deficiency (SOD) 2B0J11, SOD 2B0J12, SOD 2B0J14, SOD V9SL12 and SOD V9SL13.<br><br>Census: 15 | N 000 | | |
| N 205 | 83.14(2)(j) Not permit a condition of substantial risk.<br><br>The licensee may not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety or welfare of any resident.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not prohibit the existence of a condition which may create substantial risk to the welfare of residents.<br><br>The facility, which is treated as a memory care unit with alarmed exit doors, did not ensure the front door remained closed to ensure residents did not elope.<br><br>Findings include:<br><br>The provider was licensed to serve up to 15 residents in client groups: developmentally disabled, terminally ill, irreversible dementia/Alzheimer's, physically disabled, and | N 205 | | |

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

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| N 205 | Continued From page 1<br>advanced age.<br><br>OBSERVATIONS:<br><br>On 03/02/2026, at approximately 12:10 PM, Surveyor observed emergency medical services (EMS) return Resident 1 to the facility. An emergency medical technician (EMT) rang the doorbell to enter the facility through the front entrance. House Manager B and Med Technician C responded to the doorbell, disengaged the alarm, and greeted the EMTs and Resident 1. The door to the facility was left open as EMS and staff walked to Resident 1's room. At 12:21, the EMTs left the building and the door was still open. At 12:26 PM, House Manager B closed the door. During the time when the door was open, Surveyor observed residents ambulating throughout the common area, near the open door. Staff were not in the common area with the Surveyor.<br><br>On 03/02/2026, at approximately 1:10 PM, a vendor arrived to deliver a hospital bed. The vendor rang the doorbell at the front door and Med Technician C responded to the door, disengaged the alarm, and directed them to the room where the bed was to be set up. The door remained open. During the time when the door was open, Surveyor observed residents ambulating throughout the common area, near the open door. Staff were not in the common area with the Surveyor. At approximately 1:20 PM, Med Technician C ran back to the door stating, "I better shut that!"<br><br>RECORD REVIEW:<br><br>On 03/02/2026, Surveyor reviewed Resident 2's and Resident 3's record. | N 205 | | |

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| N 205 | Continued From page 2<br><br>Resident 2 moved into the facility 02/12/2025. Resident 2's Individual Service Plan (ISP), dated 03/02/2026, documented: "Elopement - Resident has memory issues and will try to go home. Resident has history of trying to leave the building and elope."<br><br>Resident 3 moved into the facility 08/27/2020. Resident 3's ISP, dated 03/02/2026, documented: "Elopement - Resident has a history of elopement. [S/he] can unlock doors and remove alarm batteries on doors. [Resident 3] is at a high risk for elopements. [S/he] has a history of leaving the front door to "see [his/her] [daughter/son]" and removing window coverings to leave the building."<br><br>INTERVIEWS:<br><br>On 03/02/2026, at approximately 2:30 PM, Surveyor interviewed Administrator A and House Manager B. Surveyor discussed his/her observations. House Manager B stated s/he also observed the concern and understood why a deficiency was being issued as the door was to remain closed/locked at all times. Administrator A stated s/he would speak with maintenance and see if an automatic closing mechanism could be placed on the door. | N 205 | | |
| N 381 | 83.35(1)(a) Pre-admission and ongoing assessments.<br><br>Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The | N 381 | | |

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| N 381 | Continued From page 3<br>assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not assess 1 of 1 resident's (Resident 4) need and abilities in regard to bed rail use.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) 2B0J12, dated 01/06/2023, and SOD 2B0J11, dated 07/27/2022.<br><br>Findings include:<br><br>On 03/02/2026, at approximately 1:00 PM, Surveyors observed Resident 4's bed which contained 2 half-length side bedrails.<br><br>On 03/02/2026, Surveyor reviewed Resident 4's record.<br><br>Resident 4 moved into the facility 09/17/2024.<br><br>Resident 4's "Individual Service Plan," dated 03/02/2026, documented:<br>"Bed Rail: Resident uses a hospital bed with a bed rail to assist with mobility in/out of bed."<br><br>On 03/02/2026, at approximately 2:50 PM, Surveyor requested a copy of Resident 4's bedrail assessment. House Manager B stated Resident 4 did not utilize bedrails. House Manager B and | N 381 | | |

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| N 381 | Continued From page 4<br>Surveyor walked to Resident 4's room where the bedrails were observed. House Manager B stated s/he did not utilize the bedrails and would have them removed from the bed since a bedrail assessment had not been completed. | N 381 | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not ensure that 2 of 3 individual service plans (ISP) reviewed were updated annually or when there was a change in resident needs.<br><br>This deficiency is being cited a fifth time. See Statement of Deficiency (SOD) 2B0J14, dated 10/20/2023; SOD 2B0J12, dated 01/06/2023; SOD 2B0J11, dated 07/27/2022; and V9SL13, dated 06/16/2022.<br><br>Resident 2's ISP was not updated to include | N 389 | | |

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| N 389 | Continued From page 5 | N 389 | | |

his/her refusal of medications.
Resident 5's ISP was not updated to include oxygen guidelines.

Findings include:

The provider was licensed to serve up to 15 residents in client groups: developmentally disabled, terminally ill, irreversible dementia/Alzheimer's, physically disabled, and advanced age.

Example 1: Resident 2

On 03/02/2026, Surveyor reviewed Resident 2's record.

Resident 2 moved into the facility 02/12/2025.

Resident 2's Medication Administration Records (MARs), dated 02/01/2026 to 03/02/2026, documented his/her 3 prescribed medications:
Melatonin 5 MG (milligram). Scheduled for 5:00 PM.
Sertraline (psychotropic) 50 MG. Scheduled for 5:00 PM.
The MAR documented 5 out of 29 opportunities as refusals.
Quetiapine (psychotropic) 25 MG. Scheduled for 8:00 AM, 2:00 PM, 8:00 PM. Start Date: 02/21/2026.
The MAR documented 3 out of 28 opportunities as refusals.

Resident 2's Individual Service Plan, dated 03/02/2026, documented:
"Medication Management: Staff to administer all scheduled and PRN (as needed) medications as prescribed. [Resident 2] is unable to manage [his/her] own medications. See MAR."

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| N 389 | Continued From page 6<br><br>"Depression/Anxiety: Resident displays anxiety through talking and repeated questions. [S/he] has a negative reaction to all psychotropic medications but is easily redirected."<br><br>On 03/02/2026, at approximately 3:00 PM, Surveyor interviewed Administrator A and House Manager B. Surveyor reviewed Resident 2's MARs with them and stated Resident 2's ISP does not provide guidance regarding his/her regular refusal of medications. Administrator A stated s/he would update Resident 2's ISP accordingly.<br><br>Example 2: Resident 5<br><br>On 03/02/2026, at approximately 12:30 PM, Surveyor observed an oxygen concentrator in Resident 5's room.<br><br>On 03/02/2026, Surveyor reviewed Resident 5's record.<br><br>Resident 5 moved into the facility, 01/17/2014, with diagnosis including chronic obstructive pulmonary disease (COPD).<br><br>Resident 5's oxygen order, dated 01/30/2026, documented:<br>"Oxygen via nasal cannula or mask at 2L (liter) per minute PRN (as needed) for dyspnea or labored breathing."<br><br>Resident 5's "Individualized Service Plan," dated 03/02/2026, did not document that s/he utilized oxygen.<br><br>Resident 5's "Medication Administration Records (MARs), dated 01/01/2026 to 03/02/2026, did not document that s/he utilized oxygen. | N 389 | | |

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| N 389 | Continued From page 7<br><br>On 03/02/2026, at approximately 3:00 PM, Surveyor interviewed Administrator A and House Manager B. Administrator A stated s/he was responsible for updating resident ISPs and s/he would amend Resident 5's ISP to document oxygen guidelines. | N 389 | | |
| N 431 | 83.38(1)(g) Health monitoring.<br><br>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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. | N 431 | | |

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| N 431 | Continued From page 8<br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident received appropriate health monitoring to meet his/her needs.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) QQSS12, dated 08/25/2022, and SOD 2B0J14, dated 10/20/2023.<br><br>House Manager (HM) B did not document when s/he was informed Resident 1's blood glucose levels were below 80 or above 200 as identified in his/her med order and what guidelines s/he provided to staff.<br><br>Findings include:<br><br>On 03/02/2026, at approximately 11:50 AM, Surveyor observed Resident 1's Basaglar Kwikpen (insulin) in the med cart.<br><br>On 03/02/2026, Surveyor reviewed Resident 1's record.<br><br>Resident 1 moved into the facility, 06/27/2017, with diagnosis including diabetes.<br><br>Resident 1's ISP, dated 03/02/2026, documented:<br>"Medications administered by staff."<br>"Diabetic Monitoring: Report any suspect concerns of hypo/hyperglycemia to manager or administrative staff."<br><br>Resident 1's Medication Administration Record (MARs), dated 02/01/2026 to 03/02/2026, documented:<br>"Basaglar 100 Unit/ML (milliliter) Kwikpen - Inject 20 Units subcutaneously at bedtime. Update HM if blood sugar less than 80 or more than 200." | N 431 | | |

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| N 431 | Continued From page 9 | N 431 | | |

Blood Sugar (BS) readings were documented as:
02/01 7:39 PM - 76 BS
02/02 7:31 AM - 78 BS
02/02 12:01 PM - 269 BS
02/03 5:08 PM - 61 BS
02/05 8:37 AM - 66 BS
02/07 8:16 AM - 69 BS
02/12 7:15 AM - 78 BS
02/12 12:13 PM - 219 BS
02/12 5:17 PM - 234 BS
02/13 12:44 PM - 67 BS
02/16 7:32 PM - 206 BS
02/17 5:11 PM - 65 BS
02/18 11:30 AM - 78 BS
02/18 7:04 PM - 359 BS
02/20 5:30 PM - 345 BS
02/21 12:21 PM - 268 BS
02/22 8:59 AM - 78 BS
02/23 8:16 AM - 77 BS
02/23 5:48 PM - 64 BS
02/23 8:21 PM - 224 BS
02/24 8:38 AM - 76 BS
02/24 5:12 PM - 57 BS
02/25 12:17 PM - 241 BS
02/26 9:03 AM - 206 BS
02/26 11:35 AM - 252 BS

Resident 1's medical documentation, dated 08/06/2025, documented:
"Basaglar KwikPen - Do Not Give if Blood Glucose is less than 80. Update HM if blood sugar is less than 80 or more than 200."

On 03/02/2026, Surveyor interviewed Administrator A and House Manager B. Surveyor asked if staff had contacted House Manager B with concerns regarding Resident 1's blood sugar levels and if so, where would that have been documented. House Manager B stated staff had notified him/her when Resident 1's blood sugar

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levels were lower than 80 or higher than 200, but s/he could not verify if s/he had documented all of the concerns but if s/he had, it would have been available in Resident 1's progress notes. Surveyor asked if Resident 1's physician was also to be informed when his/her blood sugar levels were lower than 80 or higher than 200. House Manager B stated s/he would inform Resident 1's physician when s/he was in the building since s/he visited weekly. Surveyor asked what guidance was given to staff regarding the blood sugar levels and where this would be documented. Surveyor commented that additional blood sugar levels were not recorded in Resident 1's MAR showing that blood sugar levels were checked again, following guidance from House Manager B. Surveyor, Administrator A and House Manager B reviewed Resident 1's MARs where it was documented that Resident 1 consistently had blood sugars below 80 or above 200. Administrator A stated that any type of monitoring should have been documented in the resident's record and going forward, this information would be found in Resident 1's record.

Resident 1's progress notes, dated 02/01/2026 to 03/02/2026, did not document that House Manager B had been informed of Resident 1's blood sugar levels and if his/her primary physician had been informed. The progress notes did not document guidelines that House Manager B had provided to staff members.